

PUBLIC SECTOR PROCUREMENT

Governments can lead the way in promoting healthy diets by implementing public sector procurement policies that require foods and beverages sold in public settings to support a healthy diet.

Such policies establish nutrition criteria aimed at increasing availability of foods and beverages that promote healthy diets, and/or limiting the availability of products that contribute to unhealthy diets. Limiting sodium consumption is one of the core principles of a healthy diet highlighted by the WHO as important to include within a healthy food procurement policy.

Because Governments are such significant buyers of food and beverages, by shifting demand towards healthier foods, they can help drive price reductions in the supply chain. Moreover, policies that promote the supply of healthy food in public settings can contribute to increased productivity and better educational outcomes, and reduce health inequalities.

In 2021, the WHO developed a framework to help countries develop and implement public food procurement and services policies for a healthy diet, which we summarise below [1].

WHO Framework

The WHO outlines four key steps to implementing a healthy public food procurement and service policy:

STEP 1: Policy preparation

- First, identify the priority areas that the procurement policy needs to address. In the case of sodium reduction, this will likely be achieving a 30% reduction in salt intake by 2025, or reducing salt intake to a 5g/day or less.
- Identify the government authority that will lead the policy development, implementation and monitoring, enforcement and evaluation. Alongside the lead authority, it is also important to establish a working group to engage key stakeholders from the beginning.
- Now is also the time to identify any existing policies in the public food procurement and service landscape to which the new policy can be added or linked.
- Implementing any new policy requires political buy-in and support, so it is beneficial to start advocacy work early with key government officials and those that will be affected by the policy (e.g. schoolchildren and their parents).

STEP 2: Policy development

- Define the purpose of the policy, including both short-term and long-term objectives. Because the ultimate aim of a healthy food procurement policy is likely to be targeting long-term outcomes that are influenced by multiple factors, such as reducing diet-related NCD prevalence and deaths, it is important to also specify measurable, short-term outcomes, such as decreased availability of food high in sodium in school canteens.

TYPES OF SETTINGS

Policies can apply to meals and snacks served and sold in Government institutions, such as schools, public hospitals, childcare facilities, prisons, government workplaces, the armed forces and sports events. They can cover products sold in outlets such as cafeterias, tuckshops, and vending machines.

- Define the scope of the policy. For greatest impact, the policy should have nutrition criteria that are mandatory, specific, enforceable, and applicable to all government food purchases and all food served or sold in public settings. Key questions include:
 - Will the policy be implemented at the national, subnational or local/city level?
 - Which institutions and public settings will be required to comply?
 - Within each institution or setting, to which services, programmes, suppliers and vendors will the policy specifically apply?
 - Which foods and beverages will be included in the policy?
- A phased approach, starting with a pilot, may be necessary to test ideas, create support and publicity, demonstrate effectiveness, and identify improvements for a full roll-out.
- Establish the criteria that will form the basis of the policy. Criteria can be:
 - Nutrient-based, i.e., setting a maximum or minimum nutrient level in a specific food category. For example, a maximum amount of sodium in a meal portion.
 - Food-based, for example, prohibiting the sale or serving of particular foods that tend to be high in salt, sugar or saturated fat, such as potato chips.
 - Related to the preparation or service of food, for example requiring rice to be cooked in unsalted water.
- Consult stakeholders on policy options, making use of the established working group, in order to finalize the policy approach.
- In parallel to finalizing the policy, the working group could start preparing a high-level plan for implementation, monitoring and evaluation. Remember to collect baseline data to enable policy evaluation.

Example: Limiting salt content of bread in Saudi Arabia

In government food procurement and subsistence contracts, covering settings such as hospitals, the army, universities, and social affairs, limits are set on the salt content of dry matter used in bread preparation. Specifically, salt content should not exceed 0.5% of dry matter in bread products and 1% of dry matter in Samoli bread [2].

STEP 3: Policy implementation

- Work with each government institution included within the scope of the policy to finalize implementation plans, including a detailed schedule of activities with assigned resources and achievable milestones.
- Ensure that those involved in implementing the policy have enough capacity and are appropriately trained. This includes both government staff and third parties (e.g. suppliers and vendors) involved in food procurement and service.
- Develop a public communication strategy to obtain buy in from key stakeholders. One of the most important stakeholder groups is the target population (e.g. employees using the canteen), so before the policy is live it is crucial that they are informed of the details of the policy, including its objectives and scope. Appropriate communication methods include newsletters, drop-in sessions, and posters.

Example: Bahrain's Healthy School Canteens

In Bahrain, a healthy food policy aimed at reducing sodium, sugar and fat intake in school canteens, provides guidance about what foods and beverages are allowed and prohibited. Field visits to school canteens indicated that schools were committed to complying; but that improvements were needed, particularly to food preparation methods.

To improve compliance, national government health and education institutions held a workshop to present the canteen requirements to school canteen operators, and to discuss the types of allowable foods and appropriate preparation methods. A chef, famous for creating healthy recipes for children, joined the workshop to share ideas for ingredients and cooking methods [3].

Example: Qatar Guidelines for Food and Beverages Sold at all Healthcare Facilities

Led by the Ministry of Public Health, and developed in collaboration with the Hamad Medical Corporation (HMC), Aspetar hospital, and Sidra Medical and Research Center, guidelines were introduced in 2017 for food and beverages sold at all public and private healthcare facilities, covering cafeterias, restaurants and vending machines. These 'Food and Beverage Guidelines for Healthcare Facilities' include a voluntary target that 50% of food and drink products sold at cafeterias should be healthy, and that these healthy items should be prominently displayed, as well as limiting the proportion of unhealthy foods sold.

The guidelines are based on the 'Qatar Dietary Guidelines' and involve a traffic light classification of products according to nutritional value including sodium content. All healthcare facilities have been encouraged to include the food and beverage guidelines in the terms and conditions in their tender process [4].

STEP 4: Monitoring, enforcement and evaluation

- Establishing monitoring and enforcement mechanisms is an important part of policy implementation. It may be easiest to build on existing mechanisms. For example, if inspectors monitor hygiene in school canteens, their remit could be extended to also monitor compliance with a healthy food policy.
- Where non-compliance is identified, the institution or setting should initially be encouraged or instructed to meet the policy criteria. For continued non-compliance, if the policy is mandatory, sanctions outlined in the policy document could be invoked, for example, warning letters and fines. Where the policy is voluntary or where no sanctions for non-compliance are defined, "naming and shaming" can be used to create an incentive for better performance. Rewarding good compliance can also encourage better performance. For example, using an accreditation scheme to formally acknowledge compliance.
- Undertake an evaluation of the policy implementation, including challenges, barriers, successes and enablers. It is best to do this within the first year of implementation so that improvements identified can be implemented without delay
- Evaluate the policy outcomes. This is where it is important to have set short-term measurable objectives, with outcomes such as changes to the types of food sold, changes to menus, % of venues adopting the policy.
- Communicate the results to decision-makers, target population groups and the public.

Examples of Existing Policies

Bahrain

As part of a National Action Plan for control and prevention of Non communicable diseases (2019-2030), Bahrain has implemented a school food canteen list, which limits the provision of certain food and drink products in schools, including potato crisps and processed meat sausage [5].

Saudi Arabia

الدليل الإرشادي لشروط ومواصفات الغذاء الصحي في عقود مشتريات العاشة الحكومية [A guide for healthy food terms and conditions in government subsistence purchase contracts]. Riyadh: Saudi Food and Drug Authority. 2019 [2]

United Arab Emirates

Guideline to Healthy and Nutritious Food Practices in School Canteens specifies food products that are not allowed to be served in school canteens, including bafak and other chips [6].

United Kingdom

Mandatory standards for procurement of food and catering services in government institutions (prisons, hospitals, armed forces) including that at least 75% of meat products, breads, soups, cooking sauces and ready meals procured by volume, and 75% of breakfast cereals and pre-packed sandwiches provided meet the UK's salt targets and that all stock preparations shall be lower salt varieties [7].

Resources

WHO's action framework explains how to develop (or strengthen), implement, assess compliance with, and evaluate, the effectiveness of a healthy public food procurement and service policy, both at national and subnational level [1].

References

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