

[REDACTED]

Ref: H201807764

Dear [REDACTED]

Response to your request for official information

I refer to your request to the Ministry of Health of 18 November 2018 under the Official Information Act 1982 (the Act) for:

1. *"all internal documentation relating to the Ministry of Health's "scoping work to explore the feasibility and impacts of regulatory options such as a sugar tax, minimum pricing of occasional foods, and zoned advertising of occasional foods" as noted in a briefing entitled "Meeting with food and beverage industry - 2 May 2018." 'Internal documentation' includes, but is not limited to, emails, memoranda, meeting notes, briefings, reports, aides memoire, and papers."*
2. *"all advice provided to the Minister of Health or the Minister of Health's office in relation to this work."*

The Ministry of Health has identified the following documents within the scope of your request:

- a. Draft food and beverage industry regulatory options analysis commissioning document
- b. Draft food and beverage industry regulatory options analysis table.

Attached is a copy of the draft commissioning document (a).

I have decided to withhold the draft analysis table (b) and 16 other documents (emails) relating to that document under the following sections of the Act:

- section 9(2)(f)(iv), to maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Ministers of the Crown and officials
- section 9(2)(g)(i), to maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any department or organisation in the course of their duty.

I trust this information fulfils your request. You have the right, under section 28 of the Act, to ask the Ombudsman to review any decisions made under this request.

Please note this response may be published on the Ministry's website with your personal details removed.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Todd Krieble', with a long horizontal flourish extending to the right.

Todd Krieble
Acting Deputy Director-General
System Strategy and Policy

Regulatory Policy

Policy Work Commissioning

Deliverable	Analysis of interventions across voluntary, quasi-regulatory, and regulatory levers, that impact the food and beverage industry to increase the availability of, access to, and marketing and promotion of whole and less processed foods and beverages		
Client	Minister Clark, MoH	Deadline	End of August 2018
Lead	Monica Yee / Marisa Maepu	Sign-Out	Todd Kriebel
Peer supporter / peer reviewer		Peer support: Cheryl Devadhar	
		Peer review: Mary-Ann Carter Harriette Carr Bronwyn Croxson Fran McGrath Maria Turley	

<p>Purpose</p> <p><i>What is the product and what will this product do?</i></p> <p><i>(if there is a lack of clarity – note this and potential scope)</i></p>	<p>To assess a range of interventions across voluntary, quasi-regulatory (i.e. voluntary with strengthened elements like public reporting, third party monitoring, financial incentives etc.) and regulatory levers, and across a range of areas (e.g. reformulation, advertising) that impact the food and beverage industry to improve the nutritional content of consumed food and beverages.</p> <p>The interventions considered will contribute to reducing and preventing population overweight and obesity by increasing the availability of, access to, and marketing and promotion of healthier, whole and less processed foods and beverages and taking the opposite approach to unhealthy and more processed foods and beverages.</p> <p>The interventions considered will also recognise the benefits of improving nutrition and reducing overweight and obesity to reduce the risk of long term conditions (e.g. cardiovascular disease, diabetes, cancer).</p> <p>A table will be developed which assesses various options across a range of criteria e.g. effectiveness, cost, feasibility (incl. applicability to NZ context), impact on equity, strength of evidence.</p>
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	<p>A RIA (Regulatory Impact Analysis) will be completed for any interventions which the Minister of Health decides to investigate further – after this initial evidence is presented.</p>
<p>Context</p> <p><i>Why is the work required?</i></p> <p><i>What previous work or decisions have already been made?</i></p> <p><i>What are the key relationships to other work?</i></p>	<p>Internationally, countries are grappling with actions to improve the food supply and address overweight and obesity and long term conditions. Dietary risks and obesity are leading causes of health loss in New Zealand. In 2016, each risk factor accounted for about 8.5% of health loss (note: these figures are not additive). For comparison, tobacco also accounted for about 8.5% of health loss. In 2016, long term conditions was the leading cause of health loss, accounting for 87% of health loss.</p> <p>All comprehensive papers, reviews and reports identify regulatory options as one of the levers available. This analysis will consider the options available to New Zealand, drawing on international experience and available evidence.</p> <p>Options analysis of potential regulatory and quasi-regulatory options is needed to inform which options are most impactful and feasible to implement if voluntary actions from the food and beverage industry do not meet the Minister of Health’s expectations.</p> <p>Serious consideration of a range of levers in addition to, and instead of voluntary action will encourage the food and beverage industry to propose ambitious and effective targets, and to meet them.</p> <p>This work links with the monitoring and target setting workstream, and the intervention logic workstream (both TBC).</p>
<p>Scope</p> <p><i>What is in and what is out of scope? Is there particular information that should be drawn on?</i></p>	<p>Options will be limited to those that impact the food and beverage industry. The food and beverage industry includes primary producers, manufacturers, retailers, quick serve restaurants, importers, and related advertising and media.</p> <p>Interventions that affect the whole population will be considered and prioritised. There will also be an emphasis on interventions that improve outcomes for children (<18 years) and young people (<25 years), as well as Māori and Pacific peoples. Interventions that reach the whole population are useful because small changes at a population level can have a large impact.</p> <p>A range of levers will be considered including voluntary, quasi-regulatory (i.e. voluntary with strengthened elements), regulatory within the current regulatory framework, and regulatory with an amended regulatory framework</p>

Released under the Official Information Act 1982

	<p>Alcohol-related interventions that contribute towards reduced overweight and obesity and improved diet (as opposed to reduced harms from alcohol) may be considered. For example, interventions that increase awareness of the link between alcohol and energy. Interventions that relate more to reducing harms from alcohol (e.g. limiting availability, pricing) are not in scope. The range and regulatory strength of alcohol-related interventions considered would be in proportion to the size of the issue (alcohol makes up approximately 4% of total energy for the total adult population or 11% of total energy in consumers, and 4% of health loss).</p> <p>Key implementation components will be considered (e.g. which Act(s) will need to, or could be amended), but detailed implementation will only be considered if the Minister of Health decides to investigate further.</p> <p>The following focus areas have been identified based on a cost-effectiveness analysis of obesity interventions in the United Kingdom (Overcoming obesity: an initial economic analysis, McKinsey, 2014):</p> <ol style="list-style-type: none"> 1. Reformulation of processed foods (e.g. reduce salt, sugar, trans fats, saturated fats, energy) 2. Advertising, marketing and price promotions (esp. children and young people) 3. Taxes, levies, pricing (e.g. sugar-sweetened beverage tax or minimum pricing) 4. Availability (e.g. restricted access of processed foods around or near schools and workplaces, supermarket layouts) 5. Labelling (e.g. mandatory Health Star rating / sugar labelling) 6. Portion size (e.g. reduced portion sizes from manufacturers, in restaurants / retail, in workplaces)
<p>Evidence and research needs</p>	<p>A review of national and international literature is required. For all interventions, literature relevant to New Zealand will be highlighted and prioritised where it is available.</p> <p>For interventions which have been well researched, the literature search will be limited to high-quality meta-analyses, systematic reviews and other collated data sources (e.g. BODE³ - The Burden of Disease Epidemiology, Equity and Cost-Effectiveness Programme).</p> <p>For interventions where data is scarce, individual studies (particularly New Zealand-relevant studies) may need to be used.</p> <p>To ensure the analysis is up-to-date, research from 2014 – 2018 will be prioritised, with the search extending to 2009 – 2013 if research is scarce.</p> <p>To complement this work it is useful to investigate processes to monitor and develop targets for any interventions. Data from previous nutrition</p>

	<p>surveys (although dated) can be used to estimate nutritional patterns across different population groups. This could then be used alongside product sales data (e.g. supermarket sales data, Nielsen Homescan / Scantrack) and nutrition content data (e.g. University of Auckland NUTRITRACK) to monitor progress. This same data could be used alongside international information (e.g. UK reformulation work) to develop targets. Gaps in New Zealand-relevant data and studies may impact the relevance of this work.</p> <p>The analysis table will include a caveat describing the limitations of the literature search.</p>
<p>Approach/Milestones</p> <p><i>What are the stages/ activities of the work?</i></p> <p><i>How will the work be structured? What are the key milestones?</i></p> <p><i>Project timeline – attached?</i></p>	<ol style="list-style-type: none"> 1. Identify priority focus areas and levers (e.g. top 3 focus areas) – Monica, Cheryl. Consult: all stakeholders except Health Legal 2. Literature review to gather evidence – Library, Monica, Cheryl. Consult: all stakeholders 3. Compile data into overview table – Monica, Cheryl. Consult: all stakeholders 4. Send summary to Minister with recommended next steps – Monica, Cheryl. Consult: all stakeholders except Health Legal, 5. Complete RIA analysis on any options the Minister decides to investigate further – Monica, Cheryl. Consult: all stakeholders incl. wider sector stakeholders
<p>Stakeholders</p> <p><i>Who needs to be consulted, and in what form?</i></p>	<ol style="list-style-type: none"> 1. Public Health (Mary-Ann, Harriette) – subject matter expertise on nutrition and clinical perspective. Key relationships with Ministry of Education, MPI and the food and beverage industry. Consult throughout. 2. Health and Disability Intelligence (Maria Turley) – public health nutrition, epidemiology, population surveys. Key links with monitoring / target-setting workstream and nutrition survey workstream (both TBC). Consult throughout. 3. Service Commissioning teams (Sue Riddle, Barb Lusk, Jo Wall) – implementation expertise. Consult throughout. 4. Fran McGrath – brings clinical / broader public health and global perspective. Ministry members of HSRAG. Consult throughout. 5. Bronwyn Croxson – subject matter expertise on health economics and sugar tax. Consult throughout. 6. MPI (Maria Gracie – Food Policy, Philippa Hawthorne – Food Science, Health Star Rating) – subject matter expertise on impacts of regulations on trans-Tasman food standards and trade. Consult throughout. 7. Treasury (Hew Norris as initial contact) – expertise on financial and cost-effective analysis process, views on sector engagement and Budget bid process (if required). Consult throughout. 8. Health Legal – expertise on legal matters and how to introduce new legislation / regulation. Consult during phase 2, 3, 5. 10. Academic experts (e.g. BODE³ team, Boyd Swinburn, DIET: dietary interventions, evidence and translation team (Cliona Ni Mhurchu, Helen Eyles), Healthier Lives National Science

	Challenge (Jim Mann)) – provide or recommend high quality data sources and literature.
<p>Other/Risks</p> <p><i>Are there any other key considerations? For example, does the intended audience have any specific requirements?</i></p> <p><i>Are there any risks?</i></p>	Need to consider implementation from industry, service delivery, and community points of view i.e. needs to have a client-centred approach. If the Minister of Health decides to further investigate any interventions, wider consultation with the food and beverage industry, health service providers (e.g. DHBs), communities, and Health Families NZ sites, will be required to ensure feasibility and sustainability.

Project work timeline.

- **6 July** – Identify prioritisation criteria. Identify priority interventions to investigate first (align with strategic framework principles / roadmap)
- **16 July** – first draft of prioritised table sent out for feedback. First draft sent to Todd / Minister. Continue to identify other interventions.
- **Late July** – final draft of prioritised table sent out for feedback. Continue to identify / flesh out other initiatives
- **Early – Mid August** – prepare health report to send to Minister with recommended next steps. Continue to Continue to identify / flesh out other initiatives
- **Mid August** – final table sent for feedback.
- **Early September** – final table completed.