

NOURISHING framework



Improve nutritional quality of the whole food supply

This table provides examples of the types of policy action that can be taken within this policy area, examples of where these policy actions have been implemented, and a brief description of what the action involves. It provides a global snapshot, largely of policies already implemented; it is not necessarily comprehensive. The examples were collated through a review of international reports of policy actions around the world, academic articles reporting on policy actions, and online government resources.

We welcome feedback. Please contact us at policy@wcrf.org if you would like to add any further examples of implemented policies, see the policy documents that we reference, or have any further questions or comments.

EXAMPLES OF POLICY ACTIONS	EXAMPLES OF WHERE IMPLEMENTED	WHAT THE ACTION INVOLVES
<p>Voluntary reformulation of food products</p>	<p>Argentina</p>	<p>The Less Salt, More Life Initiative aims to reduce population-level salt consumption in Argentina. It has three components: the reduction of salt in processed food through voluntary agreements with food manufacturers and retailers; the reduction of salt in bread through voluntary agreements with bakers; and creating public awareness of the health effects and the need to reduce discretionary salt. A National Committee for Salt Reduction sets targets for the Initiative through negotiation with industry. The aim is to achieve a 5–10% reduction of salt content between 2013 and 2015. Sixty companies representing 487 processed food products and more than 9,000 bakeries have signed the agreement. In addition, the government adopted a law on mandatory maximum levels of sodium in 2013 (see "I – Mandatory limits on level of salt in food products").</p>

	Austria	The Less Salt is Healthier programme is a joint initiative of the Ministry of Health in Austria and the Industrial Bakers of Austria. It has a voluntary target to reduce the salt content in bakery products by 15% by 2015.
	Belgium	The Belgian Ministry of Public Health agreed with the food processing and distribution sector in 2009 to reduce the salt content of food products by 10% by 2012 via a self-reporting framework.
	Brazil	<p>Brazil has a national strategy for reducing sodium consumption. It aims to achieve a maximum daily salt intake of 5g by 2020, by reducing the intake from the main sources of sodium (added salt and processed food). The strategy involves dialogue with the food industry, setting biannual food category-specific targets (eg a 10% decrease per year until 2014) and addressing the reduction of added salt through education and information actions.</p> <p>Evaluation Nilson EAF, et al. (2017) Sodium Reduction in Processed Foods in Brazil: Analysis of Food Categories and Voluntary Targets from 2011 to 2017. <i>Nutrients</i> 9(7): E472ⁱ</p>
	Canada	<p>In July 2010, a multi-stakeholder Sodium Working Group, established by Health Canada, agreed a Sodium Reduction Strategy for Canada. The Strategy set an interim goal of reducing daily sodium intake from 3,400mg to 2,300mg by 2016. The multi-staged strategy included recommendations in the areas of education, voluntary reduction of sodium levels in processed food products and food sold in food service establishments, research, and monitoring and evaluation. Health Canada established voluntary sodium reduction targets for 94 processed food categories following extensive consultation with the food industry and encouraged the food industry to achieve these targets by the end of 2016.</p> <p>Expired policy</p> <p>Evaluation Health Canada (2018) Sodium reduction in processed foods in Canada: An evaluation of progress toward voluntary targets from 2012 to 2016.ⁱⁱ</p>
	Chile	In 2011, the Chilean government agreed a voluntary target with bakers to reduce the salt content of bread to 600mg/100g. The assessment of the progress towards the voluntary targets was made public in 2012, with average salt content dropping from 800mg to 480mg/100g.

	Costa Rica	The National Plan to Reduce Public Consumption of Salt 2011–2021 was established in Costa Rica in 2011. The aim of the Plan was to reduce population-wide salt consumption to 5g per person per day. Implementation of the Plan began in 2012, and included voluntary agreements with the food industry to reduce salt content in processed food.
	Croatia	In 2012, the Croatian National Institute of Public Health initiated a project with the food industry to achieve a 30% reduction of salt in certain bread varieties.
	Czech Republic	Producers of dehydrated culinary products associated in the Food Federation of the Czech Republic voluntarily committed in 2008 to gradually decrease the sodium content in their branded dehydrated culinary products (mainly soups and ready meals) in the period 2011–14. The commitment included voluntary food labelling of, among other values, sodium content per 100g/100ml and per portion.
	Ecuador	Ecuador has a national salt reduction programme, which includes voluntary agreements with bread and sausage producers to reduce salt in their products.
	France	In 2007, as part of the second phase of France’s National Nutrition and Health Programme (PNNS), a standard reference document was developed to enable the signing of voluntary nutrition commitments by members of the food industry (eg producers, food industry companies, distributors and caterers). The standard reference document outlines nine principles used in the approval process for the charters. Commitments within the charters must meet certain criteria and cover the composition and nutritional characteristics of the food product (eg reduced amounts of fat, sugar, salt; increased amounts of fibre) and/or a consumption intervention (eg action on portion sizes or marketing). A committee of volunteer experts from the public sector (eg research institutes, hospitals, universities and public schools) reviews the proposed charters. To date, over 35 companies have made voluntary commitments, which are reviewed and approved by an external committee of experts to ensure they are “significant”. Approved charters of voluntary commitment for nutritional improvement are signed by the food industry and monitored by the Food Quality Observatory (created in 2008).
	Hungary	As part of the Hungarian Stop Salt – National Salt Reduction Programme the Hungarian Baker Association signed an agreement to reduce the salt content of bread by 10.7% by 2014, and by another 5.3% by 2017.
	Ireland	The Food Safety Authority of Ireland (FSAI) initiated a Salt Reduction Programme in 2003 to achieve a voluntary reduction of salt content in processed food. In 2012, 54 companies and trade associations were registered with the Programme, reporting yearly to the FSAI on undertakings and achievements on reaching the agreed guideline values on sodium content for bread and processed meats.

	Italy	A voluntary agreement exists between the main four Italian associations of bakers and the Ministry of Health was entered into in 2009 to reduce the salt content in some of their products between 10–15% in a timeframe of two years.
	Kuwait	In January 2013, the Ministry of Health in Kuwait established the Kuwait Salt and Fat Intake Reduction Task Force (SIRTF). The Food Standards Department of the Public Authority for Industry has voluntary agreements with industry to reduce the salt content of bread and cheese. For cheese, for example, they are following the gradual reduction of salt content over the next 10 years, using various European countries and Australia as role models.
	Mexico	In 2012, the Mexican Health Secretariat signed an agreement on voluntary salt reduction in bread with the Mexican National Chamber of the Bread Industry (CANAINPA), the Mexican National Association of Supermarkets and Department Stores (ANTAD) and Bimbo SA (largest Mexican-owned baking company). ANTAD, CANAINPA and Bimbo pledge to reduce the salt content of sliced bread and bolillo (similar to a baguette) by 10% within five years. In 2013, the Ministry of Health announced a national target for salt reduction of 5g salt/person/day by 2020, consistent with the regional target.
	Netherlands	<p>On 23 January 2014, the Dutch Ministry of Health, Welfare and Sport signed an agreement with trade organisations representing food manufacturers, supermarkets, hotels, restaurants and caterers to lower the levels of salt, saturated fat and calories in food products. The agreement includes “ambitions” for the period up to 2020 and aims to increase the healthiness of the food supply. Under the agreement, the aim is to reduce the amount of salt consumed in food from 9g to a maximum of 6g a day by 2020. Regulations set the maximum level of salt in bread (see below).</p> <p>Evaluation Temme EHM (2017) Salt reductions in some foods in the Netherlands: monitoring of food composition and salt intake. <i>Nutrients</i> 9, 791.ⁱⁱⁱ</p>
	New Zealand	Since 2007, the New Zealand Heart Foundation has received funding from the government to implement a national food reformulation programme. The programme – HeartSAFE (Sodium Advisory and Food Evaluation) – focuses on salt reduction in packaged food. Best Practice Guidelines have been established as orientation for food manufacturers, outlining maximum levels of sodium in mg per 100g for bread, breakfast cereals, processed meat, savoury pies, soups, savoury snacks, cheese, cooking sauces and edible oil spreads including proposed timelines until 2017 for reformulation. For savoury pies, maximum levels of saturated fat in g per 100g are also included. The programme’s objective is to achieve at least 80 per cent of the market share (by sales volume) to meet the targets, which ensure high-volume food is prioritised. Currently in the majority of categories (eg bread, breakfast cereals, processed meats) this has been met and, as a result, over 210 tonnes of salt has been removed from these categories. Work is currently being done on establishing best practice guidelines for further categories.

	<p>Singapore</p>	<p>The Diabetes Prevention and Care Taskforce, which sits in the Ministry of Health, is working with beverage manufacturers to reduce the amount of sugar in sugar-sweetened beverages. In 2017, seven beverage manufacturers voluntarily pledged to reduce the sugar content in their drinks to a maximum of 12 per cent by 2020. These manufacturers constitute 70 per cent of the pre-packaged sugar-sweetened beverages in Singapore.</p>
	<p>South Korea</p>	<p>The Korea Center for Less Salt Campaign is a joint initiative of the Ministry of Food and Drug Safety (MFDS, formerly KFDA), academia and NGOs in Korea. It was launched in March 2012 and has been working to increase the awareness of the general population and encourage the food and catering industry to participate in sodium content reduction in food. MFDS set the goal to decrease the sodium intake of the population by 20% by 2017 (base 2010), and has developed sodium reduction guidelines for certain food products including Kimchi, soy sauce, soybean paste, noodles and salted fish to be used by food manufacturers. In 2013, 13 food manufacturers voluntarily produced or reformulated 87 processed food products with lower sodium content, and some large supermarkets also provide separate sections for the sale of lower sodium products.</p>
	<p>Spain</p>	<p>In 2005, the Spanish Ministry of Health and Consumption signed a cooperation agreement with the Spanish Bakers Confederation to reduce the salt content in bread.</p>
	<p>Switzerland</p>	<p>In 2009, the Swiss Ministry of Health launched actionsanté – "make the healthy choice the easy choice" as part of the National Programme Nutrition and Exercise. actionsanté includes voluntary agreements between the food industry and the Ministry of Health to reduce the salt, sugar, fat and calorie content in bread and processed food. The food industry has made commitments to the government in line with the EU reformulation framework.</p>

	<p>UK</p>	<p>In England, through the government’s Responsibility Deal launched in 2011, the food industry made voluntary commitments (“pledges”) to reformulate their products to reduce salt, saturated and trans fats, and calories. In March 2014, the government introduced new salt reduction targets covering 76 categories of food to be met by 2017, along with new salt targets for the most popular meals consumed out of home. All major supermarkets and many big manufacturing and catering brands signed up to achieve these salt reduction targets, which replaced the original salt reduction pledge. The Responsibility Deal was operational during the coalition government from 2010 to 2015.</p> <p>Expired policy</p> <p>Evaluations</p> <p>Knai C et al. (2017) An evaluation of a public–private partnership to reduce artificial trans fatty acids in England, 2011–2016. <i>European Journal of Public Health</i> ckx002, 1-4^{iv}</p> <p>Durand MA et al. (2015) An evaluation of the Public Health Responsibility Deal: Informants’ experiences and views of the development, implementation and achievements of a pledge-based, public–private partnership to improve population health in England. <i>Health Policy</i> 119(11), 1506-1514^v</p> <p>Knai C et al. (2015) Has a public-private partnership resulted in action on healthier diets in England? An analysis of the Public Health Responsibility Deal food pledges. <i>Food Policy</i> 54, 1-10^{vi}</p>
	<p>Uruguay</p>	<p>Salt reduction is part of Uruguay’s national non-communicable disease prevention and national nutrition programmes led by the Ministry of Health. The strategy includes a voluntary agreement with the bakery industry to reduce sodium in bread products. Engagement with the bread industry to reduce salt began in September 2013.</p>

	US	<p>The National Salt Reduction Initiative in the US, initiated in 2009, was a partnership of more than 100 state and local health authorities and national health organisations, coordinated by the New York City Health Department. It set voluntary targets for salt levels in 62 categories of packaged food and 25 categories of restaurant food to guide food company salt reductions of 25% by 2014, with an intermediary milestone in 2012. The initiative included mechanisms to monitor sodium in the food supply to track companies' progress towards specific targets, and to monitor changes in people's actual salt intake. To maintain momentum, the New York City Board of Health approved the sodium warning rule in 2015 (see "N – Nutrition label standards and regulations on the use of claims and implied claims on food"). In June 2016, the Food and Drug Administration (FDA) announced draft voluntary sodium reduction targets, which were partly informed by the design of the National Salt Reduction Initiative.</p> <p>Evaluations Curtis C et al. (2016) US Food Industry Progress During the National Salt Reduction Initiative: 2009–2014. <i>AJPH</i> 106(10), 1815-1819^{vii}</p> <p>NYC Health. National Salt Reduction Initiative. Sodium reformulation in top U.S. chain restaurant foods: 2009-2014. New York 2016^{viii}</p>
Voluntary commitments to reduce portion sizes	Malaysia	<p>In 2014, the Malaysian Ministry of Health started implementing an initiative in collaboration with Malaysia's major fast food restaurants to encourage the reduction of portion sizes and the provision of healthier alternatives for high-calorie meals, food and beverages; the initiative does not define targeted food and beverages. As of August 2016, Malaysia's seven major fast food restaurants were involved in the initiative.</p>
	Thailand	<p>In 2015, the Ministry of Public Health, in partnership with the Thai Health Promotion Foundation, Thai sugar producers and Thai hotels, implemented a voluntary policy to reduce the size of sugar packets from 6–8g to 4g.</p>

	<p>UK</p>	<p>In England, through the Responsibility Deal (see above), 43 companies signed up to the calorie reduction “pledge”, including major retailers, manufacturers and caterers. These companies committed to taking a range of actions, including reducing portion sizes to help people consume fewer calories. For example, major confectionery manufacturers agreed to reduce all single serving confectionery to a maximum of 250 calories. The Responsibility Deal was operational during the coalition government from 2010 to 2015.</p> <p>Expired policy</p> <p>Evaluations Durand MA et al. (2015) An evaluation of the Public Health Responsibility Deal: Informants’ experiences and views of the development, implementation and achievements of a pledge-based, public–private partnership to improve population health in England. <i>Health Policy</i> 119(11), 1506-1514^{ix}</p> <p>Knai C et al. (2015) Has a public-private partnership resulted in action on healthier diets in England? An analysis of the Public Health Responsibility Deal food pledges. <i>Food Policy</i> 54, 1-10^x</p>
<p>Mandatory limits on level of salt in food products</p>	<p>Argentina</p>	<p>In 2013, the Argentine 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 food (Law no. 26.905 on Maximum Levels of Sodium Consumption). Large companies have to meet the sodium targets by December 2014, small and medium sized companies by June 2015. Infringements by producers and importers may be sanctioned, the most severe penalties being fines of up to 1m pesos, in case of repeat infringements up to 10m pesos, and the closing of the business for up to five years. The Law is also applicable to salt levels in restaurant dishes, and it provides for awareness campaigns, warnings on salt bags on the excessive use of salt, the reduction of salt bags available in restaurant and the introduction of low-sodium salt in salt shakers in restaurants.</p>
	<p>Belgium</p>	<p>Since 1985, legislation in Belgium establishes a 2% maximum salt content in bread.</p>
	<p>Bulgaria</p>	<p>In 2011/12, Bulgaria introduced mandatory maximum salt levels for breads (three types of flour and three typical national bread types), milk products (cheese), meat and poultry products, and lutenica (vegetable relish on tomato base).</p>
	<p>Greece</p>	<p>In Greece, mandatory maximum levels of salt permitted in bread, tomato juice and tomato concentrates/purees have been in place since 1971.</p>
	<p>Hungary</p>	<p>In 2012, Hungary introduced maximum salt levels in bread: <1.67g salt/100g bread from 1 January 2015 and <1.57g salt/100g bread from 1 January 2018.</p>

	<p>Iran</p>	<p>As part of a national salt reduction strategy, the Iranian government has reduced the standard of salt content of select food groups, including snacks (from 2.5% to 1.5%); canned tomato paste (3% to 2%); potato chips (1.5 % to 1%) and bread (2.3% to 1.8%). Revising the standard for further food items is being discussed by a government committee.</p>
	<p>Netherlands</p>	<p>In 2012, the Netherlands Ministry of Health, Welfare and Sport further reduced the maximum salt content in bread to 1.8% per 100g dry matter (amendment to Commodities Act Decree, Nov 2012), which came into effect 1 January 2013. The maximum level of salt in bread has gradually decreased over time (2.5% in 2009, 2.1% in 2011, 1.9% in 2012).</p> <p>Evaluation Temme EHM (2017) Salt reductions in some foods in the Netherlands: monitoring of food composition and salt intake. <i>Nutrients</i> 9, 791.^{xi}</p>
	<p>Paraguay</p>	<p>In 2013, the Ministry of Public Health and Social Wellbeing of Paraguay enacted a mandatory reduction of 25% of salt content in wheat flour used in widely consumed breads and farinaceous products (from 2g salt/100g to 1.5g salt/100g). Companies had to switch to using wheat flour not exceeding 1.5g salt per 100g by June 2013 (Resolution 248).</p>
	<p>Portugal</p>	<p>In 2009, the Portuguese government adopted legislation that established a maximum level of salt in bread at 1.4g/100g.</p>
	<p>South Africa</p>	<p>In 2013, the South African Department of Health adopted targets for salt reduction in 13 food categories by means of regulation (Foodstuffs, Cosmetics and Disinfectants Act). There is a stepped approach, with food manufacturers given until June 2016 to meet one set of category-based targets and another three years, until June 2019, to meet the next.</p> <p>Evaluation Peters SAE et al. (2017) The sodium content of processed foods in South Africa during the introduction of mandatory sodium limits. <i>Nutrients</i> 9(4):404.^{xii}</p>
<p>Mandatory removal of trans fats in food products</p>	<p>Argentina</p>	<p>In 2010, the Argentine Food Code was amended to set limits on trans fat permitted in food (Article 155 tris), with full implementation by food companies scheduled for 10 December 2014. Trans fat content must not exceed 2% of total vegetable fats in oils and margarines, and 5% of total fat in all other food.</p>
	<p>Austria</p>	<p>In 2009, a ministerial regulation was passed in Austria setting a limit on trans fats of 2g per 100g of a food item. If a food product is composed of various ingredients, the limit of trans fats is 4g per 100g if the total fat content of the product is less than 20%, and 10g per 100g if the total fat content of the food product does not exceed 3%. This differentiation of maximum fat levels incentivises food manufacturers to not only replace trans fats with saturated fats, but to reduce the overall fat content of their food products. The regulation is not applicable to trans fats of animal origin.</p>

	Canada	Added October 2018: On 15 September 2017, Health Canada published a Notice of Modification Prohibiting the Use of Partially Hydrogenated Oils (PHOs) in Foods, which added PHOs to the List of Contaminants and Other Adulterating Substances. PHOs are the largest source of industrially produced trans fats in foods. This List is incorporated by reference in the Food and Drug Regulations, meaning that it has the force of law. The prohibition came into effect on 17 September 2018. This means that, as of that date, food producers, including manufacturers, restaurants and cafeterias will no longer be able to add partially hydrogenated oils to food products sold in Canada.
	Colombia	Added October 2018: On 30 August 2012, the Colombian government adopted Resolution No. 2.508 that introduced a limit on the content of trans fat in fats, vegetable oils and margarines that are sold directly to the consumer. Those products cannot exceed 2g of trans fat per 100g of fat. The trans fat content of fats and oils used as raw material or in bakeries, restaurants or catering services cannot exceed 5g of trans fat per 100g of material grease. The trans fat content naturally present in animal fats or dairy products are not subject to the restrictions. It is reported that compliance by industry is poor.
	Chile	In 2009, the Ministry of Health of Chile established limits to trans fats allowed in foods (Article 248 of Decree No. 977/96). The content of trans fats of industrial origin should not exceed 2% of total fat content in all products. The Article is now fully in force, following a five year implementation period.
	Denmark	<p>A law introduced in 2003 prohibits the sale of products containing trans fats, a move that effectively bans its use in products destined for sale on the Danish market. The law is enforced by local authorities under the supervision of the Danish Veterinary and Food Administration. Persons infringing the law may incur a fine or imprisonment, and companies can be prosecuted according to the Danish Penal Code.</p> <p>Evaluations Restrepo BJ, Rieger M (2016) Denmark's Policy on Artificial Trans Fat and Cardiovascular Disease. <i>Am J Prev Med</i> 50(1) 69-76^{xiii}</p> <p>Leth T et al. (2006) The effect of the regulation on <i>trans</i> fatty acid content in Danish food. <i>Atherosclerosis Supplements</i> 7(2), 53-56^{xiv}</p>
	Ecuador	Added October 2018: In 2013, the Ministry of Public Health (MSP) introduced Ministerial Agreement No. 4439 to limit trans fat. The objective of the agreement, which is based on scientific evidence, is to limit the amount of trans fats that edible oils, margarines and confectionery products can have. Both for those that are sold directly to the consumer and for those used as raw material and inputs in the food industry (e.g. bakeries, restaurants or food services (catering)). The limit established for these products is 2g of trans fat per 100g of fat.

Hungary	A 2013 decree sets limits on the trans fat content allowed in food products in Hungary. It covers the trans fat content of oils, fats and fat emulsions intended for consumers, either on their own or as ingredients of a food product. The general provisions establish a limit of 2g trans fat per 100g of total fat content. In the case of processed multi-ingredient food, the limit depends on the percentage total fat content: food containing less than 20% total fat have a trans fat limit of 4g per 100g of fat; for food containing less than 3 per cent total fat the trans fat limit is 10g per 100g.
Iceland	In 2010, Iceland opted to follow Denmark and introduced stricter rules that effectively ban trans fats.
India	In August 2015, the Food Safety and Standards Authority of India revised the maximum permitted amount of trans fat content in edible fats and oils, including hydrogenated vegetable oils, margarine and fat spreads, from 10% to 5%. Amendments were made to the Food Safety and Standards (Food Products Standards and Food Additive) Regulation, 2011 and the new 5% limit came into effect on 27 February 2017.
Iran	In 2005, the Iranian government revised the national standards for corn oil, palm oil, frying oil and mixed liquid oils to reduce the permissible trans fat content to <10% (existing levels tended to be >20%). All government organisations were mandated to use standard oils with less than 10% trans fat content. In 2011, the oil industries were mandated to reduce the level to <5%. In 2013, the level was reduced to <2% with compliance required by 2016.
Latvia	Updated October 2018: In May 2016, the Cabinet of Ministers of Latvia approved the regulation on the maximum permissible content of trans fatty acids in food. The regulation limits the content of trans fats in food items to 2g per 100g of the total fat content of products produced in Latvia, including those in public catering establishments, and/or sold in Latvia. In products where total fat content is less than 3%, trans fat may not exceed 10g per 100g of total fat content, and where total fat content is between 3–20%, trans fats may not exceed 4g per 100g of total fat content. The regulation does not apply to naturally occurring trans fats. Market compliance was required by 1 June 2018.
Norway	In 2014, the Norwegian Food Act was amended to prohibit the sale of fats or food with fats that contains more than 2g of trans fats per 100g of fat, in effect since January 2014. The regulation does not apply to naturally occurring trans fats.
Singapore	In 2012, an amendment to regulation 78 of the Singaporean Food Regulations, made under the Sale of Food Act (1973), set a limit of 2% on trans fats in pre-packaged edible fats and oils for sale or for use as an ingredient in the preparation of food. The limits came into effect on 2 May 2012.

	<p>South Africa</p>	<p>In February 2011, Regulation 127 relating to trans fat in food amended Section 15(1) of the South African Foodstuffs, Cosmetics, and Disinfectants Act to prohibit the sale, manufacturing and importation of any oils or fats, alone or as part of processed food, that exceed 2g per 100g of oil or fat. This applies to retail, catering businesses, restaurants, institutions and bakeries. The regulations came into effect in August 2011.</p>
	<p>Switzerland</p>	<p>In 2008, Switzerland set a limit on trans fats of 2g per 100g of vegetable oil or fat, with a one-year entry period.</p>
<p>Limits on the availability of high-fat meat products</p>	<p>US</p>	<p>In June 2015, the US Food and Drug Administration (FDA) determined that partially hydrogenated oils (PHOs), the primary source of trans fats, are not “generally recognised as safe (GRAS)” for any use in food. Food manufacturers had three years to remove PHOs from products. As of 18 June 2018, food manufacturers and restaurants are no longer allowed to produce foods that contain PHOs. Several local bans of trans fat exist for food establishments (eg New York City, California; see “S – Set incentives and rules to create a healthy retail and food service environment”). The national ban of PHOs does not preempt local laws as long as they are not in conflict with the FDA’s regulation. However, preemption has to be assessed on a case-by-case basis.</p>
	<p>Fiji</p>	<p>In 2000, Fiji introduced a sales ban on mutton flaps, which have very high fat and very low meat content.</p>
	<p>Ghana</p>	<p>Ghana set standards in the early 1990s to limit the level of fats in beef, pork, mutton and poultry in response to rising imports of low-quality meat following liberalisation of trade. The standards are also applicable to domestically produced meat. The relevant standards establish maximum percentage fat content for de-boned carcasses/cuts for beef (<25%), pork (<25%) and mutton (<25% or <30% where backfat is not removed), and maximum percentage fat content for dressed poultry and/or poultry parts (<15%). The standards are currently being enforced for turkey tails and chicken feet.</p> <p>Evaluation Thow AM et al. Development, implementation and outcome of standards to restrict fatty meat in the food supply and prevent NCDs: learning from an innovative trade/food policy in Ghana. <i>BMC Public Health</i> 2014; 14:249^{xv}</p>
	<p>Samoa</p>	<p>In 2011, Samoa banned the sale of turkey tails and turkey tail products (Sale of Turkey Tails Prohibition Order 2001, Section 7A), which replaced an import ban of turkey tails. The import ban had to be lifted to enable Samoa to join the World Trade Organization.</p>

Limits on the availability of high-sugar food products and beverages	Latvia	Implemented in June 2016, the Latvian Energy Drinks Law bans the sale of energy drinks containing more than 150mg/l caffeine and one or more other stimulants such as taurine and guarana to persons under 18, and places strict regulations on their advertising (for more details, please refer to “R – Restrict food advertisement and other forms of commercial promotion”). Retailers are also required to display such energy drinks separately from that of other food items.
	Lithuania	In effect since November 2014, the Lithuanian food law bans the sale of energy drinks to persons aged under 18. Energy drinks are defined as non-alcoholic beverages excluding coffees, containing at least 150mg caffeine per litre independent of whether other stimulants are added. Strict regulations on their advertising accompany the sales ban (see “R – Restrict food advertisement and other forms of commercial promotion”).

Copyright © 2018 World Cancer Research Fund International.

Table last updated 24.10.2018

Please contact us on policy@wcrf.org for permission to replicate any part of the NOURISHING framework and/or policy database. Please do not attempt to create your own version.

A number of other organisations provide access to policy databases. Some are listed below:

International

[WHO Global Database on the Implementation of Nutrition Action](#)

[WHO Noncommunicable Disease Document Repository](#)

Europe

[WHO Europe Database on Nutrition, Obesity and Physical Activity](#)

US

[The Rudd Center for Food Policy and Obesity – Legislation Database](#)

[National Association of State Boards of Education – State School Health Policy Database](#)

[National Cancer Institute – Classification of Laws Associated with School Students](#)

[Centers for Disease Control – Chronic Disease State Policy Tracking System](#)

Canada

[Prevention Policies Directory](#)

ⁱ <https://www.ncbi.nlm.nih.gov/pubmed/28704932> (accessed on 25/01/2018)

ⁱⁱ <https://www.canada.ca/en/health-canada/services/food-nutrition/legislation-guidelines/guidance-documents/guidance-food-industry-reducing-sodium-processed-foods-progress-report-2017.html> (accessed on 26 January 2018)

ⁱⁱⁱ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5537905/#B14-nutrients-09-00791> (accessed on 26 January 2018)

^{iv} <https://academic.oup.com/eurpub/article-abstract/doi/10.1093/eurpub/ckx002/3003302/An-evaluation-of-a-public-private-partnership-to?redirectedFrom=fulltext> (accessed on 18/05/2017)

^v <http://www.sciencedirect.com/science/article/pii/S0168851015002171> (accessed on 20/10/2016)

^{vi} <http://www.sciencedirect.com/science/article/pii/S0306919215000391> (accessed on 20/10/2016)

^{vii} <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2016.303397> (accessed on 20/10/2016)

-
- viii <https://www1.nyc.gov/assets/doh/downloads/pdf/cardio/nsri-restaurant-report-poster.pdf> (accessed on 20/10/2016)
- ix <http://www.sciencedirect.com/science/article/pii/S0168851015002171> (accessed on 20/10/2016)
- x <http://www.sciencedirect.com/science/article/pii/S0306919215000391> (accessed on 20/10/2016)
- xi <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5537905/#B14-nutrients-09-00791> (accessed on 26 January 2018)
- xii <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5409743/> (accessed on 25/01/2018)
- xiii <http://www.sciencedirect.com/science/article/pii/S0749379715003281> (accessed on 18/01/2017)
- xiv <http://www.sciencedirect.com/science/article/pii/S1567568806000389> (accessed on 31/01/2017)
- xv <https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-14-249>