GLOBE Response to the National Obesity Prevention Strategy 2021

About Global Obesity Centre (GLOBE):

The Global Obesity Centre (GLOBE) is a world-class research group based in the Institute for Health Transformation at Deakin University. GLOBE is a designated World Health Organization Collaborating Centre for Obesity Prevention, with strong links to governments, health services, other research groups and a diverse range of collaborators nationally and internationally. Our vision is "To catalyse improvements in population health, with a focus on obesity, through innovative research that empowers people and enables healthier environments.

For further details please see: https://globalobesity.com.au/

8. Do you agree with the overall approach to the Strategy?

GLOBE agrees with the overall approach to the Strategy.
We strongly support the National Obesity Preventive Strategy as a fundamental tool to address overweight and obesity in Australia.

We are particularly supportive of the guiding principles, objectives, ambitions, and individual strategies in the Strategy, and the inclusion of:

- a strong focus on changes to the environment, in particular food and physical activity environments; and
- strategies that address broader social determinants of health and multisectoral actions beyond the health system.

However, the draft Strategy does not represent a strong commitment to sustained, best practice action and, in its current form, is unlikely to reduce overweight and obesity and reduce inequities in obesity prevalence.

To ensure its objectives and ambitions are realised, the Strategy must be accompanied by:

- **strong targets** that, at a minimum, align with the National Preventive Health Strategy.
- a **national governance committee** to oversee implementation of the Strategy, with representation from all governments, led by Health Ministers.
- a **national implementation plan** to be developed within six months of the Strategy's release and including:
  - agreed evidence-based **actions** for each strategy, with responsibility for each action assigned to federal, state and territory governments or both, as appropriate.
  - a **timeline** for implementation and reporting, with the Strategy's 10-year timeframe divided into blocks at three, six and nine years.
- a **funding** plan that identifies committed, ongoing and adequate funding from all governments.

- a **monitoring and evaluation** framework, requiring regular reporting on implementation and outcomes from each jurisdiction and an independent evaluation of impact.
- a process **free from conflicts of interest.**

9. Does the title reflect the content of the Strategy?

GLOBE <u>strongly agrees</u> with the title of the Strategy.
We support the title, and we support the Strategy's focus on prevention.

10. Do you agree with the Guiding Principles?

GLOBE <u>strongly agrees</u> with the guiding principles of Equity and Sustainable Development.

Equity

- Action must be taken to address inequities in overweight and obesity across social and economic gradients and between some population sub-groups. The Strategy acknowledges that the 'economic and social barriers that many Australian's face make healthy options harder'. It is important that the Strategy not only acknowledge this but that it includes specific strategies and actions to these barriers. Whole-of-population actions are required, both within and outside of food and physical activity systems, to level the playing field. This Strategy will only achieve dual goals of reducing population levels of obesity AND reducing inequities in weight gain if it results in actions that: i) improve the social structures that support healthy diets and regular physical activity participation (income, housing, employment, education); and ii) improve the structural aspects of food and physical activity environments.

- The Strategy and the implementation plan must prioritise strategies and actions that will have the most impact on ensuring this guiding principle is honoured. Evidence, outlined in the 2019 review that informed the development of the Strategy, shows that:
  - actions that focus solely on education and behaviour change are likely to have a negative impact on equity, though these actions may play an important role in supporting systems and environment changes; and
  - policies that change the structural conditions and daily living conditions should be prioritised.

Sustainable Development
We support the objective of sustainable development particularly in the context of environmental protection and social equity.
Where economic impact is considered in a policy or regulatory context, this must be assessed broadly, and include assessment of the economic impact of poor diet, physical inactivity, overweight and obesity and the cost-effectiveness of interventions. Economic impacts of any interventions that affect industry (e.g. the food industry) must be considered across all sectors. For example:

• there is NO evidence that the implementation of sugary drinks taxes or/and marketing restrictions lead to job losses – just shifts in the types of jobs [1-3].

• some interventions will have a positive economic effect on the food industry as well as benefiting health. For example, economic modelling suggests a $10 million marketing spend per year would deliver an increase in vegetable consumption of around 0.5 serves per person, per day within five years. This would confer significant economic benefits to vegetable levy payers ($1 billion net increase in farm income over 11 years), and retailers (cumulative $1.9 billion over 11 years). It would also reduce government expenditure. If every Australian ate an additional half a cup of vegetables per day, government health expenditure would reduce by an estimated $100 million per year ($60.7 million to the Commonwealth Government and $39.2 million to the states and territories) [4].

The Strategy recognises the importance of sustainable development as a guiding principle and of the Sustainable Development Goals (SDGs) but provides few actions to ensure this is prioritised throughout the Strategy. The SDGs should be leveraged more explicitly throughout the Strategy and all 17 SDGs should be used to guide the Strategy.

Investing in policies to promote walking, cycling, sport, active recreation and active play can contribute directly to achieving many of the 2030 SDGs. Policy actions on physical activity have multiplicative health, social and economic benefits, and will directly contribute to achieving many of the SDGs.

References:
1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4025719/
2. https://www.sciencedirect.com/science/article/pii/S0091743517303249
3. Parajea. G., Colchero. A., Wlasiukc. J.M., Sota. A.M., Popkin. B.M. The effects of the Chilean food policy package on aggregate employment and real wages. Food Policy. 2021;100
4. Reference: Deloitte Access Economics, The impact of increasing vegetable consumption on health expenditure. 2016, Hort. Innovation Limited: Melbourne.

11. Do you agree with the vision?

GLOBE strongly agrees with the vision, for an Australia that encourages and enables healthy weight and healthy active and sustainable living for all.

12. Do you agree with the target?

GLOBE disagrees with the single target.
One target is not adequate and will not capture all relevant factors that contribute to the objectives and ambitions of the Strategy. Additional targets should be included and, at a minimum, should align with those presented in the draft National Preventive Health Strategy, in relation to improving access to and the consumption of a healthy diet and increasing physical activity.

These are:

- Halt the rise of obesity by 2030 and **reverse this trend by 2030**
- Reduce overweight and obesity in children aged 5-17 years by 5% by 2030
- Adults and children (≥9 years) maintain or increase their fruit consumption to an average 2 serves per day by 2030

- Adults and children (≥9 years) increase their vegetable consumption to an average 5 serves per day by 2030
- Reduce the proportion of children and adults' total energy intake from discretionary foods from >30% to <20% by 2030
- Reduce the average population sodium intake by 30% by 2030
- Increase the proportion of adults and children who are not exceeding the recommended intake of free sugars by 2030
- 50% of babies are exclusively breastfed until around 4 months of age by 2030
- Reduce the prevalence of insufficient physical activity amongst children, adolescents and adults by 15% by 2030

13. Do you agree with the objectives?

GLOBE strongly agrees with all five objectives.

- More supportive and healthy environments
- More people eating healthy food and drinks
- More people being physically active and spending less time sitting
- More resilient systems, people, and communities
- More accessible and quality support for people

GLOBE recommends that the detail within the first objective should explicitly state that 'more supportive and healthy environments' will require a reduction in the availability and promotion of unhealthy foods and drinks in all environments. The detail should also specify a requirement for urban planning to prioritise people over motor vehicles, increase walkability of built environments, and increase access to quality recreation facilities and green open spaces.

GLOBE recommends changing the second objective from 'more people eating healthy food and drinks' to 'more people having healthy eating patterns', as this will better capture the reduced consumption of unhealthy food and drink, as well as increased consumption of healthy food and drink. It also better reflects the Australian Dietary Guidelines and its emphasis on a wide variety of foods, in their optimal serve size and number of serves.

GLOBE recommends changing the third objective from 'more people being physically active' to 'more people being physically active and less sedentary' as this will capture the need for people to be not only more physically active but less sedentary.

14. Are there any objectives missing?

GLOBE recommends the inclusion of an additional three objectives.
More people reducing their consumption of unhealthy food and drinks.
More people achieving sleep sufficiency
More people achieving physical literacy

The Strategy notes that 'unhealthy food and drinks are convenient, can cost less, are aggressively promoted, and are available almost everywhere'. To change population diets in any meaningful

way, the Strategy must include an objective to reduce the availability and consumption of unhealthy foods and drinks.

A stand-alone objective is required to reduce the consumption of unhealthy food and drinks to give sufficient attention to the impact these unhealthy food and drinks have on rates of overweight and obesity, and poor health outcomes. A focus on increasing consumption of healthy food is not sufficient.

GLOBE notes the definition of 'unhealthy food and drinks' in the Strategy which states that these are also called discretionary foods and are those foods that are not necessary for a healthy diet and are too high in fat and/or added sugars, added salt, kilojoules, or alcohol or low in fibre, as described in the Australian Dietary Guidelines. The Australian Dietary Guidelines are currently under review, and we expect that review to consider and incorporate the emerging evidence on the role that level of processing plays in the influence of food on health, particularly overweight and obesity.

GLOBE recommends a seventh objective: "more people achieving sleep sufficiency". A recent systematic review has highlighted the importance of not only sleep duration (86/103 studies) but also sleep efficiency, timing and quality and childhood obesity risk [1]. A stand-alone objective is required to give sufficient attention to the critical impact sleep has on obesity. There is no attention on sleep in the current strategy. The addition of sleep will help align the National Obesity Strategy with Australia's 24-hour movement guidelines for children and adolescents which specify all behaviours (sleep, physical activity and sedentary time) are important for children's health.

GLOBE recommends an eighth objective: "more people achieving physical literacy". Physical literacy goes beyond increasing mere physical activity and highlights that it is about building blocks of active recreation (e.g. physical motor skills), psychosocial attitudes and emotions, social interactions and cognitive understanding, especially among children. Children who have higher scores on all domains of physical literacy have been shown to be more likely be of a healthy weight [2]. The addition of physical literacy as an objective will help align with Sport Australia's Physical Literacy Framework.

References:

1. Morrissey, B, Taveras, E, Allender, S, Strugnell, C. Sleep and obesity among children: A systematic review of multiple sleep dimensions. Pediatric Obesity. 2020; 15:e12619.
2. Delisle Nyström C, Traversy G, Barnes JD, Chaput JP, Longmuir PE, Tremblay MS. Associations between domains of physical literacy by weight status in 8- to 12-year-old Canadian children. BMC Public Health. 2018;18(Suppl 2):1043

15. Do you agree with the ambitions?

GLOBE <u>strongly agrees</u> with all three ambitions.

- All Australians live, learn, work, and play in supportive and healthy environments
- All Australians are empowered and skilled to stay as healthy as they can be
- All Australians have access to early intervention and primary health care

GLOBE strongly supports these three ambitions. In particular, we strongly support the focus on creating environments that promote health, especially changes to the food, physical activity and social environments.

GLOBE recommends a minor amendment to Ambition number 2, with the addition of sleep sufficiency:
"**are empowered and skilled to stay as healthy as they can be**: building knowledge, skills, strengths, and community connections to support healthy eating, **sleep sufficiency** and physical activity, and enable healthy weight"

16. Do you agree with the enablers?

GLOBE strongly agrees with all three enablers.

- Lead the way
- Better use of evidence and data
- Invest for delivery

Lead the way

GLOBE strongly supports the need for 'strong national leadership and accountability'. The Strategy must recognise the importance of strong leadership from the Australian Government, including the Prime Minister and the Federal Minister for Health, as well as from state and territory governments. The Australian Government must visibly and strongly support and appropriately fund the Strategy to enable meaningful change, nationally. It is vital that all governments across Australia commit to the Strategy and prioritise its implementation. To enable and oversee this, we recommend the establishment of a national governance committee, with membership from the Commonwealth and State and Territory Governments, led by Health Ministers.

GLOBE strongly supports the need for 'collaborative government leadership across sectors' and recommends the adoption of a new stand-alone enabler of a 'health-in-all-policies approach' to reflect the importance of cross-sectoral, collaborative action. This enabler should be reflected throughout the Strategy and its implementation plan, ensuring that public health is considered when developing or implementing government policy in all areas. This is consistent with the National Preventive Health Strategy – where one of the policy achievements is that "a health lens is applied to all policy through ongoing, cross-sectoral partnerships, led by the health sector, at all levels of governments, to address the determinants of health" by 2030.

The Strategy must also ensure that any supporting documents, policies or regulation is developed using a process free from conflicts of interest. We recommend that the World Health Organization principles of safeguarding actual, perceived and potential conflicts of interests [1] should be used across all aspects of the Strategy. Similar principles about the need for good governance in health policymaking are also reflected in the NHMRC Guidelines for Guidelines that provide steps to both declare and manage conflicts of interest in health policymaking in Australia [2].

References:
1. Safeguarding against possible conflicts of interest in nutrition programmes: draft approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level: report by the Director-General (who.int)
2. https://www.nhmrc.gov.au/guidelinesforguidelineshttps://www.nhmrc.gov.au/guidelinesforguidelines]

Better use of evidence and data

We strongly support Enabler 2 and the investment in national co-ordination for sustained data collection and use. Specific targeted funding for Enabler 2 should be outlined in the implementation plan for the Strategy.

Further, Australia should commit to a regular national physical activity and nutrition survey. In addition, Australia should implement a national childhood obesity surveillance program, similar to the United Kingdom's National Child Measurement Program where every child in Reception (Prep) and Grade 6 in government maintained primary schools has their height and weight measured under an opt-out (passive) approach to student recruitment. High participatory and measured surveillance systems for obesity and related behaviours are required to examine the prevalence of childhood obesity and behaviours, trends over-time, identify populations at increased risk, evaluate interventions and increase accountability for action. Routine childhood obesity surveillance systems are feasible within the current Australian and legal ethical constraints and are common-place in many jurisdictions (e.g. 25 states in the USA) [1,2]. An Australian National Child Measurement Program could be implemented every 2-years and involve at additional school years (e.g. Prep, Grade 2, Grade 4 and Grade 6) but Prep and Grade 6 at a minimum to reflect traditional entry and exit of primary school. The latest Australian data on physical activity and healthy eating among children was conducted in 2011-12 through the ABS National Nutrition and Physical Activity Survey, is insufficient in frequency to make temporal decisions.

There is also a need for accountability by food companies, including the need for companies to regularly share data (on their products, marketing and sales) and mandatory reporting of key indicators related to health and environmental sustainability of food systems to enable analysis of trends over time and to evaluate the impact of policy measures.

References:
1. Crooks N, Strugnell C, Bell C, Allender S. Establishing a sustainable childhood obesity monitoring system in regional Victoria. Health Promot J Austr. 2017 Aug;28(2):96-102.
2. Ruggieri DG, Bass SB. A comprehensive review of school-based body mass index screening programs and their implications for school health: do the controversies accurately reflect the research? J Sch Health. 2015 Jan;85(1):61-72. Erratum in: J Sch Health. 2015 Jun;85(6):411.

Invest for delivery

GLOBE strongly supports investment to deliver the Strategy, both in terms of financial investment and in building a skilled, well-resourced workforce.

In relation to funding, we recommend the Strategy be accompanied by an implementation plan developed within six months by a National Governance Committee, with membership from the Commonwealth and each state and territory government, led by Health Ministers. This implementation plan must include a detailed funding plan that identifies committed, ongoing and

adequate funding from all governments. Funding commitments from each level of government need to be identified for each strategy, action and for monitoring and evaluation.

GLOBE strongly supports enablers 3.1 and 3.2, to explore new funding mechanisms and to investigate ways of shifting economic policies, subsidies, investment and taxation systems to more strongly benefit healthy eating and active living, positive health outcomes, communities and the environment.

Evidence shows that population-level interventions to improve diet and reduce overweight and obesity are very cost-effective, with the vast majority being cost-saving in the longer term [1]. Investment in these cost-effective interventions represent an opportunity for governments to save costs as well as improve health outcomes [1]. However, current levels of funding for nutrition and obesity prevention are very low. Significant increases in funding are required to invest in cost-effective and cost-saving interventions (16 cost-effective interventions for Australia were estimated to cost A$3 billion over the first three years of implementation [1]).

We strongly recommend the introduction of a health levy on sugary drinks by the Australian Government, with revenue from the levy then used to fund evidence-based actions under the Strategy, particularly strategies that are likely to deliver the greatest health benefits for socioeconomic disadvantaged groups.

A health levy on sugary drinks would provide a significant revenue source for the Australian Government, estimated by various studies and reports at between $400 and $642 million annually [2]. The health levy on sugary drinks is also predicted to reduce healthcare spending. A 2018 analysis of cost-effective policies to tackle Australia's obesity epidemic identified that a health levy on sugary drinks would save the Australian Government $1.7bn in total healthcare cost offsets, whilst costing relatively little (~$11.8m) to implement [3].

Enabler 3.3 is also critical to ensure a skilled workforce to implement strategies and actions. The health promotion and public health workforce in many states and territories has been significantly reduced both in terms of the community-based workforce itself and people with the policy and legislation expertise.

References:

1. Ananthapavan J, Sacks G, Brown V, Moodie M, Nguyen P, Barendregt J, Veerman L, Mantilla Herrera A, Lal A, Peeters A, Carter R. Priority-setting for obesity prevention—The Assessing Cost-Effectiveness of obesity prevention policies in Australia (ACE-Obesity Policy) study (2020). PLOS ONE 15(6): e0234804. https://doi.org/10.1371/journal.pone.0234804.
2. Veerman JL, Sacks G, Antonopoulos N, Martin J, "The impact of a tax on sugar-sweetened beverages on health and health care costs; a modelling study", (2016) PloS One, 11(4).
   Duckett, S., Swerissen, H. and Wiltshire, T. 2016, A sugary drinks tax: recovering the community costs of obesity, Grattan Institute.
   Lal A Mantilla-Herrera AM, Veerman L. Backholer K, Sacks G, Moodie M, Siahpush M, Carter R, Peeters A. (2017) Modelled health benefits of a sugar sweetened beverage tax across different socioeconomic groups in Australia: a cost-effectiveness and equity analysis. PLOS Med 14(6).
3. Ananthapavan J, Sacks G, Brown V, Moodie M, Nguyen P, Barendregt J, Veerman L, Mantilla Herrera A, Lal A, Peeters A, Carter R. Assessing cost-effectiveness of obesity prevention policies in Australia 2018 (ACE-Obesity Policy). Melbourne: Deakin University, 2018.

17. Are there any enablers missing?

GLOBE recommends the inclusion of two additional enablers.

Policy to **safeguard against conflicts of interest**

GLOBE suggests that the World Health Organization principles of safeguarding actual, perceived and potential conflicts of interests [1] should be used across all aspects of the Strategy. Similar principles about the need for good governance in health policymaking are also reflected in the NHMRC Guidelines that provide steps to both declare and manage conflicts of interest in health policymaking in Australia [2].

References:
1 Safeguarding against possible conflicts of interest in nutrition programmes: draft approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level: report by the Director-General (who.int)]
2 https://www.nhmrc.gov.au/guidelinesforguidelines

Health in all policies approach

To ensure public health is a consideration when developing government policy in all areas and at all levels of government – e.g. planning, transport, agriculture, education and that workforce development supports the skills needed for successful multisectoral action. This is consistent with the National Preventive Health Strategy – where one of the policy achievements is that “a health lens is applied to all policy through ongoing, cross-sectoral partnerships, led by the health sector, at all levels of governments, to address the determinants of health” by 2030.

18. Do you agree with the strategies in ambition 1?

GLOBE <u>strongly agrees</u> with all strategies, the following are the priority strategies identified.

- Strategy 1.1 Build a healthier and more resilient food system
- Strategy 1.2 Make sustainable healthy food and drinks more locally available
- Strategy 1.3 Explore use of economic tools to shift consumer purchases towards healthier food and drink options
- Strategy 1.5 Make healthy food and drinks more available and accessible and improve nutrition information to help consumers
- Strategy 1.6 Reduce exposure to unhealthy food and drink marketing, promotion and sponsorship especially for children

We recommend in all strategies that the language is strengthened by calling actions ‘recommended actions’ instead of ‘example actions’.

Strategy 1.1 and Strategy 1.2

GLOBE strongly supports strategies 1.1 and 1.2, however we recommend they are combined and renamed: ‘*Build a healthier and more equitable and sustainable food system in Australia that promotes equitable local availability of healthy and sustainable foods and drinks*’.

This would reflect that 'making sustainable healthy food and drinks more locally available' (current strategy 1.2) is a function of 'building a healthier and more resilient food system' (current strategy 1.1) and cannot be seen as an independent strategy. We also think the focus should be on the system being 'equitable' and 'sustainable' into the future rather than 'resilient' as this reflects the Strategy guiding principles.

This strategy would:

- favour the production, processing and distribution of healthy and sustainable food and drinks
- improve food systems while protecting land, sea and biodiversity and reducing waste
- implement land use planning and urban design, drive community agriculture initiatives and strengthen Aboriginal and Torres Strait Islander traditional food systems
- reduce exposure to potentially obesogenic endocrine disrupting chemicals through reduced consumption of processed and packaged foods [1,2].

GLOBE supports the example actions from both strategies 1.1 and 1.2 and these should all be retained.

In particular, GLOBE strongly supports the following actions and recommend they are strengthened as follows:

- funding and encouraging innovation to shift industries that produce and use unhealthy commodities towards healthy food uses and/or new non-food markets. We note this must not be about encouraging minimal reformulation or fortification of highly processed foods to make them appear 'healthier'.
- increasing access to local healthy food and drinks in residential areas, through land use planning and policy. This action should be amended to include reducing access to unhealthy food and drinks, as well as increasing access to healthy food. It should be focused on implementing changes to planning regulation and urban design to reduce the density and impact of unhealthy food and drink outlets. This should include proximity to schools and other children's settings.

Additional actions for this strategy should be added:

- National Nutrition Strategy – we recommend the development of a contemporary framework, which integrates current and new guidelines and programs, including the Australian Dietary Guidelines (under review), Nutrient Reference Values, food labelling initiatives (including mandatory adoption of the Health Star Rating system), with relevant taxes, laws and monitoring systems. This will address the cost and prevalence of diet-related chronic diseases, the nutritional needs of vulnerable and disadvantaged Australians and improve food and nutrition security, sustainability, social equity and productivity [3].
- Increase federal agricultural subsidies to whole fruit and vegetable producers. Evidence suggests that there could potentially be large health benefits for the Australian population and large benefits in reducing health sector spending on the treatment of non-communicable diseases as a result [4].

References:
1. Kahn LG, Philippat C, Nakayama SF, Slama R, Trasande L. Endocrine disrupting chemicals: implications for human health. Lancet Diabetes Endocrinol. 2020;8(8):703-718.
2. Lobstein T, Brownell KD. Endocrine-disrupting chemicals and obesity risk: A review of recommendations for obesity prevention policies. Obes Rev. 2021 Nov;22(11):e13332.
3. Public Health Association Australia, Dietitians Australia, Nutrition Australia, Heart Foundation. National Nutrition Strategy background paper. 2021. Available from: https://dietitiansaustralia.org.au/voice-of-daa/advocacy/call-for-a-new-national-nutrition-policy/
4. Cobiac LJ, Tam K, Veerman L, Blakely T (2017) Taxes and Subsidies for Improving Diet and Population Health in Australia: A Cost-Effectiveness Modelling Study. PLoS Med 14(2): e1002232. https://doi.org/10.1371/journal.pmed.1002232

Strategy 1.3:

GLOBE strongly supports this strategy. We recommend that the word ‘implement’ is used in the strategy heading rather than ‘explore’ to reflect that there is now sufficient international and Australian based evidence for the implementation of economic measures to curb intake of unhealthy foods and drinks [1-5]. It is also important that the focus is on reducing the affordability and consumption of unhealthy food and drinks and not just shifting purchases towards healthier foods and drink options and making them more affordable.

In remote Aboriginal and Torres Strait Islanders communities there is evidence and active examples of economic and marketing measures in place to shift consumers towards healthier food and drink purchases, including Healthy Stores 2020 policy actions, $1 dollar water initiatives and across store fruit and vegetables subsidisation. There is not full support or evidence supporting all economic measures put forward by the House Standing Committee on Indigenous Affairs Inquiry into Food Pricing and Food Security in Remote Indigenous Communities. Unregulated increased store competition within remote communities has the potential to increase access to unhealthy food and drinks and drive down prices for undesirable food choices at the expense of lower prices for fruits and vegetables.

Additional actions for this strategy should be added:

- A health levy on sugary drinks to increase price by at least 20% should be specifically included as an additional action, with preference for a tiered tax system (as per UK) to also encourage manufacturer reformulation to lower sugar products
- Regulation of grocery pricing in regional and remote Australia to reduce the cost of fruit and vegetables and increase the cost of unhealthy food and drinks to support healthy eating
- Restrict temporary price reductions (e.g. half-price, multi-buys) on unhealthy food and drink products.

In relation to the examples of actions listed in strategy 1.3 we note the following:

- We explicitly support retaining the GST exemption on healthy foods as noted in the examples of actions. The economic, social and environmental payback to invest to lift Australia’s low vegetable consumption is compelling. There is a strong evidence base for sustained, collaborative effort:
    - A 10% increase in vegetable consumption would reduce annual health expenditure in Australia on certain cancers and cardiovascular diseases alone by $100 million [6].

  - That is, 10% of national average 2.5 serves = .25 serve or 18.75g of vegetables
- We suggest strengthening wording around a sugary drinks tax to 'implement' rather than 'investigate' policy approaches. Policy options in this space are already very clear. We also suggest removing the words ‘while minimising impacts on disadvantaged Australians’ - evidence suggests the benefits are stronger for disadvantaged Australians (for both SSB and food taxes) [5].

References:

1. Cobiac, LJ, Tam, K, Veerman, L & Blakely, T 2017, ‘Taxes and Subsidies for Improving Diet and Population Health in Australia: A Cost-Effectiveness Modelling Study’, PLoS medicine, vol. 14, no. 2.
2. Teng, A.M., Jones, A.C., Mizdrak, A., Signal, L., Genç, M. and Wilson, N., 2019. Impact of sugar-sweetened beverage taxes on purchases and dietary intake: Systematic review and meta-analysis. *Obesity Reviews*, *20*(9), pp.1187-1204.
3. Brimblecombe, J., Ferguson, M., Chatfield, M.D., Liberato, S.C., Gunther, A., Ball, K., Moodie, M., Miles, E., Magnus, A., Mhurchu, C.N. and Leach, A.J., 2017. Effect of a price discount and consumer education strategy on food and beverage purchases in remote Indigenous Australia: a stepped-wedge randomised controlled trial. The Lancet Public Health, 2(2), pp.e82-e95.
4. Passos, C. M. D., et al. (2020). "Association between the price of ultra-processed foods and obesity in Brazil." Nutrition, Metabolism and Cardiovascular Diseases 30(4): 589-598.
5. Lal A, Mantilla-Herrera AM, Veerman L, Backholer K, Sacks G, et al. (2017) Modelled health benefits of a sugar-sweetened beverage tax across different socioeconomic groups in Australia: A cost-effectiveness and equity analysis. PLOS Medicine 14(6): e1002326
6. Deloitte Access Economics 2016.

Strategy 1.4:

Unhealthy food and drinks make up a disproportionate amount of the Australian diet [1,2]. Reformulation and new product development can be used as a tool to reduce the negative impact of processed food on our health.

The majority of current Australian initiatives in this area, such as the Healthy Food Partnership, rely on voluntary action from industry. The Healthy Food Partnership has thus far been drastically under-resourced and under-prioritised. The Healthy Food Partnership’s reformulation targets took more than five years to agree, apply to a narrow range of product categories, and are relatively weak [3]. Similar voluntary reformulation initiatives in the United Kingdom have also only shown limited benefits. Accordingly, GLOBE supports much stronger government leadership in the area of reformulation. Evidence indicates that mandatory reformulation and compositional limits are best-placed to improve the nutrient profile and serving size of processed foods. If voluntary action is to be encouraged, there needs to be much stronger government leadership of such initiatives, with adequate resourcing, and meaningful incentives for company participation, with sanctions for non-participation.

We also note that, while efforts to reduce harmful nutrients in processed foods are necessary and have the potential to confer health benefits, they are unlikely to be sufficient to improve dietary health if overall dietary patterns remain high in unhealthy food and drinks. This is because we need a shift in social norms away from unhealthy foods and drinks, even if those unhealthy foods have slightly lower fat, salt and/or sugar content. This is why GLOBE supports a comprehensive approach to improving population diets.

GLOBE does **NOT** support working in partnership with industry on reformulation targets.

GLOBE supports the following actions, with some amendments:

- Work with the food regulation system to set compositional limits for the amount of nutrients of concern (such as added sugar, salt and harmful fats) that can be used in certain processed foods and drinks. In the area of salt reduction, these limits could draw on recent publication by WHO of global sodium targets for a wide range of categories [4].
- Regulation to set maximum serving sizes of unhealthy food and drinks in food service and retail settings, particularly items designed for children.

GLOBE supports the following additional actions:

- Regulation to set compositional limits for harmful sugar in packaged infant and toddler foods and for sodium in toddler foods.

References:

1. Australian Bureau of Statistics. 4364.0.55.012 - Australian Health Survey: Consumption of Food Groups from the Australian Dietary Guidelines, 2011-12. 2016. http://www.abs.gov.au/ausstats
2. Machado, Priscila & Martinez Steele, Euridice & Levy, Renata & Louzada, Maria Laura & Rangan, Anna & Woods, Julie & Gill, Tim & Scrinis, Gyorgy & Monteiro, Carlos. (2020). Ultra-processed food consumption and obesity in the Australian adult population. Nutrition & Diabetes. 10. 1-11. 10.1038/s41387-020-00141-0.
3. Rosewarne, E.; Huang, L.; Farrand, C.; Coyle, D.; Pettigrew, S.; Jones, A.; Moore, M.; Webster, J. Assessing the Healthy Food Partnership's Proposed Nutrient Reformulation Targets for Foods and Beverages in Australia. Nutrients 2020, 12, 1346.
4. WHO global sodium benchmarks for different food categories 2021. https://www.who.int/publications/i/item/9789240025097

Strategy 1.5:

A key barrier to healthy eating patterns is the overrepresentation of unhealthy food and drinks on supermarket shelves, and the (potentially misleading) marketing of these products as healthy options on product labels. It is essential that food and drink labelling accurately represents the healthiness of products, aligned with the revised Australian Dietary Guidelines. Accurate and transparent information on food labels is important in facilitating informed consumer choice. It also has potential to incentivize manufacturers to improve the formulation of their products and/or discontinue less healthy offerings.

Accessibility and availability of healthy food and drinks are core components of food security, which is an ongoing issue in regional and remote Australia [1], and a growing issue across the country in the midst of the COVID-19 pandemic [2,3]. Ensuring food security for all people in Australia is essential for health promotion and obesity prevention, and to meet Australia's international obligation to Sustainable Development Goal 2 [4].

GLOBE supports the following existing actions, with some amendments as follows:

- We support the actions related to implementing advisory labels for unhealthy ingredients such as added sugar, salt, harmful fats and alcohol. We note that these can be implemented in conjunction with existing labelling schemes, such as the Health Star Rating system.
- We support the increased prominence, promotion and availability of healthy food and drinks in food retail, however this must be strengthened to also include reducing the prominence, promotion and availability of unhealthy food and drinks in food retail. This should encompass measures to limit the placement of unhealthy food and drinks in supermarkets (at checkouts, ends of aisles and other prominent store locations) and

restrictions on the use of price promotions for unhealthy foods and drinks. This should be extended to include reducing the prominence, promotion and availability of unhealthy food and drinks in food retail more broadly. In order to create a level playing field for retailers and manufacturers, it is likely that policy action in this area will need to be mandatory in order to be effective.
- We support consistent national menu labelling regulation. We believe menu labelling should extend beyond energy labelling e.g. schemes that indicate the overall healthiness of products and/or provide warnings about unhealthy ingredients

GLOBE recommends additional actions for Strategy 1.5:
- Mandatory adoption of the Health Star Rating, and continued commitment to further review of the Health Star Rating algorithm to ensure it remains up to date with evolving nutrition science.
- Strengthen regulation of nutrition content claims and health claims on food to extend nutrient profiling to products carrying nutrition content claims and replace industry self-substantiation and notification processes with an independent review process. Nutrition information should be required on alcoholic products.
- Review and update of the Nutrient Profiling Scoring Criteria (used to assess eligibility of products to display nutrition content and health claims) to align with the revised Australian Dietary Guidelines.
- Regulation for clear and transparent labelling of infant and toddler foods.

References:
1. Understanding food insecurity in Australia CFCA Paper No.55. Australian Institute of Family Studies. 2020 (aifs.gov.au)
2. Food Bank Hunger Report 2020 FB-HR20.pdf (foodbank.org.au)
3. Food Bank Hunger Report 2021 Foodbank Hunger Report 2021 - Foodbank Reports
4. Goal 2 | Department of Economic and Social Affairs (un.org)

Strategy 1.6:
GLOBE strongly supports a strategy to protect children from exposure to unhealthy food marketing. The strategy and recommended actions must focus on government-led mandatory regulation to protect children from exposure to unhealthy food marketing, in all areas of their lives. Industry codes in Australia have been shown on numerous occasions to be ineffective in achieving public health benefits. Government regulation at a federal and state level is needed, with an independent monitoring system and strong sanctions for breaches.

The following key actions must be included to implement this strategy effectively:
- Protect children from digital marketing by restricting all digital marketing of unhealthy food and related brands. User controls are unlikely to be effective.
- Ensure public spaces and events are free from unhealthy food marketing (including products and related brands), including public transport, public outdoor spaces, education, healthcare, sporting and recreation facilities, cultural institutions and sporting and other events (including sponsorship). This will require both state and national leadership.
- Introduce time-based restrictions for television, radio, cinema (including online/digital services) from 6am to 9.30pm.

- Prevent unhealthy food companies targeting children, including through sending or displaying marketing directly to children, using techniques or features that appeal to children (prizes, games, characters etc, including on product packaging), or marketing in places or media that are primarily for children.

We strongly support the introduction of restrictions on temporary price reductions and promotions on unhealthy foods and drinks, and this should be extended to capture the placement of unhealthy food (such as at checkouts, ends of aisle) and the promotion of price promotions (for example, temporary price discounts or large signs and displays highlighting discounted unhealthy foods) within retail environments and equivalent online. We also support regulation to stop companies targeting particular individuals or population groups with unhealthy food marketing.

We support some of the current example actions, subject to the following changes/comments:

- The first action should be amended to say: *Introduce government regulation to restrict unhealthy food and drink advertising during peak television viewing times for children by introducing a time-based restriction from 6am to 9.30pm.*
- The second action should be amended to say: *'Restrict marketing of unhealthy food and drinks (and related brands) in public places and at public events, including on public transport and at sporting and other major events'.* The current framing of reducing prominence and visibility is not strong enough. This action will require multi-government action across federal, state and local governments.

We note there is an action under the 'adults' section that is framed around reducing unhealthy food marketing on publicly-owned or managed settings and promoting healthy lifestyles instead. We believe this action should be strengthened, to restrict, rather than simply 'reduce' marketing. Promoting healthy lifestyles is important but the priority should be removing unhealthy food marketing. Similarly, we believe the action to 'reduce unhealthy food and drink sponsorship and marketing at sport and major community events' should be strengthened to indicate 'restrict' rather than simply 'reduce'.

- The third action should be amended to say: '*Restrict marketing and promotional activity that use any feature or technique that is likely to appeal to children, including toys, games, characters and prices*'. This must include brand marketing for brands synonymous with unhealthy foods (e.g. fast food, confectionery) and apply to product packaging and promotional activity, as well as other forms of marketing.

- The fourth action around marketing of breastmilk substitutes should be strengthened to refer to implementing regulation, instead of policies. We note the National Breastfeeding Strategy's recommendation to 'review regulatory arrangements for restricting the marketing of breastmilk substitutes' [1].

- We do not support the introduction of user controls or parental controls to limit exposure to digital marketing of unhealthy food. This is unlikely to be effective as the digital ecosystem is too complex for such a simple measure. Instead, ALL (paid and owned) unhealthy food marketing through digital media should be banned.

References:
1. Australian National Breastfeeding Strategy: 2019 and Beyond. COAG Health Council 2019

Strategy 1.7

GLOBE recommends that this strategy be reframed to reflect that active transport networks, recreation/sport infrastructure and natural environments are in fact all ‘spaces’. This strategy should also enable the creation of conditions to facilitate active transport and the design of communities to ensure activities of daily living (e.g. shopping) are within walkable/cyclable distances.

Strategies 1.7-1.9

GLOBE recommends that these strategies reflect key agreed documents like the WHO Global Action Plan on Physical Activity [1] and the Heart Foundation Blueprint for an Active Australia [2]. These documents provide specific and actionable strategies that have already been committed to and are well aligned with the objectives of the Strategy. Development of a dedicated National Physical Activity Plan is an urgent priority to increase national levels of physical activity. It is important that a National Physical Activity Plan has cross-government and inter-sectoral buy-in, it should not reside with health or sport. There are excellent examples nationally (e.g. Heart Foundation Blueprint) and internationally (e.g. WHO GAPPA) to draw on. More than 30 countries globally have a Physical Activity Action Plan, including Scotland, Pakistan and New Zealand.

References:
1. https://apps.who.int/iris/bitstream/handle/10665/272722/9789241514187-eng.pdf
2. https://www.heartfoundation.org.au/getmedia/6c33122b-475c-4531-8c26-7e7a7b0eb7c1/Blueprint-For-An-Active-Australia.pdf

Strategy 1.10

There is strong evidence around the health and economic benefit of early intervention, particularly the first 2000 days [1] yet this strategy focuses almost entirely on school-aged children and predominantly on education settings. We recommend that evidence on the first 2000 days is incorporated, and actions are added to support this.

The following key actions must be included to implement this strategy effectively:

- implementation of evidence-based programs for families and early childhood education and care (ECEC) settings to promote healthy eating (including breastfeeding) and physical activity from the start of life
- training of ECEC and maternal and child health workforce
- regulations to ensure ECEC settings provide healthy and sustainable food and physical activity environments.

We strongly support the action to ‘establish whole-of-school/facility policies and practices to support healthy behaviours and skills (for example, incorporating movement across the day, healthy school canteens and childcare menus, healthy fundraising)’. Further, we encourage the enhancement of this strategy to include practices that improve sleep sufficiency among children (e.g. education programs and activities involving both students and parents/guardians). This must

be government led and implemented through mandatory government policy or regulation, and effectively monitored and enforced.

An additional action needs to be articulated regarding the delivery of quality physical education. Whilst physical education is mandated in many jurisdictions (e.g. Victoria in the Victorian Essential Learning Standards), there are no apparent consequences to schools that do not meet this mandate. The National Obesity Strategy should include a commitment to work with relevant groups to establish minimum national standards for delivery of quality physical education including, for example, minimum frequency and duration across the Prep to Year 10 curriculum, delivery of lessons by trained Physical Education teachers.

References:
1. Hayes, A., Chevalier, A., D'Souza, M., Baur, L., Wen, L.M. and Simpson, J. (2016), Early childhood obesity: Association with healthcare expenditure in Australia. Obesity, 24: 1752-1758.

Strategy 1.11
GLOBE supports this strategy and its example actions, however to have the most impact these measures must be government led so that workplaces are resourced and supported to take action which is monitored and evaluated.

Strategy 1.12
GLOBE supports this strategy but recommend it be strengthened to clearly include the reduction of unhealthy food and drinks as well as increasing availability of healthy food and drinks. As the Strategy notes, the majority of respondents to the 2019 community consultation survey wanted to reduce exposure of unhealthy options in the community.

We also recommend it be strengthened to clarify that these organisations must be required to reduce the availability and promotion of unhealthy food and drinks through mandatory government policy or regulation, and not only through voluntary measures.

19. Are there any strategies missing in ambition 1?

Whilst GLOBE supports all strategies under Ambition 1, they fail to specifically call out the need to reduce the availability, affordability and consumption of unhealthy food and drinks. Both an increase in healthy food consumption and a decrease in unhealthy food consumption are needed for the Strategy objections and ambitions to be met.

We note the importance of ensuring the provision of physical literacy programs for children commencing in the early childhood period and throughout the school years. Continued support for physical literacy is needed throughout life. These should align with Sport Australia’s Physical Literacy Statement and Framework [1].

References
1. https://www.sportaus.gov.au/physical_literacy

20. Do you agree with the strategies in ambition 2?

GLOBE strongly agrees with all strategies, the following are the priority strategies.

- Strategy 2.2 Use sustained social marketing - only when implemented alongside other actions within the Strategy that make structural changes to the food environment.
- Strategy 2.7 Enable and empower priority populations to have the same opportunities as others by supporting relevant sectors to reduce the structural and social barriers to healthy diets

We recommend in all strategies that the language is strengthened around the actions by calling them 'recommended actions' instead of 'example actions'.

Strategy 2.1

GLOBE supports the existing actions for this strategy. We strongly support the regular updating of the Australian Dietary Guidelines, and that this process be completed free from vested interests. The Australian Dietary Guidelines must be reviewed regularly to ensure they reflect the most current evidence on healthy eating patterns. The current review of the Australian Dietary Guidelines must consider and incorporate the emerging evidence on the role that level of processing plays in the influence of food on health, particularly overweight and obesity.

GLOBE supports an additional action to support physical literacy. This should ensure provision of physical literacy programs for children commencing in the early childhood period and throughout the school years, as well as continued support for physical literacy throughout life. These should align with Sport Australia's Physical Literacy Statement and Framework.

It is important that strategies, approaches and programs used to change people's knowledge, skills and confidence are evidenced-based and can be scaled up within existing service delivery systems. Criteria should be developed to define 'evidenced based scalable' programs/strategies and these should be prioritised for implementation. Development of a database of evidenced based scalable programs/strategies should be made available for public health agencies, communities and services (the National Cancer Institute in US has created a database like this which could be used as an example.)

Strategy 2.2

GLOBE strongly supports the development of comprehensive, effective, sustained social marketing campaigns to raise awareness and educate the community as essential to support behaviour change. These social media campaigns should be developed to address the needs of those who are most socially and economically deprived in Australia. These campaigns should be well funded by governments to support sustained, comprehensive implementation and should be based on robust evaluation frameworks to evaluate campaign messaging and impact. Adoption of social media campaigns should only be pursued alongside actions that make structural improvements to the food environments, otherwise increases in health inequities are likely to result.

Strategy 2.3

While the strategy recognises the benefits of investing in early intervention and there is an increased government acknowledgement of the importance of the early years, such as the policy focus on the first 2000 days, in practice, government funding has not shifted towards greater investment in prevention and early intervention.

Enabling access to primary health care and community-based practitioners will remain an unfulfilled ambition without dedicated and sustained investment in integrated early childhood services that improve access to child and allied health care, early childhood education and social care. Design and delivery of these evidence-based programs should ensure equitable service provision based on the principle of proportionate universalism. This is critical: while the prevalence of childhood obesity appears to have plateaued in the past decade or more, this has not occurred in those experiencing social disadvantage. Existing programs may be relatively ineffective for priority population groups.

Establishment of additional multidisciplinary services, improved training for healthcare professionals and monitoring of the provision of evidence-based care are particularly urgent as a recent audit has demonstrated that despite a small increase in the number of multidisciplinary paediatric weight management services in Australia, current services are inadequate to address the issue of paediatric obesity, especially severe obesity. Services have waitlists of up to 12 months and no multidisciplinary services are available in rural or remote communities.

Strategy 2.5

GLOBE strongly support this strategy to engage and support local communities and organisations to develop and lead their own healthy eating and physical activity initiatives. GLOBE recommends this strategy be expanded to also include sleep sufficiency.

Strategy 2.7

GLOBE strongly supports this strategy to reduce the structural and social barriers that create inequities in health and weight. Addressing these barriers through structural interventions or interventions to change people's daily living conditions are fundamental to prevent obesity across the socioeconomic gradient and for those experiencing social and/or economic deprivation.

A 2019 evidence review that informed the development of the Strategy highlighted key social determinants of health that are associated with healthy weight, including socioeconomic status, support during the early years of life, access to green space and paths, working conditions and social participation [1]. The evidence review identified many effective interventions that influence the structural environment, daily living conditions and community and school settings, which can improve physical activity and weight related outcomes, stating: 'Evidence exists to support interventions that target improvements to welfare, education, early childhood development, transport access, community infrastructure, and community engagement.'

GLOBE strongly supports the adoption of key actions to address those key areas, in addition to the existing action related to affordable housing. Actions should include:

- Increasing educational attainment

- Creating comprehensive early childhood education initiatives, including by providing long-term, sustainable funding for universal access to two years of early childhood education (ECE) and scaling up of evidence-based integrated models of ECE. Integrated ECE models provide a soft entry point to early intervention and needed services and reduce stigma.
- Improving the provision of food and rent subsidy programs
- Strategies to promote community engagement and inclusivity to support social participation. These actions need to be designed, implemented and evaluated collaboratively with communities and their leadership to ensure they are culturally centred and meet community needs
- Introducing a health and wellbeing principle as part of local government decision-making when considering land use planning and zoning permissions
- Improving provision of and access to public transport
- Providing holistic school programs and parent/guardian skills programs. These should focus on supporting parent/guardian, child and adolescent mental and physical health by implementing and/or scaling up evidence-based home visiting and pre- and postnatal support programs for priority population families and equivalent programs available to families of older children in ECEs, schools and other community settings.
- Adjusting minimum wage levels and social protection floor according to regularly costed healthy foods and diets.
- Taxation policy focused on reducing income inequality
- Governments acknowledge, legitimise and support Indigenous peoples, in policy, legislation and programs that support autonomy and self-determination
- Protections for vulnerable remote and regional communities, including:
  - Adjustment of social security payments and remote area allowances
  - Energy security initiatives
  - Strengthening of The Australian Drinking Water Guidelines and State and Territory legislation for drinking water quality to ensure sufficient access to high quality, palatable drinking water.

References:

1. 2020.01_Addressing-the-social-factors-behind-overweight-and-obesity_Sax-Institute-Evidence-Brief.pdf (saxinstitute.org.au)

21. Are there any strategies missing in ambition 2?

These strategies under ambition 2 are all important but unless implemented along-side strategies in Ambition 1 will only have limited effect and widen inequities.

22. Do you agree with the strategies in ambition 3?

GLOBE strongly agrees with all four strategies in ambition 3.

- Enable access to primary health care and community-based practitioners and services in the community and at home
- Increase clarity and uptake of models of care and referral pathways that focus on the individual.

- Support health, social and other care services to enable positive discussion about weight.
- Strengthen the confidence and competence of the primary health care workforce to prioritise the prevention of obesity.

We recommend in all strategies that the language is strengthened around the actions by calling them 'recommended actions' instead of 'example actions'.

Strategy 3.1

A whole-of-health approach is the standard for other diseases and health conditions, including mental health and eating disorders; nothing less is required for obesity. An evidence-based and person-centred framework for obesity prevention, management and treatment will allow healthcare services and healthcare professionals to do fulfil their functions effectively.

While it is appropriate to focus the current strategy on prevention, early intervention and primary care, the strategy must be clear in not perpetuating false dichotomies between prevention and treatment that already undermine the delivery of health and support services to Australians in obesity care and beyond. The forthcoming treatment strategy will need to build on and be aligned with this prevention-focused document, with an implementation plan backed by sustained funding commitments.

Updating the National Clinical Guidelines is a critical step to support an integrated approach to obesity across the health system.

Strategy 3.2

GLOBE supports this strategy to enable risk assessment and management of risk factors as many Australians are unaware they are living with a high risk of chronic disease, including obesity. Much disease burden could be prevented by reducing and managing risk factors, including overweight and obesity, unhealthy diets, sleep insufficiency and physical inactivity through primary care, community programs and referrals to allied health professionals. However, embedding prevention in the health system requires funding reform to proactively support health professionals to assess and manage risk, as well as evidence-based risk assessment tools, adequate training and strong referral pathways to risk management programs and allied health professionals.

The strategy must prioritise person-centric, transdisciplinary, integrated and effective models of care for children and adults living with overweight and obesity. Since no single approach to weight management will work for all, a suite of evidence-based, targeted, stepped-approach options to treat and support people with overweight and obesity must be made available.

Multidisciplinary management interventions led by teams spanning primary care, obstetrics, paediatrics, specialists, nursing, midwifery, nutrition and dietetics, psychology, and others should be designed and funded to work together to support integrated, effective and cost-effective models of care.

Models of care and treatment pathways for people with overweight and obesity must consider opinions of Australians with lived experience of these conditions, including their experience of weight stigma, to ensure that all care is person-centred, appropriate and implementable.

We support the existing actions and recommend the inclusion of the following additional actions:

- Introduce specific item numbers under the Medicare Benefits Schedule for obesity management. This should cover appropriate weight assessment and examination for common complications as well as an item for chronic disease management that can cover both physical and psychological support.
- Increase the availability and intensity of services and referral pathways for population groups experiencing higher levels of overweight and obesity.
- Increase the availability and intensity of multi-disciplinary paediatric weight management services, including in rural and remote communities.
- Specialised referral and management pathways such as these for children and adults with impaired glucose tolerance and type 2 diabetes should also be considered.

Strategy 3.3

GLOBE supports efforts to reduce stigma and weight bias across the health care system, and also across the entire community. It remains commonplace for people in the community and those working in healthcare to hold strongly negative views about people living with obesity which impacts on people's perceptions, judgment, behaviour and decision-making [1,2]. We agree that stigma can prevent people from seeking health care and it can impact on the quality of care that they receive [2].

Health care providers are currently ill-equipped to prevent and manage obesity, often unable or unwilling to have constructive discussions about weight, using stigmatising language, and blaming people. A key to overcoming these limitations is to recognise the many complex drivers of obesity such as underlying biological causes that are exacerbated by an obesogenic environment, by social disadvantage, and can accumulate across generations.

Recommended actions should include:

- Educating practitioners on the genetic, environmental, biological, psychological and social contributors to weight gain and loss which has been shown to improve practitioners' attitudes about people with obesity. Education should include examination of the detrimental effects of weight stigma in health care [2,3].
- Training practitioners to use respectful language, diversity and zero-tolerance for weight discrimination in clinical settings; and training practitioners to use communication that is person-centred and condition-focused rather than weight-focused [3].
- Incorporating competency assessments for health care practitioners to demonstrate stigma-free practice competency [4].
- Incorporating appropriate infrastructure for the care and management of people with obesity into all health care facilities [4].

References:

1. Jackson SE. Obesity, weight stigma and discrimination. Journal of Obesity and Eating Disorders. 2016 Jun 20;2(3).
2. Phelan SM, Burgess DJ, Yeazel MW, Hellerstedt WL, Griffin JM, van Ryn M. Impact of weight bias and stigma on quality of care and outcomes for patients with obesity. obesity reviews. 2015 Apr;16(4):319-26.
3. Palad CJ, Yarlagadda S, Stanford FC. Weight stigma and its impact on paediatric care. Current opinion in endocrinology, diabetes, and obesity. 2019 Feb;26(1):19.

4. Rubino F, Puhl RM, Cummings DE, Eckel RH, Ryan DH, Mechanick JI, Nadglowski J, Salas XR, Schauer PR, Twenefour D, Apovian CM. Joint international consensus statement for ending stigma of obesity. Nature medicine. 2020 Apr;26(4):485-97.

23. Are there any Strategies missing in ambition 3?

GLOBE strongly supports all strategies under Ambition 3 which all contribute to the prevention of overweight and obesity. We also support the need for primary care to shift towards prevention, risk assessment & management of risk to help people stay well for longer (and potentially halt and reverse disease progression), however, unless implemented along-side strategies in Ambition 1 will only have limited effect and widen inequities.

24. What do you think are the 5 most important Strategies and the 5 least important Strategies, considering all Strategies across each of the 3 Ambitions, to address overweight and obesity?

GLOBE strongly supports the following strategies as the most important (top 5):

- Strategy 1.1 Build a healthier and more resilient food system.
- Strategy 1.2 Make sustainable healthy food and drinks more locally available.
- Strategy 1.3 Explore use of economic tools to shift consumer purchases towards healthier food and drink options.
- Strategy 1.6 Reduce exposure to unhealthy food and drink marketing, promotion and sponsorship especially for children.
- Strategy 2.5 Engage and support local communities and organisations to develop and lead their own healthy eating and physical activity initiatives.
- Strategy 2.7 Enable and empower priority populations to have the same opportunities as others by supporting relevant sectors to reduce the structural and social barriers.

We recommend that strategies 1.1 and 1.2 are combined.

The Strategy must prioritise the implementation and funding of those strategies and actions that are supported by the strongest evidence base. Those strategies and actions will have the most significant impact on reducing overweight and obesity and improving diets across the population. We know that the strategies and actions that will have the most significant impact are those that will create environment and systems change, addressing the food, physical and health environment. Strategies must also address social and commercial determinants of health. This is supported by the evidence review completed in 2019 to inform the development of the Strategy. It is also clear that interventions that change the environment are likely to have a positive impact on equity.

Although we strongly support a focus on policy and regulation to change the food system as the key priority of this Strategy, we consider that all the included strategies have an important role to play as part of a comprehensive set of interventions and should remain in the final strategy.

We do ***not*** support the removal of any strategy.

25. Do you have any comments on Part 4 making it happen?

GLOBE is concerned that the model of flexible implementation as outlined does not present a committed pathway to ensure the strategy is fully implemented at a national level. While we support the ability of governments to tailor implementation to the local context and to build on policies in place or under development, this must be done under a collaborative national approach to implementation that establishes agreed actions and commitments to timely implementation that will lead to significant change at a population level.

A collaborative national approach to implementation should involve:

- a **national governance committee** - established to oversee the implementation of the strategy (the Committee). The Committee must have representation from the Commonwealth and each State and Territory government and be led by Health Ministers to reflect the breadth of the ambitions of the Strategy.
- a **national implementation plan** to be put together by the Committee, in consultation with key stakeholder groups, and signed onto by each jurisdiction within six months of the strategy's release. The implementation plan must include:
  - agreed evidence-based **actions** for each strategy, with responsibility for each action assigned to either federal, state and territory governments or both, as appropriate.
  - a **timeline** for implementation and reporting, with the strategy's 10-year timeframe divided into blocks at three, six and nine years.
  - a **funding** plan that identifies committed, ongoing and adequate funding from all governments. Funding commitments from each level of government need to be identified for each strategy, action and for monitoring and evaluation.
- a **monitoring and evaluation** framework, requiring regular reporting on implementation and outcomes from each jurisdiction and an independent evaluation of impact.
- a process **free from conflicts of interest.** We recommend that the World Health Organization principles of safeguarding actual, perceived and potential conflicts of interests [1] should be used across all aspects of the Strategy. Similar principles about the need for good governance in health policymaking are also reflected in the NHMRC Guidelines for Guidelines that provide steps to both declare and manage conflicts of interest in health policymaking in Australia [2].

The Strategy must also aim to work with communities, particularly Aboriginal and Torres Strait Islander communities, to ensure successful implementation of the Strategies Ambitions and Actions. The Strategy must include measures to ensure it is meeting the Closing The Gap priority reforms working with communities, including sharing relevant data and information to set and monitor the implementation of efforts.

References:

1. Safeguarding against possible conflicts of interest in nutrition programmes: draft approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level: report by the Director-General (who.int)
2. https://www.nhmrc.gov.au/guidelinesforguidelines

26. Do you have any additional comments on the draft Strategy?

- The Strategy should align with the National Preventive Health Strategy as far as possible and must represent a position that is at least equal to, or stronger than, the actions, targets, outcomes and funding mechanisms set out in the National Preventive Health Strategy.

- The Strategy and the implementation plan must prioritise those strategies and actions that are supported by the strongest evidence. Interventions recommended by the evidence review must be given priority, with a focus on systems and environment change to achieve significant change at a population level, as well as actions to address social determinants of health and reduce health inequity.

- The Strategy overall is currently focused on increasing availability and consumption of healthy food, with limited focus on reducing availability and consumption of unhealthy food. The Strategy must be refocused to give equal or greater priority to reducing availability and consumption of unhealthy food. Both are important and although related, should be distinct goals.

- The definition of unhealthy food should align with the revised Australian Dietary Guidelines as they are released.

- The focus on *all* domains of physical activity needs to be strengthened. The exclusion of behavioural targets from the national physical activity guidelines (e.g. sedentary behaviour, screen time, muscle strengthening, and sleep) is a major oversight. All of these behaviours have been shown to be important for preventing obesity from early in childhood to older adulthood.

- The language throughout the Strategy should be strengthened, including a change from 'example actions' to 'recommended actions'. Many strategies and actions use language that do not indicate an intention or commitment to act, including words such as 'explore' or 'investigate'. This wording should be strengthened to 'implement' or similar. This is particularly the case where the strategy or action is already supported by a substantial evidence base.

- The top level of the document demonstrates a broad health focus and recognises the importance of multiple influences in the prevention of obesity which is less well reflected in the strategies, with many dichotomised into food-focused or physical activity-focused silos. Ensuring the implementation plan takes an inclusive health focus will be important to ensuring those tasked with implementation can most efficiently and effectively undertake the actions e.g. local communities will want to consider addressing active transport systems alongside local food systems.

- The strategy must also be responsive to emerging evidence and ensure additional strategies are implemented to target emerging risk factors for obesity. For example,

emerging evidence suggests an association between exposure to endocrine disrupting chemicals and obesity [1,2].

References:

1. Kahn LG, Philippat C, Nakayama SF, Slama R, Trasande L. Endocrine disrupting chemicals: implications for human health. Lancet Diabetes Endocrinol. 2020;8(8):703-718.
2. Lobstein T, Brownell KD. Endocrine-disrupting chemicals and obesity risk: A review of recommendations for obesity prevention policies. Obes Rev. 2021 Nov;22(11):e13332.