

SUBMISSION TO THE SELECT COMMITTEE INTO THE OBESITY EPIDEMIC IN AUSTRALIA – 6 JULY 2018

Obesity is one of the greatest challenges facing Australian society, and our health system. Two thirds of Australian adults and one quarter of children are now overweight or obese (1). The fact that more than one million Australian children are of unhealthy weight is particularly concerning because they will face greatly increased future risks of serious diseases like heart disease, diabetes, stroke and cancer. These conditions incur huge personal and economic costs on Australian families. Overweight and obesity were responsible for 7% of the total health burden in 2011, at an estimated cost of \$8.6 billion to the Australian economy (2). Furthermore, as with many chronic diseases, obesity prevalence is inequitable; it is higher among Aboriginal and Torres Strait Islander Australians, people outside major cities, and in lower socio-economic groups.

COORDINATED NATIONAL ACTION

Coordinated national action is urgently needed. Sustainable solutions with long lasting impact are not an option – they are an absolute necessity. The causes of obesity are multi-factorial and the obesity epidemic cannot be addressed by focusing on individual responsibility alone. There is clear evidence that upstream policy interventions addressing the ‘obesogenic’ food and built environments are necessary to drive effective, cost-effective and equitable health outcomes.

To this effect, The George Institute offers the following recommendations and comments, fully endorsing those in **Tipping the Scales**, a report produced by the Obesity Policy Coalition with support from over 35 organisations. The recommendations made by **Tipping the Scales** are:

- 1. Legislation to implement time-based restrictions on exposure of children (under 16 years of age) to unhealthy food and drink marketing on free-to-air television up until 9:30pm.**
- 2. Setting clear reformulation targets for food manufacturers, retailers and caterers with established time periods and regulation to assist compliance if not met.**

The Healthy Food Partnership is central to these efforts, but requires stronger government leadership and more robust monitoring and accountability mechanisms to generate real change, as well as ongoing investment and resourcing to ensure it can have lasting impact. Our experience working with governments and food industry leaders to drive reformulation is recognised in our designation as a World Health Organization Collaborating Centre of Population Salt Reduction, with remit to support countries to achieve global targets for reducing salt by 30% by 2025. Our prior work with the government’s Food and Health Dialogue resulted in significant falls in salt levels in bread and breakfast cereals sold in Australia (3). We encourage the Government to rapidly set and act upon comprehensive fat, sugar, portion size and energy density targets for packaged and restaurant foods in Australia.

- 3. Make adjustments to improve the Health Star Rating System, and make mandatory by July 2019.**

The George Institute have supported the world leading HSR labelling system since its inception. We have provided clear evidence that the system is performing well overall (4), despite anecdotal reporting of outlier products. Our research also shows easy ways to improve the HSR system, including added sugar into the HSR algorithm (5), closing the ‘as prepared’ loophole, and making HSR mandatory - so that government and consumers can

reap the full benefits (6)(7). We encourage the Government to incorporate these amendments during the current HSR review process.

We will continue to provide consumers with HSR information for products not currently displaying the logo through our free FoodSwitch app.

- 4. Developing and funding a comprehensive national active travel strategy to promote walking, cycling and use of public transport.** We recommend this objective be linked to a whole of government approach to create healthier built environments, including easier access to green spaces, to enable and encourage healthier living.
- 5. Funding high-impact, sustained public education campaigns to improve attitudes and behaviours around diet, physical activity and sedentary behaviour.**
- 6. Placing a health levy on sugary drinks to increase the price by 20%**

We believe Australia should join more than 30 jurisdictions worldwide who have now adopted pricing interventions on sugar-sweetened beverages. These products lack any nutritional value and there is now a growing body of evidence of their association with serious health problems including obesity, diabetes and poor dental health.

We note the recent announcement of the Australian Beverages Council that their members will voluntarily reduce sugar content, but also note the lack of evidence worldwide that these kinds of industry-led voluntary initiatives will achieve significant change on their own. The Australian government could accelerate this outcome by adopting a levy on sugary drink manufacturers similar to that in the United Kingdom, where imposition of a tax based on sugar content has already driven rapid and widespread reformulation.

Funds generated from a health levy on these products can be used to fund complementary preventive health initiatives such as efforts to make healthier foods cheaper, or increase children's participation in physical activity.

- 7. Establishing obesity prevention as a national priority with a national taskforce, sustained funding, regular and ongoing monitoring and evaluation of key measures and regular reporting around targets.**

Action on obesity will be most likely to achieve change if it has bipartisan and sustainable support. Creation of a national taskforce with sustained funding is one way to ensure obesity remains a national priority. Like other public health and industry stakeholders, we believe it important to fund a regular national diet and nutrition survey in order to monitor and evaluate Australia's progress. Priority-driven funding sources such as the Medical Research Future Fund, should also be leveraged to generate critical evidence and expedite translation and implementation of prevention initiatives. Other mechanisms to encourage and support industry-academic partnerships are also needed to help drive positive consumer behaviour.

- 8. Developing, supporting, updating and monitoring comprehensive and consistent diet, physical activity and weight management national guidelines.**

OBESITY REQUIRES A WHOLE-OF-GOVERNMENT, MULTI-STAKEHOLDER RESPONSE

Government leadership at federal, state and local levels is essential for the development and implementation of the policies Australia requires to meaningfully address the obesity epidemic.

Progress in some states, such as New South Wales under its Premier's Priority to address childhood obesity, must now be leveraged to ensure children across Australia receive equitable benefits. Assigning accountability at the highest political levels will empower Ministries of Health to lead development of health policy while recognising that obesity is unlikely to be solved by the health sector alone. Policy coherence across government sectors is critical: other sectors including agriculture and trade bear responsibility for ensuring policies in these areas do not undermine public health progress.

While we strongly believe government leadership of health policy is essential, multi-stakeholder engagement is vital to drive innovation and change in the food sector. Our extensive collaborations spanning governments, food retailers, food manufacturers, health insurers and data analytics companies have provided novel opportunities and unique insights into the challenges of improving the nation's food supply. It will be vital that government provides the incentives and support required for real cross-sector collaboration for impact, while at the same time recognising the importance of a strong independent accountability and transparency framework to ensure that voluntary initiatives are implemented. Finding the right balance between government, industry and other stakeholders' roles will be key to success over the next few years.

OBESITY IS A GLOBAL HEALTH PRIORITY

As the next UN High-Level Meeting on Non-Communicable Diseases is in September 2018, Australia has an important opportunity to reflect on our actions to address obesity on the global stage. While we have long been a recognised leader in tobacco control, we have thus far failed to utilise many of the strongest policies available to improve Australian diets. In order to achieve progress towards the global NCD targets and the Sustainable Development Goals, we recommend the actions above be taken as a priority so that all Australians can live productive and healthy lives.

The George Institute also endorses the submissions (to this Committee) of the Food Governance Node of Charles Perkins Centre and the Obesity Policy Coalition. We are available to discuss the recommendations and evidence in this submission in more detail.

THE GEORGE INSTITUTE FOR GLOBAL HEALTH

The George Institute for Global Health is an independent global medical research institute, headquartered in Sydney, with major centres in China, India and the United Kingdom. The George Institute has projects in over 50 countries, over 600 staff and has raised over \$730 million for global health research. The George Institute is affiliated with world renowned universities, such as UNSW Sydney, and our researchers have been recognised among the world's best for scientific impact and excellence. In 2017, we celebrated 10 years of impact in China and India. The George Institute is focused on reducing the burden of the leading causes of death and disability around the world. Our research has driven major improvements in the prevention and treatment of heart disease, stroke, diabetes, kidney disease, and many other conditions.

In Australia, we work to reduce death and disease caused by unhealthy diets by conducting high-impact, multidisciplinary research that supports government and industry deliver a healthier food environment for all. Our flagship FoodSwitch program, a growing global database of nutrition and labelling information of 500,000 packaged and restaurant foods, enables us to monitor changes in the healthiness of the food supply. In Australia, we are currently using FoodSwitch data to monitor implementation of key federal initiatives including the Health Star Rating system (HSR) and the Healthy Food Partnership (HFP). In addition to numerous publications, members of the Food Policy team currently provide expert input into government committees related to implementation and review of these initiatives to strengthen their public health impact.

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