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Submitted to Horizon scan to support the System Strategic Direction for 2023-2026
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About you

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Please tick this box if you would like your response to be confidential

Tick the box if you would like your response to this consultation to be confidential

What sector do you represent? (Required)

Not-for-Profit (please specify)

If 'other' sector selected, please specify in the text box:

What is your organisation?

Organisation name:
Cancer Society NZ

Which country are you responding from? (Required)

New Zealand

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An opportunity to provide any other information about your organisation.:

The Cancer Society of New Zealand (NZ) is a non-profit organisation which aims to minimise the incidence, impact, and inequities of cancer on those living in Aotearoa, New Zealand. We work across the cancer continuum including health promotion, supportive care, provision of information and resources, and funding of research. Cancer is New Zealand's single biggest cause of death. Unhealthy diet and weight are key factors for cancer, after tobacco. The Cancer Society of NZ works to prevent weight-related adult cancers inequitably affecting Māori and Pacific people in Aotearoa.

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Consultation Questions

1 Are the trends, issues, risks, and opportunities affecting the broader food system accurately captured in the Horizon Scan?

No

If you answered no, which matters have not been captured? :

We commend the development of the megatrends noted in the Horizon Scan. However, we believe there are several issues that need to be included and/or prioritised in the document.

1. Food regulation and the rise of diet-related non-communicable diseases

It is pleasing to see the continued presence of priority 2 and the inclusion of obesity within the remit of the FSANZ work programme. However, due to the historical preoccupation with priority 1, the food regulatory framework of Australia and New Zealand has, for some decades, favoured foods which are processed and include fat, salt, or sugar as ingredients that act in effect as preservatives.

This historical preoccupation with food-borne illness in the regulation of the A/NZ food supply, principally to support trade, has contributed to a food supply which has moved away from a predominance of fresh, unprocessed produce to one which has a predominance of processed, ultra-processed foods.

While this has produced a food supply which is largely 'safe' from a food-borne illness perspective, it has contributed to one which is largely 'unsafe' from a non-communicable disease perspective – and one where the food supply is now part of the causal pathway in many diseases, including cancer.

<https://www.cancer.org.nz/about-us/our-advocacy-work/position-statements/diet-and-cancer/>

It has also led to higher compliance costs for producers of fresh, unprocessed foods compared with those for processed and ultra-processed foods. This can be seen in the comparatively high costs of low processed/fresh produce at the supermarket in both countries.

Over time, this has contributed to the equity gap both countries see in the burden of diet-related non-communicable disease. As processed or highly processed foods frequently have a lower per-unit cost, they increasingly make up a larger proportion of the diet of those who are income- or food-insecure.

These trends show that:

- a) The regulatory system is equally linked to the aetiology of non-communicable diseases as it is to food-borne illness.
- b) The prioritisation of the food regulatory framework impacts population health in a fundamental way over time.
- c) The prioritisation of the food regulatory framework has the potential to improve the overall healthiness of the food supply in relation to non-communicable diseases and the unequal burden of these diseases.

Therefore, missing from the current megatrends noted in the Horizon Scan is a review of how the current food regulatory framework has contributed to the obesity epidemic, the associated morbidity and mortality, and the inequities inherent within the current food supply in terms of accessibility and affordability of fresh produce and no- or low-processed foods.

FSANZ has access to excellent resources for modelling the impact of dietary changes on food supply and consumption. These resources could be utilised as part of the development of a National (bi-national) Nutrition and Food Strategy to identify regulatory and policy tools (current and new), which have the biggest potential in terms of population health gains across the two countries.

Reorienting food environments and systems would help achieve equitable access to culturally appropriate, environmentally sustainable, and affordable healthy food. Government initiatives targeting diet-related diseases have been insufficient in lowering rates of non-communicable diseases or achieving equity in their outcomes.

While the commercial pressures invoked by the food industry on governments are well recognised, key policy interventions are urgently needed to significantly reduce food insecurity and the promotion, normalisation, and availability of cheap, ultra-processed food.

It may be that policy and regulatory measures which prioritise human health may place limits on the largely uncontrolled food formulations of the processed food industry. However, it is likely these would be compensated for by new and improved opportunities for the fresh produce sector.

We appreciate the megatrends as noted in the Horizon Scan linking human and planetary health outcomes. However, we would like to draw attention to the considerable body of work already available in understanding how these megatrends are interrelated. Specifically, we would like to draw attention to the EAT Lancet Commission Food in the Anthropocene, with its recommendations for new dietary reference values for human and planetary health; and the United Nations Sustainable Development Goals, SDG 2; Zero Hunger; SDG 3 Good Health & Wellbeing; SDG 8 Decent Work and Economic Growth; SDG 9 Industry, Innovation and Infrastructure; SDG 10 Reduced inequalities; SDG 12 Responsible Consumption and Production; SDG 13 Climate Action; SDG 15 Life on Land.

The similarities between the SDGs and the megatrends identified in the Horizon Scan are overlapping and a link is therefore implied. However, explicit recognition of the SDGs and the commitment of the Governments of Aotearoa and Australia to them could reasonably be expected.

References

Australian Bureau of Statistics (2019). National Aboriginal and Torres Strait Islander Health Survey: Statistics about long-term health conditions, disability, lifestyle factors, physical harm and use of health services.

Bowden, M (2020). Understanding Food Insecurity in Australia. Southbank, Victoria, Australia: Australian Institute of Family Studies.

Renahan, AG, Tyson, M, Egger, M, Heller, RF, and Zvahlen, M (2008). Body-mass index and incidence of cancer: a systematic review and meta-analysis of prospective observational studies, *Lancet* (London, England), 371 (9612), 569-578. [https://doi.org/10.1016/S0140-6736\(08\)60269-X](https://doi.org/10.1016/S0140-6736(08)60269-X)

Ministry of Health (2019). Household Food Insecurity Among Children: New Zealand Health Survey: Summary of findings. Wellington: Ministry of Health. <https://www.thelancet.com/commissions/EAT>

<https://sdgs.org.au/>

<https://www.sdg.org.nz/>

Diet and Cancer Position Statement, 2020 <https://www.cancer.org.nz/about-us/our-advocacy-work/position-statements/diet-and-cancer/>

2. Lack of prioritisation of public health

The megatrends established within the Horizon Scan have a strong focus toward food production, business, reduction of food-borne illnesses and technological advancement, which benefits industry. While we understand the importance of identifying these megatrends, we do not think they reflect the three key priorities in a balanced way, with less emphasis given to priority 2.

There is little mention of commitment to protecting public health, specifically preventable diet-related diseases such as obesity and cancer. Unhealthy diet and weight resulting from the unhealthy food environment are the second biggest cause of cancer, after tobacco REF. An increasing body mass index (BMI) can lead to at least 13 cancers including breast and bowel cancer (Renahan et al, 2008).

We believe the megatrends need to include a stronger mention of non-communicable diseases, such as obesity-related cancers, in the review in the Australian New Zealand Food Regulatory System. This inclusion also needs to address the public health proposals that support reducing this risk, such as improving the affordability and accessibility of healthy foods.

CSNZ, is concerned the review is not dedicated to protection of public health, as we know that failing to meet public health measures, leads to poorer health outcomes. We want to ensure the Australian New Zealand Food Regulatory System is dedicated to protecting consumers from the risk of developing long-term health impacts related to diet, such as cancer. Therefore, we strongly recommend for the review prioritise public health measures in the Australian New Zealand Food Regulatory System to support the health of consumers.

1. Inequity

We recommend inequity be identified as a megatrend and considered across all aspects of the food system. The food system can exacerbate existing inequities if inequity is not considered and addressed in policy-making.

Cancer Society, CSNZ acknowledges the Strategic Direction for 2023-2026 of the Australia and New Zealand Food Regulatory System (ANZFRS) for including food insecurity, obesity and equity in the Horizon Scan under the megatrend Forever Young. However, CSNZ believes the review needs to explicitly state that the Australian New Zealand Food Regulatory System is committed to achieving equitable health outcomes for Australians and New Zealanders. We know that in New Zealand, the prevalence of food insecurity is much higher in indigenous (Māori) populations (Ministry of Health, 2019). We also know that food insecurity is often associated with obesity, and obesity is closely correlated with cancer, where again Māori are significantly over-represented in these statistics (Ministry of Health, 2019).

Similarly, in Australia, indigenous (Aboriginal and Torres Strait Islander) people are also more likely to experience food insecurity and obesity (Australian Bureau of Statistics, 2019; Bowden, 2020). CSNZ encourages the Horizon Scan to clearly state how the ANZFRS is committed to achieving equitable

outcomes for the indigenous peoples of Australia and New Zealand.

Furthermore, there is no evidence to suggest there has been any Māori or First Nations consultation surrounding the strategic direction for the future of the ANZFRS. We recognise that the Horizon Scan includes the Foundation Agreements of the Food Treaty between the Australian and New Zealand Governments as well as the Trans-Tasman Mutual Recognition Arrangement. However, we recommend the Horizon Scan also acknowledge Te Tiriti o Waitangi in this section.

A significant step in honouring Te Tiriti o Waitangi is through prioritising Māori consultation. Māori consultation needs to be at the forefront of any health-based consultation or review that impacts Māori health. The review needs to ensure the Māori Health Authority, iwi-Māori partnership boards, and iwi are consulted about the future of the ANZFRS before any decisions impacting Māori have been determined. Consultation with Māori must be reflected in this review as Māori have the right to be protected from inequitable rates of food insecurity, obesity and cancer. CSNZ, strongly urges the ANZFRS review to consider consulting with Māori to ensure Te Tiriti o Waitangi is upheld in the future Strategic Direction.

2. Food insecurity

We recommend food insecurity be identified as a megatrend. As recognised in the United Nations Sustainable Development Goals (SDGs), urgent action is needed to address global food security. Therefore, we recommend the SDGs be incorporated into the framework of the Strategic Direction 2023-2026. Although the goals are inter-related, Goal 2 (to set targets to end hunger, achieve food security, improve nutrition, and promote sustainable agriculture by 2030) is important to consider when developing the strategic direction.

With regards to food equity and insecurity in Aotearoa, consideration also needs to be given to the need to create a food regulatory system that enables food sovereignty, people's right to access healthy and culturally appropriate food, produced through ecologically sound and sustainable methods, defining their own food and agriculture systems.

3. The unhealthy food environment

We believe the unhealthy food environment should be a megatrend, given its influence on our food supply and human and planetary health.

Ultra-processed foods and beverages high in sugar, salt, fat and additives are specifically formulated to be hyper-palatable, affordable (and often on special), readily available and aggressively marketed to children and families. The unregulated behaviour of the food industry, including supermarkets and the fast-food industry, in relation to the long-term health outcomes of their activities undermine the ability of families to access healthy food. As a result, Aotearoa has the second-highest rate of childhood overweight and obesity (39%) among OECD and EU countries.

4. Information overload

Consumers are bombarded by product and marketing claims on packaging, broadcast media and increasingly in the digital environment. Claims on food range from nutrition and health claims to sustainability claims. Ensuring consumers have access to clear, transparent information on food packaging is important to help them make healthy food choices. This includes making the Health Star Rating system mandatory, ensuring food labels are truthful (including sustainability claims), and protecting children from the marketing of unhealthy food and drink products. The food regulatory system must ensure marketing claims on food are not used as a tool to encourage increased consumption of ultra-processed foods.

We note the discussion on the potential for expanded use of QR codes and agree these could have beneficial applications. However, it's important these don't replace on-pack information, especially where it provides consumers with information about the healthiness of a product. The paper needs to address this point.

5. Forever young: Ageing population, high chronic disease, and spiralling health costs

The focus on the ageing population in this megatrend gives the overall impression that poor diet and diet related NCDs are mainly issues for older people and are direct outcomes of an ageing population. The paper does not accurately present these issues as ones that affect New Zealanders of all ages.

Two-fifths (40%) of New Zealand children aged four to 19 are overweight or obese¹. This is the second highest rate of child overweight/obesity across all OECD countries. This is a health crisis, and these statistics hide unfair inequities. Pacific children are 4.7 times more likely, and Māori children 1.6 times more likely, to live with obesity than other children². We recommend this megatrend is amended to "Rising diet-related chronic disease" to reflect this.

6. Great expectations: Shift in consumer wants and needs

We support the discussion about an increased consumer demand for healthy and sustainable food. However, it's important the food system meets this demand by producing food that's truly beneficial for both human and planetary health, and not only used as a marketing opportunity for the processed food industry to encourage the consumption of ultra-processed food products. As an example, Consumer NZ looked at meat alternatives claiming to be a more sustainable option than meat. However, when it came to product composition, many products had lengthy ingredients lists and were high in sodium (<https://www.consumer.org.nz/articles/meat-alternatives>).

2 To what extent are there activities underway within your organisation, to manage these issues and risks and to leverage these opportunities?

Please provide further detail below:

Unhealthy diet and weight are the second leading cause of preventable cancer death in Aotearoa. Strong evidence links high body weight with 12 cancers, including oesophageal, pancreatic, colorectal, breast, endometrium, kidney, and menopausal breast cancer. The cancer burden is increasing and inequitable. Nutritious food and a healthy weight can each play a key role in improving health and cancer risk. However, unhealthy processed food is increasingly normalised, marketed, and accessible in our environments – and more so in low-income areas.

To protect and address health equity in Aotearoa, the Cancer Society advocates an evidence-based population approach and a shift to sustainable healthy food patterns and systems. Addressing the complexity of the issue will need many approaches. The Cancer Society supports and works collaboratively on and advocates for:

- raising public awareness of the link between diet, food environments and cancer risk;
- government set standards to:
 - strengthen healthy food environments, especially for children;
 - protect children and young people from marketing of unhealthy food and drink;
 - set targets for the reformulation of processed foods;
 - Introduce mandatory front-of-pack, Health Star Rating labelling, for all processed food; and
 - develop a national food and nutrition strategy, including protecting food systems valued by Māori and to address food insecurity.

See our Cancer Society Position Statement on Diet and cancer here.

3 What opportunities do you consider exist for future work or partnerships, for mutual benefit?

Please provide further detail below:

We are concerned about the growing focus on partnerships, collaboration and shared benefits and accountability between food regulators and industry. These are currently not balanced with equal partnerships and collaboration with public health. We acknowledge the food industry has an important role within the food regulatory system, however it must not be positioned as an equal, unbiased partner of government in developing priorities for food regulation and developing the details of policies and regulations. The industry's primary objective is to increase profits, and this is not always consistent with improving public health outcomes. Measures led by industry are typically voluntary and have a limited effect in driving change to the food supply that support public health measures. We want to see evidence-based measures that are mandatory and are led and developed by government (with input from public health experts) to address the unhealthy food environment and protect public health. To ensure this, we recommend the development of appropriate guidance about how to protect food regulation from conflicts of interest.

With regards to the opportunities that exist for future work to benefit public health, we advocate for increased priority and resourcing be given to priority 2 to equal that given to priorities 1 and 3.

Would you like to add anything else to your submission?

Please provide further detail below:

While we support the intent of the Horizon Scan document, we would like to raise several issues.

1. It is not clear what the purpose of the Horizon Scan is and how it will be used to inform Food Ministers in developing the strategic direction of the food regulatory system. We caution against the use of industry-led approaches to address key issues that affect public health. What is needed is government-led mandatory policy and regulation. We are also unclear how the Horizon Scan fits into the work being done through several consultations on the FSANZ Act. The FSANZ Act review should be prioritised for completion as public health, consumer, industry, and government groups have already invested considerable resources into consultations.
2. The Horizon Scan document, while broadly capturing key issues, does not effectively prioritise these issues or accurately capture the relative importance of different issues for achieving a food regulatory system that can meet its primary objective of protecting public health.
3. Priority 2 must continue as a key priority. This is particularly important as the food industry has significant influence over the food system and is often in conflict with public health guidance and advice around healthy, affordable, and sustainable food access. We would also like to see priority 2 receive greater attention in FSANZ's work plan. This is particularly important regarding the way that the system prioritises applications by the food industry ahead of proposals with public health benefits. This means public health measures are often delayed.
4. National Food and Nutrition Policy required. The Horizon Scan is missing details on how the key priorities interact and the role of the food regulatory in each priority. We recommend the Government develops an overarching National Food and Nutrition Policy incorporating the recommendations from the World Health Organization and successive groups of New Zealand public health experts. This should ensure all aspects of the complex food system are addressed including health, equity, food security and environmental sustainability.