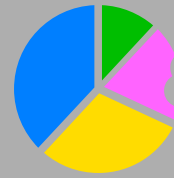


May 2022



ACCESS TO  
**NUTRITION**  
INITIATIVE

# ATNI UK Retailer Index 2022

Methodology: Development, structure,  
content and process

May 2022





## Disclaimer

**Disclaimer:** The detailed methodology for the ATNI UK Retailer Index 2022 (which appears as Appendix 3) and this methodology document may be updated to reflect discoveries made during the initial research by ATNI analysts. Such changes have been kept to a minimum and have been updated in this document which is up to date as of May 2022.

**Euromonitor International disclaimer:** While every attempt has been made to ensure accuracy and reliability, Euromonitor International cannot be held responsible for omissions or errors of historic figures or analyses.

## Acknowledgements

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## Abbreviations

<b>ATNI</b>	Access to Nutrition Initiative	<b>NBM</b>	nutrition business monitoring
<b>BMS</b>	breastmilk substitute	<b>NCD</b>	non-communicable disease
<b>BRC</b>	British Retail Consortium	<b>NDA</b>	non-disclosure agreement
<b>CDP</b>	Carbon Disclosure Project	<b>NGO</b>	non-governmental organisation
<b>CF</b>	complementary food	<b>NPM</b>	nutrient profiling model
<b>CSO</b>	civil-society organisation	<b>NPS</b>	nutrient profiling system
<b>DHSC</b>	Department of Health and Social Care	<b>PHE</b>	Public Health England
<b>ESG</b>	economic, social and governance	<b>SDGs</b>	Sustainable Development Goals
<b>F&amp;B</b>	food and beverage	<b>TFA</b>	trans fatty acid
<b>FAO</b>	Food and Agriculture Organization	<b>The Code</b>	The International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions
<b>FCDO</b>	Foreign, Commonwealth and Development Office	<b>UN</b>	United Nations
<b>FFDP</b>	Forest Footprint Disclosure Project	<b>WFP</b>	World Food Programme
<b>FOP</b>	front-of-pack	<b>WHA</b>	World Health Assembly
<b>HSR</b>	Health Star Rating	<b>WHO</b>	World Health Organization
<b>IYCN</b>	infant and young child nutrition		
<b>MIYCN</b>	maternal, infant and young child nutrition		



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# 1. Executive summary

This document sets out the rationale, process and methodology of the first UK Retailer Index, to be published by the Access to Nutrition Initiative in 2022.

The Access to Nutrition Initiative (ATNI) is an independent, not-for-profit organisation based in The Netherlands, which is dedicated to objectively assessing and monitoring the contribution of the private sector to addressing global nutrition challenges. The ATNI UK Retailer Index 2022 is funded by ShareAction through a grant from urban health foundation Guy's and St Thomas' Foundation.

The ATNI UK Retailer Index 2022 is the latest in ATNI's series of Indexes assessing the food and beverage industry. The first – the Global Access to Nutrition Index – was published initially in 2013 with further iterations in 2016, 2018 and 2021 and other Indexes and rankings have since been developed. To date, all have focused on food and beverage manufacturers: the UK Retailer Index 2022 is the first full Access to Nutrition Index to address food retailers, which are a crucial link in the food supply chain with significant influence over consumers' purchasing decisions.

The UK Retailer Index builds on an earlier UK Supermarket Spotlight published in 2020. This Spotlight found that, although most of the UK food retailers assessed appeared to recognise that they have a role in addressing the UK's diet- and health-related challenges, better disclosure is essential if stakeholders and investors are to discern the strategic shifts that are under way within the companies and to understand the extent of efforts to offer and promote healthier products to consumers. The Spotlight assessed UK food retailers solely on information in the public domain; in contrast, the new Index will encourage the retailers to contribute material (possibly under non-disclosure agreements), which enables ATNI fully to assess the companies' commitment and performance to improving nutrition, in addition to public disclosure.

This Index will assess the 11 largest food retail chains in the United Kingdom – Aldi UK, Asda, Co-op, Iceland, Lidl GB, Marks & Spencer, Morrisons, Ocado, Sainsbury's, Tesco and Waitrose – which together hold over 80% of the UK grocery market share.

The methodology for the UK Retailer Index 2022 – which is included in this document as Appendix 3 – is based on the methodology for ATNI's Global Index, but with significant adaptations following stakeholder consultations, including with a newly established UK Retailer Index Expert Group and webinars for the retailers themselves and other stakeholders. There are eight Topics within the methodology (these are summarised in figure 5):

- 1 Governance
- 2 Nutrition profiling – defining 'healthy' products
- 3 Product formulation
- 4 In-store promotion, pricing and placement
- 5 Media and on-pack advertising
- 6 Accessibility of nutritional information and labelling
- 7 Engagement with stakeholders and policymakers
- 8 Infant and young child nutrition

Within each Topic there are several indicators with predefined answer options (126 indicators in total). Each Topic is weighted according to its importance in fostering the consumption of a healthy diet.

Research for the UK Retailer Index will take place in spring/summer 2021, led by ATNI research analysts with contributions from the retailers through the interactive data-collection process (using a confidential online data-gathering platform). The data-gathering will be followed by analysis and a quality-assurance process. The writing of both the Index findings and individual company reports (company scorecards) will take place in the latter part of 2021, with publication in the second quarter of 2022.



The diets of adults and children across all four nations of the United Kingdom contain too many foods high in saturated fat, salt and sugar and too little fruit, vegetables and fibre with consequent preventable illness (including obesity) and premature mortality. With the UK Retailer Index 2022, ATNI aims to encourage these supermarkets – which between them hold an estimated 96% of grocery market share<sup>1</sup> – to take a more proactive role in creating a health-promoting environment for consumers nationwide.



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<sup>1</sup> Kantar (2021) 'Grocery Market Share – Great Britain' <https://www.kantarworldpanel.com/grocery-market-share/great-britain/snapshot>



## 2. Introduction to ATNI

### 2.1 What is the Access to Nutrition Initiative?

The Access to Nutrition Initiative (ATNI)<sup>2</sup> is an international not-for-profit organisation based in the Netherlands. ATNI's vision is a world where everyone eats a healthy, balanced diet that enables optimal physical and mental development, and where, as a result, deaths and illness from diet-related diseases are eradicated. To this end, ATNI's mission is to develop and deliver tools that track the contribution of the food and beverage sector to addressing the global nutrition challenges of overweight, obesity and diet related diseases as well as undernutrition. And to hold companies accountable for delivering on their commitment, and to use these tools, and engage with and support other stakeholders, to encourage F&B companies to improve the diets of adults and children around the world.

Specifically, ATNI aims to encourage food and beverage companies to improve the nutritional quality of their products (e.g., through product reformulation and food fortification), to substantially increase sales of healthier / fortified products, and to change the ways in which they shape food environments (e.g., through marketing, product labelling, interaction with policymakers). Within this broad scope, infant and young child nutrition is a central focus.

As of April 2021, ATNI is backed by over 60 institutional investment organisations that manage US\$13.6 trillion.<sup>3</sup> They use ATNI's research in their investment research and in their engagement with companies in which they are shareholders, to encourage improved performance on nutrition to contribute to long-term shareholder value. More information about ATNI's governance and operating policies is available online.<sup>4</sup>

The ATNI UK Retailer Index 2022 is funded by ShareAction through a grant from urban health foundation Guy's and St Thomas' Foundation.

### 2.2 The evolution of ATNI's work

ATNI's first Global Index was initially developed between 2009 and 2013 by the Global Alliance for Improved Nutrition (GAIN), which built on the work of many other organizations, particularly other benchmarks and indexes, on other sustainability issues. It was designed through an extensive, multi-stakeholder consultative process. This approach was taken to ensure that the Index would be a useful tool for different stakeholder groups (including the World Health Organization (WHO) and other UN agencies, academia, civil society organizations (CSOs), industry and investors), and that it would reflect the latest thinking and practices related to the private sector's role in nutrition.

All the Access to Nutrition Indexes aim to embrace the key design principles (Box 1) that provide robust, comprehensive, independent analysis of the contribution of F&B manufacturers (and, now, retailers) to addressing the world's nutrition challenges. ATNI's **Global Index** was first published in 2013, assessing 25 of the largest food and beverage manufacturers in the world; the latest iteration will publish in mid-2021. Since then, ATNI has also developed a series of country-specific **Spotlight Indexes** (for the United States and India), which assess the largest manufacturers in these markets, and ATNI **breastmilk substitute / complementary food (BMS/CF) Marketing Indexes** investigate the adherence of the world's largest baby-food manufacturers to international standards.

In addition, ATNI works on a variety of other initiatives – including (in 2020/21) a series on food and beverage manufacturers' responses to Covid-19 – and in 2020 launched a set of **Investor Expectations on Nutrition, Diets and Health**, which by April 2021 was backed by over 60 institutional investors with \$13.6 trillion in assets under management.

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<sup>2</sup> To reflect the strategic choice to expand the scope of its benchmarking work and develop new accountability tools, the organisation chose and introduced a new name and branding (with adapted logo) in 2019: 'Access to Nutrition Initiative'. The acronym ATNI coincides with that of the Access to Nutrition Index, well known by all stakeholders since 2013. The organisation's legal status as foundation and its registration in The Netherlands as the 'Stichting Access to Nutrition Foundation' did not change.

<sup>3</sup> ATNI, 'Our work with investors' <https://accesstonutrition.org/investor-signatories/>

<sup>4</sup> ATNI, 'About us – Expert Group' <https://accesstonutrition.org/about-us/>



### **Box 1: Key design principles that guide ATNI**

**1. Base the assessment methodologies on prevailing international and national standards, norms and established best practices where possible**

ATNI Indexes aim to reflect the existing consensus on best practice, not to define such practices. Prevailing international and national standards, norms and established best practices form the starting point of the methodology such as WHO, Codex Alimentarius. The Indexes do not assess compliance with regulations or legislation, as this is the role of government, but instead assess the degree to which companies voluntarily align their policies, practices and products to the identified standards, norms and best practice.

**2. Recognise current state of knowledge and continually evolve**

To maintain alignment with evolving knowledge and practice about diets, nutrition and health, and relevant laws and regulations, Index methodologies are revised at regular intervals while striving to retain comparability over time.

**3. Ensure relevance and applicability to a range of company types**

The ATNI methodologies are designed to evaluate the degree to which core business activities such as product formulation, marketing, distribution and product labelling embed nutrition considerations. This type of assessment is relevant to a variety of company ownership types (i.e. publicly listed and privately owned), as well as manufacturers with different product portfolios (primarily food, primarily beverage, or a mix of both) and (with the launch of the UK Retailer Index 2022) retailers.

**4. Identify, reward and spread good practice**

ATNI Indexes aim to generate 'healthy competition' among the ranked companies to encourage them to do better in any future Index iteration, demonstrating their increased contribution to addressing nutrition challenges. They are not intended to be 'name and shame' exercises. The Indexes credit companies for good practice beyond minimum legal standards.

**5. Encourage transparency as well as good practice**

ATNI Indexes award credit to companies not only for their policies and practices, but also for the level and quality of their public reporting. High levels of transparency allow other stakeholders to better understand the extent to which companies are addressing nutrition issues, and to engage with them about their approach and effectiveness. Consistent reporting using agreed metrics is critical, particularly to investors.

**6. Utilise an inclusive approach, incorporating multi-stakeholder input**

Input from relevant stakeholder groups – including policymakers, experts, non-governmental organisations and industry – was sought throughout the original methodology development process and subsequent revisions. This approach is taken to develop each iteration of the Global Index methodology, the country Spotlight Index methodologies and, most recently, to establish the UK Retailer Index methodology, which is the focus of this report (section 3.3).



## 2.3 ATNI's purpose and theory of change

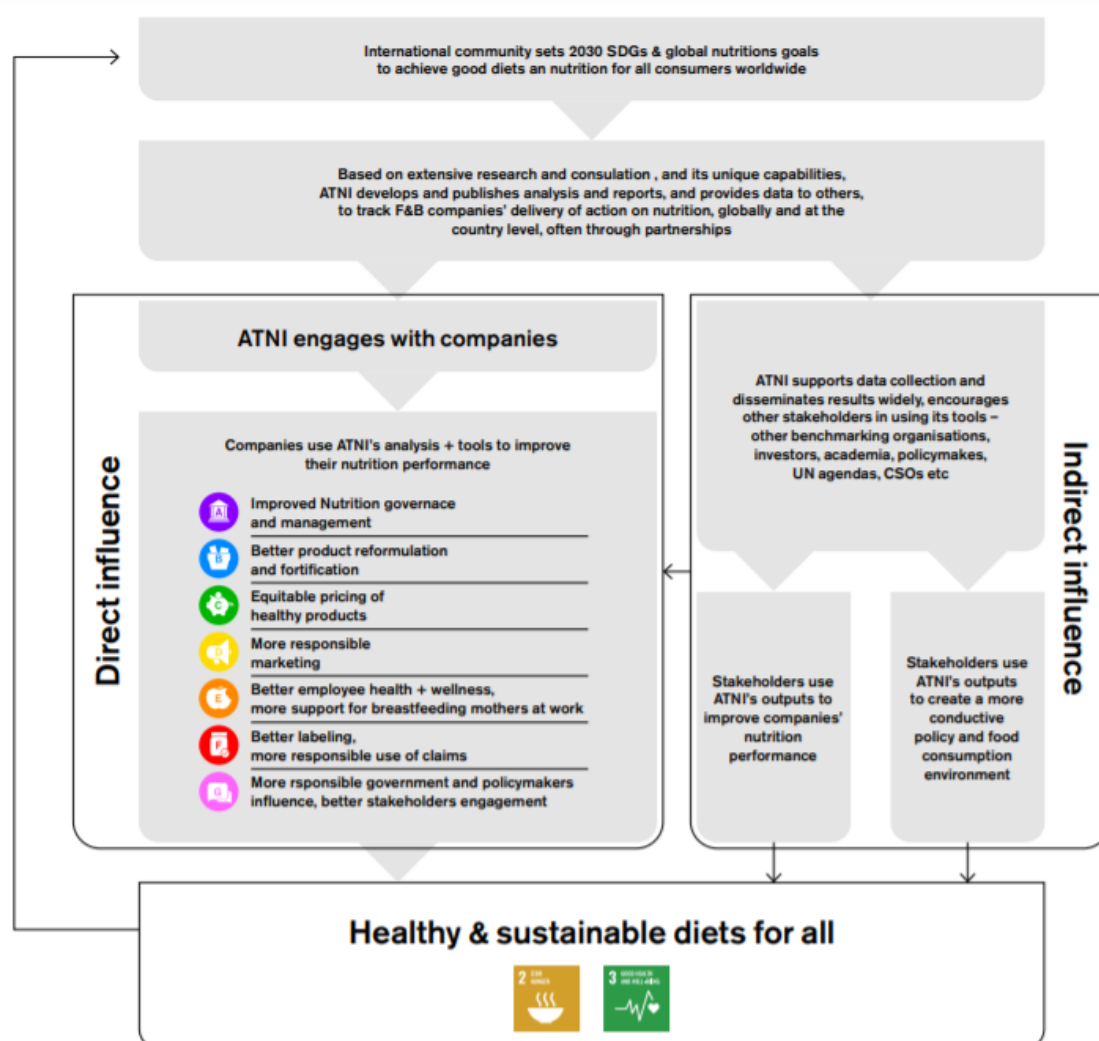
ATNI's purpose is to develop and deliver tools that can be used by:

- companies themselves, to compare their performance to their competitors and develop better strategies and plans, thereby driving healthy competition – a race to the top – on contributing to healthier diets and better nutrition.
- organisations or individuals (including civil society organizations, academics, the media, policymakers, certification agencies and auditors or corporate advisors) to track the contribution of the F&B industry in addressing malnutrition challenges and hold them to account on their commitments;
- investors in their investment research and decision-making, or in their engagement with companies in which they invest.

Inclusion in the Indexes is not voluntary: ATNI selects the largest companies in a country/sector based on third-party data. In addition, ATNI's Indexes are not investible indexes (unlike FTSE4Good or the Dow Jones Sustainability Index) but are used by investors to contribute to their understanding of, and engagement with, companies.

ATNI uses its Indexes to encourage F&B companies to do as much as they can to improve the diets of adults and children around the world, as depicted in ATNI's theory of change (Figure 1).

Figure 1: ATNI's theory of change





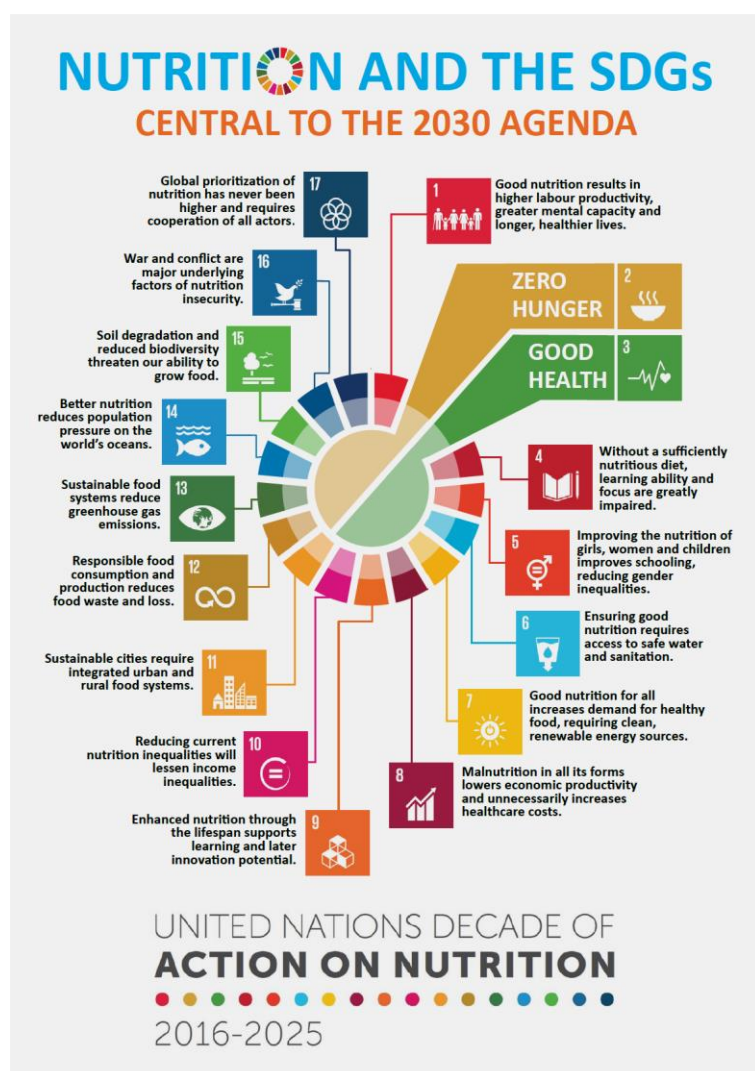


The start-point for this theory of change is contributing to the global effort to reach the Sustainable Development Goals (SDGs), and Goals 2 and 3 in particular.<sup>5</sup> Improving nutrition and achieving sustainable diets that are healthy for people and the planet supports the achievement of all of the SDGs (figure 2).

- SDG 2 – ‘End hunger, achieve food security and improved nutrition and promote sustainable agriculture’ – is responsible for the tools that ATNI develops and employs to help F&B manufacturers become further involved in the process of ending hunger and ensuring access for all to safe, nutritious and sufficient food (Target 2.1) and ending all forms of malnutrition (Target 2.2) by 2030.
- SDG 3 – ‘Ensure healthy lives and promote well-being for all at all ages’ – also guides ATNI's work, aiming to improve access to more nutritious foods and healthier lifestyles for all, including (Target 3.4) working towards a reduction of a third by 2030 of ‘premature mortality from non-communicable diseases (NCDs) through prevention and treatment’.

Within the scope of ATNI's work, particular attention is paid to the needs of mothers, newborns and children, as well as underserved and vulnerable populations. ATNI's methodologies are also specifically aligned to delivering WHO's Global Nutrition and Maternal, Infant and Young Child Nutrition (MIYCN) targets.<sup>6</sup>

Figure 2: Nutrition and the SDGs



Source: World Health Organisation, Dept for Nutrition and Health Development, 2018

<sup>5</sup> United Nations, Sustainable Development Goals <https://sdgs.un.org/goals>

<sup>6</sup> These are listed in the Annex of ATNI's *Investor Expectations on Nutrition, Diets and Health* (2020) <https://accessnutrition.org/app/uploads/2020/06/Investor-Expectations-on-Nutrition-Diets-and-Health-FINAL.pdf>





## 3. The ATNI UK Retailer Index: aim, development and process

### 3.1 Behind the Retailer Index

#### 3.1.1 Urgent systematic action is needed to improve British diets

Far too few people's diets in the UK today align with the recommendations of the Eatwell Guide, which is the UK government's recommended healthy diet.<sup>7</sup> Instead, the diets of adults and children alike, across all four nations of the United Kingdom, contain too many foods high in saturated fat, salt and sugar, and too little fruit, vegetables and fibre. As a result, preventable illness and death from diet-related diseases are far too high. Poor diets accounted for 17% of all deaths in 2017 in the UK, as well as a wide range and high proportion of preventable illnesses, including obesity, which are well documented.<sup>8</sup> Overweight accounts for 8.4% of health expenditure in the UK, which, combined with its effect on reducing labour-market outputs, reduces the country's GDP by 3.4%. Improving the food consumption environment so that everyone has access to affordable, healthy foods and drinks has been proven to improve people's diets.<sup>9</sup> The 2019 Health Survey for England found that 28% of adults in England are obese, with an additional 36% being overweight, and that 18% of boys and 13% of girls are obese.<sup>10</sup> Urgent action is therefore needed to transform the UK's food system, where too often unhealthy foods and drinks are the most affordable and easy options.<sup>11</sup>

In 2020, the Covid-19 pandemic forced public health to the top of the political agenda, pushing the UK government to announce a new obesity strategy in July 2020, having published several previously.<sup>12</sup> This formally acknowledges the role played by obesogenic food environments in shaping consumer choices and announces a series of measures to be implemented in the coming months, including a commitment to work with industry through the government's reduction and reformulation programmes, established by Public Health England (PHE).<sup>13</sup> Important as it might be in addressing the state of poor diets in England, the new obesity strategy has been criticised by the media<sup>14</sup> for not addressing underlying structural causes of nutrition insecurity such as poverty and poor education. As outlined in part one of the National Food Strategy,<sup>15</sup> also published in 2020, diets in the UK are not fit for purpose: 'there is a lot of work to do if we are to rebuild a food system that delivers safe, healthy, affordable food to everyone ... This work must start now.'

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<sup>7</sup> PHE (2018) 'The Eatwell Guide' <https://www.gov.uk/government/publications/the-eatwell-guide>

<sup>8</sup> Institute for Health Metrics and Evaluation, 'What risk factors drive the most death and disability combined?' <http://www.healthdata.org/united-kingdom>

<sup>9</sup> OECD (2019) 'The heavy burden of obesity: the economics of prevention – UK' <https://www.oecd.org/unitedkingdom/Heavy-burden-of-obesity-Media-country-note-UK.pdf>

<sup>10</sup> NHS 'Health Survey for England 2019' (December 2020) <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2019>

<sup>11</sup> See, for example, Food Foundation (2020) *The Broken Plate 2020: The State of the Nation's Food System* <https://foodfoundation.org.uk/wp-content/uploads/2020/09/FF-Broken-Plate-2020-DIGITAL-FULL.pdf>

<sup>12</sup> DHSC (2020) 'Policy paper: Tackling obesity: empowering adults and children to live healthier lives' <https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives>

<sup>13</sup> In August 2020, the Health Secretary Matt Hancock announced that PHE Public Health England is to be replaced by a new agency that will take on PHE's responsibilities and also specifically deal with protecting the country from pandemics. It is not yet clear how the new agency – the UK Health Security Agency – will take on PHE's role in obesity, and at the time of writing it was felt sensible to continue to refer to PHE in this methodology: BBC News (17 August 2020), 'Public Health England "to be replaced"' <https://www.bbc.co.uk/news/health-53799854>

<sup>14</sup> The Guardian (27 July 2020) 'New UK obesity plan fails to address underlying problems' <https://www.theguardian.com/society/2020/jul/27/new-uk-obesity-plan-fails-to-address-underlying-problems>

<sup>15</sup> National Food Strategy Part One – July 2020 <https://www.nationalfoodstrategy.org/wp-content/uploads/2020/07/NFS-Part-One-SP-CP.pdf>



### 3.1.2 Partnership with ShareAction

In 2019, ATNI teamed up with ShareAction – a UK-based charity – to support its new Healthy Markets campaign. Funded by Guy's and St Thomas' Foundation, Healthy Markets is designed to tackle rising childhood obesity levels in the UK – and, as the drivers of childhood obesity such as ready availability of unhealthy food are common to the whole population, the Index looks to healthy nutrition more broadly. As with other ShareAction initiatives, Healthy Markets works with institutional asset owners, pension schemes and individual savers concerned about the impacts their investments are having on society. Healthy Markets is building a coalition of investors – which includes some of ATNI's investor signatories – to urge UK food and drinks companies to do all they can to improve their consumers' diets.

### 3.1.3 The 2019 and 2021 UK Product Profile

The first report ATNI published under the partnership with ShareAction was the UK Product Profile<sup>16</sup> in September 2019, which paints a picture of the overall nutritional quality of over 3,000 products sold by 18 of the world's largest food and beverage manufacturers that operate in the UK market. The data presented in the Product Profile is extracted from a wider nine-country Product Profile<sup>17</sup> undertaken for the 2018 Global Access to Nutrition Index. A second UK Product Profile<sup>18</sup> was published in September 2021 which assessed over 4,000 food and beverage products from the 16 major manufacturers that operate in the UK market, using data from the 2021 Global Access to Nutrition Index. Two different nutrient profiling systems were used to assess the healthiness of products: the Health Star Rating (HSR) system and the WHO Europe model, explained in detail in each UK Product Profile report.

The 2019 report found that 69% of the products analysed, failed to meet the healthy standard using the HSR system, i.e. did not have an HSR of at least 3.5 out of 5. Whereas the 2021 report found that 68% of products, analysed failed to meet this healthy standard, showing accelerated efforts are needed to improve the healthiness of the packaged food supply in the UK.

### 3.1.4 The 2020 UK Supermarket Spotlight

In March 2020, ATNI published its UK Supermarket Spotlight,<sup>19</sup> the second report in the partnership with ShareAction. This analysed the disclosure of the 10 largest supermarket chains on diet, nutrition and health, based solely on the retailers' public disclosure (this is in contrast to ATNI's other indexes, which also include information beyond what is available in the public domain). The analysis in the UK Spotlight was lighter touch than for a full Index: retailers were given one point for any reporting on any indicator, with no further assessment of the level or extent of the commitment made or the action taken. Retailers were then graded on an A–E scale.

**The Spotlight provided – for the first time – an analysis of what the UK's 10 largest food retailers say publicly about their efforts to tackle obesity and related health conditions.** The report found that the UK food retail sector currently scores poorly across the board on nutrition reporting. While most of the 10 retailers assessed appear to recognise that they have a role to play in addressing the UK's diet- and health-related challenges, their reporting is limited in many respects: no retailer scored higher than D (i.e. 20–39% of total points).

### 3.1.5 Why a full UK Retailer Index?

ATNI has long stated its ambition to translate the approach developed for assessing and rating manufacturers to the retail sector. Only when such Indexes are available, which repeatedly and regularly score food and beverage companies across the full value chain, will stakeholders (including investors) have the full picture of the industry's actions and be able to hold them fully to account and demand improvement.

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<sup>16</sup> ATNI (2019) *UK Product Profile 2019* [https://accessstonutrition.org/app/uploads/2020/02/UK-Product-Profile\\_Full\\_Report\\_2019.pdf](https://accessstonutrition.org/app/uploads/2020/02/UK-Product-Profile_Full_Report_2019.pdf)

<sup>17</sup> ATNI (2019) *Global Index 2018: Product Profile 2018* <https://accessstonutrition.org/index/global-index-2018/product-profile/>

<sup>18</sup> ATNI (2021) *UK Product Profile 2021* <https://accessstonutrition.org/app/uploads/2021/09/ATNI-UK-Product-Profile-2021-final-230921-2.pdf>

<sup>19</sup> ATNI (2020) *UK Supermarket Spotlight: A Review of the 10 Largest UK Food Retailers' Disclosure on Nutrition, Diets and Health* <https://accessstonutrition.org/app/uploads/2020/03/ATNI-UK-Supermarket-Spotlight-report-FINAL.pdf>



The UK Supermarket Spotlight demonstrated that all companies' disclosure on nutrition and health is currently limited and insufficient to provide investors and other stakeholders with a proper understanding of their contributions to addressing the UK's diet and nutrition challenges. It is also likely that most of the food retailers are doing more than they report in the public domain. **ATNI has therefore decided, as part of the partnership with ShareAction, to develop a full ATNI UK Retailer Index 2022, which will not be based only on publicly disclosed information, but will also offer the companies the opportunity to provide unpublished material so that their overall performance can be measured.**

ATNI intends to play its part in tackling the UK's diet-driven health crisis by rating the contribution made by major UK food manufacturers and retailers to addressing poor nutrition, by sharing best-practices and by tracking improvements over time.

As with the Global Index, the Retailer Index assesses companies' **commitments, performance and disclosure** related to addressing the UK's nutrition challenges of overweight, obesity and diet-related diseases.

### Box 2: Spotlight versus Index

The 2020 retailer report was called the Supermarket Spotlight, whereas the 2022 research will culminate in a Retailer Index. This change of name was chosen to clearly differentiate the two initiatives, as they are not directly comparable. They used different:

- methodologies – although the Index methodology drew heavily on the Spotlight methodology (updating it as noted in section 3.2.2);
- research processes – with the Index including contributions of the companies in the data collection process, as set out in section 3.3.3 and
- scoring systems – the Spotlight scored on the percentage of indicators, whereas the Index takes a more sophisticated approach to scoring and weighting (section 3.2.3).

## 3.2 Content of the UK Retailer Index

### 3.2.1 Company selection

The UK Retailer Index 2022 focuses on the 11 largest food retail chains in the United Kingdom by revenue: Aldi UK, Asda, Co-op, Iceland, Lidl GB, Marks & Spencer, Morrisons, Ocado, Sainsbury's, Tesco and Waitrose. ATNI has estimated that these companies hold more than 80% of the grocery market share, with combined revenue in 2018 of around £180 billion. More than half the combined food sales of these retailers are now made up of own-brand products, the nutritional quality of which they control.

Ocado was added to the 10 retailers previously assessed by the earlier UK Supermarket Spotlight to reflect the significant increase the online-only retailer has seen in its customer base and market share in 2020 (driven by the Covid-19 pandemic), which in turn resulted in a rapid increase in its stock-market value (to £21.7 billion for Ocado in September 2020, higher than Tesco's £21.1 billion).<sup>20</sup>

Many of the retailers assessed for this Index have a range of shop formats, from hypermarkets and supermarkets, to smaller convenience stores. The decision was made to focus the research for the UK Retailer Index solely on the stores that subject to the parent companies' policies/guidance and which share the parent company name – for example, the research for Tesco covers Tesco's supermarkets and Tesco Metro (local stores) but does not include chains owned by Tesco but operated under a different brand name, such as Booker.

<sup>20</sup> BBC News (30 September 2020) 'Ocado overtakes Tesco as most valuable UK retailer' <https://www.bbc.co.uk/news/business-54352540>



**Figure 3: Revenues, HQ country and ownership type of the retailers**

	Estimated UK grocery retail value 2021 (£ billion)	Ownership	HQ	Number of stores in UK	Types of store formats
Aldi UK	13.8	Private	Austria	956	Discounters and e-commerce
Asda	19.1	Private	UK	613	Hypermarkets, supermarkets, forecourts, and e-commerce
Co-op	9.7	Co-operative	UK	3,253	Supermarkets, convenience stores, forecourts, and e-commerce
Iceland	3.3	Private	UK	876	Supermarkets and e-commerce
Lidl GB	6.9	Private	Germany	890	Discounters
M&S	6.2	Public	UK	743	Convenience stores, forecourts and e-commerce
Morrisons	14.3	Public	UK	840	Hypermarkets, supermarkets, forecourts and e-commerce
Ocado	-	Public	UK	-	E-commerce
Sainsbury's	21.1	Public	UK	1,703	Hypermarkets, supermarkets, convenience stores, forecourts and e-commerce
Tesco	37.4	Public	UK	3,000	Hypermarkets, supermarkets, convenience stores, forecourts and e-commerce
Waitrose	6.7	Employee-owned	UK	362	Supermarkets, convenience stores, forecourts and e-commerce

*Note: Estimated UK grocery retail value 2021 captures the retail value of store-based grocery retailers only, with the exception of Ocado, which only sells through e-commerce channels.*

Source: Euromonitor International, 2022

### 3.2.2 Index methodology

Retailers' policies, performance and disclosure related to promoting good nutrition for all – i.e. preventing and tackling obesity and diet-related chronic diseases – are assessed by ATNI using an extensive methodology. It aims to measure the efforts retailers have made to: incorporate nutrition into their overall corporate strategy, governance and management systems; assess the nutritional quality of product portfolios and develop healthy products; support consumers to eat a healthy diet and live healthy lives; market products responsibly; improve accessibility of nutritional information and labelling products effectively; and engage with policymakers and other stakeholders.

ATNI collects data through an iterative, consultative process with the retailers that are assessed. Retailers are invited to engage on a voluntary and cost-free basis (to ensure the independence of the Index), to provide information (including non-publicly available data) and clarification. Each company is offered the option of entering into a non-disclosure agreement (NDA) with ATNI, which facilitates the exchange of information that is not publicly available. More information about the research process can be found in section 3.3.3.

The methodology used for the 2020 UK Supermarket Spotlight was updated for this Index to reflect the following:

- new government programmes introduced by PHE in September 2020;
- new policy developments;
- new relevant research;



- experience gained from the UK Supermarket Spotlight process; and
- stakeholder input.

### Box 3: Scope: what is not included in the UK Retailer Index?

Given the flourishing of social and environmental benchmarking initiatives in the sector, ATNI decided not to include these sustainability indicators in the UK Retailer Index 2022. In the UK, the Food Foundation's *Plating Up Progress* report 2020<sup>21</sup>, for example, already has a well-developed methodology focusing on several environmental sustainability issues – climate change, biodiversity, sustainable production, water, food loss and waste, plastics, and animal welfare and antibiotics – and uses ATNI's data for its nutrition analysis (in 2020 it was based on the results of the ATNI UK Supermarket Spotlight).

Other practices, products and issues that are outside the scope of ATNI Indexes, and are therefore excluded from ATNI's analysis for the UK Retailer Index, include:

- **The food and nutrition value chain:** This is complex and varied, with actors ranging from farmers and agricultural companies, to traders, manufacturers, retailers, café and restaurant chains, and food service companies. Although ATNI recognises that all actors in the value chain are critical for delivering healthy and sustainable foods and diets, to date ATNI has only received funding for Indexes focused on the F&B manufacturers that produce packaged food and beverages and now, with the development of the UK Retailer Index, on large food retailers.
- **Practices related to legal compliance:** It is the responsibility of individual companies to ensure compliance with all applicable laws and regulations, and it is the role of governments to monitor compliance.

### 3.2.3 Topics and scoring

#### Topics

The overarching concept of the Retailer Index methodology is that it inherently defines 'ideal performance' for the companies being assessed, drawn from an array of foundational documents and expert knowledge of good practice. In other words, were a company to have the policies, commitment, objectives, targets, management systems, practices and disclosure described by the wording for the top-level performance of each indicator, it would score 10 on each indicator, therefore scoring 100% on each Topic, and achieving an Index score of 10 out of 10 (see also 'Indicators and initial scoring', below).

Retailers are assessed on eight Topics, which have been adapted from the Categories in the ATNI indexes for manufacturers. Only one of the manufacturer index Categories (namely Lifestyles, which includes workplace health and support for healthy lifestyle programmes) was excluded from the methodology for this project, in order to focus on retailers' actions in relation to their customers. The Topics covered are as follows, and figure 5 sets out more information on what each Topic contains:

- 1 Governance
- 2 Nutrient profiling – defining 'healthy' products
- 3 Product formulation
- 4 In-store promotion, pricing and placement
- 5 Media and on-pack advertising

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<sup>21</sup> The Food Foundation (2020) *Plating Up Progress 2020: Pathways for a Healthy, Just and Sustainable Food System during a Global Pandemic* <https://foodfoundation.org.uk/wp-content/uploads/2020/11/Plating-up-Progress-2020.pdf>



- 6 Accessibility of nutritional information and labelling
- 7 Engagement with stakeholders and policymakers
- 8 Infant and young child nutrition

The process to generate each retailer's overall score and ranking is set out in the following sections.

### Indicators and initial scoring

Each Topic consists of a number of indicators. Indicators are closed questions and are the basic 'units' of information of the Index, each assessing a specific aspect of the company's activity. Three types of activity are measured: the companies' commitments, performance and disclosure. The maximum score within each Topic for performance indicators is 20, but for commitment and disclosure indicators the maximum is 10 – this ensures that indicators that assess what companies do in practice have double the influence on the final score compared to commitment and disclosure. Some indicators are organised on a sliding scale with the top level receiving a score of 10 (or 20) and lower levels being awarded lower scores on a standardised scale of 5 (or 10), 2.5 (or 5) and 0, typically. If certain indicators are not applicable to the company being assessed – for example, Ocado cannot be assessed on indicators pertaining solely to physical stores – they will be removed from the scoring algorithm for that company. Finally, weightings may be applied to reach the final scores (see below).

Initially the methodology contained business scope, product scope and healthy scope multipliers, to address certain issues of concern. The business scope multiplier was intended to ensure that companies that apply healthy practices across the whole business (to all parts of the country and to all store formats) would be given a higher score. The product scope multiplier would award companies that apply their commitments and practices to all products it sells (own brand and manufacturer brand products). With the healthy scope multiplier, ATNI aims to give a higher score to companies that use a rigorous definition of 'healthy products' based on a well-verified, independent/external nutrient profiling system, rather than definitions developed by the company itself that may not align to current scientific standards. In the end it was decided for this iteration of the Index to remove the business scope multiplier and the product scope multiplier due to a lack of consistent and comparable information across retailers. The healthy scope multiplier was also removed as retailers use different definitions of healthy and the multiplier didn't significantly impact scores for this Index. This multiplier removal allowed the scoring algorithm to be simplified. Possibly the healthy scope multiplier or the other multipliers could be introduced in a next Index if more consistency is found.

### Weighting

Finally, scoring is adjusted according to a weighting of each Topic, which reflects the impact the Topic has on healthy diets of consumers (as agreed with the Expert Group and other stakeholders) as shown in figure 4:

**Figure 4: Topic weightings**

Topic	Weighting as % of final score
1. Governance	12.5
2. Nutrient profiling – defining 'healthy' products	10
3. Product formulation	20
4. In-store promotion, pricing and placement	27.5
5. Media and on-pack advertising	7.5
6. Accessibility of nutritional information and labelling	10
7. Engagement with stakeholders and policymakers	5





8. Infant and young child nutrition (IYCN)	7.5
<b>Total</b>	<b>100</b>

**Figure 5: UK Retailer Index overview**

Topic	Rationale for inclusion	What the indicators measure, in brief
<b>1 Governance</b> Total: 20 indicators	A company can better sustain and scale up its nutrition-related activities if its commitment starts at the top of the organisation and is integrated into its core business strategy and management systems. Nutrition issues are then more likely to be prioritised as the company allocates resources, tracks performance and reports to its stakeholders.	<p><b>Commitments:</b> Intention to play a role in tackling the UK's poor diets; whether there is a strategic focus on nutrition; sales of healthy packaged products and fresh foods.</p> <p><b>Performance:</b> Evidence of Board leadership and responsibility; recognition of obesity and diet-related health issues as material business risks; clear plan to deliver nutrition strategy; key metrics on sales growth of healthy packaged products and fresh foods; sales of products in PHE priority categories and drinks subject to the Soft Drinks Industry Levy.</p> <p><b>Disclosure:</b> Public disclosure of commitments on websites; publication of reports on nutrition progress; public disclosure of sales outcomes and financial results with regards to specific products.</p>
<b>2 Nutrient profiling – defining 'healthy' products</b> Total: 9 indicators	A nutrient profiling model (NPM) is a tool used to analyse the nutritional quality of products. It is essential to inform retailers' efforts to develop new healthy products and reformulate existing products to make them healthier. They can also be used to guide decisions on the pricing, positioning, promotion, marketing and labelling of healthier products.	<p><b>Commitment:</b> NPM or similar tool used by company; types of food components assessed, type of score/rating generated by model, type of products assessed;</p> <p><b>Performance:</b> Activities NPM or similar tool underpins including product formulation and marketing</p> <p><b>Disclosure:</b> Public disclosure of NPM or similar tool.</p>
<b>3 Product formulation</b> Total: 21 indicators	Retailers can help consumers to access healthier options by improving the nutritional quality of their own-brand products (by, for example, cutting levels of sugar, calories, salt and fat, and increasing healthy ingredients such as fruit, vegetables and wholegrains). They can also engage with the major brand manufacturers to encourage them to improve the nutritional quality of their products.	<p><b>Commitments:</b> Stated targets to: reduce sugar, calories, salt, saturated fat in own-brand products, and portion size; increase fruit/vegetable and wholegrain content; and engage manufacturers of branded products in improving formulation.</p> <p><b>Performance:</b> Progress on achieving targets on sugar, calories, salt, saturated fat, portion size, fruit/vegetables and wholegrains, and demonstrated engagement with manufacturers of branded products.</p> <p><b>Disclosure:</b> Public disclosure on progress towards reformulation targets.</p>
<b>4 In-store promotion, pricing and placement</b> Total: 30 indicators	Consumers not only need retailers to offer a wider range of healthier food and beverages, they also need those products to be accessible and affordable – especially to those on low incomes. Retailers can address this need by offering healthier options at competitive prices, making sure they are widely distributed and easily available across different store formats and geographies. Moreover, they need to ensure that healthier products are promoted effectively – using a full range of marketing	<p><b>Commitments:</b> Consistency of healthier offerings across all store formats and all parts of the UK; a 'price promise' for healthier products; healthy checkouts; increased promotions on healthier products; use of in-store cues; incentives and rewards to buy healthier products.</p> <p><b>Performance:</b> Use of a price promise; physical positioning of healthier products; evidence of sales being driven by its promotions.</p>



	techniques – from product positioning in-store and on-shelf to reward and incentive schemes.	<b>Disclosure:</b> Public disclosure of in-store pricing and promotion policies with regards to healthy products.
<b>5 Media and on-pack advertising</b>  Total: 15 indicators	Ensuring that all marketing beyond the store environment is conducted responsibly is essential to reaching customers with healthier foods and beverages. This is particularly critical with respect to marketing to children. While the UK has self-regulatory measures in place (the Advertising Standards Agency's CAP Code and BCAP Code), retailers can take additional steps to demonstrate their commitment to responsible marketing.	<b>Commitments:</b> Responsible marketing policy that includes restrictions beyond those set out by the CAP Codes, such as, but not limited to, defining a 'child' as up to 18, not advertising unhealthy products near schools, and not using fantasy and/or cartoon animation and characters on packs or in-store signs in relation to unhealthy products.  <b>Performance:</b> Third-party auditing of compliance with policy; greater emphasis on advertising healthy products.  <b>Disclosure:</b> Public disclosure of responsible marketing policies and of changes in advertising spending in support of healthy eating.
<b>6 Accessibility of nutritional information and labelling</b>  Total: 9 indicators	Retailers can help consumers to identify healthier options by providing them with accurate, easily understandable and consistent information about the nutrition composition and potential health benefits of all of the products they sell – whether on-pack, in-store or online.	<b>Commitments:</b> Traffic-light labelling on all own-brand products; other in-store and online labelling to identify more and less healthy products.  <b>Performance:</b> Provision of nutrition content labels on-pack, in-store and online.  <b>Disclosure:</b> Public disclosure of the retailer's approach to front-of-pack (FOP) labelling and of the percentage of its portfolio that is compliant with the approach taken.
<b>7 Engagement with stakeholders and policymakers</b>  Total: 7 indicators	Retailers can have a significant impact on consumers' access to healthy foods through the positions they take on government consultations and regulatory proposals on nutrition issues. They can also influence through the industry and trade bodies that they are members of, which lobby on their behalf. Retailers' transparency about policy positions taken on key public health issues and their membership of organisations that lobby on their behalf is essential so that other stakeholders can understand the positions companies are taking. In addition, constructive engagement by companies with a wide range of other stakeholders informs corporate nutrition strategies, policies and practices.	<b>Commitments:</b> Policy on responsible lobbying and engagement with stakeholders.  <b>Performance:</b> Disclosure of trade/industry association memberships; public-policy positions; involvement in third-party initiatives to address the UK's poor diets; active stakeholder engagement in nutrition strategy and policy development.  <b>Disclosure:</b> Permission to allow PHE to publish data on retailer's progress towards PHE targets and ambitions; public disclosure of industry and trade association membership and of policy positions on relevant government consultations.
<b>8 Infant and young child nutrition</b>  Total: 15 indicators	The International Code of Marketing of Breast-milk Substitutes (BMS) was adopted in 1981 and has since been augmented by a series of World Health Assembly (WHA) resolutions. Together known as The Code, these set out comprehensive recommendations on the responsible marketing of BMS and complementary foods. The recommendations are designed to protect and encourage breastfeeding and avoid the use of BMS where possible. The Code's goals will be most readily achieved if manufacturers, distributors and retailers of BMS and complementary foods all uphold The Code (which, in the UK, means going beyond current national regulations, which do not encompass all of the recommendations of The Code).	<b>Commitments:</b> Uphold the International Code of Marketing of Breast-milk Substitutes and related WHA resolutions; threshold for maximum levels of sugar, energy density and salt, and more fruits and vegetables, in own-brand complementary foods for children 6–36 months in line with 2019 WHO Europe guidance.  <b>Performance:</b> Evidence of adherence to The Code; use of an NPS for own-brand complementary foods; progress towards achieving sugar, energy density and salt thresholds in those products and more fruits and vegetables.  <b>Disclosure:</b> Public disclosure of marketing policies and of progress towards nutrient targets.



Additionally, in 2019 the WHO Regional Office for Europe published, for the first time, a series of compositional standards for complementary foods with maximum thresholds for sugar, salt or fats, and guidance on the inclusion of fruits and vegetables.

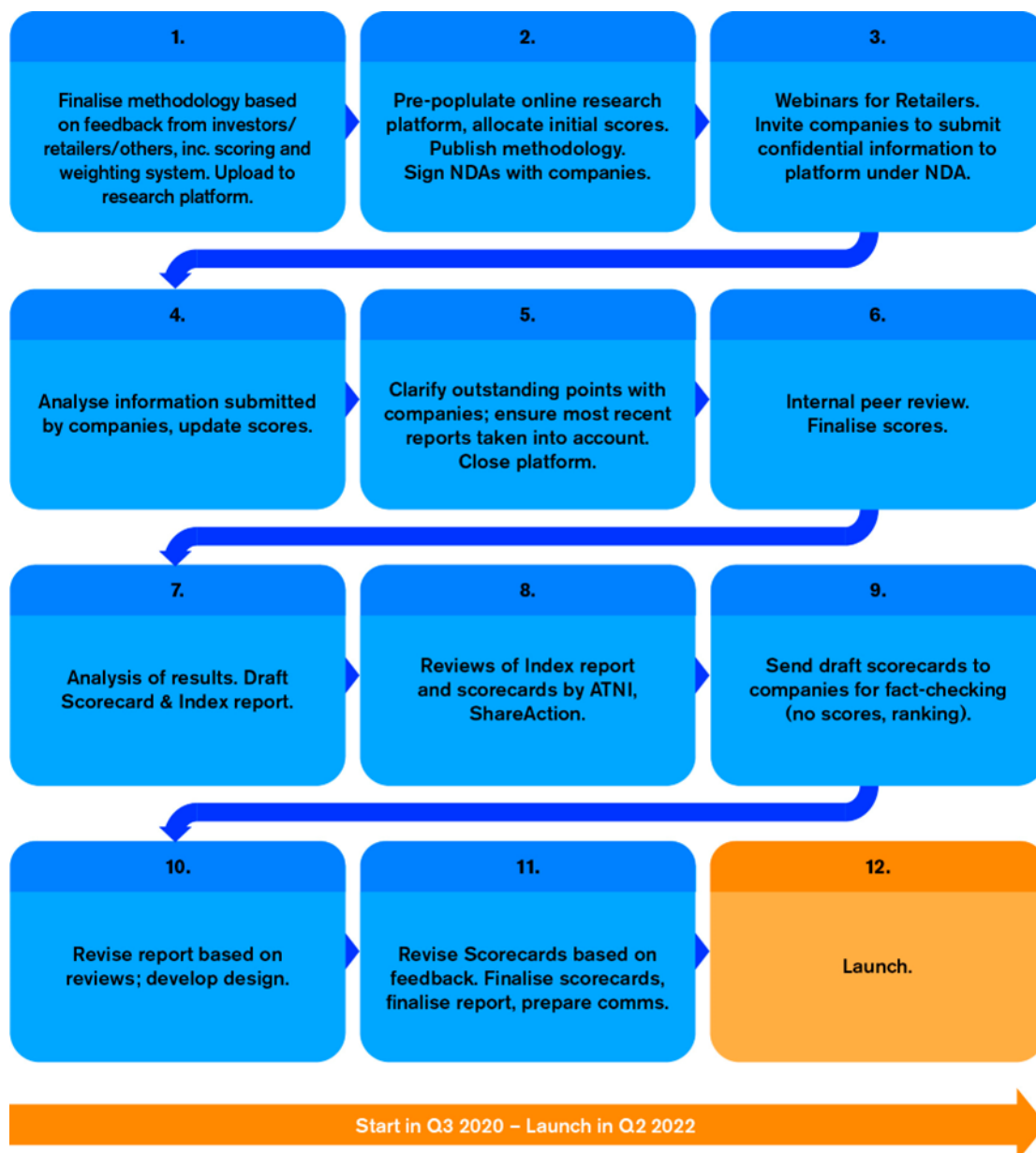


## 3.3 UK Retailer Index development

### 3.3.1 The development process

The process of developing the UK Retailer Index takes place from September 2020 (when consultation began on the methodology) through to launch in the second quarter of 2022, as set out in Figure 6.

Figure 6: The UK Retailer Index 2022 development process



### 3.3.2 Stakeholder engagement and consultation

Stakeholder engagement is an intrinsic part of all ATNI's work, including its Index development, with input drawn from a wide range of stakeholders including the F&B industry itself (manufacturers and, in this case, retailers), investors, civil-society organisations, academia and policymakers. An Expert Group was established to advise on



the development of the UK Retailer Index, members of which all serve in their personal capacities and solely in an advisory role. Appendix 1 provides more detail on the organisations that participated in the consultation process and lists the members of the Expert Group.

In October 2020, ATNI organised three consultation sessions, two for retailers in this Index and one for non-company stakeholders, at which the draft methodology was presented. In November 2020, ATNI also presented its methodology and research process at the quarterly Nutrition Working Group meeting of the British Retail Consortium (BRC).

The aim of this engagement phase was to gather feedback on Topics and indicators, and their proposed weightings, to ensure that no relevant aspects of private-sector action on nutrition had been inadvertently omitted and to ensure that best-practice actions had been captured appropriately. Several stakeholders provided detailed comments to the methodology, all of which were reviewed and discussed by the research team, and changes incorporated when they were deemed appropriate and where sufficient evidence was available to support the proposed amendments.

After the initial multi-stakeholder consultation process, ATNI asked the Retailer Index Expert Group to reflect on specific aspects of the methodology, including issues arising from, and proposed changes informed by, the stakeholder feedback.

**Note:** The consultations shaped the Index in a number of ways (more detail is provided in Appendix 2), including addressing concerns about the length of the Index (with efforts made to streamline where possible), revisiting the weightings between the Topics, and increasing the emphasis on the availability of online nutrition labelling.

After the publication of the Index, ATNI will further consult stakeholders to solicit views on the results and recommendations, the methodology and how the Index could evolve in the future. This is important to ensure that the Indexes reflect current stakeholders' knowledge and expectations, and because ATNI relies on the active use by stakeholders of the results of the Index to amplify its impact.

### 3.3.3 Company research

The process of assessment for each of the 11 companies is as follows:

- 1 ATNI research analysts gather public information from corporate websites and relevant third-party sources. All this information/documentation is saved on ATNI's online data-gathering platform.
- 2 A dedicated ATNI analyst makes a preliminary assessment of the publicly available information against the methodology.
- 3 Companies are provided access to the platform and offered training on how to use it. They are requested to comment on ATNI's initial assessment and to provide additional relevant information and supporting evidence via the platform. This can be provided under a non-disclosure agreement (NDA) if desired, which provides legal safeguards for cases in which retailers choose to provide information and evidence to ATNI that is not publicly available. The main company contact can share access to the online platform with colleagues where needed.
- 4 This information, provided it is sufficiently supported with evidence, is accepted by ATNI to assess commitment and performance indicators only. Companies' scores for disclosure are based solely on information in the public domain.
- 5 After reassessment of the data by ATNI, all companies are again asked to clarify and / or provide additional evidence through the platform in response to any further ATNI queries. New information and source documents are accepted if shared before the research deadline, which for the UK Retailer Index 2022 is 29 August 2021.

Scorecards will also be developed for each of the retailers, indicating their strengths and providing key recommendations.



### **3.3.4 Quality assurance**

The validity of ATNI's analysis and related scoring is dependent on the accurate and consistent assessment of the material submitted or published by the companies about their commitments, performance and disclosure. ATNI has a robust quality-assurance process to ensure that the appropriate answer option is selected for each indicator by ATNI's analysts and to ensure consistency across companies. This complements measures to ensure that the information on which the assessments are based is complete and accurate.

- The complete assessment of each individual retailer, including all indicators within all Topics, is undertaken by a single analyst to ensure optimal knowledge and understanding of the company's context and way of reporting.
- After the pre-assessment of company information, but prior to allowing companies to review and add their information and viewpoints, analysts examine their assessments across all Topics, indicators and companies.
- At the end of the research process, additional internal consistency checks are undertaken through internal peer-review, covering all companies and all indicators to ensure fair and consistent scoring. A single research analyst reviews the assessment of all indicators within one Topic, across all companies to ensure that a consistent approach was applied. All Topics are reviewed this way and assessments are revised as needed.
- Final cross-checking is done by the ATNI research manager and the retailers are asked to check their own scorecards and best-practice examples for factual accuracy before finalisation and publication.

### **3.3.5 Final score and ranking**

The final scores are rounded to one decimal place, organised in numerical order and ranked 1–11. The UK Retailer Index results will be published on ATNI's website in online-friendly and downloadable formats, including companies' final scores. The retailers' scorecards will also be published, highlighting results by company.





# Appendices

## Appendix 1: Organisations consulted and UK Retailer Index Expert Group members

### Organisations consulted for the UK Supermarket Spotlight 2020 and the ATNI UK Retailer Index 2022

- Retailers: Aldi, Asda, Co-op, Iceland, Lidl GB, Marks & Spencer, Morrisons, Ocado, Sainsbury's, Tesco and Waitrose (with different levels of engagement)
- Non-retailer stakeholders: Action Against Hunger, British Dietetic Association, British Retail Consortium, CCLA Investment Management, Consumer Goods Forum EQ Investors, European Public Health Alliance, First Steps Nutrition Trust, Guy's and St Thomas' Charity, NCD Alliance, Obesity Health Alliance, Public Health England, Queen Mary University of London, Royal College of Physicians, Robeco, ShareAction, Sustain: The alliance for better food and farming, Tasting the Future: sustainable systems consultancy, The Food Foundation, The George Institute for Global Health, The Health Foundation, UNICEF NL, University of Cambridge Centre for Diet and Activity Research, University of Liverpool, University of Oxford, World Cancer Research Fund International.

### UK Retailer Index Expert Group members

**Mr Chris Holmes:** Programme Implementation at Global Alliance for Improved Nutrition (GAIN), consultant in behavioural science and marketing.

**Professor Mike Rayner:** Professor of population health at the Nuffield Department of Population Health, University of Oxford; director of the Centre on Population Approaches for Non-Communicable Disease Prevention, University of Oxford.

**Dr Christina Vogel:** Public health nutrition scientist at the MRC Lifecourse Epidemiology Unit, University of Southampton.



## Appendix 2: How consultations shaped the methodology for this Index

As noted in section 3.3.2, stakeholder consultation led to discussion and a number of refinements to the draft methodology:

### a) Length

Retailers highlighted that the first proposed Index methodology was a lengthy document, which could be onerous for retailers to engage with. Since then, the ATNI research team made efforts to streamline the methodology where possible, without taking out essential indicators. For example:

- indicators about in-store cafes, which had been included in the Supermarket Spotlight, were omitted;
- where possible, and particularly in Topic 4, indicators about a single topic were combined, to reduce the total number of indicators without affecting depth of research.

### b) Topic weightings

Weightings between the eight Topics were revisited following stakeholder comments.

- Topic 4 (in-store promotion, pricing and placement) was upweighted as this is the area of action where retailers have the most direct influence on consumers;
- Topic 6 (labelling) was upweighted to reflect concerns by multiple stakeholders, who stated that clear and accessible labelling, both in physical stores and online, is an essential tool to signpost consumers to healthier options; and
- the weighting of Topic 5 (media and on-pack advertising) was reduced to 7.5% of the total from its original 10%. The Retailer Index Expert Group indicated that, although food manufacturers engage in product marketing and advertising, the retailers (the subject of this Index) are less likely to advertise a single product and therefore less likely to impact on consumers' food purchasing and consumption behaviour by means of media and on-pack advertising.

### c) Childhood obesity

Some focus on children and especially on childhood obesity was carried over from the methodology of the UK Supermarket Spotlight. Several stakeholders highlighted that it is necessary to make sure that retailers have special provisions in place to safeguard children and address their specific dietary needs.

### d) Artificial trans fatty acids

Different stakeholders provided contrasting feedback about the relevance of indicators on artificial trans fatty acids (TFAs). Results from the National Diet and Nutrition Survey 2018–2019, published by Public Health England in December 2020, indicate that mean intakes of trans fats, for both adults and children, provided less than 2% of total energy, thus lying below maximum recommended levels.<sup>22</sup> Nevertheless, after careful consideration, the research team decided to include Indicators about TFAs, on the grounds that just because mean intakes of TFAs is currently low is no guarantee that it will continue to be low.

### e) Retailers and manufacturers

With regards to the relationships between retailers and manufacturers, and more specifically, to the influence the former may exert on the latter, some stakeholders noted that it is not within a retailer's remit to influence manufacturers; others argued that retailers have a crucial role to play in pushing manufacturers' efforts in areas such as product reformulation, labelling and advertising. The research team undertook more desk research and sought further consultation with the Retailer Index Expert Group on this topic. Relevant indicators were edited and maintained, and when possible, a greater level of granularity was added.

To further distinguish between retailers which apply their policies (when applicable) both to their own-brand products and manufacturer-brand products and those that do not, a product scope multiplier is proposed, which penalises the latter.

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<sup>22</sup> PHE (2020) 'Official Statistics: NDNS: results from years 9 to 11 (combined) – statistical summary'

<https://www.gov.uk/government/publications/ndns-results-from-years-9-to-11-2016-to-2017-and-2018-to-2019/ndns-results-from-years-9-to-11-combined-statistical-summary>



#### **f) Accessibility of nutritional information and labelling:**

Topic 6 (on nutritional information and labelling) underwent the most extensive changes during methodology development. Several stakeholders pointed out that labels, and particularly more easily understood front-of-pack (FOP) labels, represent a useful tool for health signalling for consumers; and visible display of clear labels can significantly help consumers make healthier choices.

To better cover the use of labels online, especially given the significant rise in online shopping due to the Covid-19 pandemic, indicators were added which specifically ask about retailers' efforts to make nutritional information available and accessible online.

Specific reference was also added to best-practice industry guidelines on front-of-pack (FOP) labels.

#### **g) Uncertainty on Legislative timelines**

ATNI's team also considered issues regarding uncertainties deriving from Brexit and proposed upcoming regulation. This methodology was developed at a time when:

- it was impossible to know which (and when) relevant EU regulations will be upheld, which will be amended and which will be dismissed, post-Brexit; and
- the UK government had announced the implementation of several policies aimed at tackling obesity, so by the time the UK Retailer Index 2022 will be published, some indicators might be outdated. These include the launch of a public consultation on the total restriction of online advertising for products high in fat, sugar and salt (HFSS) in November 2020.<sup>23</sup> In December 2020, the results of a consultation about restricting promotions of products high in fat, sugar and salt by location and by price was published. It is impossible, however, to predict how long it will take for regulation to be implemented.<sup>24</sup> At the time of research legislation had been announced but not implemented.

These concerns were raised during meetings of the Retailer Index Expert Group, but it was decided that these uncertainties could not be taken into account in any way.

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<sup>23</sup> DHSC (December 2020) 'Closed consultation: Total restriction of online advertising for products high in fat, sugar and salt (HFSS)' <https://www.gov.uk/government/consultations/total-restriction-of-online-advertising-for-products-high-in-fat-sugar-and-salt-hfss>

<sup>24</sup> DHSC (December 2020) 'Consultation outcome: Restricting promotions of products high in fat, sugar and salt by location and by price: government response to public consultation' <https://www.gov.uk/government/consultations/restricting-promotions-of-food-and-drink-that-is-high-in-fat-sugar-and-salt/outcome/restricting-promotions-of-products-high-in-fat-sugar-and-salt-by-location-and-by-price-government-response-to-public-consultation>

## Appendix 3: The UK Retailer Index 2022: detailed methodology

Note: This methodology may be subject to revision depending on insights gained during the initial research by ATNI analysts. Such changes will be kept to a minimum and will be highlighted in any future iteration of this methodology. Such changes have been kept to a minimum and have been updated in this document which is up to date as of May 2022.

### Topic 1: Corporate strategy, management and governance

**Rationale:** A company will be likely to better sustain and scale up its nutrition-related activities if its commitment starts at the top (i.e. at Board/executive management level) and is integrated into its core business strategy. It is then more probable that the company will prioritise resources for nutrition, track its performance on the issue and report regularly to its stakeholders.

Indicator	Description	Answer options per indicator		Additional information
COMMITMENT				
1	Strategy			
	1.1 Does the company clearly articulate a commitment to grow through improving nutrition and health for all in the UK in its business strategy?	Company has a strategy to grow through a focus on nutrition and health in the UK	10	A strategic focus on nutrition and health must be related to the company's core (commercial) business strategy. To be credited for the highest score, it is not mandatory that 'nutrition' and 'health' are explicitly mentioned, but it should be unambiguous that both elements are covered in the company's strategy.
		Company has no clear strategy but articulates some commitment to grow through a focus on nutrition and health	5	
		No strategy /no information found	0	
	1.2 Does the strategy include a specific focus on encouraging adherence with the UK dietary guidelines?	Yes	10	As outlined in ATNI's <a href="#">UK Supermarket Spotlight</a> (2020), current diets in the UK fall short of government recommendations for a healthy and balanced diet. British people under consume food categories such as fruit and



		No/no information found	0	vegetables as well as potatoes, bread, rice, pasta and other starchy carbohydrates. Encouraging adherence with the <a href="#">Government Dietary Recommendations</a> should thus be a priority.  In its report " <a href="#">Excess Weight and COVID-19 – Insights from new evidence</a> ", Public Health England acknowledged that people who are overweight or living with obesity are more likely to have worse health outcomes should they contract Covid-19. The <a href="#">2020 UK Obesity Strategy</a> was inspired by the 'wake-up call' provided by Covid-19.
2	Targets			
	2.1 Has the company set targets to increase sales of healthy products and/or decrease sales from less healthy products?	Yes, clear and timebound	10	Clear and timebound means with a baseline year and a target.  Note that Topic 3 has indicators relating to targets for specific food components; the focus here is on the aggregate measures.
		Yes, clear but not timebound	5	
		Yes, without SMART elements	2.5	
		No/no information found	0	
	2.2 Has the company set targets to increase sales of (fresh, dried, tinned/canned and frozen) fruit and vegetables?	Yes, clear and timebound	10	
		Yes, clear but not timebound	5	
		Yes, without SMART elements	2.5	
		No/no information found	0	
PERFORMANCE				
3	Who has formal accountability for implementing the company's nutrition strategy and/or programme?	CEO or other senior executive	20	Note that the accountable person is the individual who is ultimately answerable for the activity or decision. This includes 'yes' or 'no' authority and veto power. Only one accountable person can be assigned to an action.
		Committee that reports to the Board or an executive manager	10	
		A less senior staff member	5	
		No one/no information found	0	



4	[UNSCORED] Is this accountability concretely linked to individuals' remuneration arrangements in relation to targets or objectives?	Remuneration of executive responsible specifically linked to performance on nutrition objectives	-	This indicator is not scored; it is for information only.
		Remuneration of executive responsible is linked to performance on corporate social responsibility (CSR) initiatives (nutrition clearly being part of those initiatives)	-	
		Only links senior managers' remuneration to performance on nutrition objectives	-	
		No link/no information found	-	
5	Company risk register			
	5.1 Does the company include in its risk register business risks explicitly linked to rising rates of obesity and diet-related diseases?	Yes, multiple risks specified	20	Examples of business risks related to rising rates of obesity and diet-related diseases include discussion of consumer demand for healthy diets, increasing regulation of products high in sugar, etc.  Additional information: Extensive risk assessment encompasses most elements of litigation risk, trend analysis, regulatory risk, market risk, specific category or brand risk and reputational risk. For example: <ul style="list-style-type: none"><li>▪ future nutrition-related taxes;</li><li>▪ impact of future potential nutrition-related litigation;</li><li>▪ impact of future potential regulation of marketing of less healthy food products;</li><li>▪ impact of future potential regulation of labelling and health and nutrition claims;</li><li>▪ likelihood of loss of market share due to consumer concerns related to nutrition;</li><li>▪ likelihood of significant loss of revenues due to consumers' changing buying habits towards healthier purchasing habits;</li><li>▪ impact on reputation of poor performance on nutrition; and/or</li><li>▪ impact on brand value of poor performance on nutrition.</li></ul>
		Yes, only one risk specified	10	
		No/no information found	0	
	5.2 [UNSCORED] Which risks are described?	Changing consumer trends (e.g. towards healthier diets or plant-based diets)	-	This indicator is not scored, it is for information only.





		Regulatory risk	-	
		Litigation risk	-	
		Reputation risk	-	
		Brand risk	-	
		Strategic/market/competitor risk	-	
		Global health risks (e.g. epidemics/pandemics)	-	
6	Can the company provide evidence of a plan to deliver its nutrition strategy?	Yes, comprehensive and multi-year plan	20	A comprehensive, holistic plan will deliver the company's strategy on nutrition/healthy diets/tackling childhood obesity. Information regarding this indicator can be shared under an NDA if the company wishes to do so.
		Some evidence of plan	10	
		No/no information found	0	
7	Has the company achieved its targets related to increasing sales of fruit and veg?	Completely achieved	20	
		Some progress made since previous year	10	
		No/no information found	0	
8	Can the company provide evidence of having increased the sales of healthy packaged products relative to other products in the last financial year?	Yes, also relative to overall sales	20	The information provided here should apply to food retail operations in the UK as a whole.
		Yes, relative to previous year's sales of healthy products	10	
		No/no information found	0	
9	Can the company provide evidence of having increased the sales of fruit and vegetables (fresh, dried, tinned/canned and frozen) in the last financial year?	Yes	20	The information provided here should apply to food retail operations in the UK as a whole.
		No/no information found	0	
10		Yes	20	



	Has the percentage of sales volumes subject to the SDIL decreased in the last financial year?	Sales volume subject to SDIL already 0 in previous financial year	10	SDIL refers to the UK <a href="#">Soft Drinks Industry Levy</a> that applies to the producers and importers of soft drinks containing added sugar.
		No/no information found	0	This indicator refers not only to own-brand products, but also to manufacturer-brand products.
11	Has the amount the company has paid for the SDIL decreased in the last financial year?	The amount paid for the SDIL by the company was already zero in the last financial year	20	Only applicable to own-brand products.
		Yes	10	
		No/no information found	0	
12	Can the company provide evidence of having used research, in the past three years, to address nutrition needs of priority population groups?	Yes	20	Companies should address, in their research, <b>priority groups</b> determined by public authorities in the UK. ATNI defines such groups as priority population groups. For instance, <a href="#">part one of the National Food Strategy</a> (2020) found that people on lower incomes in the UK are a third less likely to consume their 5-a-day.
		No/no information found	0	For a comprehensive review of the social determinants of health in the UK please refer to the <a href="#">Health Equity In England: The Marmot Review 10 Years On</a> .
DISCLOSURE				
13	Strategy			
	Does the company publicly disclose its commitment to:	Place a strategic focus on nutrition and health for all in the UK and encourage adherence to the UK dietary guidelines	10	The Eatwell Guide is a policy tool used to define government recommendations on eating healthily and achieving a balanced diet. The recommendations can be viewed in full <a href="#">here</a> .
		Play a role in tackling the UK's nutrition challenges	5	
		No/no information found	0	
14	Plan			
	Has the company published its plan to deliver its nutrition strategy?	Plan fully published	10	A comprehensive, holistic plan will deliver the company's strategy on nutrition/healthy diets/tackling. Information
		Plan partly published	5	



		No/no information found	0	regarding this indicator can be shared under an NDA if the company wishes to do so.
15	Risk management			
	Has the company referenced nutrition-related risks in its published risk register?	Yes	10	
		No/no information found	0	
16	Reporting			
	Does the company report on its efforts to contribute to healthier diets in the UK?	Yes, formally in its annual report (as well as in additional reports)	10	
		Yes, formally but only in sustainability or CSR reports, not in annual report	5	
		Yes, but only on its website, not in a formal report	2.5	
		No/no information found	0	
17	Targets			
	Has the company published:			
	17.1 A target to increase sales of healthy products and/or decrease sales from less healthy products?	Yes	10	
		No/no information found	0	
	17.2 A target to increase sales of (fresh, dried, tinned/canned and frozen) fruit and vegetables?	Yes	10	
		No/no information found	0	
Outcomes				
18	Sales of healthy products			



	18.1 Has the company published the percentage of sales generated by healthy products with respect to its overall sales for the latest financial year it has reported on?	Yes	10	
		No/no information found	0	
	18.2 Has the company published the ratio of sales growth of healthy products vs. overall sales growth for the latest financial year it has reported on?	Yes	10	Not only is it important that the % sales of healthy products increases, but also that this growth is higher than the growth of overall sales.
		No/no information found	0	
	18.3 Has the company published the percentage of products in its portfolio (i.e. all products that it sells) that are healthy, according to its own definition of healthy?	Yes	10	
		No/no information found	0	
19	Sales of F&V			
19.1 Has the company published the percentage of sales generated by (fresh, dried, tinned/canned and frozen) fruit and vegetables for the latest financial year it has reported on?	Yes, both fruit and vegetables	10		
	Yes, either fruit or vegetables	5		
	No/no information found	0		
19.2 Has the company published the ratio of sales growth on (fresh, dried, tinned/canned and frozen) fruit and vegetables vs. overall sales growth for the latest financial year it has reported on?	Yes, both fruit and vegetables	10	Not only is it important that the % sales of F&V increases, but also that this growth is higher than the growth of overall sales.	
	Yes, either fruit or vegetables	5		
	No/no information found	0		
20	Sales related to PHE sugar reduction programme and SDIL			



	20.1 Has the company published the percentage of sales generated by products covered by the original PHE sugar reduction programme for the latest financial year it has reported on?	Yes	10	
		No/no information found	0	
	20.2 Has the company published the percentage of sales volume or value subject to the SDIL in the latest financial year it has reported on?	Yes, for all brands	10	
		Yes, own brands only	5	
		No/no information found	0	



## Topic 2: Nutrient profiling– defining 'healthy' products

**Rationale:** A nutrient profiling model (NPM) is a tool used to analyse the nutritional quality of products. It is essential that retailers use such a model to inform their efforts to develop new healthy packaged products and reformulate existing packaged products to make them healthier. Such models can also be used to guide decisions on the pricing, positioning, promotion, marketing and labelling of healthy products. The NPM should align to international and/or UK dietary guidelines and the predominant nutrient profiling model(s) in use in the United Kingdom. It should include nutritional standards for both adults and children.

Indicator	Description	Answer options per indicator		'I button text' (to provide companies with clarification about the indicator's aim)
COMMITMENT				
Model design				
1	[UNSCORED] Does the company have a nutrient profiling model (NPM) or similar tool?	Yes, a formal NPM	-	This indicator is not scored; it is for information only.
		Yes, but not a formal NPM (a pre-cursor/system that assesses levels of nutrients in a product, but does not generate an overall score)	-	
		No/no information found	-	
2	Does the company commit to use the Food Standards Agency 2004–2005 NPM without adaptations to assess products' nutritional quality?	Yes, without adaptations	10	If the company uses the Food Standards Agency 2004–2005 NPM without adaptations to assess products' nutritional quality, it is awarded full points for this Performance section and the rest of the indicators about the model design are automatically disabled, apart from indicator 5 in this topic.  Please view the Department of Health's <a href="#">Nutrient Profiling Technical Guidance</a> (2011) for more details.
		Yes, with adaptations	5	
		No/no information found	0	
3	What types of food components does the company's NPM assess?	Both 'positive' components and 'negative' components	10	Positive components include fibre, protein, fruit, vegetables and nuts/legumes
		Negative food components only	5	





		None (no NPM)/no information found	0	Negative components include energy, saturated fat, sugars and salt/sodium
4	What type of score/rating does the NPM/similar tool generate for each product?	Overall nutritional quality score on a sliding scale	10	
		High/medium/low or red/amber/green indication for only some nutrients/food components	5	
		None (no NPM) or no information found	0	
5	To which brands does the NPM or similar tool apply?	All brands it sells, i.e., own-brand, white-label and manufacturer brands	10	
		Its own-brand products ONLY	5	
		No/ no information found	0	
6	Which products and categories are covered by the company's NPM or similar tool?	All products and product categories	10	For the highest score, a company must show that all its products developed and/or reformulated are guided by its NPM or similar tool. Exclusion of products and product categories will reward the second answer option unless the company can explain the reason for exclusion.
		Some products and product categories	5	
		No NPM/ no information found	0	
PERFORMANCE				
7	Does the company use the nutrient profiling model to underpin:	Product formulation and marketing	20	
		Product formulation or marketing	10	
		Other more limited uses (e.g. FOP labelling, healthy logo, healthy checkouts, % of sales)	5	
		No/no information found	0	



8	[UNSCORED] Does the company have an internal categorisation of products based on Eatwell Guide categories?	Open-ended question.	<p>This indicator is not scored, it is for information only. ATNI would like to know whether Eatwell Guide categories are taken into account, in any way, by retailers to better understand how retailers could contribute to shift consumption towards better alignment with the Eatwell Guide recommendations.</p> <p>Eatwell Guide categories are as follows:</p> <ul style="list-style-type: none"> <li>- fruit and vegetables</li> <li>- potatoes, bread, rice, pasta, and other starchy carbohydrates</li> <li>- beans, pulses, fish, eggs, meat and other proteins</li> <li>- dairy and alternatives</li> <li>- oils and spreads</li> </ul> <p>For more details, please refer to the <a href="#">Eatwell Guide</a>.</p>
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## DISCLOSURE

9	How much detail about its NPM or similar tool does the company publish?	NPM published in full	10	
		Some detail	5	
		None/no information found	0	



### Topic 3: Product formulation

**Rationale:** Retailers can help consumers to access healthier options by improving the nutritional quality of foods available in their stores. Retailers can do this by reformulating their own-brand products (for example, cutting levels of sugar, calories, salt/sodium, fat and increasing healthy ingredients, such as fruit, vegetables and wholegrains) and by engaging with manufacturers of branded products to encourage them to improve the nutritional quality of their products.

Indicator	Description	Answer options per indicator			'I button text' (to provide companies with clarification about the indicator's aim)
COMMITMENT					
1	Sugar reduction				
	To which sugar reduction targets has the company committed?	Current PHE ambition (20% reduction by 2020, from 2015 baseline) to all PHE categories (as relevant to retailer's range)	10	Note that with regards to its sugar reduction programme, PHE will publish a progress report in 2021, as the current programme runs until the end of 2020. Industry guidelines by PHE on its sugar reduction programme can be found <a href="#">here</a> .  PHE sugar reduction ambitions cover nine food categories that most contribute to the intakes of children (aged up to 18).	
		Current PHE ambition from 2017 baseline to some but not all PHE categories	5		
		A different target and/or using a different baseline	2.5		
		No/no information found	0		
Calorie reduction					
2	To which calorie reduction targets has the company committed?	PHE 2024 ambition from 2017 baseline to all PHE categories (as relevant to retailer's range)	10	Calorie reduction targets set by PHE are as follows: 10% calorie reduction from 2017 for most categories relevant to retailers and branded products; 10% reduction for children's meal bundles; crisps and savoury snacks (5%), sandwich category (5%).  Please refer to <a href="#">PHE Calorie Reduction Targets for 2024</a> for more details.	
		PHE 2024 ambition from 2017 baseline to some but not all PHE categories	5		
		A different target and/or using a different baseline	2.5		
		No/no information found	0		
	Salt/sodium reduction				
3					



	To which salt/sodium reduction targets has the company committed?	PHE targets for 2024 to all PHE categories (as relevant to retailer's range)	10	<p>Note that PHE targets are absolute not relative to a baseline year and indicate reduction targets for salt/sodium per 100g.</p> <p>There are 2024 salt reduction targets for 11 food categories (24 sub-categories), based on the 10 most popular food groups purchased in the eating out, takeaway and delivery sector with the addition of a specific target for children's meals.</p> <p>Please refer to <a href="#">PHE's Salt Reduction Targets for 2024</a> for more details.</p> <p>The 2024 salt reduction targets were published by PHE in September 2020. During the research phase of this Index, in 2021, ATNI will assess <u>commitment</u> indicators against these latest targets, but will only assess <u>performance</u> against the former targets to provide retailers with a reasonable window of time for adjustment. Should there be future iterations of this Index, performance will be assessed against the most recent (2024) targets.</p>
		PHE targets for 2024 to some but not all PHE categories	5	
		Earlier PHE target (i.e. 2017 targets against 2014 baseline) to all PHE categories (as relevant to retailer's range)	2.5	
		Earlier PHE target (i.e. 2017 targets against 2014 baseline) to some but not all PHE categories	1.2 5	
		A different target and/ or using a different baseline	0.5	
		No/no information found	0	
		4	Saturated fats reduction	
	Has the company set a target and/or baseline to reduce levels or achieve lower stated levels of saturated fats and, if so, in how many products or categories?	The company has set a target and baseline to reduce saturated fats for all relevant products or categories	10	<p>The Scientific Advisory Committee on Nutrition (SACN) advice states that saturated fats should be reduced to no more than about 10% of dietary energy.</p> <p>Please refer to the SACN <a href="#">Saturated Fats and Health report</a> for further information.</p>
		The company has set a target and baseline to reduce saturated fats for some but not all relevant products	5	
		The company has set a target but no baseline to reduce saturated fats for all relevant products	2.5	
		The company has set a target but no baseline to reduce saturated fats for some but not all relevant products	1.2 5	
		No/no information found	0	
5	Industrial trans fats (iTFAs) reduction			



	Has the company set a target and timeline to reduce (or to maintain if the target has already been achieved) the level of industrial trans fats (iTFA) in relevant products to <2g iTFA per 100g of fats/oils?	Yes, explicitly to less than 2g per 100g of fats/oils for 2023 or sooner	10	Note that as PHE does not have an iTFA reduction programme, ATNI recommends the industry to align with <a href="#">global trans fat elimination targets set by the World Health Organisation</a> .  WHO recommends that the amount of industrial trans-fat (iTFA) in products does not exceed 2g of iTFAs per 100g fat/oil globally by 2023.
		Yes, explicitly to less than 2g per 100g of fats/oils but beyond 2023	5	
		Yes, but not explicitly to less than 2g per 100g of fats/oils	2.5	
		No/no information	0	
6	Fruits and vegetables in packaged products			
	6.1 Has the company made a commitment to increase levels or to achieve a higher level of F&V in its packaged products?	Yes	10	Note that PHE has not set such targets therefore these indicators are not linked to a PHE programme.  In scope would be: fresh, canned or frozen fruit and vegetables; dried fruit; fruit juice, vegetable juice or smoothie; beans and pulses. For more detail please refer to <a href="#">NHS guidance</a> .
		No/ no information found	0	
	6.2 Has the company set a target level in product categories, which it aims to achieve?	The company has set a target and baseline for all relevant products	10	
		The company has set a target and baseline for some but not all relevant products	5	
		The company has set a target, but no baseline, for all relevant products	2.5	
		The company has set a target, but no baseline, for some but not all relevant products	1.25	
		No/no information found	0	
7	Wholegrains in packaged products			
	7.1 Has the company made a commitment to increase levels or to	Yes	10	



	achieve a higher level of wholegrains in its packaged products?	No/no information found	0	Note that PHE does not have a wholegrain enhancement programme.  ATNI follows the <a href="#">Australia and New Zealand Food Standards</a> definition: 'Wholegrain food is any food which uses every part of the grain including the outer layers, bran and germ.'
	7.2 Has the company set a target level for wholegrains in product categories, which it aims to achieve?	The company has set a target and baseline for all relevant products	10	
		The company has set a target and baseline for some but not all relevant products	5	
		The company has set a target, but no baseline, for all relevant products	2.5	
		The company has set a target, but no baseline, for some but not all relevant products	1.25	
		No/no information found	0	
8	Portion control			
	Has the company committed to offer smaller-sized portions/lower serving size on products not meeting the company's healthy standards?	Yes, clear comprehensive programme of portion reduction	5	Tick all that apply.  PHE acknowledges that reformulating product recipes and/or reducing portion sizes can help consumers lower their intake of those nutrients that contribute to poor health.
		Yes, clear comprehensive programme for serving-size reduction	5	Portion reduction refers to reducing size of products in single-portion packs.
		No/no information found	0	Serving size reduction refers to reducing size of servings of products in multi-portion packs.





PERFORMANCE				
9	Sugar reduction			
	What progress has the company made in achieving its targets?	On track to meet PHE ambition for 2020	20	Note that with regards to its sugar reduction programme, PHE will publish a progress report in 2021, as the current programme runs until the end of 2020. Industry guidelines by PHE on its sugar reduction programme can be found <a href="#">here</a> .  PHE sugar reduction ambitions cover nine food categories contributing most to the intakes of children (aged up to 18).
		Some explicit progress made towards PHE ambition(s) since previous year/reporting period	10	
		Some progress but not explicitly linked to target (e.g. tonnage) or towards own (not PHE) targets	5	
		No progress since last year/no target/ no information found	0	
10	What progress has the company made in reducing sugar levels in its own-brand soft drinks?	No own-brand soft drinks now subject to SDIL	20	SDIL refers to the UK <a href="#">Soft Drinks Industry Levy</a> that applies to the producers and importers of soft drinks containing added sugar.
		Reduction in number of own-brand soft drinks subject to SDIL	10	
		No progress/no information found	0	
11	Calorie reduction			
	What progress has the company made in achieving its targets?	On track to meet PHE ambition for 2024	20	PHE calorie reduction ambitions for 2024 against a 2017 baseline were announced in 2018 (originally with a 20% ambition) and modified in 2020 (with a 5% or 10% ambition depending on category).  Please refer to <a href="#">PHE Calorie Reduction Targets for 2024</a> for more details.
		Some explicit progress made towards original PHE ambition(s) since previous year/reporting period	10	
		Some progress but not explicitly linked to ambition (e.g. tonnage) or towards own (not PHE) targets	5	
		No progress since last year/no target/no information found	0	
12	Salt/sodium reduction			
		Completely achieved	20	



	Has the company achieved its target to reduce levels or to achieve a lower specified level of salt/sodium?	On track to meet the 2017 PHE target for salt/sodium reduction	10	New salt reduction targets were published by PHE in September 2020 and include a target for salt/sodium per 100g. ATNI will assess commitment indicators against the latest targets, but will only assess performance against the former targets (those set in 2017) to provide retailers with a reasonable window of time for adjustment.  Please refer to <a href="#">PHE's Salt Reduction Targets for 2024</a> for more details.
Some explicit progress made towards PHE ambition(s) since previous year/reporting period		5		
Some progress but not explicitly linked to target (e.g. tonnage) or towards own (not PHE) targets		2.5		
No progress since last year/no target/no information found		0		
13	Saturated fats reduction			
	What progress has the company made in achieving its target?	Completely achieved	20	The Scientific Advisory Committee on Nutrition (SACN) advice states that saturated fats should be reduced to no more than 10% of dietary energy.  Please refer to the SACN <a href="#">Saturated Fats and Health report</a> for further information.  NHS guidelines on saturated fat consumption can be found <a href="#">here</a> .
		On track to meet its target	10	
		Some explicit progress made towards target since previous year	5	
		Some progress but not explicitly linked to target	2.5	
		Not on track to meet its target/no progress since last year/no target/no information found	0	
14	Industrial trans fats (iTFA) reduction			
	Has the company achieved its target to reduce the level of industrial trans fats (iTFA) in relevant products to <2g iTFA per 100g of fat/oil?	Completely achieved	20	WHO recommends that the amount of industrial trans-fat (iTFA) in products does not exceed 2g of iTFA per 100g fat/oil globally by 2023.
		On track to meet its target/some progress made	10	
		Not on track to meet its target/no progress since last year/no target/no information found	0	
15	Fruits and vegetables in packaged products			
		Completely achieved	20	



	Has the company achieved its target to increase levels or to achieve a higher stated level of fruits and vegetables in its packaged products?	On track to meet its target/some explicit progress made towards target since previous year	10	
		Some progress reported but not explicitly linked to target	5	
		Not on track to meet its target/no progress since last year/no target/no information found	0	
16	Wholegrains in packaged products			
	Has the company achieved its target to increase levels or to achieve a higher stated level of wholegrains in its packaged products?	Completely achieved	20	
		On track to meet its target/some progress made since previous year	10	
		Some progress reported but not explicitly linked to target	5	
		No progress since last year/no target/no information found	0	
17	Portion control			
	Does the company provide any evidence of having reduced portions/serving size for less healthy products?	On track to meet its targets for both portion and serving size reductions	20	PHE acknowledges that reformulating product recipes and/or reducing portion sizes can help consumers lower their intake of those nutrients that contribute to poor health.  Portion reduction refers to reducing size of products marked as providing one portion.  Serving size reduction refers to reducing size of servings within a product marked as providing more than one portion.
		On track to meet its targets for either portion or serving-size reductions	10	
		Some evidence of both portion and serving size reduction but not linked to target	5	
		Some evidence of either portion or serving size reduction but not linked to target	2.5	
		No progress since last year/no target/no information found	0	
18	Engagement with manufacturers			
	Does the company provide any evidence of engaging with	Evidence of extensive engagement	20	A company must show evidence of engagement with manufacturers with the intention to improve the nutritional



	manufacturers of branded products about improving the nutritional quality of their products?	Evidence of initial engagement	10	quality of manufacturers' branded products, whether by R&D, reformulation, or portfolio development already realised or by targets/plans to do so in the future. Evidence of extensive engagement would include examples of such engagement and its results. This can be either through reducing negative components (e.g. sugar, salt/sodium, fat) or through increasing positive components (e.g. fruit, vegetables, nuts and legumes). Please indicate which of the two tactics above is used (information only).
		No/no information found	0	
DISCLOSURE				
19	Does the company publish its targets for:	Sugar	2	Tick all that apply. (Maximum score of 10 points)
		Calories	2	
		Salt/sodium	2	
		Saturated fats	0.5	
		iTFA	2	
		Fruit & vegetables	0.5	
		Wholegrains	0.5	
		Portion size	0.5	
20	Does the company report on its progress in reducing sugar, calories, salt/sodium, saturated fats and iTFA, increasing levels of F&V and wholegrains and reducing portion size?	Yes, the company reports progress on all	10	
		Yes, the company reports progress on some but not all	5	
		No/no information found	0	
21	Does the company publish a commentary about its	Yes	10	



	engagement with brand manufacturers on improving the nutritional quality of products and providing healthier options for consumers?	No/ no information found	0	
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## Topic 4: In-store promotion, pricing and placement

**Rationale:** Consumers not only need retailers to offer a wider range of healthy food and beverages, they also need such products to be accessible and affordable – especially to those on low incomes. Retailers can address this need by offering healthier options at competitive prices, and by making sure they are widely distributed and easily available across different store formats and geographies, including online. They also need to promote them effectively using the full range of marketing techniques, from product positioning in-store and on-shelf, to the use of reward and incentive schemes.

Indicator	Description	Answer options per indicator		'I button text' (to provide companies with clarification about the indicator's aim)
COMMITMENT				
1	Product pricing and price-based promotions			
	Has the company made a commitment to address the affordability of its healthy products for the general consumer and specifically for low-income groups?	Specific commitment made with particular reference to ensuring affordability for low-income populations	10	By committing to make a UK-wide 'healthy offering', a company can ensure accessibility and availability of affordable 'healthy' products in all four countries of the UK relative to other products not meeting healthy standards or specifically the products meeting the company's healthy criteria.
		Specific commitment made without particular reference to ensuring affordability for low-income populations	5	
		General commitment about affordability without particular reference to ensuring affordability for low-income groups	2.5	For information only: ATNI understands that companies do differentiate their product ranges depending on socioeconomic characteristics of consumers and/or geographies. ATNI would welcome any insights companies are willing to share on the use of planograms to this purpose to better understand existing differences in healthy offerings.  A specific commitment is understood as a commitment that can be measured through SMART elements.
		No strategy/no information found	0	
2	Has the company committed to a 'price promise' that healthy options will always be the same price or cheaper than less healthy products?	Yes, explicitly for all product categories	10	
		Yes, but not explicitly for all product categories and/or only at certain times of year	5	





		No/no information found	0	
3	Has the company committed to using pricing and price-based promotions to drive sales of healthy products?	Yes, specifically to drive sales of fruits and vegetables (fresh, dried, tinned/canned and frozen) and/or wholegrain varieties of products and/or other healthy products	10	Driving the sale of fruits and vegetables and wholegrain product varieties is needed to promote diets that better align with the Eatwell Guide. As outlined in the UK <a href="#">Supermarket Spotlight</a> , indeed, the two categories of fruits and vegetables and potatoes, bread, rice, and pasta and other starchy carbohydrates (including wholegrain varieties) are under-consumed in the UK compared to what is recommended in the Eatwell Guide.
		Yes, to drive the sales of healthy products excluding fruit and vegetables	5	
		No/no information found	0	
4	Product positioning and availability (in-store, on-shelf and online equivalents)			
	Has the company committed to stocking healthier variants for all products (as relevant to the retailer's range) for which there is such a variant?	Yes, and with as many facings as the original products	10	Healthier here indicates products variants such as, but not limited to, 'light' or 'low sugar' product variants.
		Yes, without a commitment about the number of facings	5	
		No/no information	0	
5	Positioning in prominent locations			
	5.1 Has the company committed to increasing the number/percentage of healthy products in more prominent locations (e.g. store entrances, aisle ends, checkouts etc. and their online equivalents) compared to less healthy products?	Yes, specifically to drive sales of fruits and vegetables (fresh, dried, tinned/canned and frozen) and/or wholegrain varieties of products and/or other healthy products	10	Online equivalents of prominent locations include entry pages, landing pages for other food categories, and shopping basket or payment pages – as <a href="#">indicated by the Department of Health and Social Care</a> .
		Yes, to drive the sales of healthy products excluding fruit and vegetables	5	
		No /no information found	0	
		Yes, removing all less healthy product categories	10	



	5.2 Has the company committed to removing or reducing the number of less healthy items from at least one prominent location (e.g. store entrances, aisle ends, checkouts etc. and their online equivalents)?	Yes, removing some but not all less healthy product categories	5	For instance, this can be removing products high in fat, sugar and salt; having sugar-free/less healthy snack-free checkouts, etc.  Online equivalents of prominent locations include entry pages, landing pages for other food categories, and shopping basket or payment pages – as <a href="#">indicated by the Department of Health and Social Care</a> .
		Yes, reducing the number of all less healthy product categories	2.5	
		Yes, reducing the number of some but not all product categories	1.25	
		No/no information found	0	
6	Has the company committed to using its NPM, or similar tool, to guide product positioning?	Yes	10	Online equivalents of prominent locations include entry pages, landing pages for other food categories, and shopping basket or payment pages – as <a href="#">indicated by the Department of Health and Social Care</a> .  Note that the Product Scope multiplier applies here. ATNI is interested to know whether there is a distinction between product-positioning decisions for own-brand and manufacturer-brand products.
		No/no information found	0	
In-store marketing and promotional techniques (not price-based)				
7	Has the company committed to using marketing and other promotional techniques to drive the sale of healthy products?	Yes	10	Price-based promotions are covered in an earlier subsection. Promotional activities in this subsection include signage, trolley prompts, etc.
		No/no information found	0	
8	Has the company committed to using volume-based promotions for healthy products only?	Yes	10	As <a href="#">indicated by the Department for Health and Social Care</a> , volume-based promotions (e.g. multi-buys) can cause a greater sales increase compared to price-based promotions.
		No/no information found	0	
		Not applicable	-	
9	Has the company committed to using other shelf/in-store (and online equivalents) labelling to identify less healthy products and/or healthy products?	Yes, for both healthy and less healthy products	10	
		Yes, for either healthy or less healthy products	5	
		No/no information found	0	
10	Promotional activities for children			



	10.1 Has the company committed not to run any in-store promotional campaigns/activities directed at children that involve any less healthy products, e.g. no give-aways, tie-ins, voucher schemes etc.?	Yes	10	
		No/no information found	0	
	10.2 Has the company committed to use in-store promotional campaigns/activities directed at children to promote healthy products?	Yes	10	
		No/no information found	0	
11	Use of reward schemes and customer feedback mechanisms			
	Does the company state that it uses its standard reward/membership mechanisms to incentivise the sale of healthy products?	Yes	10	
		No/no information found	0	
		Not applicable	-	
12	Removing energy drinks from sale			
	Has the company committed to stop selling energy drinks to children?	Yes, including to children under the age of 18	10	The <a href="#">July 2019 Prevention Green Paper</a> announced ending the sale of energy drinks to children under the age of 16 as part of its Childhood Obesity Strategy. No statutory ban is in place as of October 2020. Thus, a voluntary commitment is still relevant – and retailers could, in any case, extend this to children up to age 18.
		Yes, but only to children under the age of 16	5	
		No/no information found	0	
PERFORMANCE				
13	Product pricing and price-based promotions			
	Does the company provide any evidence of addressing the affordability of its healthy products for the general consumer and for priority populations accounting for low-income groups?	Yes, for all including priority populations accounting for low-income groups	20	Strong evidence would include references to all regions in the UK including those areas where access and availability are of the highest concern (based on public data of areas with high prevalence of obesity and diet-related diseases).
		Yes, only for the general consumer	10	



		No/no information found	0	A specific reference to low-income groups is sought here.
14	Does the company provide evidence of having implemented its 'price promise' that healthy options will always be the same price or cheaper than less healthy products for its own brands?	Yes	20	
		No/no information found	0	
15	Does the company provide any evidence of having successfully used pricing and price promotions to drive sales of healthy products?	Yes	20	
		No/no information found	0	
16	Is there evidence that the company has done the following on packaged food?	Discontinued price-based promotions on less healthy products?	10	Tick all that apply. (Maximum score of 20 points)  Note that this indicator refers to price promotions only; volume-based promotions such as multibuys are dealt with in a later section.
		Reduced price-based promotions on less healthy products?	5	
		Increased price-based promotions on healthy products?	10	
		No/no information found	0	
17	Product positioning and availability (in store, on shelf, and online equivalents)			
	17.1 Is the company increasing the prominence of healthy products?	Yes	20	Specifically improving the physical accessibility of its healthy products may be done by explicitly focusing on products that meet the company's healthy standard (related to nutrition criteria in its NPM), or by addressing the physical accessibility of healthy products relative to products not meeting healthy standards.  Examples that can be considered for scoring include:  ▪ arrangements / incentives with manufacturers offering prominent shelf positions or favourable positions in the
		No/no information found	0	



				online store for its healthy products on a regular basis (not a one-off);  ▪ data to demonstrate that all stores, including online, are provided with healthy options as standard; or  ▪ data to demonstrate that stores in poor urban areas are provided with healthy options as standard.
	17.2 Is the company removing less healthy items from prominent locations (e.g., store entrances, aisle ends, checkouts etc. and their online equivalents)?	Evidence about all kinds of less healthy products	20	Online equivalents of prominent locations include entry pages, landing pages for other food categories, and shopping basket or payment pages – as <a href="#">indicated by the Department of Health and Social Care</a> .
		Evidence about confectionery only	10	
		No/no information found	0	
18	Does the company provide any evidence of engaging with brand manufacturers to position healthy products in prominent locations?	Yes	20	
		No/no information found	0	
19	In-store marketing and promotional techniques (not price-based)			
	Is there evidence that the company has used the following techniques to drive sales of healthy products?	Written or oral encouragements to make healthy choices	6.66	Ticking 3 options will award 20 points (the maximum for this indicator).
Graphics in baskets and trolleys that encourage healthier buying habits		6.66		
Vivid descriptions and attractive displays for healthy products		6.66		
Recommended product swaps for healthy products positioned next to less healthy items		6.66		
Clear signage towards healthy products		6.66		
Other – please specify		6.66		
None/no information found		0		



20	Is there evidence that the company has done the following on fruit and veg:	Discounting 'wonky' or near expired fruit or vegetables	4	Tick all options that apply with a maximum of 20 points being possible to achieve.
		Free fruit or vegetables for children in-store	4	
		Fun packaged fruit, veg or wholegrains for children	4	
		More fruit, veg and wholegrains in meal deals	4	
		Minimum number of fruit and veg and wholegrains promotions	4	
		Other	4	
		None/no information found	0	
21	Is there evidence that the company has done the following on packaged food:	Discontinued volume-based promotions for less healthy products?	10	Tick all that apply. Tick either option 1 or 2, not both
		Reduced volume-based promotions for less healthy products?	5	
		Increase volume-based promotions for healthy products?	10	
		No/no information found	0	
		Not applicable	-	
22	Is there evidence that the company has ceased running in-store promotional campaigns/activities that involve any less healthy products, e.g. no give-aways, tie-ins, voucher schemes etc?	Evidence of ceasing such activity in respect of adults and children	20	
		Evidence of ceasing such activity in respect of children only	10	
		No/no information found	0	
23		Extensive and consistent promotions over the year	20	





	Is there evidence that the company has used in-store or on-pack promotional campaigns/activities to promote healthy products?	Limited/occasional	10	
		No/no information found	0	
24	Does the company provide evidence of using labelling on shelves/in-store to identify healthy/high in calories/sugar/less healthy products?	Yes	20	
		No/no information found	0	
25	Use of reward schemes and customer feedback mechanisms			
	Does the company provide any evidence of driving healthier purchases through its reward/membership mechanisms?	Yes	20	
		No/no information found	0	
		Not applicable	-	
26	Removing energy drinks from sale			
	Does the company provide evidence of ending the sales of energy drinks to children?	Yes, including children under the age of 18	20	Evidence could include internal communications instructing staff about energy-drinks sales policy.
		Yes, only to children under the age of 16	10	
		No/no information found	-	
DISCLOSURE				
27	Does the company publish its pricing policy/promise for healthy products?	Yes	10	
		No/no information found	0	
28	Does the company publish its commitments related to using marketing and promotional techniques to increase sales of healthy products?	Yes	10	
		No/no information found	0	
29		Yes	10	



	Does the company publish information about its progress or success in using marketing and promotional techniques to increase the sales of healthy products?	No/no information found	0	
30	Does the company publish information about how it guides product positioning of both own-brand and manufacturer brand products?	Yes	10	
		No/no information found	0	



## Topic 5: Media and on-pack advertising

**Rationale:** Responsible advertising beyond the store environment, and taking steps beyond the self-regulatory BCAP Code, is another essential component in driving purchases of healthy foods and beverages. This is particularly critical when it comes to marketing to children.

Indicator	Description	Answer options per indicator		'I button text' (to provide companies with clarification about the indicator's aim)
COMMITMENT				
1	Does the company have a clearly articulated responsible marketing/advertising policy for all consumers including children?	Yes, for all consumers, specifically including children	10	This section relates principally to policies and commitments governing the companies' advertising and marketing on media, not in stores, which is covered by Topic 4.
		Yes, without a specific section on children	5	
		No/no information	0	
2	Does the company's responsible marketing/advertising policy explicitly apply to the following media:	All print media (newspapers, magazines, books and printed advertising in public places)	2	<p>Tick all that apply.</p> <p>The channel coverage of the responsible marketing policy (or policies) is assessed in this indicator, whether the policy covers only children, teens or all consumers. If different marketing policies exist for different audiences (for children, teens or all consumers), or for a different reason, differences in channel coverage apply between audiences, only those media are scored that are common to both policies.</p> <p>The Advertising Standards Authority defines native advertising as "content that has been designed so it doesn't look out of place in the habitat within which it's being viewed. In this way, it goes beyond simply targeting consumers with ads relevant to the editorial they are viewing". For more information please refer to <a href="#">this ASA web page</a>.</p>
		All broadcast media (traditional TV, radio)	2	
		All non-broadcast electronic and/or digital media (its own and third-party websites, social media, mobile and SMS marketing, native online marketing, games and apps, CDs/DVDs)	2	
		Sponsorship (e.g. of sporting, entertainment or cultural events or activities)	2	
		All additional forms of marketing (cinema, outdoor, product placement in movies, TV shows, etc.)	2	
		None/no information found	0	
3	What age is used to define 'child' for marketing/advertising?	< 18	10	
		< 16	5	



		< 12	2.5	
		Lower/not stated/no information found	0	
4	Does the company commit to go beyond the Code of Non-broadcast Advertising and Direct & Promotional Marketing (CAP Code) in terms of the use of fantasy/cartoon/character in its marketing to children in relation to products classified as high in fat, salt and/or sugars?	Not to use fantasy/ cartoon/ character/ celebrity on any products on any forms of media (including on pack, in store and online)	10	Tick all that apply.  For more details, please refer to the <a href="#">UK Code of Non-broadcast Advertising and Direct &amp; Promotional Marketing</a> (CAP Code).
		Not to use fantasy/ cartoon/ character/ celebrity for some products only. And/or in some forms of media only	5	
		No/no information found	0	
5	Does the company commit to go beyond the UK Code of Broadcast Advertising (BCAP Code) in respect of the media on which it markets to children in relation to products classified as high in fat, salt and/or sugars (HFSS):	Not to advertise HFSS products at all, on any forms of media	10	Tick options that apply.  <a href="#">In July 2020 the UK government announced</a> that it will ban the advertising of HFSS products being shown on TV and online before 9pm. The ban has not yet come into force.
		Not to advertise HFSS products at all, on selected media	5	
		<b>TV:</b> Not to advertise these products before a 9pm watershed (or earlier) on all TV channels ahead of the ban	2.5	
		<b>Digital marketing:</b> To apply a 9pm watershed restriction (or earlier) on its advertising of HFSS products ahead of the ban	2.5	Digital marketing techniques encompass the insertion of advertising and other promotions in content that is accessible online and through digital devices. It includes specific types: native advertising, influencer marketing, advergames and immersive environments, branded environments, viral marketing, location targeting, sponsored search results, neuromarketing and sentiment analysis.
		No commitment to go beyond the Code/no information found	0	The Advertising Standards Authority defines native advertising as “content that has been designed so it doesn't look out of place in the habitat within which it's being viewed. In this way, it goes beyond simply targeting consumers with ads relevant to the editorial they are viewing”. For more information please refer to <a href="#">this ASA web page</a> .  For more details, please refer to the <a href="#">UK Code of Broadcast Advertising</a> (BCAP Code).
6		Yes	10	



	Does the company commit not to sponsor materials, people or activities popular with children and/or adults except in conjunction with healthy products/products low in sugar/calories/salt/fat?	No/no information found	0	
7	Does the company commit to align the portrayal of food in advertising with on-pack portion/serving size?	Yes	10	Portion indicates the size of a product in single-portion packs. Serving size indicates the size of servings in multi-portion packs.  For instance, the portrayal of a bowl of cereal in advertising should represent the on-pack serving size (e.g. about 25–30g).
		No/no information	0	
8	Does the company commit to advertising a wider range of healthy products?	Yes, more healthy packaged products	5	Tick all that apply.
		Yes, more fruit and veg	5	
		No/no information found	0	
9	Does the company commit to increasing the proportion of its advertising spending on healthy products relative to its overall advertising spending?	Yes, with a clear and timebound target	10	
		Yes, without a clear and timebound target	5	
		No/no information found	0	
PERFORMANCE				
10	Can the company provide evidence (in the last three years) of:	Its efforts to decrease advertising of less healthy food (e.g. decreasing ad spending on less healthy products)	10	Tick all that apply.
		Its efforts to put more emphasis on advertising healthy products, (e.g. increasing ad spending on healthy products)	10	
		No/no information found	0	
11	Does the company commission a third-party organisation to audit its compliance with its responsible marketing and advertising policy?	Yes	20	
		No/no information found	0	



12	Does the company provide any evidence of sponsoring or funding initiatives promoting children and/or adults' healthy eating?	Yes	20	
		No/no information found	0	
DISCLOSURE				
13	Does the company publish its responsible marketing/advertising policy for all consumers including children?	Yes, in full for all consumers including references/policy for children	10	
		Yes, general only	5	
		No/no information found	0	
14	Does the company publish a commentary outlining the changes to its advertising spending in support of healthier eating?	Yes	10	
		No/no information found	0	
15	Does the company publish its commitments to go beyond the CAP Code:	In terms of the use of fantasy/ cartoons/ characters in its marketing to children in relation to products classified as HFSS and/or	5	Tick all options that apply.  The CAP Code is the <a href="#">UK Code of Non-broadcast Advertising and Direct &amp; Promotional Marketing</a> .
		In respect of media on which it markets to children in relation to products classified as HFSS?	5	The BCAP Code is the <a href="#">UK Code of Broadcast Advertising</a> .



## Topic 6: Accessibility of nutrition information and labelling

**Rationale:** Retailers can help consumers to find healthier options by providing them with accurate, easily understandable information about the nutritional composition and potential health benefits of all of the products they sell – both on-pack, on-shelf and online. As back-of-pack labelling is regulated in the UK, this section assesses companies' reporting on their commitments and approach to using front-of-pack labels, and to other ways of providing consistent, comprehensive and understandable nutrition information to customers to drive healthier purchasing decisions.

Indicator	Description	Answer options per indicator		'I button text' (to provide companies with clarification about the indicator's aim)
COMMITMENT				
1	Does the company commit to using colour-coded labelling on the front-of-pack on its own-brand products?	Yes, for all relevant products	10	
		Yes, but not specified on what products	5	
		No/no information found	0	
2	Does the company state that it will not place a health claim on a product unless it is healthy, as defined in a relevant nutrient profiling model (NPM)?	Yes, only when it meets the nutrition criteria of a government-endorsed NPM	10	
		Yes, only when it meets the nutrition criteria of its formal internal NPM	5	
		Yes, only when it meets the nutrition criteria of its own precursor to an NPM (or similar)	2.5	
		No/no information found	0	
PERFORMANCE				
3	Can the company provide evidence of using colour-coded FOP labels (such as those described by the FSA) on its own-brand products?	Yes	20	Please refer to the <a href="#">FSA Guide to creating a front of pack (FOP) nutrition label for pre-packed products sold through retail outlets</a> for more information.
		No/no information found	0	
4	For which products does the company provide online nutrition information, BOP and/or FOP?	All products, BOP and FOP (FOP where applicable)	20	
		All products, only BOP	10	
		Some products	5	
		None/no information found	0	
5		Yes	20	





	5.1 Does the company display FOP labels together with product pictures online to make them as accessible as they are in-store?	No/no information found	0	
	5.2 [UNSCORED] If so, how does the company do so?	Hover-over function	-	This indicator is not scored, it is for information only.
		FOP label reproduced above/below/near the product picture	-	
		Other – please indicate	-	
6	Which of the following statements apply to the company's FOP labelling policy?	Apply IGD guidance on 'gold standard' labels fully	20	Tick the first answer option OR all that apply. Please refer to the <a href="#">FSA Guide to creating a front of pack (FOP) nutrition label for pre-packed products sold through retail outlets</a> for general guidelines on FOP labels.
		Always use energy + 4	5	
		Display of reference intake (RI) information	5	
		Display of typical energy per 100g/100ml	5	Please refer to IGD Report <a href="#">Designing, presenting and positioning front of pack nutrition labels - A best practice guide based on consumer research</a> for industry best practice guidelines.
		Use of FSA/DHSC traffic-light colour coding	5	
		None/no information found	0	Energy + 4 indicates: energy, fat, saturates, sugar, and salt.
7	Does the company have a filter function in its online platform to filter for healthy products?	Yes, a healthy filter or at least 3 nutrient-based filters	20	Nutrient-based filters are, for instance filters that filter out products high in sugar and/or salt and/or calories etc. Nutrient-based filters used for allergenic nutrients (rather than for negative nutrients) will not be credited here.
		Yes, but only a maximum of 2 nutrient-based filters	10	
		No/no information	0	
DISCLOSURE				
8	Does the company publish its position on its approach to FOP labelling and accessibility of nutritional information online?	Yes, both FOP labelling and accessibility of nutritional information online	10	
		Yes, either FOP labelling or accessibility of nutritional information online	5	
		No/no information found	0	
9	Does the company publish which percentage of its portfolio is currently compliant with its approach to FOP labelling and accessibility of nutritional information online?	Yes, both FOP labelling and accessibility of nutritional information online	10	
		Yes, either FOP labelling or accessibility of nutritional information online	5	
		No/ no information found	0	



## Topic 7: Engagement with stakeholders and policymakers

**Rationale:** Retailers can have a significant impact on consumers' access to healthy foods through the positions they take on government consultations and regulatory proposals on nutrition issues. They also have an influence through the industry and trade bodies to which they belong, which lobby on their behalf. Retailers' transparency about their own public policy positions and their membership of organisations that lobby on their behalf is essential so that other stakeholders can understand the positions companies are taking. In addition, constructive engagement by companies with a wide range of other stakeholders is important to inform corporate nutrition strategies, policies and practices.

Indicator	Description	Answer options per indicator		'I button text' (to provide companies with clarification about the indicator's aim)
COMMITMENT				
1	Does the company commit to the following through a lobbying policy or code of conduct?	Only engaging with governments, political parties, policymakers and policymaking bodies in support of measures to improve health and nutrition, consistent with the public interest	2.5	Tick all that apply with a maximum score of 10 points.  Companies should embody in their policies and practices the principles within the <a href="#">Responsible Lobbying Framework</a> .
		Only engaging in lobbying activities that support an evidence-based approach to policymaking, with the emphasis on independent, peer-reviewed science	2.5	
		Measures preventing bribery and corruption in its relations with public officials, including the offering and receiving of gifts, hospitality or other financial and in-kind incentives	2.5	
		Ensuring that its lobbying activities respect public policy frameworks developed by international agencies, national and / or sub-national governments, and standard-setting bodies	2.5	
		No/no information found	0	
2	Has the company explicitly stated that it would welcome or not oppose regulatory action to address the obesity and diet-related health issues in the UK?	Yes, without reservations	10	
		Yes, with some reservations	5	
		No/no information found	0	



## PERFORMANCE

3	Does the company participate in initiatives that aim to address the UK's nutrition challenges?	PHE's Change4Life campaign	5	<p>Note that this indicator can score a maximum of 20 points.</p> <p>PHE <a href="#">Change4Life Campaign</a> aims to help families lead healthier lives by eating well and moving more. Supported by retailers, it encourages parents to look for '100 calorie snacks, two a day max' to help them purchase healthier snacks than the ones they currently buy.</p> <p><a href="#">The Peas Please Initiative</a> aims to secure commitments from industry and government to improve the availability, acceptability (including convenience), affordability, and quality of the vegetable offer in shops, schools, restaurants and beyond, and in turn stimulate increased vegetable consumption among the UK public, particularly children and those on low incomes.</p> <p>The <a href="#">Consumer Goods Forum's Collaboration for Healthier Lives UK (CHL UK)</a> initiative brings together retailers, manufacturers and other key stakeholders in Lambeth and Southwark to help customers and employees understand, access and afford healthier options, while also ensuring shared value for business and communities.</p> <p>Veg Power's mission is to inspire children to vegetable-loving habits they will share with their parents today and their own children tomorrow. In 2018 <a href="#">Veg Power</a> formed a key partnership with ITV and together created the Eat Them to Defeat Them campaign, which first ran in 2019 making vegetables fun for kids.</p> <p>The government recommends that we eat at least five portions of a variety of fruit and vegetables per day. The government's <a href="#">5-a-day logo</a> has been developed to help people recognise the 5-a-day message and to introduce consistency in the message in all settings.</p>
		Pledge to the Food Foundation's Peas Please initiative	5	
		Working with Consumer Goods Forum trials through the CHL initiative	2.5	
		Veg Power support (Eat them to defeat them)	2.5	
		PHE 5-a-day	2.5	
		Other non-commercial third-party initiatives (please specify)	2.5	
		No engagement to any such initiative/no information found	0	



DISCLOSURE				
4	Does the company disclose of which industry and trade associations it is a member?	Yes	10	
		Yes, but not clear if this is a comprehensive list	5	
		No/no information found	0	
5	Has the company disclosed its public policy positions on government consultations on issues relating to nutrition or to relevance to supermarkets?	Yes – consultation and submissions posted on company website or linked to from company website	10	
		Statement that company takes part in consultations but submissions are not linked to website	5	
		No/no information found	0	
6	Has the company permitted PHE to publish data on its progress towards the voluntary sugar and calorie and salt/sodium reduction targets?	Yes	10	Due to limitations placed on the use of individual business sales data by Kantar FMCG, PHE requested written agreement from each retailer to show the percentage change in the sales weighted average sugar and calories for their products in its <a href="#">Report on progress between 2015 and 2019</a> . Where permission was declined, data was not included.
		No/ no information found	0	
7	Does the company provide evidence of engaging with stakeholders, in developing its nutrition policies/programs?	Yes	10	
		No/no information found	0	



## Topic 8: Infant and young child nutrition (IYCN)

**Rationale:** Optimal nutrition is critical to infant and child health throughout their lives – for example, infants that are formula fed are at greater risk of developing obesity later in life. Feeding patterns and tastes are established early in life. All companies that market breast-milk substitutes (BMS) have a responsibility to uphold the International Code of Marketing of Breast-milk Substitutes adopted in 1981, and all subsequent relevant World Health Assembly resolutions, including WHA Resolution 69.9 passed in 2016. The Code and resolutions go beyond current UK regulations. Products' nutritional composition should be guided by the WHO Europe Nutrient Profiling Model published in July 2019. This section assesses retailers' adherence to both sets of recommendations, to the extent that they make or market BMS and/or complementary foods (CF).

Indicator	Description	Answer options per indicator		'I button text' (to provide companies with clarification about the indicator's aim)
COMMITMENT				
1	Does the company commit to marketing Breast Milk Substitutes (BMS) intended for infants between birth and 36 months explicitly in line with the International Code of Marketing of Breast-milk Substitutes, including all subsequent, relevant WHA resolutions?	Yes	10	All companies that market BMS have a responsibility to uphold the International Code of Marketing of Breast-milk Substitutes adopted in 1981, and all subsequent relevant World Health Assembly resolutions, including WHA Resolution 69.9 passed in 2016. The Code and resolutions go beyond current UK regulations. Products' nutritional composition should be guided by the WHO Europe Nutrient Profiling Model published in July 2019. This section assesses retailers' adherence to both sets of recommendations, to the extent that they make or market BMS and/or complementary foods (CF).  Note that credit is not given for a commitment to abide by UK law and regulations governing marketing of these products, as ATNI Indexes do not assess legal compliance. Note that per the WHO definition, complementary foods marketed as suitable for introduction before the age of 6 months are breast-milk substitutes.  For more details, please refer to the <a href="#">International Code of Marketing of Breast-milk Substitutes</a> . <a href="#">World Health Assembly (WHA) Resolution 69.9 (May 2016)</a> calls for the ending of the inappropriate promotion of foods for infants and young children,
		No/no information found	0	
		Not applicable	-	
2	Does the company commit to marketing complementary foods for children aged between 6	Yes	10	
		No/no information found	0	
		Not applicable	-	



	and 36 months explicitly in line with WHA Resolution 69.9?			specifically calling upon manufacturers and distributors of infant and young child foods.
				Note: Marketing entails any form of promotion, advertisement, or information shared (including online information) regarding these products as well as product labeling.
3	Does the company commit not to market the following products, in line with WHO Europe's 2019 recommendations?	Confectionery and sweet snacks as suitable for infants and young children up to 36 months	3.3	Tick all that apply.
		Fruit drinks and juices and sweetened cow's milk/milk alternatives as suitable for infants and young children up to 36 months	3.3	Please refer to the WHO/Europe report <a href="#">Ending inappropriate promotion of commercially available complementary foods for infants and young children between 6 and 36 months in Europe</a> for more details.
		Savoury snacks and finger foods with greater than 15% energy from total sugars as suitable for infants and young children up to 36 months	3.3	
		No/no information found	0	
		Not applicable	-	
4	4.1 Has the company committed to improve the nutritional quality of products marketed as suitable for young children 6-36 months of age?	Yes	10	
		No/no information found	0	
		Not applicable		
	4.2 Has the company committed not to launch new own-brand products that do not match the WHO Europe 2019 nutritional standards for products for young children 6-36 months of age?	Yes	10	
		No/no information found	0	
		Not applicable	-	
5	Has the company set targets or established maximum levels of total sugar in complementary foods and snacks marketed as suitable for young children?	Yes, in line with the nutrition composition stands of WHO Europe 2019	10	'Ending inappropriate promotion of commercially available complementary foods for infants and young children between 6 and 36 months in Europe'
		Yes, not specified as being in line with WHO Europe 2019 thresholds	5	
		No/no information found	0	
		Not applicable	-	
6	Has the company set any energy density thresholds as applicable to the different categories of complementary foods in line with the WHO Europe 2019 thresholds?	Yes, in line with the nutrition composition standards of WHO Europe 2019	10	'Ending inappropriate promotion of commercially available complementary foods for infants and young children between 6 and 36 months in Europe'
		Some information found but not in line with WHO Europe 2019 recommendations	5	
		No/no information found	0	
		Not applicable	-	



7	Has the company set targets or established maximum levels of salt in complementary foods and snacks marketed as suitable for young children in line with the WHO Europe 2019 thresholds for such foods?	Yes, in line with the nutrition composition standards of WHO Europe 2019	10	Please refer to the relevant nutrient composition standards for each category of commercial complementary foods set out in table 2 in the document ' <a href="#">Ending inappropriate promotion of commercially available complementary foods for infants and young children between 6 and 36 months in Europe</a> '
		Some information found but not in line with WHO Europe 2019 recommendations	5	
		No/no information found	0	
		Not applicable	-	

## PERFORMANCE

8	Has the company adopted the WHO Europe NPM to guide the formulation of its own-brand complementary foods?	Yes, using the WHO Europe 2019 model	20	
		Yes, but referring to other guidance	10	
		No/no information found	0	
		Not applicable	-	
9	Can the company provide evidence of having reduced sugar in complementary foods and snacks marketed as suitable to children under 3?	Yes, and in line with WHO Europe 2019	20	
		Yes, but not in line with WHO Europe 2019	10	
		No/no information found	0	
		Not applicable	-	
10	Can the company provide evidence of having reduced energy density in complementary foods and snacks marketed as suitable to children under 3?	Yes, and in line with WHO Europe 2019	20	
		Yes, but not in line with WHO Europe 2019	10	
		No/no information found	0	
		Not applicable	-	
11	Can the company provide evidence of having reduced salt levels in complementary foods and snacks marketed as suitable to children under 3?	Yes, and in line with WHO Europe 2019	20	
		Yes, but not in line with WHO Europe 2019	10	
		No/no information found	0	
		Not applicable	-	
12	Can the company provide evidence of having increased vegetable levels in complementary foods and snacks marketed as suitable to children under 3?	Yes	20	
		No/no information found	0	
		Not applicable	-	

## DISCLOSURE



13	Does the company publish its policy on marketing breast-milk substitutes?	Yes, the policy commits to market products according to all of the recommendations of the International Code of Marketing of Breast-milk Substitutes and subsequent, relevant WHA resolutions	10	
		Yes, but the policy does not commit to market products fully in line with the Code	5	
		No/no information found	0	
		Not applicable	-	
14	Does the company publish its policy on marketing complementary foods?	Yes, the policy commits to market these products in line with all of the recommendations of WHA Resolution 69.9	10	
		Yes, but the policy does not commit to market products fully in line with WHA Resolution 69.9	5	
		No/no information found	0	
		Not applicable	-	
15	Does the company publish information about its progress in reaching its targets or about having reduced levels of the following ingredients in complementary foods and snacks marketed as suitable to children under 3 in line with the WHO Europe 2019 model?	Sugar	2.5	Companies can get credit for reporting reductions or against targets
		Energy density	2.5	
		Salt	2.5	
		Increased levels of vegetables	2.5	
		Not applicable	-	



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