

# **MARKETING OF FOOD AND NON-ALCOHOLIC BEVERAGES TO CHILDREN**

Report of a WHO Forum and Technical Meeting  
Oslo, Norway, 2-5 May 2006



**World Health  
Organization**

WHO Library Cataloguing-in-Publication Data

WHO Forum on the Marketing of Food and Non-alcoholic Beverages to Children (2006 : Oslo, Norway)  
Marketing of food and non-alcoholic beverages to children : report of a WHO forum and technical meeting,  
Oslo, Norway, 2-5 May 2006.

1.Child nutrition. 2.Legislation, Food. 3.Marketing - legislation. 4.Food supply - legislation. I.WHO Technical Meeting on the Marketing of Food and Non-alcoholic Beverages to Children (2006 : Oslo, Norway) II.World Health Organization. III.Title.

ISBN 92 4 159491 8  
ISBN 978 92 4 159491 2

(NLM classification: WS 130)

© World Health Organization 2006

All rights reserved. Publications of the World Health Organization can be obtained from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: [bookorders@who.int](mailto:bookorders@who.int)). Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to WHO Press, at the above address (fax: +41 22 791 4806; e-mail: [permissions@who.int](mailto:permissions@who.int)).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Printed in Geneva, Switzerland

# CONTENTS

<b>EXECUTIVE SUMMARY</b>	<b>1</b>
<b>INTRODUCTION</b>	<b>3</b>
<b>OPENING SESSION</b>	<b>7</b>
<b>WHO FORUM</b>	<b>9</b>
<b>Session I: Marketing foods to children</b>	<b>9</b>
Food marketing and children: Setting a course for change	9
The extent, nature and effects of food promotion to children: A review of the evidence	10
Marketing food to children: Changes in the global regulatory environment 2004-2006	11
<b>Session II: Categorizing foods according to their nutritional composition</b>	<b>12</b>
Nutrient profiling - experience from the United Kingdom	12
Comparisons of different systems of nutrient profiling - merits and limitations	13
Practical application of nutrient profiles: the Swedish keyhole system	14
<b>Session III: Examples of countries with statutory regulatory or self-regulatory measures to control marketing of foods and non-alcoholic beverages to children</b>	<b>15</b>
Advertising foods to children in Norway	15
Marketing control measures in Brazil	16
Advertising to children: the Québec Experience	16
Self-regulatory code on advertising of food products aimed at minors in Spain	18
Country perspective: South Africa	19
Experiences from New Zealand	19
<b>Session IV: Approaches by the private sector and initiatives by health and consumer organizations regarding the marketing of foods and non-alcoholic beverages to children</b>	<b>20</b>
Responsible food and beverage marketing	20
Marketing to children: Threat or opportunity? A choice for the future	21
Monitoring compliance with food and non-alcoholic beverage marketing codes	21
Food marketing works - regulatory action is needed	22
Consumer concerns activities	23
The International Code of Marketing of Breast-milk Substitutes	23
<b>Summary and Conclusions of the Forum</b>	<b>24</b>
<b>WHO TECHNICAL MEETING</b>	<b>27</b>
<b>Recommendations from the Technical Meeting</b>	<b>28</b>
<b>NEXT STEPS</b>	<b>33</b>
<b>REFERENCES</b>	<b>35</b>
<b>ANNEXES</b>	<b>37</b>



# EXECUTIVE SUMMARY

As part of the implementation of the World Health Organization (WHO) Global Strategy on Diet, Physical Activity and Health (DPAS), and in preparation for the WHO European Region Ministerial Conference on Counteracting Obesity, WHO organized a Forum and Technical Meeting on the marketing of food and non-alcoholic beverages to children at the Lysebu Conference Hotel in Oslo, Norway, from 2 to 5 May 2006. The Norwegian Directorate for Health and Social Affairs kindly supported both the Forum and the Technical Meeting.

The objectives of the Forum were to review the current state of knowledge regarding the influence of marketing, including advertising, of foods and non-alcoholic beverages on children's dietary choices; to discuss the implications of this influence on children's nutritional status; and to review national experiences and actions taken by various stakeholders to address the issue.

Participants included academics, technical staff from ministries of health and representatives from different stakeholder groups. They discussed the evidence of the impact of marketing on children's diets; the changes that have taken place in statutory regulation and self-regulation between 2004 and 2006; different methods of categorizing foods according to their nutritional composition; and the experiences of countries with either statutory or self-regulatory processes in place. Details of the presentations and the conclusions of the Forum are outlined in part 3 of this report.

Having considered the information presented during the Forum, the Technical Meeting participants discussed possible measures that could be taken by WHO and national governments to limit the adverse impact of marketing on children's health.

The participants at the Technical Meeting agreed that marketing should be defined in accordance with the definitions of the American Marketing Association and that all forms of commercial promotion should be considered as part of the scope of any action. "Promotion to children" was agreed to include both promotion that is deliberately targeted to children and scheduled to reach them and promotion that is targeted at other groups but to which children are widely exposed. "Children" was agreed to mean all persons aged under 18 years, following the United Nations Convention on the Rights of the Child, but it was recognized that children under the age of about 13 years are more vulnerable and may therefore require more stringent protections.

The participants also agreed that exposure to the commercial promotion of energy-dense, micronutrient-poor foods and beverages<sup>1</sup> can adversely affect children's nutritional status. Meeting participants recommended that WHO should: (i) support national action to protect children from marketing by substantially reducing the volume and impact of commercial promotion of energy-dense, micronutrient-poor foods and beverages to children; (ii) address issues such as cross-border television advertising and global promotional activities; and, (iii) consider the development of an international code on the marketing of food and beverages to children. The recommendations from the Technical Meeting are detailed in part 4 of this report.

The Technical Meeting was one element of an ongoing process of evidence-gathering, review and discussion with a wide range of stakeholders. This meeting and others will serve to inform WHO's future work on this issue.

---

<sup>1</sup> For the purpose of this meeting "energy-dense, micronutrient-poor foods and beverages" are understood as foods that are relatively high in saturated fat, free sugars and salt and relatively low in essential micronutrients and fibre.

**MARKETING OF FOOD AND NON-ALCOHOLIC BEVERAGES TO CHILDREN  
REPORT OF A WHO FORUM AND TECHNICAL MEETING**

# INTRODUCTION

**Chronic, noncommunicable diseases (NCDs) – including cardiovascular disease, diabetes, cancers and other obesity-related conditions – constituted 60% of global deaths and almost half of the global burden of disease in 2005 (1).**

In response to this disease burden, the Fifty-fifth World Health Assembly in May 2002 called on WHO to develop a global strategy on diet, physical activity and health in resolution WHA55.23 (2). The development of this strategy involved consultations with Member States in all WHO Regions, other United Nations organizations, other intergovernmental bodies, and representatives of civil society and the private sector. Advice was also provided by a reference group of independent international experts. Marketing of foods to children was often mentioned during these consultations as an important topic requiring action. In addition, the Report of a Joint WHO/FAO Expert Consultation *Diet, nutrition and the prevention of chronic diseases* (3), launched in April 2003, notes that there are limits to what individual countries can do alone to promote optimal diets and healthy living. It states that:

Strategies need to draw substantially on existing international standards that provide a reference in international trade. Member States may wish to see additional international standards that address, for example, the marketing of unhealthy food (particularly those high in energy, saturated fat, salt and free sugars, and poor in essential nutrients) to children across national boundaries (page 136).

The WHO Global Strategy on Diet, Physical Activity and Health (DPAS), together with the resolution by which it was endorsed, was formally adopted by the Fifty-seventh World Health Assembly in May 2004 (4). The strategy recognizes the heavy and growing burden of NCDs and addresses two of the main risk factors for NCDs – diet and physical activity. The goal of the strategy is to promote and protect health by guiding the development of an enabling environment for sustainable actions at individual, community, national and global levels which, when taken together, will lead to reduced disease and death rates related to unhealthy diet and physical inactivity. DPAS specifically points to the responsibility of Member States to formulate and promote national policies, strategies and action plans to improve diet and encourage physical activity and recommends that governments should provide accurate and balanced information to consumers. In this context, the strategy highlights the fact that food advertising affects food choices and influences dietary habits. It specifies that food and beverage advertisements should not exploit children's inexperience or credulity. Messages that encourage unhealthy dietary practices or physical inactivity should be discouraged, and positive, healthy messages encouraged. DPAS states that governments should work with consumer groups and the private sector (including advertising) to develop appropriate multisectoral approaches to deal with the marketing of food to children, and to deal with such issues as sponsorship, promotion and advertising (paragraph 40-3). The strategy also notes that the private sector can be a significant player in promoting healthy diets and physical activity (paragraph 61).

At the time that DPAS was adopted, WHO published a report on the global regulatory environment related to the marketing of food and non-alcoholic beverages to children (5). The report concluded that, while many countries have a range of regulations applicable to the marketing of food to children in place, there were gaps and variations in the existing global regulatory environment, and enforcement of regulations varies considerably between countries. An updated version of the report was presented as a background

## **MARKETING OF FOOD AND NON-ALCOHOLIC BEVERAGES TO CHILDREN REPORT OF A WHO FORUM AND TECHNICAL MEETING**

paper at the WHO Forum and Technical Meeting on the marketing of food and non-alcoholic beverages to children.

In June 2005, a WHO Expert Meeting on Childhood Obesity was held in Kobe, Japan, which reviewed major contributing factors to childhood overweight and obesity; the assessment issues for identifying overweight and obesity among school-age children and adolescents; and the existing intervention programmes, their impacts on preventing childhood obesity, and lessons learnt. Outcomes of the Expert Meeting included various issues related to assessment and monitoring of the growth of school-age children and adolescents and effective strategies to prevent childhood obesity, in particular in school settings, as well as possible measures to ensure that the marketing and promotion of food and non-alcoholic beverages to children are consistent with the achievement of a "healthy" diet.

Lastly, it is noted that work aimed to limit the adverse impact of marketing on children's health is in accordance with the rights of children for protection as acknowledged by the United Nations Convention on the Rights of the Child (6), the right to adequate food, as set out in the International Covenant on Economic, Social and Cultural Rights (7), and consistent with the United Nations guidelines for consumer protection (8).

Following these developments and as part of the implementation of DPAS, WHO headquarters, in collaboration with the WHO Regional Office for Europe, organized a Forum and Technical Meeting in Oslo, Norway, from 2 to 5 May 2006 on the marketing of food and non-alcoholic beverages to children. For the first two days representatives from health and consumer nongovernmental organizations, private food and advertising industry trade associations, academics, technical staff from ministries of health, and representatives of organizations of the United Nations system, the International Food Policy Research Institute and the European Commission met at the Forum to review and discuss the current state of knowledge regarding the influence of marketing and various national experiences of how the issue can be addressed. On the two following days, academics, technical staff from ministries of health, and representatives of organizations of the United Nations system, the International Food Policy Research Institute and the European Commission met for a Technical Meeting to suggest possible measures to be taken. (For list of participants see Annex I). The Norwegian Directorate for Health and Social Affairs generously supported the convening of the meetings.

This is the combined report of the WHO Forum and Technical Meeting on the marketing of food and non-alcoholic beverages to children. The report outlines the purpose of the meetings, summarizes the discussions that took place in the Forum, and details the conclusions and recommendations from the Technical Meeting that followed. The structure of this report follows the structure of the meetings. (For the programme see Annex II).

The report from the Forum and the recommendations of the Technical Meeting to WHO will serve to inform WHO's future global work in the area of marketing food and non-alcoholic beverages to children and, with other background documents and the European Charter on Counteracting Obesity, will feed into the WHO European Region Ministerial Conference on Counteracting Obesity in November 2006.



**Box 1 – DEFINITION OF REGULATION**

For the purpose of the Forum, the Technical Meeting and this report, the definition of regulation was taken from Hawkes (5) as follows:

Regulation is ... *"broadly defined as any law, statute, guideline or code of practice issued by any level of government or self-regulatory organization (SRO). Regulations can be divided into three categories:*

- *statutory regulations*
- *non-statutory government guidelines*
- *self-regulations*

*Statutory regulations are ... either texts enshrined in laws or statutes, or rules designed to fill in the details of the broad concepts mandated by legislation. The development, promulgation and enforcement of statutory regulations are the responsibility of government or a mandated body. ...*

*Self-regulations are put into place by a self-regulatory system whereby industry actively participates in, and is responsible for, its own regulation. Led, funded and administered by the industries concerned, self-regulation normally consists of two basic elements. The first, a code of practice – a set of ethically-based guidelines – governing the content of marketing campaigns, and the second, a process for the establishment, review and application of the code of practice. This process can be structured in many different ways, but typically involves an SRO set up by the advertising and media industries, and in many cases also involving the companies that use advertising to promote their products or services. Self-regulation may be mandated by government framework legislation, but can also exist completely independently of government regulation"(page 2).*

In some cases voluntary codes are developed by individual companies – these are not the same as self-regulation but should still be considered for their potential impact on marketing.

**MARKETING OF FOOD AND NON-ALCOHOLIC BEVERAGES TO CHILDREN  
REPORT OF A WHO FORUM AND TECHNICAL MEETING**

# OPENING SESSION

The meeting was opened by Professor Knut-Inge Klepp, Chair of the Norwegian National Council for Nutrition, who introduced the speakers.

The Norwegian State Secretary for Health, Ms Rigmor Aasrud, welcomed everyone to Norway. She highlighted the active involvement of Norway in the development of the WHO Global Strategy on Diet, Physical Activity and Health and expressed support for the multisectoral approach. In Norway, an action plan on physical activity was launched in December 2004, and an action plan on promoting a "healthy" diet, which will discuss possible restrictions on marketing to children, will be finalized in late 2006. An intersectoral strategy to tackle inequalities in health is also being developed.

In the context of improving labelling, the Norwegian health authorities are now also considering whether or not symbols, similar to the Swedish keyhole symbol (see section 3.2.3), should be introduced as a government initiative. Norway would support the development of such a system at a European level.

Ms Aasrud urged the WHO Secretariat to continue its efforts to promote and coordinate implementation of DPAS. She said she looked forward to seeing the results of the meeting and highlighted the 2006 World Health Assembly as an opportunity to give further attention to the issue of marketing to children.

The Director General of the Norwegian Directorate for Health and Social Affairs, Bjørn-Inge Larsen, said he welcomed the opportunity to examine – together with the leading experts in the field – the different aspects of marketing food and beverages to children. He highlighted the WHO Child Growth Standards (9) launched in late April 2006 in Geneva, Switzerland, as a key tool for the prevention and early recognition of childhood obesity.

Mr Larsen pointed out that Norway has a long history of nutrition policy going back to the formulation of an integrated Food and Nutrition Policy proposed by the Government and endorsed by Parliament in 1976. He said that the current major challenges are increasing fruit and vegetable intake, addressing the sharp increase in sugar consumption among children and adolescents and tackling overweight and obesity.

To prevent the development of an obesity epidemic, Norway regards preventive measures as very important, including possible restrictions on the marketing of energy-dense, nutrient-poor foods to children. Mr Larsen said the Norwegian authorities should be a driving force in creating common international regulations in this area and welcomed the WHO initiative. Norway has a long tradition of using tax and marketing restrictions in the field of tobacco and alcohol and Mr Larsen felt that now the time had come to consider such measures in other areas of public health.

Dr Denise Coitinho, Director of the WHO Department of Nutrition for Development and Health, then welcomed participants to the meeting on behalf of WHO headquarters. She pointed out the importance of taking further steps in the implementation of DPAS based on the growing problem of child obesity worldwide. She described the meeting as an important response to the challenges set out in DPAS, and said that the International Code of Marketing of Breast-milk Substitutes could provide guidance to the discussions in this meeting.

Dr Francesco Branca, Regional Adviser for Nutrition and Food Security, welcomed everyone on behalf of the WHO Regional Office for Europe. He highlighted relevant initiatives at the European Regional level and, in

## **MARKETING OF FOOD AND NON-ALCOHOLIC BEVERAGES TO CHILDREN REPORT OF A WHO FORUM AND TECHNICAL MEETING**

particular, the WHO Ministerial Conference on Counteracting Obesity, which will take place in Istanbul in November 2006. This Conference is expected to adopt a European Charter on Counteracting Obesity and to provide feedback on a draft second European Food and Health Action Plan. Dr Branca said that the WHO Forum and Technical Meeting were important parts of the preparatory process for the Ministerial Conference and subsequent European Charter and Action Plan.

The objectives of the Forum and the Technical Meeting were described by Dr Colin Tukuitonga, Coordinator of the WHO Surveillance and Population Based Prevention Unit in the Department of Chronic Diseases and Health Promotion at WHO headquarters.

---

### **Objectives of the Forum**

- To review the current state of knowledge regarding the influences of marketing, including advertising, of foods and non-alcoholic beverages on children's dietary choices.
  - To discuss the implications of this influence.
  - To discuss national experiences and actions taken by various stakeholders to address the issue.
- 

### **Objectives of the Technical Meeting**

- To summarize and complete the discussions and evidence presented at the Forum on the current state of knowledge regarding the influences of marketing on dietary choices.
- To provide guidance for various actors and stakeholders on how to manage and limit the negative influences of marketing and advertising of foods and non-alcoholic beverages on children's dietary choices, while encouraging the promotion of healthier food and beverage options.
- To indicate elements to be included in future guidelines.

# WHO FORUM

The Forum was attended by representatives of a wide variety of stakeholders, including representatives of health and consumer nongovernmental organizations, private food and advertising industry trade associations, academics, technical staff from ministries of health, and representatives of organizations of the United Nations system, the International Food Policy Research Institute and the European Commission.

The following summaries of the speakers' presentations are based on the presentations given at the Forum supplemented by abstracts provided by the speakers.

---

## Session I: Marketing foods to children

This first session examined different perspectives on marketing of food and non-alcoholic beverages to children. The session comprised an overview of the nature of food marketing and the need for change, a review of the evidence of the effect of food advertising on children, and an assessment of the changes in statutory regulation and self-regulation of food marketing to children since the last review in 2004.<sup>2</sup>

---

### Food marketing and children: Setting a course for change

**Professor Kelly Brownell,**  
Rudd Center for Food Policy and Obesity,  
Yale University,  
United States of America

The marketing of food to children accomplishes what industry intends. Cultivated as consumers at very early ages, children are trained to desire foods and beverages whose typical consumption may compromise health. Science on the topic is abundant and converges on unambiguous conclusions, namely that such marketing to children increases:

- consumption
- preference for energy-dense, low-nutrient foods and beverages
- purchase requests
- purchases
- positive beliefs about food and beverage products.

Swift and aggressive action should be taken to address food marketing (and the other proven contributors to poor diets) if there is to be any hope of curtailing poor nutrition and obesity in children. This requires anticipating industry manoeuvres that could undermine public health mandates for promotion of foods such as fruits and vegetables; noting that traditional advertising on television, radio, and billboards is merely a fraction of total marketing (hence *all* forms of marketing must be included); and taking a creative approach to limiting damaging practices.

Industry activities, such as the promotion of physical activity and marketing self-regulation do not adequately address the problem and can be a diversion, possibly doing more harm than good by forestalling legislation and litigation.

Considerable talent resides in the food industry and in the marketing and lobbying industries which support it. Harnessing this human capital for good is possible but will only occur in response to government action or public outrage. Public opinion polls show substantial support for regulation to curtail food marketing aimed at children. The convergence of science and public opinion makes the present an ideal time to act decisively.

---

<sup>2</sup> Based on assessments made in 2004 and 2006, see references 5 and 10.

A creative approach to the problem is needed. One way may be to set the industry a target – for example a 25% reduction in children's consumption of certain types of food – and leave the industry free to decide how it will achieve the target.

---

## **The extent, nature and effects of food promotion to children: A review of the evidence**

**Professor Gerard Hastings,**  
Institute for Social Marketing,  
University of Stirling and The Open  
University,  
United Kingdom of Great Britain  
and Northern Ireland<sup>3</sup>

A recent systematic review of the extent and nature of food promotion to children, and its effects on their food knowledge, preferences and behaviour, focused on the following questions:

- What is the extent and nature of food promotion to children?
- What are the effects of food promotion on children's food knowledge, preferences and behaviour?

The findings in relation to the extent and nature of food promotion were that:

- Food dominates advertising to children.
- Five product categories dominate this advertising (soft drinks, pre-sugared cereals, confectionary, snacks and fast food restaurants).
- The advertised diet contrasts dramatically with the recommended diet.
- Children engage with and enjoy this "unhealthy" advertising.

The findings in relation to the effects were that:

- Food promotion influences children's nutritional knowledge, food preferences, purchasing and purchase-related behaviour, consumption, and diet and health status.
- The extent of the influence is difficult to determine (though advertising is independent of other factors).
- Food promotion affects both total category sales and brand switching.

While the more complex studies have all been undertaken in developed countries, the review shows that children respond to advertising in much the same way regardless of their country's place on the development ladder. In fact, there is reason to believe that children in developing countries may be even more vulnerable to food promotion because:

- They are less familiar with advertising.
- They are a key entry point for developed country firms because they are more flexible and responsive than their parents.
- They associate developed country brands with desirable attributes of life.

Consideration should therefore be given to how infrastructure can be developed so that countries have adequate complaints procedures and mechanisms for enforcing and monitoring either legislation or self-regulatory activities.

The review is likely to understate the problem. The evidence base focuses on television advertising, with relatively little attention given to other forms of advertising, and several indirect effects of marketing are not considered. The review concludes that food marketing affects children's food behaviour in a negative way and therefore global action is needed on the marketing of food to children.

---

<sup>3</sup> This presentation is based on a longer background paper by Hastings et al, 2006. See reference 11.

## Marketing food to children: Changes in the global regulatory environment 2004 – 2006

Dr Corinna Hawkes,  
International Food Policy Research  
Institute (IFPRI),  
United States of America<sup>4</sup>

In May 2004, WHO's DPAS called on governments, private industry, and consumer groups to take action against marketing messages that promote unhealthy dietary practices. A review based on a systematic research strategy was recently carried out to investigate changes that have occurred in the regulatory environment around food marketing to children since then.

Although some changes have occurred, from a global perspective there has been more talk about regulation than action to implement regulations. It appears that this heightened level of discussion and action has been directly and indirectly stimulated by DPAS and as a result there are now increasing numbers of ideas and proposals on how food marketing to children can be regulated. Countries can draw on these experiences as a means of informing the development of regulation appropriate to their national contexts.

Six key trends are discernible:

- **The development of self-regulatory codes by the advertising and food industry.** Industry has been proactively developing self-regulatory processes. Since 2004, 10 countries have developed or revised self-regulatory codes on food – almost a 100% increase. However, the activity has been largely limited to Australasia, Europe and North America. The industry has also been lobbying aggressively against any legislative proposals to restrict food marketing to children.
- **Slower development of statutory regulation by some governments, despite strong advocacy by public health and consumer groups.** Some governments have taken action to address food marketing to children; they have supported developments in self-regulation and discussed options for statutory regulation, although there has been little real change in statutory regulation. Consumer groups remain firmly in favour of statutory restrictions. In different parts of the world consumer groups have stepped up campaigns calling for statutory regulation on all forms of marketing and have produced numerous reports indicating that the marketing of energy-dense, nutrient-poor foods is continuing and intensifying.
- **A concentration of activity in high-income countries.** There is relatively little action to restrict marketing in middle- and low-income countries, despite the fact that it is in these countries where advertising and promotional activities are growing faster and potentially have a greater impact.
- **A continued focus on television advertising.** Most of the discussions about regulation have focused on television advertising and in schools. However, since 2004, increased awareness and attention has been paid to other promotional techniques.
- **The continued growth of traditional and/or non-traditional advertising techniques.** This is true for all countries, but particularly for middle- and low-income countries, and is partly stimulated by the liberalization of advertising services markets.
- **More attention is now paid to monitoring and enforcement.** This includes both existing and new regulations. However, monitoring is still inadequate in terms of measuring the impact of regulations on the quantity and quality of food promotion and on children's food choices and diets.

In order to move forward, the goals of regulation need to be clarified in relation to whether we are aiming for:

- responsible marketing to children (quality);
- reduced amount of food marketing experienced by children (quantity); or
- improved food choices made by children and their parents (outcome).

<sup>4</sup>This presentation is based on a longer background paper by Hawkes, 2006. See reference 10.

It is also important that the level and type of evidence needed to support the development of regulations is clarified and targets are set to evaluate the impact of regulations as and when they are implemented.

---

## **Session II: Categorizing foods according to their nutritional composition**

For a long time food has been categorized in various ways to show what should be eaten more of and what should be eaten less of. However, different stakeholders often use different criteria when categorizing foods to identify which are the healthier options on offer.

Nutrient profiling refers to a range of different mechanisms for classifying foods according to their nutritional value – varying from a simple definition of "low fat" being less than 3 g to the much more complicated nutrient profiling model recommended to inform the restrictions on advertising to children in the United Kingdom. Nutrient profiling can be defined as "the science of categorizing foods according to their nutritional composition". It can be used to communicate effectively with consumers the nutritional implications of their purchasing decisions.

There are a number of reasons why it might be important to distinguish between "unhealthy" and "healthy" food, including:

- improving the comprehensibility of nutrition labelling
- regulating nutrition and health claims
- compositional standards for foods
- reforming taxation/subsidy systems
- regulating the marketing of foods (to children).

This session considered different nutrient profiling methods under development and their potential usages.

---

### **Nutrient profiling – experience from the United Kingdom**

**Dr Mike Rayner,**  
British Heart Foundation Health  
Promotion Research Group,  
University of Oxford,  
United Kingdom of Great Britain and  
Northern Ireland

The marketing of foods to children is generally held to be beneficial if the foods marketed contribute towards a "healthy" diet and conversely is held to be harmful if the foods marketed do not. Therefore, there needs to be clarity about which foods contribute towards a "healthy" diet and which do not. Clarity is also crucial when seeking to regulate the marketing of food to children, e.g. when drawing up rules or guidelines on which foods should be allowed in vending machines in schools, or which foods should be allowed to be advertised to children on television.

Manufacturers already use different forms of nutrient profiling systems to justify their marketing strategies. A uniform system would help consumers make their choice.

A systematic, staged approach to developing nutrient profiling involves generating a variety of different "nutrient profile models" and testing the different models to assess which is most suitable using different validation methods.

A nutrient profiling model has been developed by the United Kingdom Food Standards Agency as a tool for categorizing foods on the basis of their nutrient content. The agency's nutrient profiling model uses a simple scoring system to rate the overall balance of nutrients in a food. It identifies foods high in fat, salt or sugar while recognizing the important contribution of fruit, vegetables, cereal, meat and dairy-based products to a balanced diet.

The model was delivered to the Office of Communications (Ofcom), the independent regulator and competition authority for the United Kingdom



communications industry, on 6 December 2005, to help tighten controls on the advertising to children of foods high in saturated fat, salt or sugar.

The approach was tested on food sold in the United Kingdom and therefore may not be relevant for other countries. The global applicability of nutrient profiling systems may require further work to allow for a broad range of food products, and they may need to be adapted in the context of local food-based dietary guidelines.

## Comparisons of different systems of nutrient profiling - merits and limitations

**Dr Véronique Azaïs-Braesco,**  
Human Nutrition Research  
Centre, National Institute  
for Agronomic Research,  
France

Growing concern about food-related diseases – such as childhood obesity – has led to increased interest in nutrient profiling. Nutrient profiling systems aim to categorize foods according to their nutritional composition while also taking into account current objectives of nutrition policies.

When developing a nutrient profiling system, a series of practical questions arise, including:

- Which nutrients should be examined?
- Should we consider specific food categories or take a more general approach?

Other technical questions should also be considered, such as:

- What is the reference basis e.g. should foods be compared on a 100-g, 100-kcal, or portion basis?
- Which mathematical model should be followed – threshold, scoring or continuous?
- How should the final result be presented?

An overview of existing nutrient profiling schemes illustrates how technical matters may influence the final result. Indeed, when comparing how different systems rank the same foods, consistency is often relatively weak – this may be shown using a list of 125 food items ranked by four different systems. In addition, practical objectives have often driven the methodological decisions and – while this might seem a pragmatic approach – this usually produces systems which are only fit for a unique purpose and that are not easily adaptable.

For instance, while some nutrient profiling schemes take into account both "negative" and "positive" nutrients, others are only concerned with the negative properties of food. There are also systems that include whole food groups – such as fruits and vegetables – in addition to several nutrients such as fat, sugar, sodium, fibre, vitamins, minerals and protein.

A validation step to compare systems is clearly needed. Validation methods which have been proposed but are not yet operational include comparison with expert opinion and more science-based procedures.

If the primary goal of the nutrient profiling systems is to improve the nutritional quality of the diet, then we need to consider how they can be used, not only in relation to the marketing of foods to children and to determining foods eligible for health claims, but also for food and nutritional labelling, consumer education, and industry research and development. The variety of systems in place today – and their relative incompatibility – may be very confusing for all stakeholders, including consumers.

## **Practical application of nutrient profiles: the Swedish keyhole system**

**Ms Filippa von Haartman,**  
National Institute of Public Health,  
Sweden

Work is currently under way to develop innovative and science-based systems focused on improving the quality of the diet. However, even the perfect nutrient profiling system will remain a technical tool used to inform decisions that have to be taken and implemented in a political context.

---

The keyhole label is a simple, positive label used to help consumers make "healthy" food choices. The label was introduced during the 1980s as part of a regional intervention project in northern Sweden to reduce the prevalence of coronary heart disease. Today the symbol is used nationally on a voluntary basis, and is free of charge to the user. The criteria for labelling are set by the National Food Administration.

The symbol combines two elements – the food circle and the food pyramid. When the symbol appears on a package it guarantees that the product has a *low* amount of all of the following ingredients:

- total fat
- saturated fatty acids
- trans fatty acids
- added sugars
- salt as sodium

and/or that the product has a *high* amount of:

- fibre

The keyhole label is a relative, not an absolute, scheme, indicating nutritionally better options within a category. The criteria are based on the products that are on the market today and the scheme should be regarded as ongoing and dynamic where the criteria will change over time. One of its main purposes is to serve as an incentive to the food industry to reformulate products to make them more "healthy".

The keyhole labelling scheme is a positive labelling scheme promoting healthier products. It does not identify energy-dense, nutrient-poor foods and therefore cannot be used to identify those foods for which there should be marketing restrictions.

---

## Session III: Examples of countries with statutory regulatory or self-regulatory measures to control marketing of foods and non-alcoholic beverages to children

This session examined a number of national approaches to the statutory regulation of marketing of foods to children, examples of self-regulatory approaches, and a discussion of the pros and cons of statutory regulation versus self-regulation.

---

### Advertising foods to children in Norway

**Mr Bjørn Erik Thon,**  
Norwegian Consumer Ombudsman,  
Norway

The Office of the Consumer Ombudsman is an independent authority that monitors marketing activities and negotiates contracts between consumers and business. In addition, the Ombudsman can impose sanctions. A brief survey done by the office showed that a large number of television commercials shown during youth programmes promote "unhealthy" foods – such as chips, sweets and chocolate – while hardly any "healthy" food is advertised.

Several laws regulate the marketing of food and beverages to children in Norway today. The Marketing Control Act is the general regulation for all marketing activities supervised by the Consumer Ombudsman. This Act states that marketing activities should not be in conflict with good marketing practice or otherwise unfair on consumers and that marketing should not be misleading or incorrect. The Office of the Consumer Ombudsman has handled several cases of misleading or incorrect marketing practice, most of which have been initiated by consumers.

There is no overall self-regulatory framework to address food marketing aimed at children in Norway. Several companies claim to have internal guidelines, but do not promote them. No initiatives have been taken by trade associations to establish a self-regulatory framework.

Several additional measures must be taken in the future combining self-regulatory measures, corporate social responsibility and legislation. Education and information is essential and schools must play an important role in this. Suggested measures to address marketing aimed at children include:

- legislation prohibiting advertising of food and beverages in schools
  - the introduction of labelling systems
  - warning systems (such as on tobacco products)
  - campaigns for "healthy eating" in schools
  - negotiating guidelines with business
  - additional legislation after five years if advertising has not been reduced.
-

## **Marketing control measures in Brazil**

**João Lopes Guimarães Júnior,**  
Public Ministry Prosecutor's  
Office for Consumer  
Protection,  
Brazil

In Brazil, there is currently no specific legal regulation on food marketing to children. However, several initiatives are being developed:

- The State of São Paulo Congress passed a law in February 2005 creating a public policy to prevent obesity. When fully implemented by an Executive Act, this will provide the legal basis on which to restrict marketing to children.
- The federal health agency is aiming to pass a regulation banning all forms of commercial promotion of products rich in fat, sugar or salt and compelling companies to include a statement about "healthy" eating with every piece of commercial promotion.
- In 2003, two lawsuits were filed against soft drinks companies based on the Consumer's Defence Code. One case was overruled but in the other it was ruled that the company should stop marketing to children and that it should warn consumers on every soft drink container and in all advertising that excessive sugar consumption may damage health.

Other key points made in the presentation included the following:

- No one will ever be able to establish what constitutes "sufficient evidence" of the influence of marketing on children's diet. Thus, delaying action until we have "sufficient evidence" is a trap. We should not convert to a perennial debate what can already be considered a known fact.
- Measures successfully taken to prevent tobacco and alcohol use should be used as models to control marketing influences. These include counter-advertising, public campaigns, lawsuits, reduction of marketing power and taxation.
- Controls on marketing should form part of an extensive public policy to combat obesity.
- The two main obstacles to the adoption of legal measures to control marketing influences are the strong lobby against them and the lack of public support for them due to the limited information available about the magnitude and causes of the public health problem.
- Nongovernmental organizations and advocates should file lawsuits against companies for abusive campaigns.
- More emphasis needs to be given to the psychological consequences of obesity, including distress, low self-esteem, social discrimination and stigmatization among children.
- WHO, because of its impartiality and credibility, has a very important role in providing technical support and guidance for policy-makers around the world, and also in disseminating information and monitoring progress in relation to the regulation of food marketing.

---

## **Advertising to Children: the Quebec Experience**

**Mr André Allard,**  
Office of Consumer Protection,  
Canada

In 1978, the Government of Quebec enacted the Consumer Protection Act, which came into force in 1980. Under this Act, all forms of commercial advertising directed at children less than 13 years of age are totally prohibited.

The regulatory ban on advertising to children is very broad and applies to any goods, including but not limited to food, and to all forms of advertising. Section 248 of the Consumer Protection Act stipulates that "Subject to what is provided in the regulations, no person may make use of commercial advertising directed at persons under 13 years of age".

To determine what constitutes an advertisement directed at children, Section 249 of the Act states that "account must be taken of the context of its presentation, and in particular of: (a) the nature and intended purpose of the goods advertised; (b) the manner of presenting such advertisement; and (c) the time and place it is shown". A scale chart is used to assess whether an advertisement is directed to children (Table 1).

Table 1 – Elements to define an advertisement directed at children

Products	No appeal to children	Marked appeal to children	Exclusively intended for children
<b>Definition</b>	Products intended for adults and teenagers	Products intended for families/all age groups	Products intended for children with marked appeal to them
<b>Programmes for children (where children make up over 15% of the audience)</b>	AUTHORIZED But not with a presentation that is attractive to children	UNAUTHORIZED Except if presentation is not designed to be appealing to children so as to arouse their interest	UNAUTHORIZED
<b>Programmes where children make up between 5% and 15% of the audience</b>	AUTHORIZED But not with a presentation that is attractive to children	AUTHORIZED The advertisement must not be designed to be appealing to children so as to arouse their interest	AUTHORIZED The advertisement must not be designed to be appealing to children so as to arouse their interest
<b>Programmes where children make up less than 5% of the audience</b>	AUTHORIZED But not with a presentation that is attractive to children	AUTHORIZED The advertisement must not be designed to be appealing to children so as to arouse their interest	AUTHORIZED The advertisement must not be designed to be appealing to children so as to arouse their interest

← Nature of the product →

Legislation is enforced by the Consumer Protection Law Enforcement Agency in Quebec. The agency reports directly to the Minister of Justice and has all the necessary investigation and prosecution powers to enforce the law.

Although the agency does not have a Clearance Committee; advertising agencies and legal firms consult with it on a regular basis. The compliance with this prohibition is mainly monitored through a complaint filing system and media reports on the issue.

The provisions were challenged by the industry as soon as they were enacted. After a long judicial debate, the Supreme Court of Canada ruled in 1989 that although the prohibition constituted a restriction to the freedom of expression guaranteed by the Charter of Rights, this limitation is reasonable and justifiable in a free and democratic society mainly because the purpose of the measure is the "protection of a group which is particularly vulnerable to the techniques of seduction and manipulation abundant in advertising".

**Self-regulatory code  
on advertising of  
food products aimed  
at minors in Spain**

**Mr Juan Manuel Ballesteros-  
Arribas,**  
Coordinator of the NAOS  
Strategy,  
Spain

In February 2005, the Spanish Food Safety Agency launched a Strategy for Nutrition, Physical Activity and Prevention of Obesity (NAOS Strategy), with the goal of promoting a "healthy" diet and physical activity.

One of the objectives of the strategy was to develop a framework for collaboration with the food industry to promote the production and distribution of products that contribute to a healthier, more balanced diet. As part of this collaboration, an agreement was signed with the Spanish Federation of Food and Drink Industries to develop a code to regulate advertising and marketing of food and beverages aimed at children.

This "Code of Self-Regulation of the Advertising of Food Products Directed at Minors (translation from Spanish)" (PAOS Code) is a big step forward in the regulation of commercial promotion of food. Aiming to reduce the commercial pressure on children to consume disproportionately, the code states that advertising will not exploit the special confidence of children, including through parents, teachers or celebrities. It requires special caution in advertisements directed to children under the age of 12. The PAOS Code explicitly states that celebrities cannot be used by commercial companies to promote food and drink, unless used to "promote healthy eating habits" (or physical exercise) among children. It also states that since children cannot distinguish clearly between television programmes and advertising, advertisements directed at minors must be clearly distinguished from programmes. As a general rule, food advertising cannot promote "unhealthy" food practices or sedentary lifestyles. No product should appear as a substitute for any of the three main daily meals.

As of December 2005, there were a reported 35 signatories to the code, including the Spanish Federation of Food and Drink Industries.

Enforcement of the PAOS Code is the responsibility of the Spanish Association for the Self-Regulation of Commercial Communication (Autocontrol) funded by the commercial sector. This self-regulation is in addition to the existing government control mechanisms. Any infractions of the code are assessed by an Autocontrol jury composed of "prestigious persons in the fields of advertising and commercial communication". Companies that infringe the code are fined, with a maximum sanction of 180 000 euros, according to the level of premeditation and unfair competition to other food companies. Funds raised from these fines are used to cover administrative costs and to undertake educational campaigns to promote "healthy" lifestyles. Autocontrol also offers copy advice for advertisers in advance of broadcasting. A separate Monitoring Commission – made up of consumer and industry representatives and chaired by a government official – has also been created to review the operation of the PAOS Code and to propose improvements.

---

## Country perspective: South Africa

Professor Shahida Cassim,  
University of KwaZulu Natal,  
South Africa

Concern about childhood obesity and the marketing of food is not currently seen as a real issue in South Africa although increasing local media coverage indicates that the issue is slowly gaining momentum.

South Africa has a very young population with nearly 50% of the population under the age of 20.

The South African advertising industry compares with the best in the world and it employs the full spectrum of techniques in promoting to children. Six out of the 10 main advertisers promote food.

Since 1969 the country has opted for a voluntary system of self-regulation based on that in the United Kingdom. The South African Advertising Standards Authority is responsible for the regulation of advertising within this self-regulatory framework. The authority operates with a Code of Advertising Practice, in which provisions for the protection of children are made. The Code stipulates pre-clearance of advertisements. Non-compliance results in sanctions. No consumer complaints relating to food advertising targeting children have been received by the Advertising Standards Authority in the recent years.

Academic research on advertising aimed at children is sparse in South Africa, while commercial research is plentiful. Civil society appears to pay little attention to the issue of marketing to children, and it is not a priority on the government's agenda. More support for research and a comprehensive media literacy campaign to introduce and engender healthy scepticism are important parts of the solution to the issue of advertising aimed at children in South Africa.

## Experiences from New Zealand

Ms Maggie McGregor,  
Ministry of Health,  
New Zealand

The New Zealand Ministry of Health developed "Healthy Eating Healthy Action" (HEHA) in 2003 and its implementation plan in 2004. The HEHA strategy is an integrated policy framework relating to nutrition, physical activity and obesity which aims to bring about changes in the environment in which New Zealanders live, work and play. It brings together HE (healthy eating) and HA (physical activity).

The HEHA strategy outlines the multiple actions required by multiple players and sets out government expectations for a wide range of other public and private sectors, e.g. local government, transport, education and industry.

The Advertising Standards Authority regulates advertising in New Zealand. The complaints board reviews complaints about advertisements that contravene the code of practice in any media and requests withdrawal of advertisements found to be in breach. There has been 100% compliance with rulings to date.

The codes regarding children and food have recently been reviewed, largely as a result of initiatives arising from the HEHA strategy. This review has led to significantly strengthened codes linked with the strategy, with Food and Nutrition Guidelines and with the United Nations Convention on the Rights of the Child.

The Food Industry Accord, representing marketers, manufacturers and retailers, arose from the HEHA Industry Group, driven by the twin goals of social responsibility and a desire to avoid regulation. The Food Industry Accord is not a partnership with the Ministry of Health, but is an industry-driven body responding to strong imperatives from the Minister of Health to "do more". The accord has been a driver of a number of industry initiatives, including a review of the Advertising Standards Authority's advertising codes. Discussion continues around ways to further strengthen the self-regulatory mechanisms.



At a wider level, a key strategy of HEHA is to mobilize community and intersectoral action around goals to build community ownership, and establish and support an impetus for change. Thus a wide range of projects – at District Health Board, community, school, primary care and local government levels – are under way and will be supported by a national social marketing campaign.

---

## **Session IV: Approaches by the private sector and initiatives by health and consumer organizations regarding the marketing of foods and non-alcoholic beverages to children**

### **Responsible food and beverage marketing**

**Mr Stephan Loerke,**  
Managing Director, World  
Federation of Advertisers (WFA)  
Belgium

Owing to the rising incidence of obesity worldwide, food marketing has come under the spotlight. Despite a lack of agreement on the role of marketing, advertisers have taken action to address societal concerns.

- Advertisers are investing to strengthen standards and governance structures for responsible marketing. The vision is of standards that operate effectively within a regulatory framework, through participative, accountable and transparent governance structures, and that are enforced effectively.
- Advertisers have invested heavily in media literacy education for children. For example, the Media Smart programme now operates in over 30% of primary schools in the United Kingdom.
- The World Federation of Advertisers has made substantial commitments to the EU Platform on Diet, Physical Activity and Health and participates in similar multi-stakeholder platforms in several countries. The federation is also in dialogue with the European Commission and nongovernmental organizations through the EU Advertising Roundtable.

The World Federation of Advertisers recognizes that advertising has a modest effect on children's food preferences, but that this effect is small compared to a variety of other factors. Furthermore, the federation does not believe that the literature provides evidence of a link between advertising and obesity. Obesity is rising worldwide despite a marked decline in food advertising in most mature markets and there seems to be no correlation between obesity levels and marketing regulation.

There is a need to address societal concerns, but the policy instruments must be based on a realistic understanding of the food chain and the role of marketing. Marketing is central to the process of increasing the demand for "healthy options"; without marketing there will be no competition, innovation or increased choice. Regulation cannot be effective if it stifles competition or innovation. Marketing standards are a valuable complement to regulation, and are most effective when set at national level, based on specific cultural and socioeconomic sensitivities and needs.

---



## Marketing to Children: Threat or Opportunity? A choice for the future

**Dr Niels Christiansen,**  
Chair of the Diet, Physical Activity and Health Taskforce, Confederation of the Food and Drink Industries of the EU (CIAA)

The title of the Institute of Medicine's report *Food marketing to children and youth: threat or opportunity?* (12) encapsulates a basic choice to be made by those interested in improving child nutrition and health today – are we going to approach marketing to children primarily as an evil which is to be controlled, or will we harness the power of communication, combining social marketing with commercial marketing, to improve the diets of children?

The European food industries have already taken important steps in creating principles of marketing and advertising as the basis for national norms to be used by governments, companies, and industry associations. Some examples of European food industries which have created such principles are the Confederation of the Food and Drink Industries of the EU, the Union of European Beverages Associations, the European Vending Association, as well as the International Chamber of Commerce. However, these principles (limits) on marketing are unlikely to achieve the objectives laid out by the Institute of Medicine unless they are a part of an overall communications and marketing effort to promote "healthy" diets.

The Institute of Medicine report sets out what needs to be improved in children's diets in the United States – and there is clear relevance for children in Europe and many other countries. While the United States may presently have the most extreme levels of childhood obesity, dietary goals are much the same for European and other countries.

Unfortunately, changing behaviour in order to achieve dietary goals has proven to be very difficult. Realistic goals for dietary change need to be established and a collaborative approach, combining the power of commercial and social communication, needs to be devised, in order to achieve those goals. Marketing norms are obviously a part of this, but should be dealt with in the context of a positive plan which has a chance of achieving dietary goals.

## Monitoring compliance with food and non-alcoholic beverage marketing codes

**Ms Kerry Neilson,**  
The United Kingdom Advertising Association, representing the European Advertising Standards Alliance (EASA)

EASA's member organizations are self-regulatory organizations, advertisers, agencies and media associations. EASA is the single authoritative voice of advertising self-regulation whose mission is to promote responsible advertising through best practice in self-regulation across the EU for the benefit of consumers and business. It also provides information and research, promotes convergence among national self-regulatory systems, and manages cross-border complaints.

Self-regulation is based on an agreement of what constitutes responsible behavior. Industry codes are devised at national level by advertisers, agencies and the various forms of media, and national self-regulatory organizations are set up to apply these codes. The advertising industry supports self-regulation financially, morally and practically.

For food advertising, EASA applies its Best Practice Recommendation on Monitoring, based on the International Chamber of Commerce Framework on Responsible Food and Beverage Communications.

EASA is currently running a comprehensive 2006 Monitoring Exercise, in which self-regulatory organizations in 14 countries are monitoring all television food advertisements for a three-month period. Based on the results of this exercise, national scoreboards will be developed, detailing compliance rates with the International Chamber of Commerce Framework and national self-regulatory codes. The scoreboards will also show what parts of the codes are most often breached, and by what sector of the industry. An independent auditor will verify the results, which will be presented at the meeting of the European Commission's Platform on Diet and Physical Activity in October 2006.

## MARKETING OF FOOD AND NON-ALCOHOLIC BEVERAGES TO CHILDREN REPORT OF A WHO FORUM AND TECHNICAL MEETING

There are several reasons for supporting self-regulation: its ability to respond quickly to breaches of codes, its flexibility in a rapidly changing industry and the ease of use for consumers who wish to make a complaint. By applying national self-regulatory codes of advertising practice based on the International Chamber of Commerce codes, and carrying out comprehensive monitoring, industry demonstrates its ability to regulate itself responsibly.

---

### Food marketing works – regulatory action is needed

**Mr Bruce Silverglade,**  
Director of Legal Affairs,  
Center for Science in the  
Public Interest (CSPI),  
United States of America

Food marketing aimed at children has increased dramatically in the USA over the last two decades. Manufacturers and restaurant chains use aggressive and sophisticated techniques to attract children's attention, manipulate their food choices, and prompt parents to purchase products that are high in fat, sodium and/or sugar.

Food marketing works, according to the Institute of Medicine in the USA (12). The barrage of food marketing by industry has created a serious information imbalance where messages to children to eat healthfully are greatly outnumbered by messages from the industry to consume products of low nutritional value. This information imbalance is so great that it cannot be remedied simply by increasing the quantity of nutrition education messages to children. Rather, the problem needs to be remedied by limiting the promotion of foods of low nutritional value.

While parents bear much of the responsibility for feeding their children well, government has a role to restrict activities that undermine parental authority, protect children from marketing practices that harm their health, and help make the "healthy" choice the easy choice. This implies an important role for government in the area of food marketing to children.

To achieve this objective government authorities should:

- Set nutrition standards for the kinds of food that can and cannot be promoted to children of different ages;
- implement restrictions on the marketing and promotion of any foods that fall below these nutrition standards.

Unfortunately, the United States government is not seriously pursuing such steps. Instead, it is waiting for major commitments by the food and advertising industries.

Such standards, however, have not been achieved through industry-wide self-regulation. In fact, not a single self-regulatory authority in the world has set nutritional standards for the types of foods that can, and cannot, be marketed to children (although some individual food companies such as Kraft have set internal corporate guidelines that they use to restrict the promotion of certain products). Instead, self-regulatory measures merely attempt to prevent the use of misleading or unethical marketing techniques. This effort does not get to the crux of the information imbalance problem.

The United States Department of Health and Human Services and the United States Federal Trade Commission have recommended that the self-regulatory body in the USA, the Children's Advertising Review Unit of the Council of Better Business Bureaus, should consider developing nutritional standards for foods that can be promoted to children. It is too early to tell whether it will take that step.

In the absence of legislative measures, consumer organizations in the USA have begun to use the judicial system to push companies to make changes. This effort will continue to be a major focus of these organizations. In addition, consumer organizations will continue to educate the public, to seek federal, state, and local legislation, and to monitor the effectiveness of the self-regulatory process.

Ultimately, the United States Government needs to implement legislation that will limit the marketing of foods of low nutritional value and improve children's diets and health. The Center for Science in the Public Interest urges WHO to draft an international code of food marketing to children to help facilitate progress at the national level.

## Consumer concerns and activities

**Ms Sue Davies,**  
Which? – The UK Consumers' Association, representing The European Consumers' Organization (BEUC) and Consumers International (CI)

The marketing of foods high in fat, sugar and salt to children undermines efforts to promote good dietary habits and has long been an issue of concern to consumer organizations globally. In 1996 Consumers International published an international survey on television food advertising, and in 2004 the organization published a study on food advertising to children in Asia and the Pacific. The 2005 European Consumers' Organisation's nutrition campaign focused on the need for more responsible marketing of foods to children.

The scale of the problem of obesity and diet-related disease has become only too apparent in the last few years. Tackling food marketing to children will not alone solve this global epidemic, but it is an important element of the multifaceted approach needed if the "healthy" choice is to become the easy choice.

There is clear evidence from academic reviews that food advertising and promotion influences children's food preferences and choices. Research by consumer organizations has highlighted the plethora of methods that can be used to target children – everything from the use of cartoon characters and celebrities on food packaging through to the use of free toys, computer games, web sites and text messaging.

While parents have ultimate responsibility for their children's food choices, the way that foods are marketed makes it more difficult for parents to influence their children's choices. Food marketing is increasingly sophisticated and integrated, making it difficult to keep abreast of the messages that children are exposed to. All forms of advertising and promotion of "unhealthy" foods must be tackled.

Some companies have recently made announcements that they are adopting a more responsible approach to food marketing to children. However, these approaches have been limited and largely focus on only the youngest children.

The problem is global and so is the solution. Strong action in this area by WHO, such as the development of an international code, is needed to ensure that irresponsible marketing practices are no longer tolerated, and that the promotion of foods high in fat, sugar and salt to children stops.

## The International Code of Marketing of Breast-milk Substitutes

**Ms Patti Rundall,**  
International Baby Food Action Network (IBFAN)

The International Baby Food Action Network works to remove obstacles to breastfeeding through the adoption of independent, transparent and legally-enforceable controls on the marketing of baby food. Public outrage about the harm caused by promotion of breast-milk substitutes paved the way for the development of the *International Code of Marketing of Breast-milk Substitutes* (the Code) (13) under the leadership of WHO, which bans all promotion of breast-milk substitutes. The Code was adopted by the World Health Assembly in 1981 as a recommendation rather than as a regulation. It is a "minimum requirement" for all Member States to implement "in its entirety" and requires the baby food industry to abide by it "independently of government action". Progress on the Code is reviewed every two years and new resolutions are passed which ensure that it keeps pace with scientific knowledge and developments in marketing.

## MARKETING OF FOOD AND NON-ALCOHOLIC BEVERAGES TO CHILDREN REPORT OF A WHO FORUM AND TECHNICAL MEETING

The baby food industry described the Code as "unworkable" at its inception and over the years has issued many weaker versions, condoning harmful practices. The International Baby Food Action Network uses the Code and subsequent relevant World Health Assembly resolutions as a global benchmark for its monitoring, helping governments to identify loopholes and to bring in effective controls. It is the organization's experience that laws – especially those which have a wide scope and include truly independent monitoring and enforcement systems – are a much safer option than a reliance on self-regulation, which is dependent on industry's goodwill. Seventy-five countries now have laws implementing the Code and these are leading to increased breastfeeding rates and reduced sales of substitutes. Countries without such protection are inundated with aggressive promotion which undermines efforts to protect health.

A key concern is the sponsorship by the food industry of educational materials which blur the boundaries between advertising, marketing and education. The World Health Assembly resolutions on infant feeding contain important safeguards relating to conflicts of interest which clearly define roles for different stakeholders and ensure that the appropriate professionals provide information to parents. Through such sponsorship, companies gain the trust of parents, children and teachers and influence policy-makers and reposition themselves in society as providers of "healthy" food.

---

## SUMMARY AND CONCLUSIONS OF THE FORUM

A summary and some initial conclusions from the meeting were presented. This was followed by a discussion. The following points were made:

- At present, most commercial promotion targeted at children is for foods high in salt, fat and sugar and there is clear evidence to show that this has a detrimental effect on children's diets. This is shown by the systematic review commissioned by WHO for this meeting (11) and by the Institute of Medicine Report (12), which also shows that the strongest impact of advertising on children's diet and nutritional status is on those aged 2–11, but does not exclude influences on older children.
- The purpose of measures to address food promotion is to improve children's diets and thus they should be part of a broader approach to improving diet and health, including measures to tackle the problem of the supply of energy-dense foods and to change consumer behaviour. The impact of any measures on inequalities in health also needs to be considered.
- Both statutory and voluntary/self-regulation are currently being considered as responses to the problem of marketing. However, self-regulation alone is not sufficient. In assessing the usefulness of the two options, it is important to think in terms of the public health goal, which is to reduce the volume of marketing to children and to minimize its impact on children's diets.
- Self-regulation is likely to be more effective if it operates within a legal framework with incentives for change. However, existing self-regulatory approaches aim to ensure that several aspects of marketing promotions (e.g. television advertising) are responsible (i.e. legal, decent, truthful, honest). They do not attempt to address the volume of advertising (or other marketing practices) and they are not being monitored in relation to their effect on children's diets.
- Clear targets need to be developed at national level and effective mechanisms need to be established for monitoring both statutory and self-regulatory approaches using clear criteria which incorporate

frequency and amount of marketing. Any measures should consider all forms of marketing and should anticipate new developments from the industry.

- Cultural and national situations will influence the decisions about what type of restrictions are appropriate, although there is also a moral issue concerning child protection and children's rights which is relevant to an international approach. Public awareness about the problem also needs to be raised in some countries.
  - A global response is required to address the transnational nature of promotion strategies (e.g. cross-border television advertising). The growth of marketing activities in emerging economies and developing countries is of special concern and any attempts to address the problem need to take account of the ability of these countries to implement and enforce the measures.
  - Any fines for breaking codes of practice should take into account the annual turnovers of the businesses involved and should be an adequate disincentive. Maintaining the reputation of a brand might be a sufficient incentive to most companies to avoid breaking the rules. In case of a controversy about the effects of an advertisement, the burden of proof should lie with the advertiser rather than with the person or organization complaining about the advertisement.
  - Independent government agencies should take responsibility for setting clear targets and monitoring progress. Further evidence is needed to determine whether enforcement systems that rely on pre-clearance are more effective and cost-efficient than systems based on monitoring.
  - The potential for nutrient profiling to support public health professionals, government and industry should be examined further. In addition, consumers need to be provided with reliable and easy-to-understand information about food. The role of the industry in providing information to consumers needs to be considered carefully.
  - There is a vital role for WHO in the protection of child health through the development of guidelines and international standards for marketing to children, and in advocating effective action by governments.
-

**MARKETING OF FOOD AND NON-ALCOHOLIC BEVERAGES TO CHILDREN  
REPORT OF A WHO FORUM AND TECHNICAL MEETING**

# WHO TECHNICAL MEETING

## Introduction

The Technical Meeting was attended by academics, technical staff from ministries of health, and representatives of organizations of the United Nations system, the International Food Policy Research Institute and the European Commission. Professor Kaare R. Norum was elected as Chairperson and Ms Maggie McGregor as Co-chair. Dr Corinna Hawkes and Dr Tim Lobstein were appointed as rapporteurs.

Having considered the information presented to them in the previous two days, including the examples from different countries, the participants in the Technical Meeting divided into working groups. These groups discussed the current state of the evidence, the action required and the role of different stakeholders. Brief summaries of the conclusions of the working groups are reported below. These conclusions form the basis for the recommendations that follow. The conclusions and recommendations reflect the work of the participants of the Technical Meeting and have not been endorsed by WHO.

---

## Conclusions of the working groups

The working groups concluded that there is a robust evidence base to support the fact that exposure to the commercial promotion of energy-dense, micronutrient-poor foods and beverages adversely affects children's diets. A large body of literature supports this view, as summarized in the background paper by Hastings et al (11), as well as the 2006 report of the Institute of Medicine in the United States (12).

The goal of any regulatory action should be to protect children from marketing which adversely affects their diets by substantially reducing the volume and impact of commercial promotion of energy-dense, micronutrient-poor food and beverages to children. Moderate increases in the promotion of better foods are judged to be insufficient.

Three forms of rationale for taking action were discussed: (i) evidence of harm; (ii) a precautionary approach; and (iii) protection of the rights of the child – all of which support the need for action.

Four broad policy options to address the problem of commercial promotion of foods and non-alcoholic beverages to children at national level were discussed and further developed in the meeting recommendations – while acknowledging that implementation would depend on local circumstances. In addition, the need for international action was underlined.

The meeting participants agreed to recommend that WHO should develop guidelines to promote and support national action to substantially reduce the volume and impact of commercial promotion of energy-dense, micronutrient-poor food and beverages to children. The participants also agreed that WHO should take the lead in the development of an international code on the commercial promotion of food and beverages to children to address issues such as cross-border television advertising and global promotional activities.

---



## Recommendations from the Technical Meeting

The experts gathered in Oslo, on 4–5 May 2006 to attend the Technical Meeting on the marketing of food and non-alcoholic beverages to children, having considered the evidence and experience from countries and different stakeholders, made the following statements and recommendations.

---

### Rationale

- Diets high in energy, saturated fat, free sugars, salt and low in certain nutrients are putting children at risk of overweight and obesity and other diet-related diseases which are increasing public health problems worldwide.
  - The marketing and advertising of energy-dense, micronutrient-poor foods and beverages to children has been identified as one of the many factors contributing to this in a series of expert consultations. These include the 2002 joint WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases (3) and the 2005 WHO Expert Meeting on Childhood Obesity (14).
  - The Fifty-seventh World Health Assembly also identified the issue of marketing to children in the 2004 Global Strategy on Diet, Physical Activity and Health (4).
  - Addressing concerns about the marketing of food and non-alcoholic beverages to children is consistent with the obligations of countries in implementing the United Nations Convention on the Rights of the Child (6)<sup>5</sup>, the International Covenant on Economic, Social, and Cultural Rights (7)<sup>6</sup> and the United Nations guidelines for consumer protection (8).
  - A strong scientific rationale is available through the robust science and research that links commercial promotion of foods and beverages to poor diets in children. The evidence clearly shows that:
    - there is extensive food and beverage promotion to children;
    - children are aware of, appreciative of, and engage with this promotion;
    - this food promotion is overwhelmingly for energy-dense, micronutrient-poor foods and undermines recommendations for a healthy diet;
    - this food promotion has a deleterious effect on children's food knowledge, attitudes, purchase behaviour, and consumption.
- 

### Aim

The aim is to protect children's health by improving their diets through substantially reducing the volume and impact of commercial promotion of energy-dense, micronutrient-poor food and beverages, a concept that can be further refined by using nutrient profiling.

WHO should support national actions to substantially reduce the volume and impact of commercial promotion of energy-dense, micronutrient-poor food and beverages to children; and consider the development of an international code on the marketing of food and beverages to children to address issues such as cross-border television advertising, and global promotional activities, and to protect children in countries where national action has not been fully implemented.

---

<sup>5</sup> See especially Articles 17(e); 24.1 and 24.2(c); 27.3

<sup>6</sup> See Articles 11.1 and 11.2; see also General Comment No 12 on the Right to adequate food issued by the United Nations Committee on Economic, Social and Cultural Rights in 1999; and the *Voluntary Guidelines to support the progressive realization of the right to adequate food in the context of national food security*, adopted by the FAO Council in November 2004 (<http://www.fao.org/docrep/meeting/009/y9825e/y9825e00.htm>, accessed 1 June 2006).



## Scope

- Evidence shows that all children are affected by marketing and therefore the current document would apply to all persons aged under 18, following the United Nations Convention on the Rights of the Child.
- The age group of under 18 years may be further segmented in order to formulate specific measures. This will take into account:
  - different countries' legal definitions of what constitutes a child;
  - age-related developmental differences in children's comprehension of the nature and purpose of marketing;
  - educational settings;
  - marketers' segmenting of child and adolescent populations.
- Marketing is defined as "an organizational function and a set of processes for creating, communicating, and delivering value to customers and for managing customer relationships in ways that benefit the organization and its stakeholders" (15). The traditional components are product, place, price, and promotion. Marketing as referred to in this report includes the promotion and/or the sale of food and beverages in child-specific settings (e.g. schools, kindergartens, day-care centres, play areas, children's hospitals, etc).
- Many of the existing regulations in countries recognize that children under the age of about 13 years are more vulnerable to exploitation by commercial promotions and thus have more stringent regulations for this age group than for adolescents. This is concordant with the literature on the developmental transition to being less vulnerable and gullible in relation to targeted marketing.
- Commercial promotion should be defined as all forms of communication activity designed to raise consumer awareness in order to encourage recognition and sales of a product. Examples include competitions, point-of-sale displays, packaging, contests, sweepstakes, free gifts, product placement, sponsorships, celebrity endorsements, use of cartoon characters, and communications using new media such as cell phones and the Internet, as well as mass media advertising, and using activities designed to enhance brand recognition through image or lifestyle without specifically identifying food or drinks. Health and nutrition claims on products targeted to children should also be considered as they may also be a form of unwarranted commercial promotion. In addition, parents should not be targeted in ways that could damage children's diets. It is recognized that it will be easier to regulate and enforce restrictions on the use of some of these promotional strategies than others.
- This report does not refer to the promotion of messages and products as part of non-commercial social marketing initiatives. This non-commercial promotion of healthy food choices is to be encouraged.
- The action recommended in this document should be considered as a continuum to actions aimed at protecting breastfeeding in infants and young children according to the International Code of Marketing of Breast-milk Substitutes. In particular, policies at the national and international level should be consistent as far as commercial promotion of complementary foods is concerned.

## Guiding Principles

- Bold, innovative action at both national and global levels is essential. Poor diets and diseases related to them constitute a public health emergency.
- National action is required and different models have been successfully implemented. Strong support by government agencies is essential.

## MARKETING OF FOOD AND NON-ALCOHOLIC BEVERAGES TO CHILDREN REPORT OF A WHO FORUM AND TECHNICAL MEETING

- Global action is necessary. Considering the globalization of the food system, a standardized international approach is required. Multinational companies market products around the world and many forms of marketing cross country boundaries. It is important that global rules be generated and that commercial promotions that target children across country boundaries be addressed.
- Constructive action can be implemented through both statutory action and industry self-regulation. For the purpose of substantially reducing the volume and impact of commercial promotion of food and beverages to children, self-regulation is *not* sufficient; it is however a valuable supplementary strategy to ensure promotions are legal, truthful, decent and honest and to deal with other aspects of marketing (e.g. product, price, place) not addressed in this document.
- Increased population awareness and participation of national governments and international agencies in advocating actions to reduce the adverse impact of commercial promotion is essential. It is especially important to encourage children and youth groups to familiarize themselves and act upon the issues implied.
- The action recommended in this document should not be seen as a stand-alone intervention. Its effectiveness will be related to other positive or proactive interventions aimed at promoting healthy diet and lifestyle in children and young people.

### National actions

- Cultural, legal and regulatory climates differ from country to country and there are likely to be various ways of reducing the promotion of energy-dense, micronutrient-poor food and beverages to children<sup>7</sup>.
- Four policy options are suggested here. The first two take a targeted approach specific to the commercial promotion of energy-dense, micronutrient-poor food to children and the remaining two adopt a more comprehensive approach to achieving the same goal. Rationale and implications of the various policy options are suggested in Box 2 below.

**A. Prohibiting promotional marketing of energy-dense, micronutrient-poor food products at specified times, in specified settings, using specified techniques or targeting specified age groups.**

This option would reduce the times and settings where energy-dense, micronutrient-poor food promotion to children is most intense, the techniques that are particularly persuasive or difficult to understand, and for the age groups that are the most vulnerable, for example by providing a means of ensuring that schools and children's television programmes remain commercial free zones. It could also prohibit particular techniques used to promote energy-dense, micronutrient-poor foods and beverages to children, such as toys and collectables.

**B. Prohibiting the commercial promotion of energy-dense, micronutrient-poor foods and beverages to children.**

This option would remove energy-dense, micronutrient-poor food and beverage promotion, not just from exclusively child-centred environments and media – such as schools and children's television programmes – but also from environments that they share with adults such as shopping malls and prime-time television.

---

<sup>7</sup> By promotion to children we mean: a) promotion that is deliberately targeted to children and scheduled to reach them; b) promotion that is targeted at other groups but to which children are widely exposed.

**C. Prohibiting the commercial promotion of *all* food or drinks to children.**

This option widens the net and removes all forms of commercial promotion of food and drink to children. Exceptions could be made for approved public health campaigns promoting healthy diets.

**D. Prohibiting all commercial promotion of any products to children.**

This option includes all products and protects children from commercial exploitation in general.

- All of these options may be combined with a regime of product-related health warnings and nutritional messages.
- Suitable enforcement mechanisms, that include adequate penalties, should be established, such as pre-clearance of advertising campaigns and independent monitoring of complaints.
- Monitoring the application of the policy options and evaluating their affects on the volume and impact of commercial promotion and on children’s diet should be performed.

**Box 2 - Four policy options to address marketing to children: rationale and implications**

<p><b>Option A – specified restrictions on the age groups targeted and the times, settings and techniques used by advertisers in the commercial promotion of energy-dense, micronutrient-poor foods and drinks</b></p>	<p>This option is likely to have less of an impact on children’s exposure to the promotion of energy-dense, micronutrient-poor food products than the other alternatives. However, it should be considered as a first step (where other options are not feasible) as a means of reducing the most intense exposure times and the techniques that are particularly persuasive, and of protecting the age groups that are the most vulnerable.</p>
<p><b>Option B – no promotion of any energy-dense, micronutrient-poor foods or beverages to children</b></p>	<p>This option only seeks to restrict the promotion of the specific foods and beverages that are considered detrimental to children’s diets. The implementation of this option requires clear identification of products that cannot be promoted, using methods such as nutrient profiling. This approach could act as an incentive for the food industry to develop healthier products.</p>
<p><b>Option C – no commercial promotion of any foods or beverages to children</b></p>	<p>This option is based on the view that children are best informed about healthy eating by parents, schools and health professionals rather than food industry protagonists. It avoids classifying foods as “good” and “bad” and recognizes that the vast majority of commercial promotions to children are for energy-dense, micronutrient-poor food products. However, this option would restrict the commercial promotion of more healthy foods to children.</p>
<p><b>Option D – no commercial promotion of <i>any</i> products to children</b></p>	<p>This is the broadest approach of all and is based on children’s right to a commercial-free environment. It prohibits promotional marketing of any products specifically to children, following models such as those being tried in Quebec (see section 3.3.3) and parts of Scandinavia. This would be concordant with the United Nations Convention on the Rights of the Child and with consumer protection legislation operating in many countries. It provides a degree of equity between different industrial sectors, but consideration needs to be given to issues such as “positive” marketing which encourages healthy behaviour. It was recognized that this approach may not be a realistic option for many countries. It also requires acceptance by more players, including the media and communication industries.</p>

## **International action**

- In order to address the international nature of commercial promotion of energy-dense, micronutrient-poor food and beverages, WHO should take the lead in the development of an international code on the commercial promotion of food and beverages to children in association with international partners, United Nations Agencies, Member States and other stakeholders. The international code will provide the basis for action at this level. The unique issues to be addressed by the international code include:
    - actions to address the transnational nature of promotional strategies (e.g. cross border television advertising, Internet);
    - provisions for limiting the promotional activities of companies irrespective of country;
    - support to the design, enforcement and monitoring of country action;
    - monitoring and reporting on the activities of transnational manufacturers and distributors that are not amenable to monitoring at the local level and provision of information to international agencies.
  - The international code should build upon and support activities taken by countries at the national level to strengthen the overall effectiveness and impact of various strategies to prevent the promotion of energy-dense, micronutrient-poor foods and beverages to children. Activities undertaken at the national level should be incorporated into the scope of the international code to ensure that all activities are complementary and mutually supportive. The international code should specify precisely expectations of participating countries and how these national activities will be monitored.
  - The international code should also aim to build capacity of countries where infrastructure to address this issue is not already in place, both at the national and local government levels, and also of civil society and nongovernmental organizations. In addition, there are several gaps in the knowledge and evidence base on the effects of food promotions on children, particularly in developing countries. More research is needed in the area of the extent, nature and effects of food promotions on children in developing countries.
  - The international code should be developed through a consultative process facilitated by a public sector body and signed by participating countries. Elements of a future international code include:
    - overall goal and purpose of the code;
    - scope and principles;
    - responsibilities of Member States;
    - responsibilities of the commercial sector;
    - responsibilities of civil society (support can be provided to the civil society to carry out independent monitoring);
    - ensuring effectiveness;
    - monitoring and evaluation of impact;
    - provision for revisions.
  - Countries signing the international code will commit to a core set of actions.
-

# NEXT STEPS

The discussions in the Forum and the recommendations from the Technical Meeting will be considered for future WHO work to ensure that appropriate actions are taken to protect children from inappropriate promotion of energy-dense, micronutrient-poor food and beverages. The recommendations require discussion and assessment by WHO with regard to their technical merit, financial implications and appropriate roles for the Organization. Member States need to be consulted in terms of the feasibility of these recommendations and their commitment to undertake some of the actions.

After the assessment and consultation with Member States, WHO plans to facilitate a process for the implementation of the recommendations and relevant units and programmes within the Organization are encouraged to incorporate the recommendations into workplans and secure the necessary funding.

The critical steps in the implementation of these recommendations are:

---

## Consultations with Member States

Appropriate forums should be identified to discuss the issue with Member States and ensure their commitment in undertaking national actions and in supporting the development of international guidelines. The Ministerial Conference on Counteracting Obesity to be held in the WHO European Region will have on its agenda a discussion of these issues.

---

## Further development of national actions

WHO will assess the feasibility for implementation of the proposed national actions and develop them further. Tools to assist countries may need to be developed, e.g. "model" legislation, and technical assistance provided to Member States on request. Technical assistance may be required to draft appropriate legal frameworks for consideration by Member States. These actions can be implemented as part of national policies, plans and programmes for the prevention and control of chronic diseases. Member States are encouraged to take a stepwise approach to implementation appropriate to their local circumstances. National actions need to be supported by suitable international actions.

Voluntary regulation can be an effective supplement to national legislation and several self-regulatory models are in use in various countries around the world. These models have been developed mainly by industry and the extent of state involvement varies from country to country. If required, "principles" of good practice in self-regulation can be further developed and disseminated to Member States.

---

## International action

In view of the cross-border promotion of energy-dense, micronutrient-poor food and beverages, national actions alone are inadequate. International action is essential to ensure an effective overall approach to limit that impact of promotion of energy-dense, micronutrient-poor food and beverages to children. The development of an international code will require the approval of the WHO governing bodies.

---

**MARKETING OF FOOD AND NON-ALCOHOLIC BEVERAGES TO CHILDREN  
REPORT OF A WHO FORUM AND TECHNICAL MEETING**

# REFERENCES

1. *Preventing Chronic Diseases: a vital investment*. Geneva, World Health Organization, 2005 ([http://www.who.int/chp/chronic\\_disease\\_report/contents/en/index.html](http://www.who.int/chp/chronic_disease_report/contents/en/index.html), accessed 20 July 2006).
2. Resolution WHA55.23. Diet, physical activity and health. In: *Fifty-fifth World Health Assembly, Geneva, 13–18 May 2002. Volume 1. Resolutions and decisions, annexes*. Geneva, World Health Organization, 2002 (WHA55/2002/REC/1).
3. *Diet, nutrition and the prevention of chronic diseases. Report of a Joint WHO/FAO Expert Consultation*. Geneva, World Health Organization, 2003 (WHO Technical Report Series, No. 916) (<http://www.who.int/dietphysicalactivity/publications/trs916/download/en/index.html>, accessed 1 June 2006).
4. Resolution WHA57.17. Global strategy on diet, physical activity and health. In: *Fifty-seventh World Health Assembly, Geneva, 17–22 May 2004. Resolutions and decisions, annexes*. Geneva, World Health Organization, 2004 (WHA57/2004/REC/1) ([http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy\\_english\\_w eb.pdf](http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_w eb.pdf), accessed 1 June 2006).
5. Hawkes C. *Marketing food to children: the global regulatory environment*. Geneva, World Health Organization, 2004 (<http://whqlibdoc.who.int/publications/2004/9241591579.pdf>, accessed 1 June 2006).
6. United Nations Convention on the Rights of the Child. Adopted by the United Nations General Assembly 1989. United Nations General Assembly Document A/RES/44/25.
7. International Covenant on Economic, Social, and Cultural Rights. Office of the High Commissioner for Human Rights. Adopted by the United Nations General Assembly 1966. United Nations Document A/6316.
8. *United Nations guidelines for consumer protection (as expanded in 1999)*. New York, NY, United Nations, 2003 (Document A/C.2/54/L.24; [www.un.org/esa/sustdev/publications/consumption\\_en.pdf](http://www.un.org/esa/sustdev/publications/consumption_en.pdf), accessed 25 July 2006).
9. *WHO Child Growth Standards: length/height-for-age, weight-for-age, weight-for-length, weight-for-height and body mass index-for-age. Methods and development*. Geneva, World Health Organization, 2006 (<http://www.who.int/childgrowth/en/>, accessed 20 July 2006).
10. Hawkes C. *Marketing food to children: changes in the global regulatory environment 2004–2006*. Geneva, World Health Organization, 2006 (available at <http://www.who.int/dietphysicalactivity/marketing/en/index.html>).
11. Hastings G, Mc Dermott L, Angus K, Stead M, Thomson S. *The extent, nature and effects of food promotion to children: a review of the evidence*. Geneva, World Health Organization, 2006 (available at <http://www.who.int/dietphysicalactivity/marketing/en/index.html>).
12. McGinnis JM, Gootman JA, Kraak VI, eds. *Food marketing to children and youth: threat or opportunity?* Washington D.C., Institute of Medicine, National Academies Press, 2006.
13. Resolution WHA34.22. International Code of Marketing of Breast-milk Substitutes, Geneva, World Health Organization, 1981 (<http://whqlibdoc.who.int/publications/9241541601.pdf>, accessed 1 June 2006).
14. *Childhood Obesity. Report of a WHO Expert Meeting*. Geneva, World Health Organization, 2006 (forthcoming).
15. Marketing Definitions. American Marketing Association, 2005. (<http://www.marketingpower.com/content4620.php>, accessed 4 May 2006).

**MARKETING OF FOOD AND NON-ALCOHOLIC BEVERAGES TO CHILDREN  
REPORT OF A WHO FORUM AND TECHNICAL MEETING**



# ANNEX I

## List of participants

Academics and technical staff from ministries of health	
<b>Mr André Allard</b>	Legal Counsel, Office of Consumer Protection, Québec, Canada
<b>Mrs Jennifer Appleton Gootman</b>	Senior Program Officer, Institute of Medicine, National Academy of Sciences, the United States of America
<b>Dr Juan Manuel Ballesteros-Arribas</b>	Coordinator of the NAOS Strategy, Spanish Food Safety Agency, Spain
<b>Dr Véronique Azais-Braesco</b>	Human Nutrition Research Centre, National Institute for Agronomic Research, France
<b>Professor Kelly Brownell</b>	Director, Rudd Center for Food Policy and Obesity, Yale University, the United States of America
<b>Dr Margherita Caroli</b>	Nutrition Unit, Department of Prevention and Public Health, AUSL BR1, Italy
<b>Professor Shahida Cassim</b>	School of Management, University of KwaZulu Natal, South Africa
<b>Dr Adriano Cattaneo</b>	Coordinator, Unit for Health Services Research and International Health, IRCCS Burlo Garofolo, Italy
<b>Dr Michel Chauliac</b>	Department of Health, Ministry of Health, France
<b>Mr João Lopes Guimarães Júnior</b>	Consumer's Defense Public Attorney, Public Ministry Prosecutor's Office for Consumer Protection, São Paulo, Brazil
<b>Professor Gerard Hastings</b>	Director, Institute for Social Marketing, University of Stirling & The Open University, United Kingdom
<b>Professor Knut-Inge Klepp</b>	Chair of the Norwegian National Council for Nutrition / Department of Nutrition, University of Oslo, Norway
<b>Dr Eva Kovacs</b>	Scientist, National Institute of Health Promotion, Hungary
<b>Dr Tomas Kudela</b>	Section of Public Health, Department of Health Promotion, Ministry of Health of the Slovak Republic, Slovakia
<b>Professor Vithaya Kulsomboon</b>	Chair of Social Pharmacy Department, Faculty of Pharmaceutical Sciences, Chulalongkorn University, Thailand
<b>Dr Tim Lobstein</b>	Research Fellow, Science Policy Research Unit, University of Sussex, United Kingdom ( <i>Rapporteur</i> )
<b>Dr Jürg Lüthy</b>	Director, Department of Nutrition, Swiss Federal Office of Public Health, Switzerland
<b>Ms Maggie McGregor</b>	Strategic Advisor, Public Health Sector Policy & Development, Public Health Directorate, Ministry of Health, New Zealand
<b>Ms Anna Charlotte Neumayer</b>	Office of the Consumer Ombudsman, Norway
<b>Professor Kaare R. Norum</b>	Institute for Nutrition Research, University of Oslo, Norway
<b>Professor Sonia Olivares</b>	Institute of Nutrition and Food Technology, University of Chile, Chile
<b>Dr Mike Rayner</b>	British Heart Foundation Health Promotion Research Group, University of Oxford, United Kingdom
<b>Professor Boyd Swinburn</b>	Centre for Physical Activity and Nutrition Research Deakin University, Australia
<b>Mr Bjørn Erik Thon</b>	Consumer Ombudsman, Norway
<b>Dr Ulla Uusitalo</b>	Post-doctoral Research Fellow, Finnish National Public Health Institute, Finland
<b>Ms Dieuwke van den Brink</b>	Policy Advisor, Ministry of Health, Welfare and Sport, Netherlands
<b>Ms Filippa von Haartman</b>	Public Health Planning Officer, National Institute of Public Health, Sweden

**MARKETING OF FOOD AND NON-ALCOHOLIC BEVERAGES TO CHILDREN  
REPORT OF A WHO FORUM AND TECHNICAL MEETING**

<b>Representatives from NGOs and private sector (participating at the Forum 2-3 May only)</b>	
<b>Dr Niels Christiansen</b>	Chair of Diet Task Force, Confederation of the Food and Drink Industries of the EU
<b>Ms Sue Davies</b>	Chief Policy Adviser, Which? - The UK Consumers Association
<b>Mr Roland Higgins</b>	Secretary General, European Modern Restaurant Association
<b>Mr Stephan Loerke</b>	Managing Director, World Federation of Advertisers
<b>Mrs Susanne Løgstrup</b>	Director, European Heart Network
<b>Ms Kerry Neilson</b>	Head of European Public Affairs, The Advertising Association (UK), representing the European Advertising Standards Alliance
<b>Mr Neville Rigby</b>	Director of Policy and Public Affairs, International Obesity Task Force/International Association for the Study of Obesity
<b>Ms Patti Rundall</b>	Policy Director, International Baby Food Action Network
<b>Mr Bruce Silverglade</b>	Director of Legal Affairs, Center for Science in the Public Interest, United States of America
<b>Representatives of organizations of the United Nations system, the International Food Policy Research Institute and the European Commission</b>	
<b>Mr Jonathan Back</b>	Food law, nutrition and labelling Unit. Health and Consumer Protection Directorate-General, European Commission
<b>Professor Wenche Barth Eide</b>	Associate Professor, Department of Nutrition, University of Oslo/ Co-Chair, Working Group on "Nutrition, Ethics and Human Rights" of the United Nations System Standing Committee on Nutrition (SCN)
<b>Dr Corinna Hawkes</b>	International Food Policy Research Institute, United States of America ( <i>Rapporteur</i> )
<b>Mr Jeronimas Maskeliunas</b>	Food Standards Officer, Codex Secretariat, Joint FAO/WHO Food Standards Programme
<b>The Norwegian Directorate of Health and Social Affairs</b>	
<b>Ms Arnhild Haga Rimestad</b>	Director, Department for Nutrition
<b>Ms Hilde Heimli</b>	Adviser, Department for Nutrition
<b>Ms Britt Lande</b>	Adviser, Department for Nutrition
<b>Ms Kari Sygnestveit</b>	Adviser, Department for Nutrition
<b>World Health Organization</b>	
<b>Dr Francesco Branca</b>	Regional Adviser for Nutrition and Food Security (WHO Regional Office for Europe)
<b>Dr Denise Coitinho</b>	Director, Nutrition for Health and Development Department (WHO Headquarters)
<b>Ms Almuth Janisch</b>	Secretary, Nutrition and Food Security (WHO Regional Office for Europe)
<b>Ms Ingrid Keller</b>	Technical Officer, Surveillance and Population-based Prevention Unit, Department of Chronic Diseases and Health Promotion (WHO Headquarters)
<b>Dr Chizuru Nishida</b>	Scientist, Nutrition for Health and Development Department (WHO Headquarters)
<b>Ms Sofie Randby</b>	Intern, Surveillance and Population-based Prevention Unit, Department of Chronic Diseases and Health Promotion (WHO Headquarters)
<b>Dr Colin Tukuitonga</b>	Coordinator, Surveillance and Population-based Prevention Unit, Department of Chronic Diseases and Health Promotion (WHO Headquarters)
<b>Dr Constanza Vallenias</b>	Medical Officer, Country Implementation Support, Child and Adolescent Health Department (WHO Headquarters)
<b>Ms Jacqui Webster</b>	Consultant, Surveillance and Population-based Prevention Unit, Department of Chronic Diseases and Health Promotion (WHO Headquarters)

# ANNEX II

## Programme

### FORUM

#### Day 1 (Tuesday 2 May 2006)

12:00–13:00	Welcome lunch
13:00–13:30	Opening session <i>Ms Rigmor Aasrud, State secretary, Deputy Minister of Health and Care Services, Norway</i> <i>Dr Bjørn-Inge Larsen, Director General, Directorate of Health and Social Affairs, Norway</i> <i>Dr Denise Coitinho</i> <i>Dr Francesco Branca</i>
13:30–13:45	Goal and objectives of the Forum <i>Dr Colin Tukuitonga</i> <i>Dr Francesco Branca</i>
<b>Session 1: Marketing foods to children: introductory presentations</b>	
13:45–14:15	Impact of Food Marketing and Setting a Course for Change <i>Professor Kelly Brownell</i>
14:15–14:45	The Extent, Nature and Effects of Food Promotion to Children: a Review of the Evidence <i>Professor Gerard Hastings</i>
14:45–15:15	Marketing Food to Children: Changes in the Global Regulatory Environment 2004-2006 <i>Dr Corinna Hawkes</i>
15:15–16:15	Discussion
16:15–16:45	Coffee break
<b>Session 2: Nutrient profiles and marketing foods to children</b>	
16:45–17:05	Nutrient profiling and marketing foods to children <i>Dr Mike Rayner</i>
17:05–17:25	Comparisons of different systems of nutrient profiling - Merits and Limitations <i>Dr Véronique Azais-Braesco</i>
17:25–17:45	Practical application of nutrient profiles: the Swedish keyhole system <i>Ms Filippa von Hartmann</i>
17:45–18:00	Discussion
19:30	Cocktail
20:00	Dinner upon invitation of the Norwegian Directorate of Health and Social Affairs

**MARKETING OF FOOD AND NON-ALCOHOLIC BEVERAGES TO CHILDREN  
REPORT OF A WHO FORUM AND TECHNICAL MEETING**

<b>Day 2 (Wednesday 3 May 2006)</b>	
<b>Session 3: Presentations by participants from countries with regulatory measures to control marketing foods to children</b>	
08:30–09:00	Norway <i>Mr Bjørn Erik Thon</i>
09:00–09:30	State of São Paulo, Brazil <i>Dr João Lopes Guimarães Júnior</i>
09:30–10:00	Province of Quebec, Canada <i>Mr André Allard</i>
10:00–10:30	Discussion
10:30–11:00	Coffee break
<b>Session 4: Presentations by participants from countries with self-regulatory measures to control marketing foods to children</b>	
11:00–11:30	Spain <i>Mr Juan Manuel Ballesteros-Arribas</i>
11:30–12:00	South Africa <i>Professor Shahida Cassim</i>
12:00–12:30	New Zealand <i>Ms Maggie MacGregor</i>
12:30–13:00	Discussion
13:00–14:00	Lunch
14:00–16:30	Session 5: Roundtable: Self-regulatory approaches by the private sector and activities by health and consumer organizations regarding marketing foods to children Speakers: - Mr Stephan Loerke, World Federation of Advertisers - Mr Niels Christiansen, Confederation of the Food and Drink Industries of the EU - Ms Kerry Neilson, European Advertising Standards Alliance - Mr Bruce Silverglade, Centre for Science in the Public Interest - Ms Sue Davies, Consumers International, European Consumer's Organization - Ms Patti Rundall, International Baby Food Action Network
16:30–17:00	Coffee break
17:00–18:00	Summary of the day <i>Professor Kelly Brownell</i>
18:00	Discussion and closure of the Forum

## TECHNICAL MEETING

### Day 3 (Thursday 4 May 2006)

09:00–09:30	Goal and objectives of the Technical Meeting and election of the meeting co-chairs and rapporteurs <i>Dr Colin Tukuitonga</i> Introduction to the working groups and division into the working groups <i>Dr Francesco Branca</i>
09:30–10:30	Working groups
10:30–11:00	Coffee break
11:00–12:30	Plenary
12:30–13:30	Lunch
13:30–15:30	Working groups
15:30–16:00	Coffee break
16:00–17:30	Plenary
17:30	Closure of the day
17:45–19:45	Sightseeing tour of Oslo upon invitation of the Norwegian Directorate of Health and Social Affairs

### Day 4 (Friday 5 May 2006)

09:00–09:30	Presentation on the draft of the final recommendations of the meeting by working groups ( <i>chair/rapporteur</i> ) 1) Statement on current knowledge base <i>Prof Gerard Hastings/Prof Shahida Cassim</i> 2) Policy options <i>Prof Kelly Brownell/Dr Margherita Caroli</i> 3) Guiding principles/Recommendations to stakeholders <i>Prof Boyd Swinburn/Dr Ulla Uusitalo</i>
09:30–11:00	Discussion of the draft recommendations, line by line
11:00–11:30	Coffee break
11:30–13:00	Continuation of the discussion of the draft recommendations, line by line. Agreement on text and next steps.
13:00	Closure of the Technical Meeting

92 4 159491 8



9 789241 594912