

The PolMark Project

Policies on Marketing food and beverages to children



Final project report
Executive Report
July 2010

<http://www.polmarkproject.net/>

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The results discussed in this report represent the individual viewpoints of those interviewed, and thus are not necessarily representative of the official positions of the institutions or organisations for which the interviewees work.

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Websites:

<http://www.polmarkproject.net/>
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1. Overview

The PolMark (Policies on Marketing of food and beverages to children) Project was designed to respond to the European Commission's call in the 2007 Public Health work plan for '*evidence or tools to support policy-making in the area of marketing of foods to children*'.

The PolMark Project undertook two primary pieces of work: an extensive review of the regulatory controls existing or anticipated in EU member states, and a series of interviews with key representatives of significant stakeholder organisations, conducted in 11 EU member states (169 interviews in all). The review of the regulations was extended to consider the prevailing controls in non-EU countries worldwide.

This concluding report marks the completion of the Project. More detailed descriptions of the Project's work and its findings can be found in separate reports on the PolMark Project website www.polmarkproject.net. These include a detailed report giving a country-by-country description of the regulations regarding marketing food and beverages to children, a detailed analysis of the collated stakeholders' views, a separate analysis of stakeholder estimates of the strength of the effect of marketing on child food choices and obesity, and a series of reports of stakeholder views in each of the eleven participating countries. The country report for Belgium includes interviews with stakeholders representing pan-European organisations.

2. Introduction

In 1997, the World Health Organisation (WHO) formally recognised that obesity had reached epidemic proportions globally. The International Association for the Study of Obesity reports that there are currently around 525 million obese adults with almost twice that number overweight. Projections for 2015 suggest that 2.3 billion people, almost one third of the global population, will be overweight, with more than 700 million of these obese.

Overweight and obesity pose a serious public health challenge in the European region with some member states reporting up to 80% of adults overweight in some age groups, including up to 33% obese. The prevalence of obesity has tripled in many countries in the region since the 1980s and shows an upward trend, even in countries with traditionally low rates, such as France, the Netherlands and Norway. The most dramatic increase is in the UK where the prevalence has almost tripled in twenty years.

More than one child in ten in the world is overweight, totalling over 155 million. Of these, approximately 30-45 million are obese accounting for 2-3% of the world's children aged 5-17. Data also suggests that about 22 million children under five years are overweight worldwide. From the 1970s to the end of the 1990s, the prevalence of overweight or obesity in school-age children doubled or tripled in several major countries. Analysis of data from surveys conducted across Europe reveals a rapid increase in the upwards trend of childhood obesity during the mid-1990s and it is estimated that by 2010, some 25 million children in EU countries will be overweight, of whom over six million will be obese. There is some evidence that obesity levels among children may be levelling off in some member states although this trend remains to be confirmed.

According to the most recent data available from IASO, Spain and the UK have the highest prevalence of overweight and obesity among both girls and boys, whereas Denmark, Czech Republic and Poland have the lowest. Rates for Slovenian girls are also low and Slovenian figures show unusually large discrepancies between male and female prevalence. Self-reported data is notorious for inaccuracy, thus caution must be used in interpreting Danish rates.

Childhood overweight in selected EU countries

Country	Year	Age range	Boys	Girls	Cut off
Measured height and weight					
Belgium	1998-1999	5-15	27.7	26.8	85 th centile
Cyprus	1999-2000	6-17	25.4	22.6	IOTF
Czech Republic	2001	5-17	14.7	13.4	IOTF
France	2006	11-17	21	16.5	IOTF
Ireland	2001	7-11	23.6	20.6	IOTF
Poland	2001	7-9	13.6	14.7	IOTF
Slovenia	2005-2006	11, 13, 15	20.0	10.7	IOTF
Spain	2000-2002	13-14	35	32	IOTF
Sweden	2003	10	17.6	15.9	IOTF
UK-England	2004	5-17	29	29.3	IOTF
UK-Scotland	2004-2005	11-12	34.8	32.7	85 th centile
Self-reported height and weight					
Denmark	2005-2006	11, 13, 15	10.3	9.0	IOTF

Source: IASO 2009 and published surveys

Whilst there is general agreement that obesity is caused by complex interactions between genetics, behaviour and environment, there is consensus that unhealthy diets are a key factor in the increasing levels of obesity, particularly among children. Food preference, consumption and behaviour are believed to be multi-determined, with child-related factors including the following:

- psychosocial factors (e.g., food preferences, meanings of food, and food knowledge)
- biological factors (e.g., heredity, hunger and gender)
- behavioural factors (e.g., time and convenience, meal patterns, dieting)
- family (e.g., income, working status of mother, family eating patterns, parental weight, diet and knowledge)
- friends (e.g., conformity, norms and peer networks)
- schools (e.g., school meals, sponsorship, vending machines)
- commercial sites (e.g., fast food restaurants, stores)
- consumerism (e.g., youth market and pester power)
- media (e.g., food promotion, including television advertising)

There is growing concern about the link between food and beverage promotion to children and the global rise in childhood obesity. A World Health Organisation report in 2002 concluded that ‘heavy marketing of energy dense foods and fast food outlets’ was a probable risk factor for obesity,¹ a view supported by subsequent research at several international institutions. Recent systematic reviews confirm that food and beverage advertising to children influences their food preferences, purchasing (including ‘pester power’), consumption, and diet and health status.² In 2007, a report commissioned by the WHO found that evidence from complex studies (i.e., capable of establishing causality) established similar relationships. These effects are deemed to be significant, independent of other influences, and operational at both a brand and category level. In these reports, the definition of marketing extends beyond advertising to encompass product design, pricing strategies, distribution and point-of-sale activity. In May 2010 the World Health Assembly adopted without dissent a set of recommendations to strengthen controls in member states to protect children from the marketing of foods and drinks high in saturated fats, sugar and salt, and noted the need for cross-border controls to be developed.

Advertised foods represent a critical divergence from the suggested diet for children and adolescents. Many of the food products and drinks marketed to children have been found to be ‘unhealthy’ i.e., high in energy and low in nutrients. Studies conducted by Consumers International in 23 countries in Europe and Asia found that the most common food products advertised included confectionary, sweetened cereals, fast food, savoury snacks, and soft drinks.³ There is also concern

¹ World Health Organization (2002) *Diet, Nutrition and Chronic Disease*. Technical Report 916. WHO, Geneva.

² Livingstone, S. (2004). A commentary on the research evidence regarding the effects of food promotion on children. Report prepared for the research department of the Office of Communications. London: OFCOM. Available at: http://www.ofcom.org.uk/research/tv/reports/food_ads/appendix1.pdf

Hastings, G., Stead, M., McDermott, L., Forsyth, A., Mackintosh, A.M., Rayner, M., Godfrey, C., Caraher, M., and Angus, K. (2003). Review of the research on the effects of food promotion to children. Final Report. Food Standards Agency. Available at: www.foodstandards.gov.uk/multimedia/pdfs/foodpromotiontochildren1.pdf

Hastings, G., McDermott, L., Angus, K., Stead, M. and Thomson, S. (2007). The Extent, Nature and Effectiveness of food promotion to Children, a Review of the evidence. Technical paper prepared for the World Health Organisation. Institute for Social Marketing, University and The Open University, UK. Available at: http://www.who.int/dietphysicalactivity/publications/Hastings_paper_marketing.pdf

³ Consumers International. (1996). A spoonful of sugar – Television food advertising aimed at children: An international comparative survey. London: CI.

Consumers International. (1999). Easy Targets – A survey of food and toy advertising to children in four Central European Countries. London: CI.

British Heart Foundation and Children's Food Campaign. (2007). Protecting children from unhealthy food marketing Proposal for a statutory system to regulate non-broadcast food marketing to children. London

about food marketing messages which: endorse unhealthy eating behaviours, portray positive outcomes arising from consumption of nutrient-poor foods, link unhealthy food with fun, happiness and being 'cool', and do not portray negative consequences of eating unhealthy food.

The amount of food advertising targeting children is well documented. In the USA, for example, it is estimated that young people are exposed to anywhere from 23,000 to 40,000 television commercials in a single year, with similarly high levels of exposure recorded in many countries including the EU and Australia. Whilst much of the focus is on TV advertising of unhealthy foods, other media, such as the Internet, offer new opportunities to target children. Estimates suggest that 98% of children's websites permit advertising and that more than two-thirds of websites designed for children rely on advertising as their primary source of revenue.⁴

This report describes the findings of two specific work packages: the first was a state-of-the-art review of regulatory controls which investigated the information available on national policies and practices on controls on marketing to children. The second was a survey of the opinions and positions of representatives from key stakeholder organisations in 11 member states in Europe, including food and advertising industry bodies, child and family organisations, public health and consumer groups, media representatives and government officials. The findings are reported in brief here and in detail in the reports posted at www.polmarkproject.net.

⁴ Neuborne, E. (2001). "For Kids on the Web, It's an Ad, Ad, Ad, Ad World," Business Week, 3475, August 13: 108–109.

3. Regulations and controls

The PolMark research team contacted government departments, trade bodies, local organisations and individual informants able to provide information on national controls on marketing to children, using a standardised template for data collection. Responses were encouraged by sending draft versions of completed templates to informants for their approval.

Responses were obtained in the 27 members of the European Union and in a further 32 countries. Of these 59 countries, 26 have made explicit statements on food marketing to children in strategy documents, and 20 have, or are developing, explicit policies in the form of statutory measures, official guidelines or approved forms of self-regulation. These results were considered to be the best available as of June 2009.

The findings reflect a change in the policy environment in the last decade. Although there is still resistance to change, there has been significant movement towards greater restriction on promotional marketing to children, achieved through a variety of means. Government-approved forms of self-regulation have been the dominant response, but statutory measures are increasingly being adopted. The nature and degree of the restrictions differ considerably, with significant implications for policy impact. In many cases the policy objectives remain poorly articulated, resulting in difficulty in formulating indicators to monitor and assess impact.

The findings indicate that policy implementers need to develop clearer statements of the objectives to be achieved, define the indicators which can demonstrate that achievement, and require the relevant stakeholders to account for the progress being made.

Table 3.1: Countries with actions on food marketing to children

Specific statements about food marketing to children in broader policies, plans or strategies	Specific policies on food marketing to children	Planned action on food marketing to children
Belgium Bulgaria Denmark Finland Germany Greece* Ireland Italy Netherlands Portugal Spain Sweden UK Iceland Norway Croatia Israel* Moldova Serbia Turkey* Australia Canada New Zealand** Brazil Colombia South Korea	<i>Approved self-regulation %</i> Belgium Denmark France Netherlands Portugal Spain UK Iceland Norway	Austria Belgium Bulgaria Cyprus France Germany Greece Ireland Lithuania Malta Netherlands Portugal Slovenia Spain Sweden UK Norway Switzerland Bosnia Croatia Israel Macedonia Moldova Serbia Turkey Australia Canada United States Brazil Colombia Chile South Korea
	<i>Encouraging self-regulation @</i> Germany Australia Canada United States	
	<i>Official guidelines \$</i> Finland	
	<i>Statutory regulation</i> France Ireland UK Brazil* Chile* Colombia Malaysia South Korea	

* In draft.

** Policy shelved by new government.

\$ Official guidelines refer to guidelines that are not legally binding but have been issued by a government or government-approved body.

% Approved self-regulation refers to self-regulation that has been developed in collaboration with, or at the request of, government.

@ Encouraging self-regulation means the government has made a policy statement saying it favours self-regulation, but has not explicitly approved a particular code.

3.1 Findings

Europe

Information was obtained for 49 countries of the 53 in the WHO European Region. The survey found that almost all countries have general regulations on advertising to children (48 out of the 49 countries), with 22 of the 27 EU countries having self-regulatory advertising organisations that apply a general code on children, as do four of the non-EU countries (Iceland, Norway, Switzerland and Turkey).

Twenty countries have included explicit statements on food marketing to children in their national nutrition/obesity/health policies, plans or strategies (two of which are still in draft) (Table 3.1). Twelve countries have developed explicit policies on food marketing to children, 11 of which also refer to food marketing to children in national health plans; three are statutory regulations, one is official guidelines, seven are approved forms of self-regulation and one is more generally “encouraging” of self-regulation. Two of the countries with statutory regulation have also developed self-regulatory codes as accompanying measures.

In addition, 24 European countries, 14 of which have no existing policy in place, say that they plan to take some form of further action to address food marketing to children, such as adopting an action plan or new policy, or changing an existing regulation.

In terms of voluntary initiatives, 15 countries have codes implemented by self-regulatory organisations for advertising, advertising associations, or food industry trade associations that provide guidance on food marketing to children, all of which are EU member states. These self-regulatory codes usually follow the “Principles of Food and Beverage Product Advertising” developed by the Confederation of the Food and Drink Industries of the EU (CIAA) in 2004 (revised 2006). The codes provide general principles on the nature of marketing communications, such as that they should not encourage excessive consumption, undermine the promotion of healthy diets, or obscure the distinction between programme and editorial content and advertising. Specific restrictions concerning the media and techniques used and the nutritional content of the products do not feature in most of these codes, although such measures are being increasingly adopted when governments are involved in their development (as we discuss below).

In addition, the EU Pledge made by 11 leading multinational food companies applies in all 27 EU member states, has been extended to one other country in the WHO European region (Russia) and is reportedly being extended to two more (Turkey and Switzerland). This pledge is restrictive in nature, as it commits the companies not to advertise products of specified nutritional criteria to children under the age of 12. The pledge is described in more detail in Box 3.1.

Overall, policy development has occurred mainly in the EU and neighbouring countries of western and northern Europe. There are no implemented policies in eastern European and Euro-Asian countries outside the EU, although future action is planned in seven of these countries, and five have referred to food marketing to children in national nutrition, obesity or health policies.

Box 3.1: Pan-European activity on addressing food marketing to children

The **European Charter on counteracting obesity** was adopted by the Ministers and delegates attending the WHO European Ministerial Conference on Counteracting Obesity in 2006 (6). The Charter includes the statement that “specific regulatory measures should include: the adoption of regulations to substantially reduce the extent and impact of commercial promotion of energy-dense foods and beverages, particularly to children”.

The WHO Regional Office has also encouraged member states to collaborate on the development of policies to tackle obesity. One country, Norway, has established the European Network on Reducing Marketing Pressure on Children. This has a membership of nearly twenty member states and has published its own recommended **Code on Marketing of Food and Non-Alcoholic Beverages to Children** which provides a set of principles and policies as a guide to member states, and also recognises the problems of cross-border marketing over which member states may have little or no effective jurisdiction.

The EC **Audiovisual Media Services Directive** (the successor to the Television Without Frontiers Directive which regulates advertising on audiovisual services in the EU) was adopted in 2007. It includes a paragraph on food advertising (article 1 (7), inserted Chapter IIa article 3(e)2).

“Member States and the Commission shall encourage media service providers to develop codes of conduct regarding inappropriate audiovisual commercial communication, accompanying or included in children's programmes, of foods and beverages containing nutrients and substances with a nutritional or physiological effect, in particular those such as fat, trans-fatty acids, salt/sodium and sugars, excessive intakes of which in the overall diet are not recommended”

Action has also been taken by the **EC Directorate for Health and Consumers (DG Sanco)** to encourage voluntary action. The EU Platform on Diet, Physical Activity and Health encourages the private sector to make commitments on food advertising to children. The White Paper “A Strategy for Europe on Nutrition, Overweight and Obesity related health issues” issued by DG Sanco in 2007 states that “The Commission's preference, at this stage, is to keep the existing voluntary approach at the EU level due to the fact that it can potentially act quickly and effectively to tackle rising overweight and obesity rates” and continues with a proposal to review this position in 2010.

The industry has acted in response to these calls for self-regulation. In December 2007, the “**EU-pledge**” was launched, in which eleven leading food companies committed to not advertising products to children under 12 years, except for products which fulfil specific nutrition criteria based on accepted scientific evidence and/or applicable national and international dietary guidelines (as interpreted by the company making the pledge), where “advertising to children under 12 years” means advertising to media audiences with a minimum of 50% of children under 12 years, and advertising means advertising on TV, print and Internet (some companies vary the figure of 50%). These general parameters apply to all members of the EU Pledge, but each of the eleven companies have specific pledges. Further details are given at <http://www.eu-pledge.eu/>.

The private sector industry also took further action following the developments of “**Principles of Food and Beverage Product Advertising**” in 2004 (revised 2006) by the Confederation of the Food and Drink Industries of the EU (CIAA) and a “**Framework on Food and Beverage Communications**” by the International Chamber of Commerce (ICC). National members have been developing related self-regulatory codes to apply nationally, and the industry group responsible for promoting self-regulation of advertising in Europe, the European Advertising Standards Alliance (EASA), encourages the application of the ICC Framework among its members.

Other developed countries

Information was sought from Australia, New Zealand, Canada, the United States and Japan. It was reported from Japan that no action has been taken, but there have been some developments in the other countries.

Australia, Canada, New Zealand and the United States have existing statutory regulations or co-regulatory arrangements on advertising to children in general. These regulations provide general guidance or set limited restrictions on scheduling, but are not fundamentally restrictive in nature. Three of the countries – the United States is the exception – refer to food marketing to children in national health strategies, although in New Zealand the strategy is no longer in place following a change of government.

None of the countries have implemented regulations specifically concerning food marketing to children. Canada and the United States have followed a policy of “encouraging” self-regulation. In Australia, a taskforce established by the government recommended in 2009 that food marketing to children be dealt with through self-regulation in the first instance; the government has yet to say if it accepts the recommendation, but has been generally encouraging of self-regulation in the past. Also in 2009, the Australian communications regulator decided against imposing any new restrictions on food advertising to children in its revised Children’s Television Standards.

Voluntary pledges by specific companies to restrict food advertising to children are in place in Australia, Canada and the United States. These pledges are similar to the EU Pledge in that they apply to young children (under the age of 12 years and in one case under 14 years), apply mainly to advertising on TV, print and Internet, and use self-defined nutritional criteria to define what foods can and cannot be advertised. In addition, in New Zealand, leading broadcasters developed a code that restricted the advertising of foods defined as “to be consumed occasionally”.

All the countries have general self-regulatory codes on food advertising to children. As in Europe, these codes usually refer to the nature of food marketing communications, rather than specifying the nutritional quality of the products being advertised, the media used or the frequency of the advertising activity.

Developing countries

Detailed information was obtained for the seven developing countries where policy action was identified (see Table 3.1). Three countries, Brazil, Malaysia and South Korea, have statutory regulations or co-regulatory arrangements on advertising to children in general; these regulations provide general guidance or set limited restrictions on scheduling, but are not fundamentally restrictive in nature. In Brazil, Colombia and South Korea, national plans on nutrition or obesity refer specifically to the importance of food marketing to children. Policies on food marketing are being developed in the context of a broader strategy to address obesity and promote healthy eating in Chile, Malaysia and South Africa.

One country, Malaysia, has a statutory regulation that restricts the advertising of fast food to very young children (aged 4-9), but it is reported that the regulation is not being enforced. A second country, South Korea, has (in March 2009) passed legislation that restricts food advertising to children, but implementation has been delayed until 2010. Colombia also has legislation on food

advertising to children (as of October 2009), but this sets a framework for restricting advertising in the future, as opposed to setting out details. One other country, Thailand, has a regulation in place that was developed in the context of food advertising, but actually covers all advertising to children, not just food. The Thai regulation imposes some limited restrictions on the amount of TV advertising and use of characters popular with children.

In addition, three governments are in the process of developing regulations. In Brazil, an independent government agency proposed a regulation in 2005 which would restrict most forms of food marketing to children and also includes provisions for adults. The draft regulation has been subject to consultation and amendments, but was withdrawn in December 2009, and a revision is being considered (June 2010).

In Chile, a law has been drafted that would restrict advertising to children; the law is expected to be passed in 2010 or 2011. In South Africa, a draft revision to existing food regulations would restrict food advertising to children under the age of 16. In late 2009 the South African Ministry of Health was awaiting the results of the development of the WHO recommendations on marketing food to children before proceeding.

With regard to industry action, the survey found that voluntary food industry pledges and/or self-regulatory codes issued by the advertising industry exist in all of the seven countries. Extensions of the EU Pledge have been launched in Brazil, South Africa and Thailand, although most of the company-specific commitments to the pledges have not been published. It is also reported that an extension of the EU Pledge is being planned for Mexico, Peru, Chile, UAE, India and the Philippines.

Brazil, Chile, South Africa and Thailand have codes on food advertising to children developed by the self-regulatory organisations for advertising. All of these codes have been developed or revised recently in the context of national and global concern about obesity, and influenced by the ICC Framework on Food and Beverage Communications (Box 1). In addition, Colombia and Malaysia have single articles in self-regulatory codes on food advertising predating these recent developments.

3.2 Key changes up to 2009

Comparing the regulatory environment in 2009 with the situation earlier in the decade, six key trends can be identified.

Increased demand for action from health policy makers worldwide

Demand by health policy makers and regulators for action to address food marketing to children has increased throughout the developed world. Over 65% of countries in the region covered by the WHO European Office now have statements which specifically refer to food marketing to children in national health policies, plans or strategies, or say that they plan to take some action to control food marketing to children. Although these references to action are mainly in the Northern and Western regions of Europe, they are emerging in Eastern Europe, especially South-Eastern Europe. Calls for action to address marketing of food to children have also been made in all other industrialised countries surveyed with the exception of Japan.

In developing countries, the issue of childhood obesity is usually not high on government health agendas, and economic pressures create barriers to regulating industry behaviour. Despite this, health policy makers or regulators in seven of the more industrialised developing countries have clearly articulated that they believe that action is needed to reduce the effects of food marketing to children.

Self-regulation dominates the policy response in many developed countries

From the information gathered in this review, it is apparent that “approved” or “encouraged” self-regulation is the dominant policy response. That is, governments are making a clear statement that they favour self-regulation (for the time being, at least) as the preferable mechanism for addressing the problem (as distinct from self-regulation occurring independently in the absence of any policy statement). In Europe, eight of the 12 governments with policies have collaborated with the private sector in developing a code, or have requested that the private sector acts, and have then monitored the response (termed here “approved self-regulation”) (Table 3.2). In one European country, the policy is one of “encouraging” self-regulation. Australia, Canada and the United States have also pursued the policy of encouraging self-regulatory approaches.

However, the self-regulatory approach does not simply mean business-as-usual. In most cases governments are demanding more from self-regulation than previously. Between 2004 and 2006, a key trend in the regulatory environment was the national application of the self-regulatory guidelines developed by the CIAA and the ICC (see Box 3.1). Increasingly, governments have become more involved in the process and demanded more from the codes. In Spain, for example, the self-regulatory code bans food product placement in TV programming – a commonly used technique in the country – and has established a “pre-copy” advice system to ensure compliance. In France, a joint government-industry charter was developed in 2009 to encourage more “healthy” advertising to children. In the Netherlands, the self-regulatory code bans food advertising in primary schools and kindergartens, and the government has called on the parties responsible to extend the self-regulatory code to restrictions to children under age 12. The codes developed by official consumer agencies in Norway and Iceland in collaboration with the private sector both call for complete restrictions on food marketing to children. The most complete approach is found in Denmark where a code restricting several different types of advertising to children is implemented by the food industry trade association. In the UK, the government has stated it is seeking to develop an agreed set of voluntary principles which would cover all forms of food marketing to children to complement its statutory restriction on television advertising.

In the United States the regulatory agency, the Federal Trade Commission (FTC), is asking more of self-regulation: in 2008 it requested the industry to voluntarily impose greater restrictions on other marketing techniques beyond the existing pledge on advertising. The FTC will also identify additional measures to strengthen industry self-regulatory initiatives, in a report due to be published in 2010. In Australia, the recommendation for self-regulation is not just for a general code, but for specific restrictions on the marketing of energy-dense, nutrient-poor foods and beverages on free-to-air and Pay TV before 9pm.

In Europe, the preference for self-regulation reflects pan-European advice, via DG Sanco and the Audiovisual Media Services Directive, that governments should first consider self-regulatory approaches (Box 3.1). As in other countries, this reflects the prevailing political assumption that companies can and should regulate themselves.

Self-regulation is not simply developing as a result of government policy. In fact, three forms of self-regulation have been emerging in parallel. First is the “approved” or “encouraged” approach. Second, self-regulatory organisations and/or food industry trade associations have developed codes entirely independent of government. Third, specific companies are making pledges. This has implications for what is actually meant by “self-regulation” of food marketing to children. In the EU it becomes even more complex: approved approaches and codes are national-level processes while the EU Pledge is an EU level process, accountable to the EU Platform on Diet, Physical Activity and Health. This means that while governments may want to assess the “success” of self-regulation in their own countries through their national approved or encouraged approaches, the EC may refer to the results of the EU Pledge, while self-regulatory organisations for advertising may refer to their own industry codes.

Statutory approaches are being considered as a feasible policy option

The favouring of self-regulation in Europe and developed nations in general does not mean that governments have declared themselves completely satisfied with self-regulation, nor that statutory approaches are not emerging. This is most notable in developing countries. While in Chile a Code of Advertising Standards on food advertising to children has been developed by the advertising industry with the vocal support of the Ministry of Health, other countries in the region have all developed, or are trying to develop, statutory approaches, and Chile itself has also drafted a law that would restrict advertising to children.

There is also statutory action in Europe. The Spanish government says it is “satisfied” with its self-regulatory code, but is also discussing statutory measures that would include food marketing to children. There are also proposals for statutory approaches in countries including Bosnia, Greece, Israel, Macedonia, Moldova and Serbia.

The UK has banned advertising of high fat, sugar, salt foods during programmes ‘of particular appeal’ to children under the age of 16. France has required nutritional messages on all food advertising targeted to adults and children since 2007; a proposal to actually ban advertising to children failed by one vote in 2009. Ireland has banned the use of celebrities in children’s food advertising and required warnings on fast food and confectionary advertisements since 2005, and in September 2009 passed a new broadcasting law that mandates the broadcasting agency to draft a code to regulate advertising to children. The law permits the agency to “prohibit the advertising in a broadcasting service of a particular class or classes of foods and beverages considered by the Authority to be the subject of public concern in respect of the general public health interests of children”.

In the US, the Omnibus Appropriations bill passed by Congress in July 2009 required the development of an Interagency Working Group on Food Marketing to Children, to include the FTC, the Food and Drug Administration, the Centers for Disease Control and Prevention, and the US Department of Agriculture. This Group is directed to conduct a study and develop nutrition standards for food marketing aimed at children who are 17 years old or younger, and determine the scope of the media to which such standards should apply. In Canada, the Federal government is currently examining all policy options to control food marketing to children.

Government support for self-regulation is also frequently accompanied by the statement that if it fails, governments will take a regulatory route instead. This was a guiding principle for the European Commission’s initiative in 2005, when the then Health and Consumer Commissioner Markos Kyprianou stated that the food industry had a year to stop “advertising directly to children”

or face legislation. A similar approach has been suggested by the government-commissioned Preventative Health Taskforce in Australia which recommended that self-regulation is given four years to phase out advertising of energy-dense foods on television before 9pm or face legislation.

Increasing numbers of specific restrictions on food marketing to children

Regulations may provide general guidance on food marketing to children, impose specific restrictions or mandate messaging (Table 3.2). A recent trend is towards the greater adoption of specific restrictions on food marketing to children, rather than just general guidance. All the regulations and draft regulations in developing countries are restrictive in nature. There is also increasing interest in messaging: the regulations in Thailand and draft regulations in Brazil and Chile include nutritional messages or warnings on adult-directed advertising.

In Europe, the implemented policies comprise a mix of specific restrictions of various natures, mandatory messages, and general guidance on food marketing to children, with most policies including more than one component (Table 3.2). Guidance is the most common approach (nine countries), followed by specific restrictions (eight countries) and messaging (two countries). Four of the specific restrictions specify the communications channels (e.g., no TV advertising to children) and seven out of the eight address the use of specific techniques (e.g., no celebrities in children’s advertising). Of those that impose restrictions, two are statutory regulations, two are explicit government guidelines, and seven are approved forms of self-regulation.

Table 3.2: Forms of national regulations on food marketing to children \$

Guidance*	Restrictions**	Required messaging***
Belgium	Denmark	France
Finland	Finland	Ireland
Germany	Ireland	
Ireland	Netherlands	Brazil (draft)
Netherlands	Spain	Chile (draft)
Portugal	UK	Thailand
Spain	Iceland	
UK	Norway	
Norway		
	Australia (not yet official government policy)	
	Canada	
	United States	
	Brazil (draft)	
	Chile (draft)	
	Malaysia	
	South Africa (draft)	
	South Korea (not yet implemented)	
	Thailand (applies to child-directed advertising)	

\$ Columbia not included since only a framework.

* “Guidance” refers to general provisions on the content of advertising, to encourage more ethical advertising and ensure that the content does not directly depict unhealthy eating habits, rather than imposing any restrictions on advertising.

** “Restrictions” refers to prohibitions on the use of communication channels and/or marketing techniques to market food to children.

*** “Required Messaging” refers to the application of nutrition or health messages or warnings to food advertising.

This trend is also in evidence in the self-regulatory arena, where “pledges” that specify restrictions on advertising to children have taken over from general self-regulatory codes as the leading form of industry action in this area. All the pledges specify that there should be no advertising specifically made for children (under age 12/14), and in Canada and the United States the pledges include restrictions on the use of licensed characters, product placement, and interactive games.

From this summary, it can be seen that there is no clear relationship between the specificity or degree of restriction on the one hand and the approach through statutory, self-regulatory or voluntary measures on the other hand. The statutory ban in the UK is the most restrictive of the implemented controls specifically targeting food marketing to children, although it only covers TV broadcasting, and then only programmes in which the proportion of viewers under age 16 years is 20% higher than the proportion of children aged under 16 in the general population. This means that many popular evening programmes are not covered despite being seen by larger absolute numbers of children. Other statutory approaches are also limited in their comprehensiveness, such as the ban on the use of celebrities in Ireland and the required messaging in France: these are less restrictive, at least on paper, than the industry voluntary pledges which promise not to advertise to children under the age of 12. However, these pledges cover only advertising made specifically for young children, are not implemented sector-wide and apply only to products nominated by each company.

Increasing variations in the specific restrictions

Opportunities for variation in the specific restrictions are: (i) the communication media (channels) covered; (ii) the marketing techniques covered; (iii) the definition of a child (age); (iv) the definition of what is a child-targeted form of promotion; and (v) the food and beverage products covered. If a messaging approach is taken, specifications are also needed for the text, format, duration etc. of the message.

With regard to communications channels, a key trend over the past three years has been expansion beyond television. The voluntary pledges, for example, extend to Internet, print, and, for some, radio and occasionally other media. Different regulations include different types of marketing techniques, such as premium offers, the use of characters and celebrities popular with children, product placement and sponsorship. Some government restrictions refer to schools, as do most of the pledges and some of the self-regulatory codes.

Nonetheless, television advertising remains the dominant focus of regulations. Many communications channels and marketing techniques are still not referred to, and the restrictions implemented in the UK and Thailand (and planned in South Korea and Malaysia) focus on television advertising. In the UK the use of TV sponsorship is also restricted (because it is viewed as a form of advertising) while South Korea prohibits the offering of free toys in fast food advertising on radio and Internet as well as television. The draft regulation in Brazil was unusual in proposing to restrict most forms of marketing: no advertising on TV, no marketing in the electronic media, no sales promotions, no sponsorship of educational activities, no marketing in schools or anywhere where children receive care, including any reference to these foods in educational materials.

There is no consistency in the age of the child covered by restrictions. Malaysia’s regulation concerns only children aged 4-9 years. Brazil, Spain and Thailand have selected age 12 years, the approved self-regulations in Denmark and the Netherlands are for age 13 years, the draft law in

Chile is for children under 14 years, in Ireland the restriction on the use of celebrities applies to advertising to children under the age of 15 years, and in South Africa and the UK the proposed and implemented controls apply to children under age 16 years. Less restrictive approaches may extend to older age groups. The guidelines in Finland apply to all minors according to the national definition of under 18 years. The messaging provisions in place in France and proposed in Brazil affect all advertising, whether it is targeted at children or not.

With regard to voluntary approaches, there is a general statement in the “pledges” that they only cover children under the age of 12 years (though the Australian Quick Service Restaurant Industry Initiative for Responsible Advertising and Marketing to Children is an exception in applying to children under the age of 14 years). This in turn is associated with a definition of what is actually meant by broadcast advertising “when the audience is made up of more than 50% of children under the age of 12” (although some companies have selected a lower figure). This is in contrast to the more restrictive but still not comprehensive definition in the UK (see above). There are many further variations. On paper, the regulation in Malaysia covers programs with a TVR (television rating) of 4% for children aged 4-9, while in Spain, the definition calls for a case-by-case assessment based on the type of food product being promoted, the design of the advertisement, and the circumstances in which the diffusion of the advertisement is carried out.

Perhaps the most significant difference is in the foods covered. Some policies cover all foods, others only groups of foods, and yet others apply only to foods with specific nutrient profiles. Brazil, South Africa, South Korea and the UK have developed nutrient criteria to define the foods covered and not-covered, as have food companies in their pledges. The criteria are very different. For example, the regulation in Brazil would restrict the advertising of any product with more than 15g sugar per 100g, whereas in South Korea it is 17g per serving size and only for snacks (both countries also have additional criteria). There are many differences within the criteria adopted by the food companies in the pledges and some companies (e.g., Mars Incorporated and Coca-Cola) extend the restriction to all their food or beverage products. Where criteria do exist in the voluntary pledges, they are all less stringent than the UK rules. A study of breakfast cereals conducted in the United States found that, out of the 43 “better-for-you” cereals surveyed that are permitted to be marketed under the US voluntary pledge, 36 (84%) would not be permitted to be advertised on children’s TV in the UK.

Like South Korea, South Africa’s draft proposal takes the approach of mixing a food list with nutrient criteria – they have a long list of foods “not basic to the diet” some of which are accompanied by additional nutrient criteria (South Africa is currently developing a nutrient profiling model which may replace this list). The regulation in Malaysia covers just “fast foods”, while Australia (in their policy document) and Chile refer to “energy-dense, nutrient poor foods” and “foods with excessive fats, sugars and salt”.

Policy objectives are still insufficiently specific

The objectives of the policies and regulations surveyed were frequently found to be unclear or were focussed on very general outcomes, for example ‘a reduction of obesity’ or similar chronic disease risk factors. Others had process-oriented aims, such as setting guidelines or engaging relevant stakeholders, while others had more measurable objectives, such as specific changes to children’s exposure to food marketing. Several of the key informants had difficulty in articulating the objectives of their own policy or regulation.

Two of the government policies state clearly that their objective is to “reduce exposure” to advertising. Five policies appeared to have this aim (as supported by key informants in some cases), but it was not explicitly stated. An additional country also agreed that their objective was to reduce exposure, but the “approved” self-regulatory code clearly did not have this aim. Five policies, according either to statements or key informants, had the objective of achieving “responsible” marketing, but it was not clear what this meant. Two policies said the purpose was to “protect children”, but it was not clear from what. One (concerning nutritional messages) stated that the aim was to increase nutritional awareness. Two countries had only broad health-related objectives to improve the health of the population. Two policies had no stated aim and key informants were not able to clarify the aim.

The lack of specificity indicates ambiguity among policy makers about what they want to achieve and how to achieve it. It makes it difficult to develop indicators for monitoring and evaluation. Indeed, while there are an increasing number of actions taken by governments and industry to monitor and evaluate the impact of their policies, a lack of agreed exposure or outcome indicators makes it difficult to compare and contrast the effects of different approaches. The need for monitoring and impact assessment is becoming ever more critical.

3.3 Concluding comments

From this review, it can be seen that the policy environment around food marketing to children has changed, and is still changing, as a result of government and industry activity. There has been considerable movement towards greater restriction on promotional marketing to children, achieved through a variety of means. Yet the nature and degree of the restrictions differ considerably, with significant implications for evaluating their effects.

Moreover, there is still significant resistance to change, within governments and the private sector. The survey presented here was of health policy makers and regulators within the administrative wing of governments. We did not survey other government offices, such as communications, trade and industry, or the political sections of government. In these other departments there appears to be more opposition to market regulation, especially with regard to statutory action. For example, in Australia, the communications regulator decided against imposing any restrictions on food television advertising to children, citing a lack of clarity of evidence to link food television advertising and obesity and undue high costs to industry. Even in the UK, where regulators came to a differing conclusion for TV advertising, it is notable that the government is exploring a non-statutory route to other forms of food marketing to children. In Germany, the political programme of the government that came to power in 2009 states that: “We reject politically governing consumption and patronizing consumers through prohibition of advertising ... for assumed unhealthy food”. As noted, a proposal in France to ban advertising to children failed by one vote in 2009. In the developing countries that have drafted statutory restrictions, most have not been implemented or enforced. In Malaysia it was reported to us informally that the regulation is not taken seriously; in South Korea the implementation of the rule was delayed from March 2009 to January 2010, with a provision that it must be evaluated after three years, and discontinued if proved ineffective. In Brazil, there is considerable political and industry opposition to the regulation that has been in draft form since 2005 and it is not clear whether it will ever be published in the prevailing political climate.

This analysis suggests that if government health departments are serious about addressing food marketing to children, they need to maintain pressure for action on industry and more resistant parts of government. A key question for governments may no longer be whether “statutory regulation” or

“self-regulation” is a better approach, but rather *who should be in control*. If government health departments want to be in control, they need to develop clearer statements of the objectives to be achieved, define the indicators which can demonstrate that achievement, and develop a means of holding the relevant stakeholders to account for the progress that needs to be made. There is no reason why this cannot involve setting targets for industry to follow, and using statutory powers to ensure that industry reaches those targets and does not backslide, using measures that are well-accepted in a variety of other sectors. Sections of the food industry itself may prefer this ‘level playing field’ approach to the implementation of marketing standards.

4. Stakeholder views

Obesity is a rapidly growing threat to public health in Europe, and in response to the concern about childhood obesity rates, the European Union is considering a range of public health measures to limit its rise. Controlling food and drink marketing to children is one such measure under debate.

To strengthen policy-making, additional policy-relevant intelligence is needed describing the likely responses from principal stakeholders. The present report describes the attitudes to current and anticipated controls on promotional food and beverage marketing to children among stakeholders in the EU. Face-to-face, semi-structured, digitally-recorded interviews were conducted in the period between July 2008 and February 2009 with stakeholders from 8 different categories (see Table 4.1). Between 13 and 30 stakeholders were interviewed from each category for a total of 169 interviews across 11 EU countries. Stakeholder recruitment was conducted with the aim of reflecting a broad range of relevant viewpoints from senior, national representatives in each sector to provide sufficient coverage of the main issues of debate.

Table 4.1: Stakeholders Interviewed

Stakeholder category	Numbers interviewed
1. Academic experts, government advisors	18
2. Consumer advocates	16
3. Public health and health professional advocates	30
4. Food producers, caterers and retailers	25
5. Advertisers and advertising advocates	18
6. Government officers and regulators	25
7. Children, family and school advocates	24
8. Media representatives	13

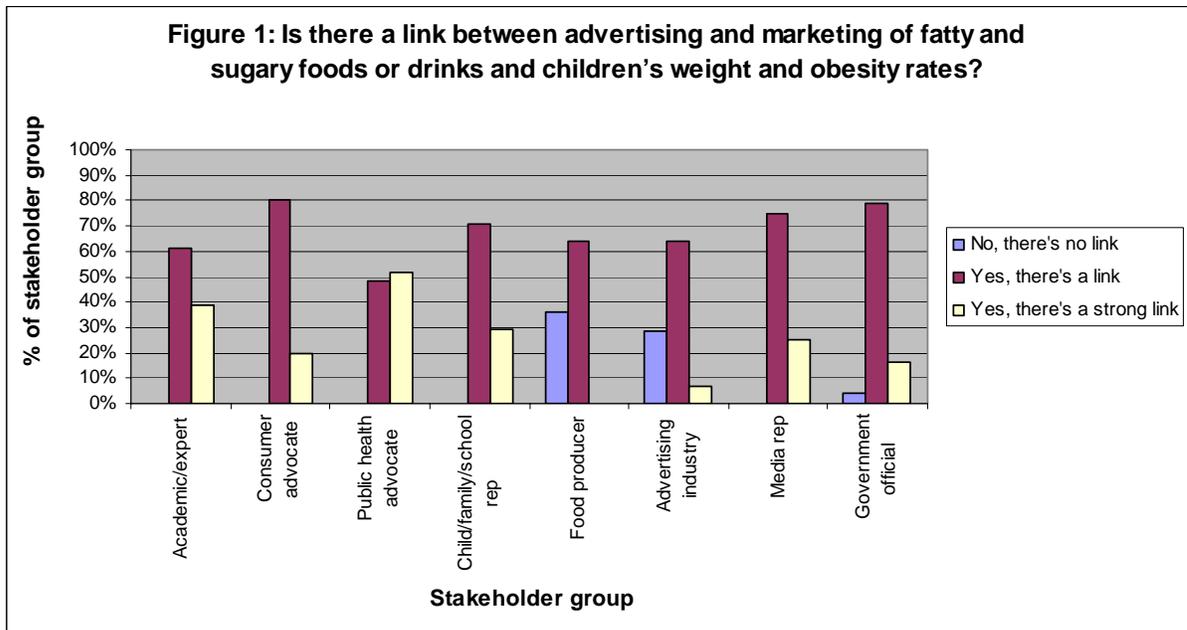
	Country										
	BE	CY	CZ	DE	FR	IR	PO	SL	SP	SW	UK
Numbers interviewed	13	15	15	13	16	28	7	14	14	14	20

4.1 Findings

Views on the link between advertising and obesity

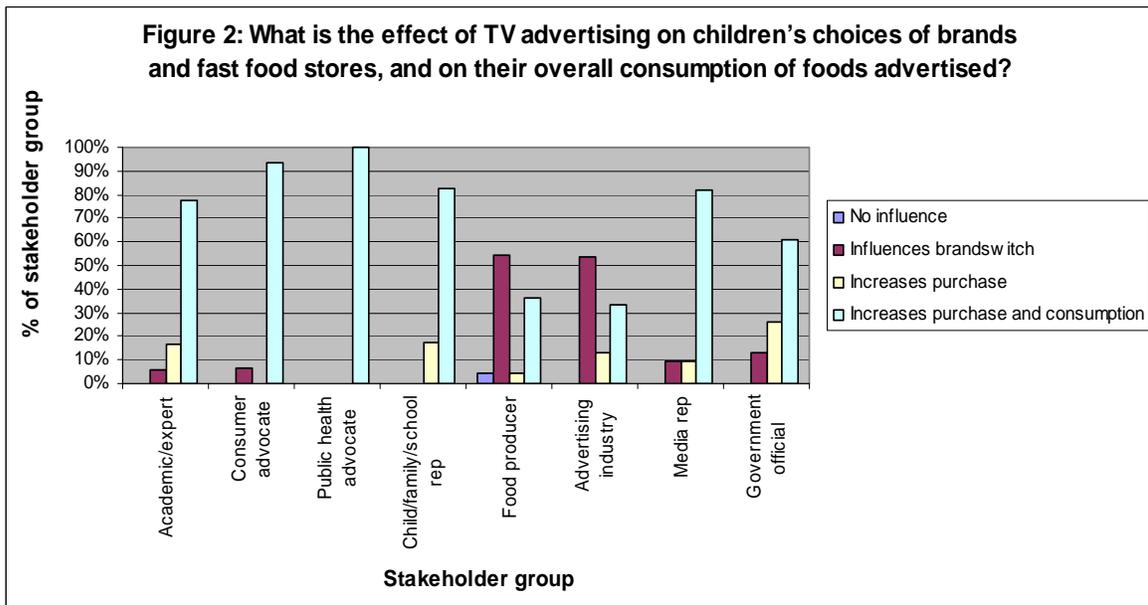
Interviewees were asked for their opinion on whether “*advertising and marketing of fatty and sugary foods or drinks might have an influence on children’s weight and obesity rates*”.

Fourteen of the 169 interviewees declined to state an opinion. Of the remaining interviewees, nine believed the relationship not to exist, while 146 interviewees believed there was a link between advertising and child obesity, with forty of these believing the link to be strong. Of those believing there was a strong link, 16 were public health and health professional advocates, and 24 were from all other stakeholder groups apart from food producers. French, Irish and UK stakeholders were represented prominently.



NB: Figure numbering is taken from the detailed reports given at www.polmarkproject.net

Many who acknowledged a linkage argued that the level of resources allocated to marketing was, in itself, proof that it worked, as industry would not spend such vast sums of money in marketing and promotion to no purpose. A representative from the food industry acknowledged it is hard to deny a link. However, virtually all those stating that they did not believe that there was any link were from the food or advertising industries (13 of the 14). Several stakeholders put forward the alternative view – namely that the main influence was on switching from one brand to another, with no overall increase in consumption.

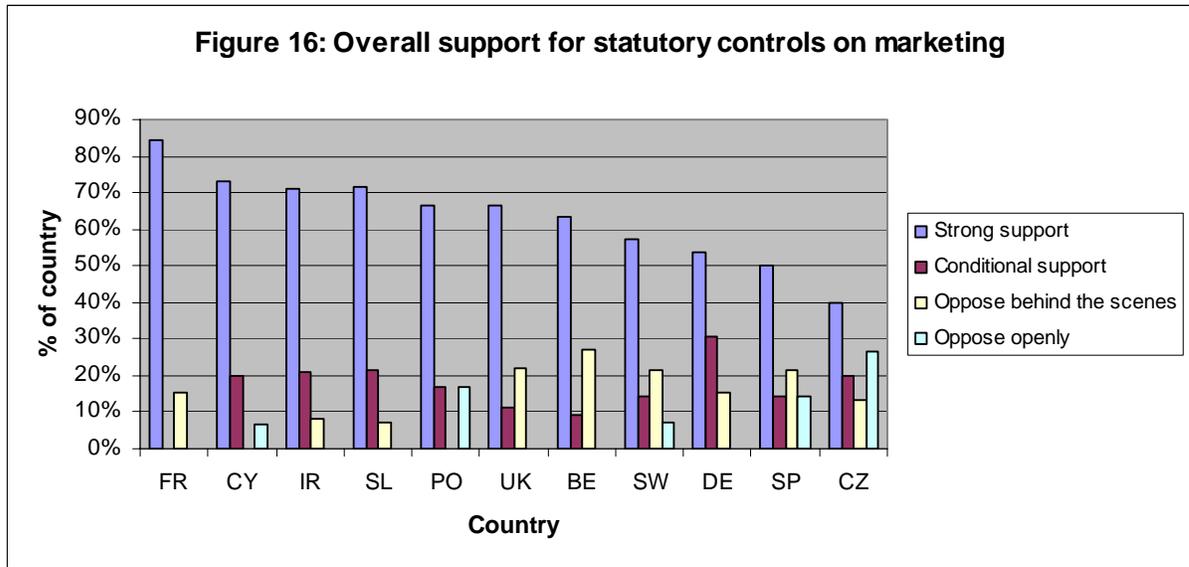


Policy-makers trying to bridge the gap have to make a choice on the issue. One official from the Irish government stated: *“Getting rid of or limiting marketing is not going to get rid of the*

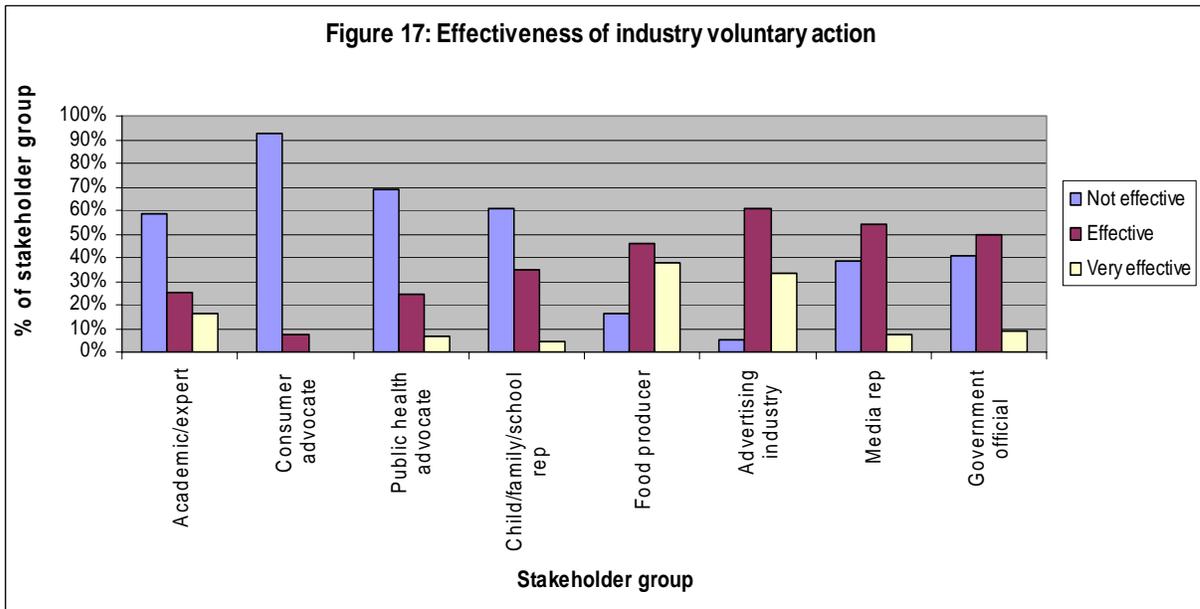
problems, but if [we] don't take action on what is obvious and then do research on what is less obvious then we haven't a hope."

Views on current controls

Two-thirds of interviewees (105) believed current controls were not strong enough, while one-third (53) thought the level of control to be about right, and seven believed there was too much control. Four interviewees did not wish to answer this question.



NB Figure numbering is taken from the detailed reports given at www.polmarkproject.net



Those who believed regulations could be more controlled were strongly represented by consumer advocates, public health advocates, child and family representatives, academics and media representatives. More than half of respondents from all countries, except Belgium and Spain, shared

the same opinion. Of the seven who believed that current controls were too strong, two were academic experts, two were from the advertising industry, and one each from food industry, media and policy-makers. Some argued that the evidence was too weak, that the links with obesity were not proven, or that regulation does not solve the problem. As one food producer representative said:

“...we would question whether the rules meet the objective of reducing obesity. We don’t believe the rules are correlated to the policy outcomes.”

Views on restricting TV advertising and to whom

When asked if restrictions on advertising for certain types of programmes would be acceptable, 84% of interviewees said yes, 9% said no and 7% did not answer or didn’t know. Of those who were open to restrictions, 25% believed rules should apply to programming broadcast before 9pm, 14% said children’s programs only, 13% supported restrictions for shows with many child viewers, and 44% supported controls for all of these programs. Denmark, Sweden and Cyprus featured prominently in the latter group, with around two-thirds of stakeholders from these countries indicating their support for advertising restrictions on a wide range of programs. The majority of academics and child and family representatives also shared this view. In contrast, 16 stakeholders did not support restrictions on TV programmes, of whom the majority were food or advertising industry representatives. The Czech Republic appeared to have the highest proportion of stakeholders who resisted restrictions on such marketing.

The majority (80% and 78% respectively) of interviewees were in favour of protecting children up to 8 and up to 12 years of age from advertisements for foods high in fat and sugar. A sizable number (53%) supported protection up to 16 years of age, while nearly one in five (18%) believed that controls should apply up to age 18 years. The industry EU Pledge was seen by some food producers as setting the threshold too low, and inhibiting tougher voluntary action:

“Some of the bigger players in this area, like Coca Cola and Danone, set a 12 year [age] limit to marketing to children, and then it’s difficult in a small country like ours to say 15 years or 16 or 18.” (Denmark, food producer)

Of the 5% of stakeholders who did not support age-based restrictions on television advertisements the majority were either food producers or government officials. Fifteen interviewees chose not to answer this question, of whom 12 represented either advertisers or food producers.

Views on future controls

Views were widely varied. Some felt there would be little room for tightening the regulations in any member state while the region faced the consequences of the economic crisis. Others saw co-regulation as a way forward, but acknowledged that the implementation would not be easy:

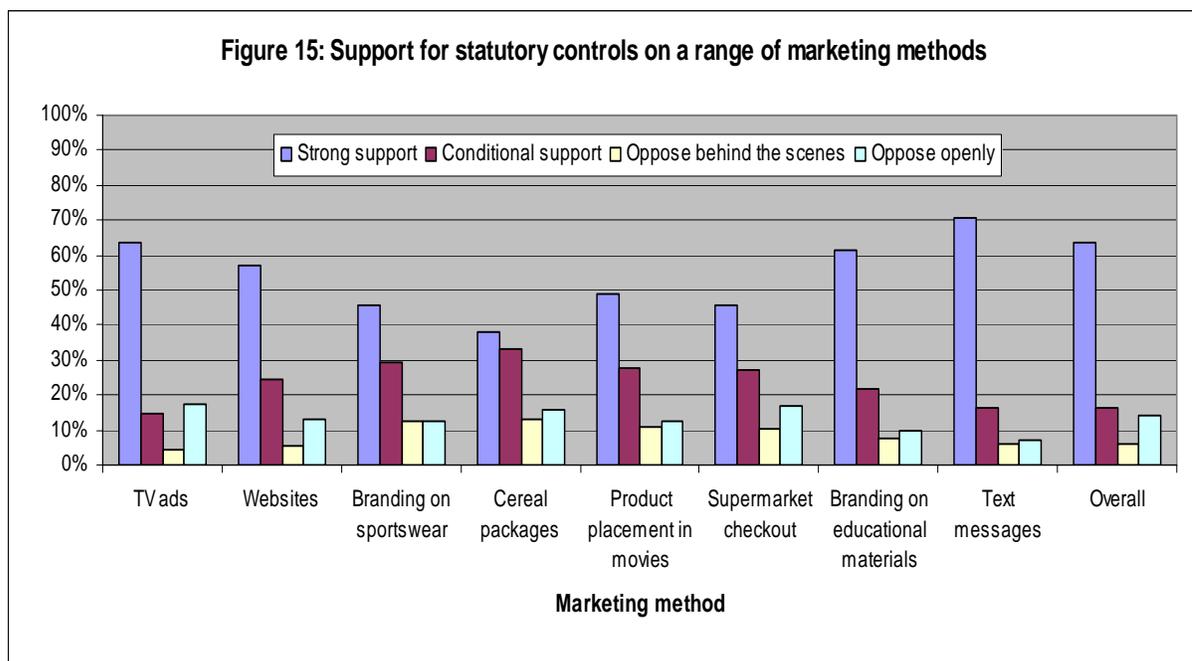
“I think the devil is in the detail. It is not about supporting or not supporting [bans on advertising], but the detail behind [these bans]. We might actually support a ban, but not accept the interpretation of the rule. When we, for example, can’t advertise [one of our] salads because they have sunflower oil in them, then the devil is in the detail.” (UK, food producer)

“I’m not so sure there will be new regulations – the EU has talked about it for so long.”

First, it was 2004 and now it's 2010. But on the other hand, it's difficult to imagine that nothing will happen; especially, when considering your project. But detailed statutory regulation from EU is not likely to come as member-states are dealing differently with these issues, hence making it difficult to harmonize in the detail.” (Denmark, food producer)

Some, however, believed controls would be strengthened. In Sweden, where the Swedish Food Sector’s Code of Practice was generally seen as effective, both industry and non-industry representatives look to the introduction of a Marketing Ombudsman as a way to make sure that industry takes responsibility.

Concern was expressed by consumer and health advocates over new marketing media that are not controlled such as ‘advergaming’ and other such sorts of ‘dark marketing’ on the internet and mobile phones and ‘viral marketing’ through paid-for word of mouth.



Comparing different marketing methods, TV advertisements received the strongest opposition to increased statutory control, with 67% of advertisers and 48% of food producers indicating they would be against legislation of this nature. Products at the supermarket checkout and product placement in movies followed; 56% of food producers and 44% of advertisers were opposed to statutory regulation for the former and vice versa for the latter medium. Statutory controls on branding on sportswear, cereal package advertising, movie product placement and products at the supermarket checkout were also subject to some opposition from all stakeholder groups. However, controls over text message advertising received the highest levels of support from all stakeholder groups.

4.2 Stakeholder organisations’ size and influence

The PolMark project provided an opportunity to set the stakeholders’ views into the context of the stakeholders’ organisational status in the debate: not only in terms of the organisation’s primary

functions (producing food products, advertising food products, promoting public health, promoting consumer advocacy etc) but also in terms of the organisations' size and ability to influence the political debate. This latter dimension, which may be assessed using such indicators as annual turnover, number of staff, size of the press department and its budget, can be termed 'organisational power'.

The authors of this report are aware of only one piece of evidence which suggests that the power of a stakeholder (or their organisation) might be linked to their position with regard to protecting children's health from the potential influence of promotional marketing of food and beverages. In an analysis by Knai of stakeholder views on the introduction of marketing controls on soft drinks, conducted in Denmark and Latvia, the interviewees' organisations were ranked by the researchers according to the perceived ability of the organisation to have their views reflected in public policy and action.⁵ The results suggested an inverse relationship between support for controls and ability to influence the agenda: the stakeholders most supportive of increasing regulatory control over marketing tended to be rated as the least influential.

This raises the possibility that the dimension of 'power' or 'influence' with respect to the policy-making process may affect the positions taken by stakeholders. This relationship is recognised in stakeholder analyses for policy-making in other fields. For example, guidance to researchers undertaking stakeholder analyses on overseas development projects given by the UK Overseas Development Administration (ODA) provides instructions on the assessment of the interests of stakeholders and their influence or importance in helping (or hindering) a project's successful implementation.⁶ Equally, in Stakeholder Analysis Guidelines produced by the World Bank a Power Index is suggested in which stakeholders are given scores on two factors: the resources available to the stakeholder and the ability to mobilise those resources.⁷

In the present project, these concepts were investigated using the size of a stakeholders' organisation (in terms of annual turnover and numbers of head office employees) and the capacity of the stakeholder's organisation to influence the policy agenda through the media (annual budget of the media department, number of media staff, annual budget for advocacy and lobbying). A composite power score was constructed for a stakeholder organisation by dividing the responses to each question into three levels and giving a score to each level (lowest third of scores =1, middle third of scores =2 or highest third of scores =3). For each stakeholder organisation these scores were averaged and the resulting number – the power score – was used to partition all organisations into one of three categories: low power, medium power, or high power.

Power scores were analysed with respect to the stakeholder's quantified estimates of the impact on children's food purchasing (or pestering for food purchases), on their estimates of actual increased consumption, and of the need for stronger marketing controls. The graphs show a clear trend: those stakeholders from lower-power organisations are more likely to give higher estimates of the impact of marketing, of the increase in foods consumed and of the need for stronger controls on marketing, and they are less likely to give low estimates of these impacts of marketing and need for controls, compared with stakeholders from higher-power organisations (see figures, below).

⁵ Knai C. Soft drink advertising to children: an analysis of stakeholder views in Denmark and Latvia. Ph D thesis. London School of Hygiene and Tropical Medicine, 2008.

⁶ Overseas development Administration. Guidance Note on how to do stakeholder analysis of aid projects and programmes. Social development Department, 1995 (see www.euforic.org/gb/stake1.htm)

⁷ Schmeer K. (2000) Stakeholder Analysis Guidelines. Section 2 in Policy Toolkit for Strengthening Health Sector Reform (eds Scribner S and Brinkerhoff D) The World Bank. See <http://info.worldbank.org/etools/docs/library/48545/RD1.PDF.pdf>

Fig 25: Perceived impact of marketing (quartiles) on purchase or pestering by power score of stakeholder.

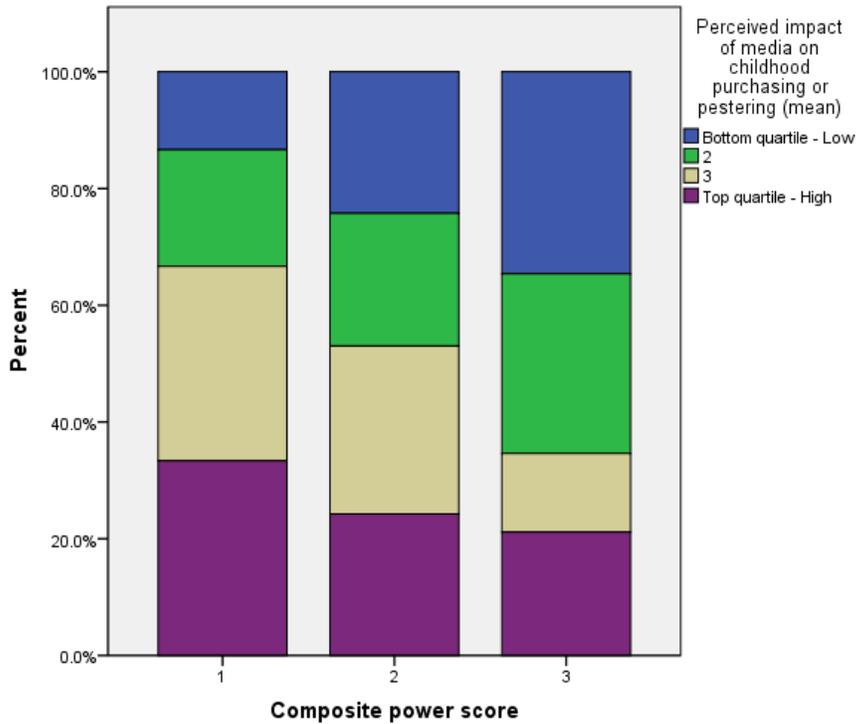


Fig 27: Perceived impact of marketing (quartiles) on consumption by power score of stakeholder.

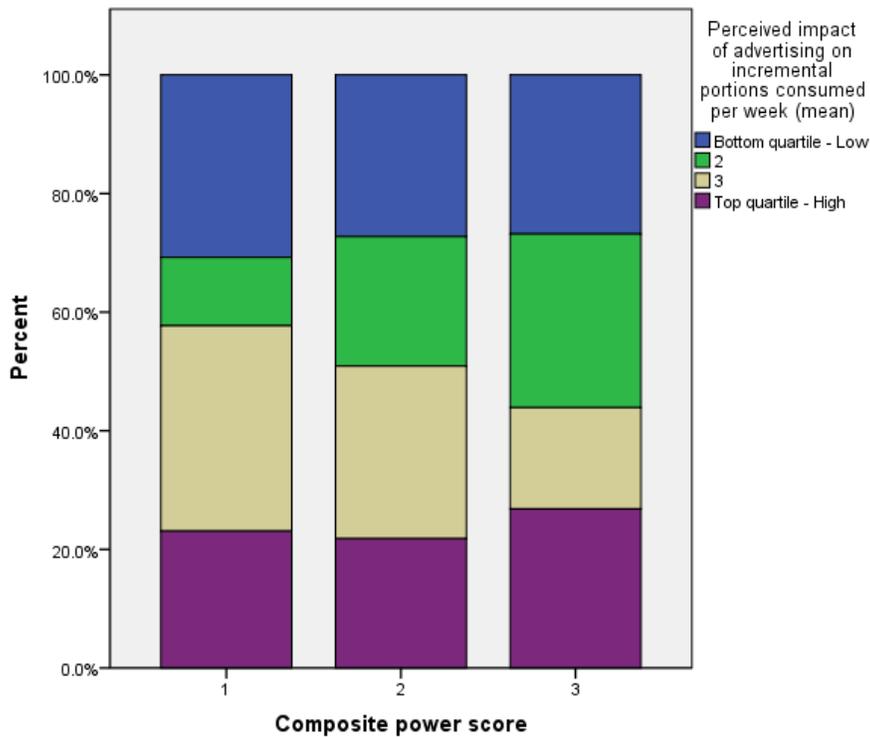
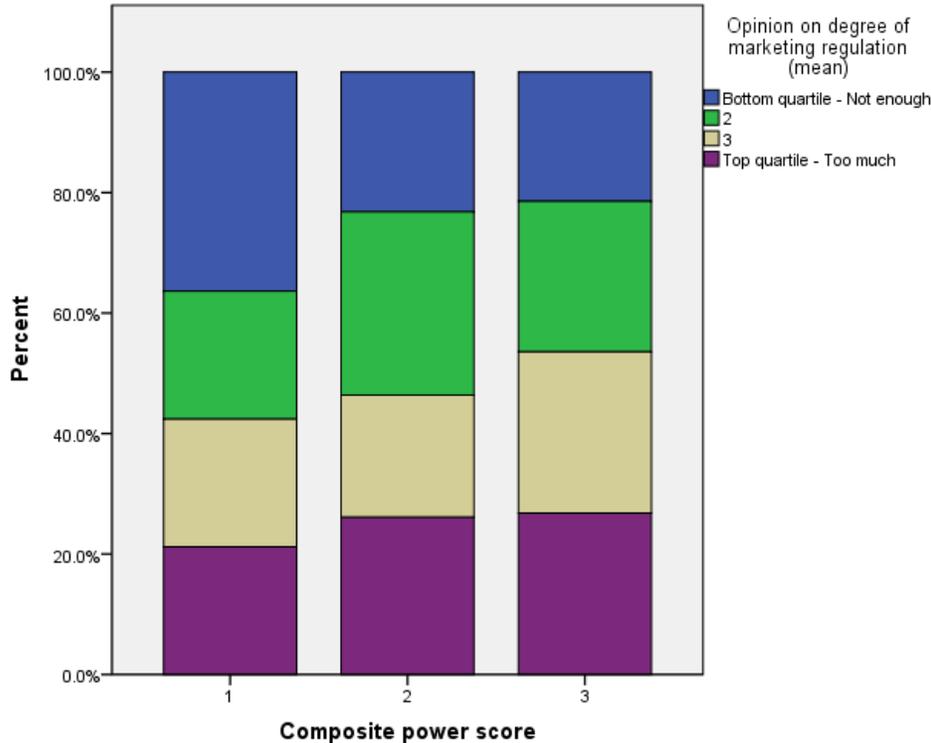


Figure 29: Assessment of the adequacy of current marketing restrictions by power score of stakeholder.



4.3 Concluding comments

There is a clear dividing line between the views held by stakeholders from commercial operators in the advertising and, to a lesser extent, the food industries – who generally resist the imposition of marketing controls – and stakeholders from public health, consumer and to a lesser extent child and family organisations – who believe children need greater protection from persuasive marketing. Media, academic experts and government policy-makers tend to occupy a central ground. Views vary across European member states.

Health and consumer groups are frustrated by what they perceive as a reluctance by the regulatory authorities to challenge commercial interests, including the advertising industry and the food and beverage industry. These commercial interests express the greatest resistance to controls on promotional marketing, although some food and beverage companies accept that they have a responsibility to help children eat healthily.

The present study provides evidence to support the argument that more powerful organisations and particular interest groups are likely to make lower estimates of the effects of potential risk, and to resist controls on risk. By virtue of this power, these organisations have the ability to influence policy-making, and policy makers should be aware of the potential bias expressed by stakeholders on this issue.

The opportunities for finding common ground – for example through the identification of a set of standards for co-regulation applicable across the food industry and across European borders – need to be increased.

Strengths and limitations

A large number of stakeholders throughout Europe have been interviewed on a topic which has generated a lot of debate in the region and worldwide. This report provides a valuable picture of the situation today and can be used as a basis for further policy initiatives in this area.

A number of caveats need to be considered. Firstly, the categorisation of stakeholder organisations is not an exact science. Government agencies which are devoted to defending the interests of children, such as a Children's Ombudsman, could be categorised as a government agency or as a child-representative agency. Food companies which market themselves as being primarily concerned with food quality, such as 'Slow Food' or organic food companies, may not see themselves as being in the same category as those marketing high quantities of mass-produced foods, such as a multinational fast food chain.

Further caveats need to be expressed around the definition of 'power'. The information on the various component indicators: size and turnover of the organisation and its press department, for example, were made by the stakeholder at the time of the interview. No additional research was undertaken to verify or qualify the information provided by the interviewee. It is possible that the information provided was significantly adrift from reality, or that the interviewee interpreted the question as referring only to their department rather than to the entire organisation, or that there was some other cause for distortion. These possibilities would introduce some inaccuracy, but presumably this would be random with respect to the relationships being explored. There does not appear to be a reason why such inaccuracies would significantly change the direction of the relationships found.

The dimensions of power and interest are not identical and may not overlap significantly: there is some evidence that the scores for power vary widely within each stakeholder interest group. This implies that even within an interest group, the more powerful organisations may resist increased controls on marketing to children than less powerful organisations: there is an inbuilt bias against change.