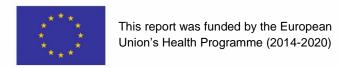


## M6.3 Regulation and legislation mapping report

Grant Agreement Number 951202

WP6

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#### **Contributors and Acknowledgements**

The preparation of this report was guided by the Portuguese Directorate-General of Health.

Additionally, we would like to highlight the contributions that have gone into the preparation of this report. We thank all of the 20 countries who have replied to the Questionnaire, participants of the Best-ReMaP Joint Action and members of the WHO European Action Network on Reducing Marketing Pressure on Children. We are extremely grateful to the WP6 partners for revising this report.

Our sincere gratitude to the WHO NCD Office, especially to Kremlin Wickramasinghek, Olga Zhiteneva and Kathrin Hetz for their invaluable support.



#### **Abbreviations**

AVMSD	Audiovisual Media Services Directive				
EC	European Commission				
EU	European Union				
HFSS	High Fat, Sugar, and/or Salt				
JA	oint Action				
JRC	Joint Research Centre				
MS	Member States				
NCD	Noncommunicable diseases				
NPM	Nutrient Profile Model				
WHO	World Health Organization				



#### Introduction

The present report was foreseen within *Task 6.2 - Mapping of existing regulations and legislation in EU MS*, of the European Union Best-ReMaP Joint Action.

The Best-ReMaP project is a three-year initiative (2020-2023) funded by the European Union's (EU) Health Programme (2014-2020) and participating organisations. Altogether, 35 beneficiaries representing 24 European countries¹ collaborate on implementing pilot projects and generating practical lessons in the field of nutrition with special focus on children and adolescents. Best-ReMaP Joint Action (JA) seeks to contribute to an improved quality of food supplied to citizens of Europe by adapting, replicating and implementing effective health interventions, based on practices that have been proven to work in the areas of 1) food monitoring and reformulation; 2) framing of food marketing to children and adolescents and 3) public procurement of healthy food in public settings. Building on its work through the different fields of work, the JA will support implementation, transfer and integration of the results, outcomes and recommendations of the Best-ReMaP JA into national and EU level policies.

Work Package 6, one of the work packages of this JA, aims to explore, develop and share, with participating countries, the best practices on reducing unhealthy food marketing to children and adolescents. One of the tasks is related with the mapping of existing regulations and legislation in EU MS, linked with WP4, taking into consideration the UN Convention on the Rights of the Child. In this regard, the present report aims to deliver a comprehensive mapping of the existing legislation in EU MS related to reducing unhealthy food marketing to children. The collection of up-to-date data and the information from in-depth interviews with the national focal points for food marketing to children aims to provide further recommendations and additional variables, if relevant, to the JRC report "Food and non-alcoholic beverage marketing to children and adolescents". This task was conducted to complement the work of the WHO European Action Network on Reducing Marketing Pressure on Children, a network that is led by Portugal.

Additionally, in this task was furthermore foreseen to map the existing evidence on the exposure, extent, and nature of children to marketing of food high in fat, sugar, and salt (HFSS) using the WHO Europe nutrient profile model. Hereof, was prepared an overview of the existing

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<sup>&</sup>lt;sup>1</sup> Slovenia, Austria, Belgium, Bosnia and Herzegovina, Republic of Srpska, Bulgaria, Croatia, Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Malta, Netherlands, Poland, Portugal, Romania, Serbia



data on the extent and nature of food marketing to children, in connection with the recent EU Study on the exposure of children to linear, non-linear, and online marketing of foods high in fat, salt or sugar and the JRC review on marketing practices (Food and non-alcoholic beverage marketing to children and adolescents).



#### Methodology

To present the mapping of the existing evidence on the exposure, extent, and nature of HFSS food marketing to children, a non-exhaustive literature review (both scientific and grey literature) was performed. As foreseen in the Grant Agreement, the EU Study on the exposure of children to linear, non-linear and online marketing of foods high in fat, salt or sugar, was analysed in depth, in order to integrate the most updated existing evidence on the exposure, extent and nature of food marketing to children. This study combined different methods, namely a survey conducted to children from the nine selected EU Member States, and a combination of standard digital monitoring, avatar studies and passive metering of web traffic for a selection of countries. The exposure to HFSS advertisements was measured through a proxy of frequency of these advertisements that were shown on certain sites and on certain devices.

Regarding the mapping of existing regulations and legislation in EU MS, for the collection of the up-to-date data presented in this report, it was developed a <u>Questionnaire on legislation</u> and regulation in place and on the Audio-Visual Media Services Directive's transposition, henceforth mentioned solely as the Questionnaire. This Questionnaire was a joint initiative between the Best-ReMaP Joint Action and the WHO European Action Network on Reducing Marketing Pressure on Children.

The Questionnaire was sent to all the participating partners of WP6, and the members of the WHO Marketing Network in February 2021 and answers were collected until May 2021. Additionally, in August some additional questions were sent to further clarify certain topics, namely the adopted nutritional profile models and the transposition of the revised Audio-Visual Media Services Directive into national legislation. Therefore, the information and data presented were updated accordingly to the additional information collected through these questions.

In order to deliver a more comprehensive mapping of the existing regulations and legislation, other databases and studies were considered, namely the dataset from the Joint Research Centre on restrictions on marketing of food, non-alcoholic and alcoholic beverages to protect



health in the EU and beyond<sup>2</sup> (1). As for the transposition of the Audio-Visual Media Services Directive, data from the European Audiovisual Observatory was consulted and included in the present report (2).

#### Questionnaire - Countries

The Questionnaire was sent to the 18 participating countries of the Best-ReMaP WP6 and to the 33 Member States of the WHO European Action Network on Reducing Marketing Pressure on Children (51 countries in total).

In total, 20 countries have completed the Questionnaire (response rate of 39% (20 out of 51 countries) and 83% (15 out of 18 countries) of the Best-ReMaP participating countries) (Table 1 and Figure 1). Therefore, the Questionnaire encompasses replies from countries from the European Region of the World Health Organization, not solely from EU Member-States.

Table 1. Countries who have participated in the Questionnaire

Countries	Partner of Best-ReMaP JA	Member of the WHO Marketing Network
Austria	X	X
Belgium	X	X
Bulgaria	X	X
Croatia	X	X
Cyprus	X	X
Estonia	X	X
Finland	X	X
France	X	X
Georgia		X
Greece	X	X
Ireland	X	X
Latvia	X	X
Lithuania	X	
North		X
Macedonia		
Norway		X
Portugal	X	X
Serbia	X	X
Slovenia	X	X
Sweden		X
Switzerland		X

9

<sup>&</sup>lt;sup>2</sup> For a summary of the results of the dataset from the Joint Research Centre on restrictions on marketing of food, non-alcoholic and alcoholic beverages to protect health in the EU and beyond, please refer to the Annex 1.



Only the responses from 19 countries were considered, once for the present report solely the measures regarding the marketing on unhealthy food, as the food high in fat, sugar, and salt, were considered. Therefore, countries with measures solely on alcoholic beverages were not considered to the present analyses. The results of this questionnaire may be accessed <u>here</u>.



Figure 1. Countries who have participated in the Questionnaire.



# Mapping of the existing evidence on the exposure extent and nature of HFSS food marketing to children

#### What is the problem?

According to the Childhood Obesity Surveillance Initiative, in 2017, the prevalence of overweight (including obesity) in European children aged 7–9 years was 29% in boys and 27% in girls. The prevalence of obesity was 13% in boys and 9% in girls (according to WHO definitions) (3).

An obesogenic environment is an environment that promotes high energy intake and sedentary behaviour. It is characterised by changes in the production, availability, marketing, and prices of food, as well as a decrease in physical activity with an intensification of screen-based and sedentary activities (4-6). The marketing of ultra-processed, high in energy and nutrient-poor food products contributes significantly to the obesogenic environments, and substantial evidence demonstrates the influence of these food and beverages on children's dietary habits (7-11).

The WHO Recommendations on the marketing of foods and non-alcoholic beverages to children define marketing as "any form of commercial communication or message that is designed to, or has the effect of, increasing the recognition, appeal and/or consumption of particular products and services. It comprises anything that acts to advertise or otherwise promote a product or service." (12). The evidence suggests that unhealthy food and beverage marketing directed at children increases their dietary intake (7, 13, 14) and has a negative impact on children's preference for energy-dense, low-nutrition food and beverage (9, 13-15), as well as on children's purchase behaviour (9) and diet-related-health (9, 15).

Results from the EU Kids Online 2020 survey of 19 countries show a substantial increase in both the proportion of smartphone-using children and the amount of internet use compared to the EU Kids Online survey in 2010 (16). The amount of time children spend online every day has almost doubled in many countries. The EU Kids Online 2020 survey reports that children are online 2 to 3 hours per day in EU Member States. A great shift in the way children access the internet has been represented by smartphones, with their use already widespread among children aged 9-16 years in 2013-2014. Smartphones are personal and portable, being



integrated into different social contexts and activities. The internet has become increasingly ubiquitous in children's daily lives. For most children, smartphones are now the preferred means of 'going online', reporting using their smartphones almost all the time, several times a day or at least daily (16).

Regarding children's exposure to marketing, according to a systematic review, the most common categories of food products promoted to children are pre-sugared breakfast cereals, soft-drinks, confectionary, savoury snacks and fast-food outlets (known as the 'Big Five') (9). Evidence shows that there are four times more advertisements on television for foods/beverages that should not be permitted than for permitted foods/beverages and the frequency of the first advertisements was higher during peak viewing times compared with other times (17). Concerning social media, evidence indicates that 72% of children and adolescents are exposed to food marketing and sugar-sweetened beverages are among the most promoted unhealthy products (18). Most of the food and beverage ads promotes noncore foods, which are more commonly delivered as video. The most common persuasive marketing techniques were: taste appeal, uniqueness/novelty, the use of animation, fun appeal, use of promotional characters, price, and health and nutrition benefits (18). Similar to television, unhealthy food ads predominate in content aimed toward children on YouTube (19). From 380 YouTube videos, from two popular UK influencers, only 27 videos (7.4%) did not feature any food or beverage cues (20). The most frequently featured were cakes and fast foods, as healthier products such as fruits and vegetables were less frequent (20).

The recent study from the European Commission on the exposure of children to linear, non-linear and online marketing of foods high in fat, salt or sugar<sup>3</sup>, found that when children, who participated in the survey on online behaviour aged 9-17 years, were asked about advertisements for all types of products on non-linear audio-visual services and other online services, approximately 90% recalled advertisements for food and drinks products on digital media during the last two weeks. Additionally, according to both online behaviour tracking and online data capture methods, more than 60% of food and drinks advertisements displayed to children (under 18 years) were for HFSS products.

This survey results show that the frequency of online activity of children increased with age. Overall, for all children's age groups, the most popular online activities were watching videos or listening to music on YouTube or similar platform(s). In fact, the types of online activity were

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<sup>&</sup>lt;sup>3</sup> For a summary of the results of the EU Study on the exposure of children to linear, non-linear and online marketing of foods high in fat, salt or sugar, please refer to the Annex 2.



strongly associated with an increase of children's self-reported exposure to HFSS advertisements. This association was specifically found for activities such as "visiting and/or posting on social media"; "reading and watching the news on the internet"; and "streaming music, videos, and films". Children aged 9-12 years who spent more time watching videos or listening to music on YouTube or using the internet for school or work also reported seeing HFSS advertisements more often.

#### Why is this a problem?

The Internet, the current digital marketing ecosystem, and other forms of digital marketing enable immersive, interactive and integrated marketing strategies and even though the investment on digital marketing has been expanding considerably, companies continue to employ more traditional strategies to promote unhealthy food to children, as advertising through television, radio, print and billboards, as well as sponsorship arrangements, point-of-sale advertising and packaging design (21).

Children are particular vulnerable to the effects of marketing (22-24), however their perceptions, attitudes, and decisions are not simply influenced by the exposure to a brand, but mainly by the highly sophisticated advertising techniques used to deliver that message as, for example, rewarded video advertising and humour (25, 26). Children are influenced through three different markets: children are consumers, independently spending money (primary market), they may influence family expenditure (when accompanying parents to the supermarket requesting for desired products – parental market) and children will become adults that are responsible for their own food choices and for those dependent on them, and are likely to keep the consumption habits they acquired during childhood (future market) (22, 27).

A literature review about children's consumer socialization suggests that three stages may occur: perceptual stage (3-7 years old), analytical stage (7-11 years old) and reflective stage (11-16 years old) (21, 28). Children, with 4-5 years old, may distinguish an advert from a programme by its length and format, but it's only during the analytical stage that children become aware of the selling intent of advertising. However, even after the reflective stage, adolescents may still not have the cognitive skills to recognise the persuasive intent of marketing, alongside adults (21, 29).

The content analysis of advertisements from the EC study on the exposure of children to linear, non-linear, and online marketing of foods high in fat, salt or sugar showed that, in total, 48%



of the 174 sampled HFSS advertisements from nine participating Member States were considered to be to some extent appealing to children. Ten percent of these advertisements analysed were found to include elements that were appealing to both children and adults. For example, advertisements illustrating families (during quality time) consuming the advertised product often included other elements specifically appealing to younger children. This content analysis found that the most frequent elements child-appealing were the following: audio-visual special effects; portrayals of having fun; child characters; and connections to mobile applications, websites, or social networking sites. Previous research has found that techniques such as child characters having fun and special effects are effective techniques to attract children's attention. Special effects have been found to be especially effective with young children.

In this study, in total, 44% of the sampled advertisements included one or two elements primarily appealing to children. A total of 12% of the sampled advertisements were considered to be specifically appealing to children under 12. Typically, these advertisements featured child protagonists or product-based spokes-characters engaging in daring activities. Similarly, 10% of the sampled advertisements were considered to be exclusively appealing to children aged 13-17 years. These advertisements portrayed settings and activities typical for teenagers, like hanging out with friends and other after-school activities. Furthermore, 10% of the advertisements were assessed as appealing to both children aged 8-12 and 13-17 years. These advertisements often included younger and older children engaging in activities and consuming the advertised product.

Food marketing can have an impact on several children's core rights, namely rights to health; food; survival and development; education; information; rest, leisure, recreation and cultural activities; privacy; and non-discrimination (21). Additionally, considering that some types of marketing may collect and analyse children's personal data, unhealthy food marketing to children may be considered as a form of economic exploitation (21).

#### What is the solution?

The World Health Assembly adopted unanimously the WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children, in May of 2010 (12), which encourage MS to take action to reduce the impact on children of unhealthy and inappropriate marketing. These recommendations have been reinforced, by the Global Action Plan for the Prevention and Control of NCDs 2013-2020 (30), by the WHO Commission on Ending



Childhood Obesity (6), and by the WHO-UNICEF-Lancet Commission (31). The EU Action Plan on Childhood Obesity 2014-2020 also states that, in order to tackle overweight and obesity in children, it is necessary to specifically address the issue of the marketing of foods high in fat, sugars and salt targeting children (32).

However, the predominant responses to this issue are not government-led, but self-regulatory codes of practice instead, which are usually developed or enforced by the food and advertising industries (33). The evidence shows that these codes are not effectively limiting children's exposure to unhealthy food and beverage advertising (34, 35). Even though these codes may reflect good corporate responsibility, they tend to be relatively vague and more permissive (35, 36). Between the multiple factors that can contribute to this ineffectiveness, the following are underlined: voluntary enrolment (which means that the companies may withdraw or violate the initiatives without a defined punishment), tolerant nutrient criteria for acceptability of the products to be promoted, and inadequate definitions for when and where food marketing to children can occur (35).

In conclusion, research has been demonstrating that the impact of self-regulation is more variable and alone has not succeeded in preventing children from being exposed to marketing of unhealthy products (37, 38). On the other hand, considering the specifics and comprehensiveness of the legislation, statutory regulation can effectively reduce the consumption of unhealthy foods and should be broadly adopted (37, 39).

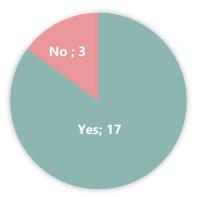
At last, in addition to restricting children's exposure to unhealthy food digital marketing, it is essential to monitor such exposure, both to support the development of new measures and to ascertain, encourage and sustain the implementation of regulations and restrictions. The WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children clearly state that all policy frameworks should comprise a monitoring system, with clearly defined indicators (12).



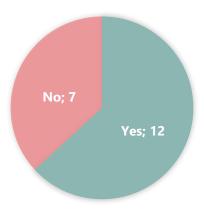
## Mapping of existing regulations and legislation in EU MS

## Overview - Results from the Questionnaire on legislation and regulation in place

In this section, the main results of the Questionnaire on legislation and regulation in place are presented (Figure 2-Figure 9).



**Figure 2.** Legislation on digital marketing of unhealthy products, including alcoholic drinks, HFSS foods, and tobacco, including new products such as electronic cigarettes (e-cigarettes) and other types of electronic nicotine-delivery systems.



**Figure 3.** Reducing exposure of children (including adolescents) to unhealthy food marketing as one of the priorities in the food and nutrition strategy or action plan.



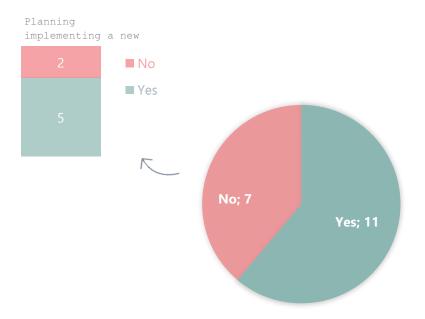


Figure 4. Countries\* who have, at least, one measure in place aiming to restrict/reduce unhealthy food marketing to which children are exposed to.

\*5 countries have detailed more than one measure



Figure 5. Type of measures in place to restrict/reduce unhealthy food marketing to children.

<sup>\*</sup>Statutory measures encompass the Audio-visual Media Services Directive's transposition, Acts which establish codes of conduct, and a Law on unhealthy food marketing restrictions



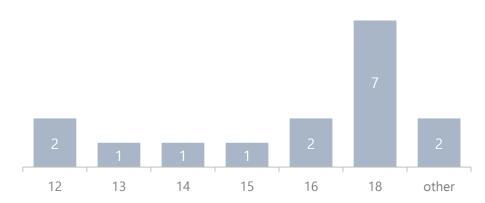


Figure 6. Children's age covered by the measures in place to restrict/reduce unhealthy food marketing to children.

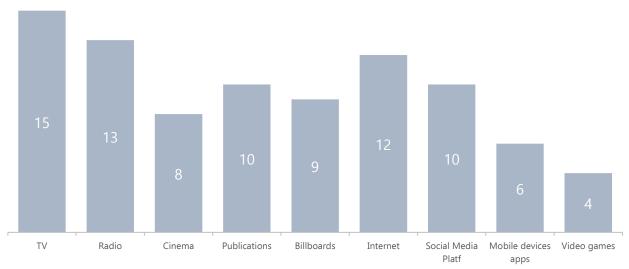


Figure 7. Channels covered by the measures in place to restrict/reduce unhealthy food marketing to children.

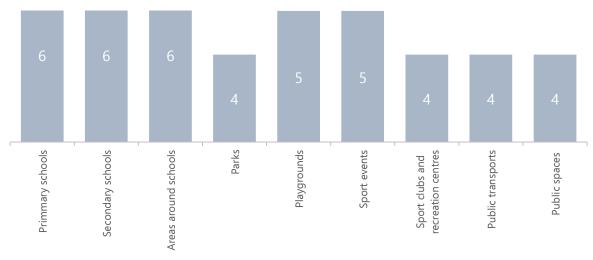


Figure 8. Venues covered by the measures in place to restrict/reduce unhealthy food marketing to children.



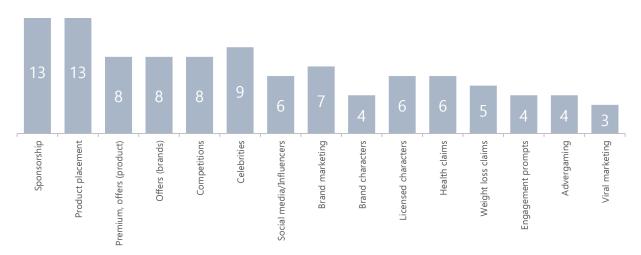


Figure 9. Marketing strategies covered by the measures in place to restrict/reduce unhealthy food marketing to children.



#### Statutory Measures and Legislation

This section includes data from the Questionnaire on legislation and regulation in place and data from the Joint Research Centre dataset on restrictions on marketing of food, non-alcoholic and alcoholic beverages (Figure 10). Only the statutory measures on unhealthy food marketing were considered. The description of the statutory measures was based solely on the data collected from the Questionnaire.



Figure 10. Countries that have statutory measures in place to reduce/restrict unhealthy food marketing\*

\*This includes food and non-alcoholic beverage products to children high in fat, sugar and/or salt.

**Estonia** has statutory measures that restrict unhealthy food marketing in broadcast services (television and radio) (Media Services Act), as well as in schools and in areas around schools, to children under 18 years of old (Advertising Act). The Advertising Act entered into force in November 2008 and its last amendment came into force in January 2021. The Media Services Act entered into force in January 2011 and its last amendment came into force in January 2019. For the development of these measures, different Ministries and authorities acting in the field of health, consumer protection, audio-visual and culture sectors were involved. However,



for the implementation process the health sector was not involved. The audio-visual entities, as the Association of Estonian Broadcasters, were only involved in the elaboration of the self-regulation document (2011). The measures of Media Services Act cover different marketing techniques, as sponsorship, product placement, celebrities, and brand equity characters. These measures restrict TV and radio advertising when children make up 50% of the audience and on children's TV and radio programmes. The Advertising Act prohibits advertising on the premises in the use of pre-school child-care institutions, basic schools, upper secondary schools, and vocational educational institutions.

In **Lithuania**, the mandatory regulation (Order of Ministry of Health of the Republic of Lithuania for the organization of catering services for children. Document No. V-964) was adopted in November 2011 and modified in 2018. The regulation prescribes the requirements for the organization of catering services at pre-school institutions, general education schools, children's social care institutions and summer camps. Additionally, this measure also introduces restrictions to the advertisement of the products that cannot be provided in these venues, namely potato chips, fat-cooked or roasted products, candy, chocolate, confectionery with a glaze or chocolate, savoury products, carbonated and energy drinks, coffee, bouillon concentrates, smoked fish, canned meat and fish products, offal, and genetically modified food.

Latvia has a law regarding energy drinks which protects children under the age of 18 years old. The measure covers points of sale, broadcast channels and internet, as well as other venues, such as schools, playgrounds, sports clubs and recreation centres and public transports. In the advertisements of these drinks, it is prohibited to involve persons under 18 years of age in the handling of energy drinks and information regarding adverse effects of the excessive use of energy drinks must be included.

**Greece** has a statutory measure, which is the transposition of the Directive (EU) 2018/1808 of the European Parliament into the national legislation (2010/13). The Nation Council of Radio and Television and the Ministry of Health were involved during the process of development. The measure covers advertisement, product placement and telemarketing in TV, radio, internet, and social media.

**Croatia** has implemented the Electronic Media Act since 2013 where it states that "media service providers may develop codes of conduct regarding inappropriate audio-visual commercial communication, included in or accompanying 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". The Ministries of Health, Agriculture, Science and Education, as well Audio-visual entities were involved in the development of this measure, being the Agency for Electronic Media responsible for the implementation of this measure. The Electronic Media Act recognises children as every individual under the age of 18 years.

In **Belgium**, there are some codes available at the regional levels, but they focus on ensuring that marketing is not misleading, rather than on reducing exposure of children to food marketing, as, for example, the Code of Conduct Regulating Child Advertising (implemented in 2007 for the Flemish region).

In 2019 a statutory regulation was approved in **Portugal**. The Law no. 30/2019 of 23 of April restricts the marketing of foods and drinks that are high energy, salt, sugar, saturated fat and trans fatty acids (HFSS) aimed at children under 16 years old. The law covers schools, public playgrounds and a 100 m-radius around these places; television, on-demand media services and radio, in the 30 minutes preceding and following children's programmes, as well as programmes with an audience of at least 25 % below 16 years; cinemas, in films with an age rating for children under 16; and also, websites, social networks and mobile applications where the contents are intended for children under 16 years of age. As for the marketing techniques, the Law covers, among others, product placement, licensed characters, and engagement prompts when the products advertised are products covered by the Portuguese Nutrient Profile Model.

This Law was developed by a parliament group (party) and the positions from several stakeholders from the health and consumer protection sectors, as well as from the industry, were considered, namely: Directorate-General of Health, Directorate-General for Consumers, Public health and nutrition experts, Economic and Food Safety Authority, Portuguese Association of Nutrition, Portuguese Council of Nutritionists, Consumer protection Association, Federation of the Portuguese Agri-Food Industry, Portuguese Association of Retailing Companies.

In **Ireland**, the Children's Commercial Communications Code was introduced in 2005 by the Broadcasting Authority of Ireland (BAI). The Children's Code responds to the Broadcasting Act which devolved power to BAI to prepare, revise, and monitor a set of governing standards to be observed by broadcasters. The Statutory Children's Commercial Communications Code prohibits advertising, sponsorship, and product placement of foods high in fats, sugars, and



salt, as defined by the UK Food Standards Agency nutrient profile model, are during children's TV and radio programmes, defined as programmes where over 50% of the audience are under 18 years of old and on children's TV programs. Food advertising to children may not feature celebrities neither include characters and personalities from children's programmes. The Broadcasting Authority of Ireland is the entity responsible for the implementation of this measure, having other entities from the Health Sector and food safety bodies been involved in the development of this statutory code.

To transpose the AVMSD, the Code was updated in 2011, and again in 2013 to introduce specific rules on the promotion of High Fat, Salt, Sugar (HFSS) foods. In 2020, the BAI published a statutory report on the effects of the Children's Code. The report examined and provided detailed information about the types and volumes of advertising to children. An ongoing discussion about adding extra provisions (for example, a 9pm watershed on the advertising of HFSS products) is included in the BAI report.

In **Slovenia** the Media law requires media service providers "to develop and announce public available codes of conduct regarding inappropriate audio-visual commercial communications, 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".

The Ministries of Education, Culture, and Health, the Post and Electronic Communications Agency of the Republic of Slovenia, health care institutions, academia, and several NGO's (as UNICEF and Slovenian Consumers' Association) were appointed for the working group of the development and implementation of this measure.

In **France**, a legislative measure ("Gattolin Law") was taken in 2018 to ban advertising on public channels during youth programs on public TV channels and their websites, concerning all type of products and services, including food.

A study published by Santé publique France in 2020 shows the lack of effectiveness of such a measure in reducing children's exposure to advertising as these youth programmes are seldom watched by children and adolescents (40). These programs represented 0.4% of TV time seen in the year by 4- to 12-year-olds, respectively 0.1% for adolescents (including private and public channels).



#### Self-regulation Measures

This section includes data from the Questionnaire on legislation and regulation in place and data from the Joint Research Centre dataset on restrictions on marketing of food, non-alcoholic and alcoholic beverages (

Figure 11). Only the self-regulation measures on unhealthy food marketing were considered. The description of the self-regulation measures was based solely on the data collected from the Questionnaire.

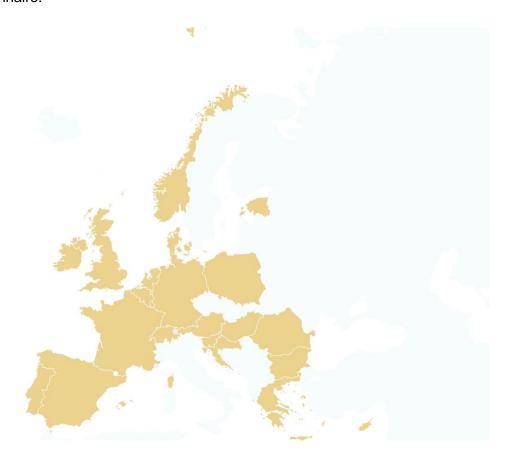


Figure 11. Countries that have self-regulation measures in place to reduce/restrict unhealthy food marketing\*

\*This includes food and non-alcoholic beverage products to children high in fat, sugar and/or salt.

In **Bulgaria**, the self-regulation measure in place since 2009 was developed and implemented by the Health Sector together with Industry and Audio-Visual Entities. This measure applies to "marketing/commercial communication" aimed at every individual below 18 years of age. This



includes advertising as well as other techniques, such as promotions, sponsorships, and direct marketing. It may be broadly interpreted as any form of communication created directly by or on behalf of marketers intended primarily to promote products or to influence consumer behaviour, regardless of the type of media used. The measure also covers schools and areas around schools, sports clubs, and recreation centres, as well as public transports.

**Estonia** has a self-regulation document on unhealthy food marketing to children developed by the Association of Estonian Broadcasters (2011) and it aimed at children under 12 years of age. This regulation covers different marketing techniques not allowed to use in TV and radio when children make up 50% of the audience and on children's TV and radio programmes. The Ministry of Social Affairs and the National Institute for Health Development elaborated (not finished yet) the guidance document for reviewing the Association's self-regulation document pursuant to Media Services Act (AVMSD). This guidance document will also include a nutrient profile model.

In **Latvia**, there is a Memorandum of Cooperation between the Ministry of Health of the Republic of Latvia, the Federation of Latvian Food Companies and the Latvian Association of Soft Drink Entrepreneurs on changes in the advertising of soft drinks aimed at children.

Norway has a Code for marketing of food and drinks aimed at children under 13 years of age. Marketing is defined as all sales promoting activities targeted specifically at children, except the normal display in shops, the product itself and packaging, and the sponsoring with only name and logo and sampling or give-aways with the consent of parents/responsible person. The self-regulatory scheme is founded on the agreement of the industry players: The Confederation of Norwegian Enterprise (NHO), The Federation of Norwegian Enterprise (Virke) and Norwegian Associations of Advertisers (ANFO), and followed a draft regulation proposed by the Norwegian Government in 2012 and 2013. Two public hearings on the draft regulations were conducted. As a response on these, a strengthened self-regulation system was established by the industry sector in agreement with the Ministry of Health and Care Services and Ministry of Children and Family. The Code covers TV, radio, cinema, printed publications, billboards, internet, social media, apps, video games, schools and areas around schools, sports events and public transports, if the marketed products have particular appeal for children, if the medium used has particular appeal for children or if the advertising elements used have particular appeal for children.



**Slovenia** has a Code developed by the advertising industry that defines that "advertising of food and drink for children must not justify or encourage poor eating habits or unhealthy lifestyles", "should not actively encourage children to eat or drink at bedtime or to eat sweets and snacks frequently during the day (snacks should be clearly defined as snacks, not as a substitute for meals)", "should not encourage children to eat more than usual", neither "underestimate the importance of a healthy lifestyle and an active lifestyle". The stakeholders involved in the process included the Slovenian Advertising Chamber, the advertising and food industry, Consumers Organization of Slovenia, the National Institute of Public Health (NIJZ) and law firms. The provisions of this Code apply to persons under 16 years of age.

The "Non-Broadcast Media Advertising and Marketing of Food and Non-Alcoholic Beverages, including Sponsorship and Retail Product Placement - Voluntary Codes of Practice" are in place since 2018 in **Ireland**. A multi-stakeholder group was established, involving food industry, advertising, government, and state body representatives to work on the development of the Codes, namely: IBEC, Food Drink Ireland, Retail Ireland, Irish Beverage Council, Broadcasting Authority of Ireland, Advertising Standards Authority of Ireland, Association of Advertisers in Ireland, Institute of Advertising Practitioners in Ireland, Food Safety Authority of Ireland, Safefood, HSE, Department of Agriculture, Food and the Marine and Department of Children and Youth Affairs.

Marketing communication includes but is not limited to advertising, and covers other techniques such as promotional activities, sponsorships, and direct marketing, and should be interpreted broadly to mean any form of non-broadcast communication produced directly by or on behalf of advertisers intended primarily to promote products, to influence the behaviour of and/or to inform those to whom it is addressed. The Codes cover cinema, printed publications, billboards, internet, social media, and apps, with each Code having specific recommendations for different age groups. For internet and social media, marketing communications for HFSS are not permitted to target those under 15 years old. The Codes establish maximum for the total advertising space for non-broadcast digital media, cinema and print media.

HFSS Food is a subcategory of food that is deemed high in fat, sugar and/or salt by the application of the Nutrient Profile model used by the Broadcast Authority of Ireland in the General and Children's Commercial Communications Codes.



#### **Nutrient Profile Models**

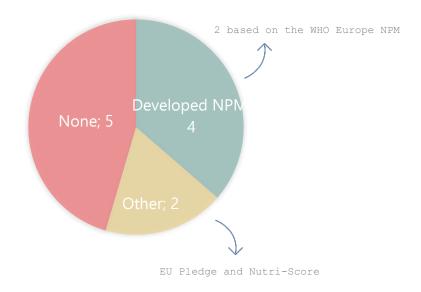


Figure 12. Implementation of Nutrient Profile Models.

**Austria** has very recently developed a nutrient profile model as recommendation/guideline. The World Health Organization Regional Office for Europe Nutrient Profile Model was the basis. Additionally, the EU Pledge Nutrition Criteria White Papers (2018), food composition data of foods usually available in the Austrian food environment, and the national nutrition recommendations (for children aged 4 to 10 years) were considered for the development of the Austrian NPM.

**Bulgaria** adapted a nutrient profile model – the EU Pledge.

In **Estonia**, the old self-regulation document (2011) is more general and does not use nutrient profile model. The nutrient profile model was developed (not finished yet) as a guidance for the reviewing process of self-regulation document (to implement the Media Services Act). The WHO NPM was taken into consideration as the basis, but also Estonian food recommendations (food categories and principles used in Estonian food pyramid) and food composition were considered.

**Norway** developed and established a nutrient profile model. The product list in the self-regulatory scheme is largely consistent with the nutrition profile model in the draft regulations



proposed by the Government in 2012-2013. The nutrient profile model developed to the draft regulations in Norway is one of the models that the WHO European nutrient profile model is based on.

In **Lithuania**, there is an order from the Ministry of Health of the Republic of Lithuania for the organization of catering services for children. This Regulation prescribes the requirements for the organization of catering services at pre-school institutions, general education schools', children's social care institutions and summer camps. Regulation prohibits to provide potato chips, fat-cooked or roasted products, candy, chocolate, confectionery with a glaze or chocolate, savoury products, carbonated and energy drinks, coffee, bouillon concentrates, smoked fish, canned meat and fish products, offal, and GMO food. The allowed sugar and salt content for products which are not prohibited is adopted.

**Belgium** did not develop or adapted a specific nutrient profile model. In their Code is specified that Commercial communication for children and young people may not encourage or trivialize the excessive intake of food and beverages containing nutrients of which immoderate use is not recommended, such as fats, trans fatty acids, salt or sodium or sugars.

In **France** the self-regulation measure refers to Euro Pledge or Nutri-Score since 2020 with the Charter of voluntary commitments. The Charter had not yet been evaluated by the regulatory authority for the audio-visual sector (*Conseil supérieur de l'audiovisuel*). Consequently, further information would be needed to assess the use of the Nutri-Score for this purpose.

**Slovenia** for the Audio-visual Media Services Act developed and established a Nutrient Profile Model based on the World Health Organization Regional Office for Europe Nutrient Profile Model.

**Portugal**, for the Law no 30/2019, developed and established a Nutrient Profile Model in the country based on the World Health Organization Regional Office for Europe Nutrient Profile Model.

In **Ireland**, the Broadcast Authority had adapted the UK Food Standards Agency nutrient profile model.



#### Monitoring of the Implemented Measures

This section presents results from the Questionnaire, regarding monitoring of the mentioned measures (both statutory and self-regulation). From the measures in place on unhealthy food marketing, only 62,5% (n=10 out of 16), have activities for its evaluation or monitoring.

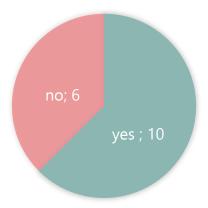


Figure 13. Activities foreseen to evaluate or monitor the measure in place to reduce/restrict unhealthy food marketing.

These initiatives monitored essentially broadcast channels (television and radio) (Figure 14).

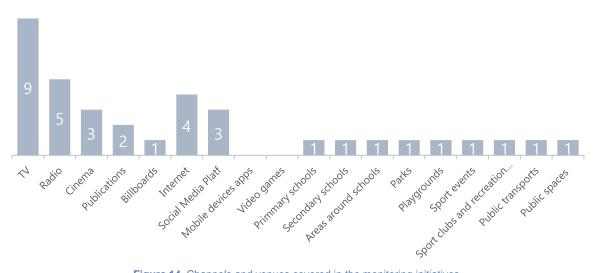


Figure 14. Channels and venues covered in the monitoring initiatives.

Most countries did not refer or applied any specific tool or framework to monitor the measures in place. Norway and Portugal have piloted the WHO CLICK Monitoring Framework.



Additionally, Norway used a draft of the Nordic Monitoring Protocol in 2016/2017 and Portugal some of the WHO Protocols and Templates (for television, social media, and websites, as well as for social media influencers).

Regarding the responsible entities for the monitoring initiatives, most countries have broadcast authorities has the responsible entity (Figure 15).

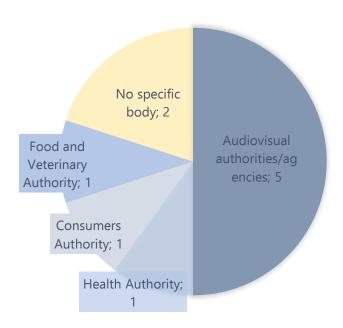


Figure 15. Specific body mandated to carry out the monitoring.



#### Transposition of the Audio-Visual Media Services Directive

This section presents the results from the Questionnaire regarding the transposition of the AVMSD into national legislation, as well as information available from the European Audiovisual Observatory.

On Figure 16 and 17, the status of the AVMSD transposition is shown, considering data from the Questionnaire and from the European Audiovisual Observatory, respectively. A more detailed status of the transposition of the Directive in EU MS may be found in the Annexes (Annex 3 - Table 4).

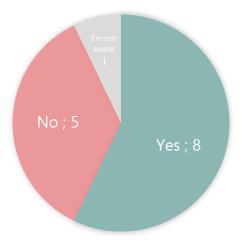


Figure 16. Of the participating countries who are members of the European Union (n=14) how many have transposed the Audio-visual Media Services Directive? (Data according to the Questionnaire – May 2021)

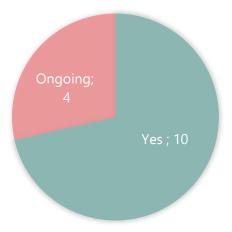
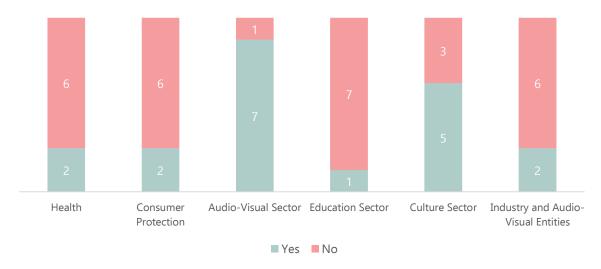


Figure 17. How many EU countries have transposed the Audio-visual Media Services Directive? (Data according to the European Audiovisual Observatory – July 2021 – considering countries who have participated in the Questionnaire)



Many countries have mentioned that the health authorities were not involved in the transposition of the Audio-visual Media Services Directive (Figure 18).



**Figure 18.** Main appointing authorities or entities responsible for transposing the revised AVMSD into national legislation (Data according to the Questionnaire – May 2021).

Regarding the channels covered in the national transposition, not all the countries have included the three types of channels mentioned in the revised AVMSD.

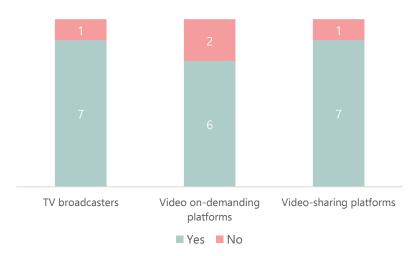


Figure 19. Channels covered by the national transposition of the AVMSD (Data according to the Questionnaire - May 2021).



# Determinants for the success and challenges faced during the development and/or implementation of measures to restrict unhealthy food marketing to children

The participating countries on the Questionnaire have shared some of the determinants for the success of the implementation of the measure on reducing/restricting unhealthy food marketing to children, as well as the main challenges or difficulties faced during this process.

The following determinants for success were mentioned:

- Already established framework or guidelines
  - Existing WHO recommendations
  - Framework and Guidelines already established by the WHO
  - Scientific based work to develop the draft regulations and draft nutrient profile model
- Support from WHO
  - Technical support from WHO in developing the nutrient profile model
  - Support in monitoring the measure
  - Participation in the WHO European Action network on reducing marketing pressure on children was also important in the work of developing the draft regulations
- The political support and involvement of particular stakeholders
  - The continuous collaboration between sectors with clear roles of each of the members and due dates is vital
  - involvement of stakeholders (government sector, professionals, civil society, the private sector and others)
- Monitoring of prohibitions and transparency in the process of publishing the violations

As for the challenges or difficulties, participating countries have mentioned:

 Difficulties in evaluating the children's exposure to food marketing, especially digital marketing, and monitoring the measures in place



- Marketing on social media and internet, and cross border marketing, requires international cooperation and regulations
- Industry/food companies' pressure
- Self-regulation measures dependent on the public for report of violations
  - The system is depending on consumers to report the marketing activities that violates the self-regulatory scheme. How well the scheme is known among consumers and others relevant stakeholders, is therefore crucial.
  - A number of civil society organisation representatives suggested that there is a lack of awareness, amongst the viewing public, in respect of how to make a complaint about inappropriate advertising.
- Difficulties in establishing dialogue with small national producers
- Self-regulatory scheme: naming and shaming are the only sanctions for violations.



#### Conclusion

The Questionnaire on legislation and regulation in place and on the Audio-Visual Media Services Directive's transposition was critical to map the current state of play regarding restrictions of unhealthy food marketing to children in Europe. Since the last extensive review from the JRC, almost no updates have been verified.

In Europe, there is still a lack of statutory measures regarding unhealthy food marketing towards children and adolescents. Most measures still do not cover the novel and more challenging marketing techniques, such as digital marketing, advergames, and brand marketing. From all the measures mentioned, a considerable amount does not have a monitoring system in place, which may compromise the full implementation and enforcement of the measure. Only four countries have developed and implemented a nutrient profile model for identifying foods that cannot be marketed to children in the scope of the marketing restrictions in place. As for the transposition of the AVMSD, some countries have faced delays in this process.

The present report was an important step to understand the current status in Europe, as well as the main challenges and difficulties MS have been facing when implementing measures to restrict unhealthy food marketing. Within WP6 work, an EU-coordinated nutrient profile model, a monitoring protocol, and codes of practice are among the main outputs. Considering the results and needs identified, better support from Best-ReMaP can be given to ensure that European children are protected from harmful marketing practices.



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#### **Annexes**

## Annex 1 – JRC review on restrictions on marketing of food, non-alcoholic and alcoholic beverages - Summary Table

**Table 2.** Summary table of the type of measures (restricting food products and non-alcoholic beverages marketing) covered in the JRC review on restrictions on marketing of food, non-alcoholic and alcoholic beverages.

Measure / Code	Country	Type of measure	Food Products and Non-alcoholic Beverages	Age - Target Group
Children's Commercial Communications Code	Ireland	Statutory regulation	Yes	Under 18 Y
Consumer Protection Act	Finland	Statutory regulation	Yes	All population
Public Health Act	France	Statutory regulation	Yes	All
Law on the handling of energy drinks	Latvia	Statutory regulation	Yes – energy drinks	Under 18 Y
Law on Advertising	Lithuania	Statutory regulation	Yes – energy drinks	Under 18 Y
Resolution CONANDA N° 163 DE 13/03/2014	Brazil	Statutory regulation	All	Under 18 Y
Law on Food Safety and Nutrition (Ley 17/2011, de 5 de julio, de seguridad alimentaria y nutrición)	Spain	Statutory regulation	Yes	Under 15 Y
Law of Nutritional Composition of Food and Advertising (Ley 20.606)	Chile	Statutory regulation	Yes	Under 14 Y
Broadcasting Regulations (No. 153 of 28 February 1997)	Norway	Statutory regulation	All ("general code")	Under 13 Y
EU Audiovisual Media Services Directive (AVMSD) - Directive 2010/13/EU of the European Parliament and of the Council of 10 March 2010	EU countries	Statutory regulation	All	Children's programmes (+ minors for alcoholic beverages)
Act on Audiovisual Media Services	Slovenia	Statutory regulation	Yes	All (article on 'audiovisual messages for foods in programmes for children')



Measure / Code	Country	Type of measure	Food Products and	Age - Target Group
medaulo / Gode	Country	Type of measure	Non-alcoholic Beverages	Age Target Group
Reklaamiseadus (Advertising Act)	Estonia	Statutory regulation	All	All population (under 18 Y alcoholic beverages)
Loi Evin	France	Statutory regulation	Non-alcoholic beverages	Under 16 Y (alcoholic beverages)
The Radio and Television Broadcasters Laws of 1998 to 2016	Cyprus	Statutory regulation	Yes - food (and alcoholic beverages)	Under 18 Y (alcoholic beverages)
Act No. 468/1991	Czech Republic	Statutory regulation	Yes - food (and alcoholic beverages)	Under 18 Y (alcoholic beverages)
Act 40/1995 on the regulation of advertising and amending and supplementing Act 468/1991 on radio and television broadcasting	Czech Republic	Statutory regulation	Yes - food (and alcoholic beverages)	All population (under 18 Y alcoholic beverages)
Electronic Mass Media Law	Latvia	Statutory regulation	All	All population (+ specific provisions for children)
Law No. 30/2019	Portugal	Statutory regulation	Yes	Under 16 Y
Act No. 282/2016 Coll., on food requirements for which advertising is admissible and can be offered for sale and sold in schools	Czech Republic	Statutory regulation	Yes - at schools	Pupils until compulsory schooling
Broadcasting Code for the Protection of Minors - 350.05	Malta	Statutory regulation	All	Under 18 Y
Media Act No. 38/2011	Iceland	Statutory regulation	All	All population + under 12 Y
Electronic Media Act	Croatia	Statutory regulation	All	All population + children
DIRECTIVE (EU) 2018/1808 amending Directive 2010/13/EU on the provision of audiovisual media services (Audiovisual Media Services Directive) in view of changing market realities	EU countries	Statutory regulation	All	Children's programmes (+ minors for alcoholic beverages)
Act Regulating the Sanitary Suitability of Food, Products and Materials Coming into Contact with Food (Official Gazette of the Republic of Slovenia, Nos 52/00, 42/02 and 47/04)	Slovenia	Statutory regulation	-	-



Measure / Code	ure / Code Country Type of mea		Food Products and Non-alcoholic Beverages	Age - Target Group
Criteria for authorising campaigns for food promotion, nutritional education or the promotion of sport or physical activity in nurseries and schools, with the aim of fostering healthy eating habits, encouraging physical activity and preventing obesity	Spain - Asturias, the Canary Isles, Castilla- La Mancha, Catalonia, the Valencia Community, Galicia, Madrid, Murcia, and the Basque Country	Statutory regulation? (Funding the Code: Ministry of Health, Social Services and Equality -Spanish Agency for Consumer Affairs, Food Safety and Nutrition)	Yes – at kindergartens and primary schools	Children attending kindergartens and primary school
The UK Code of Broadcast Advertising	United Kingdom	Co-regulation	Yes	Under 16 Y (18 Y for alcoholic beverages)
EU Pledge	EU countries	Voluntary industry self- regulation	Yes	Under 12 Y
The Danish Code of Responsible Food Marketing Communication to Children	Denmark	Voluntary industry self- regulation	Yes	Under 13 Y
The Belgian Pledge	Belgium	Voluntary industry self- regulation	Yes	Under 12 Y
The Swiss Pledge	Switzerland	Voluntary industry self- regulation	Yes	Under 12 Y
The Portuguese Pledge	Portugal	Voluntary industry self- regulation	Yes	Under 12 Y
Non-Broadcast Media Advertising and Marketing of Food and Non-Alcoholic Beverages, including Sponsorship and Retail Product Placement: Voluntary Codes of Practice	Ireland	Voluntary industry self- regulation	Yes	Under 16 Y (+ 15 Y children's media; 18 Y for print media; primary school age for sponsorship)
Code for marketing of food and drink aimed at children	Norway	Voluntary industry self- regulation	Yes	Under 13 Y
Code of Marketing Communication Self-Regulation	Italy	Voluntary industry self- regulation	No - alcoholic beverages, "healthy food" and "infant formula and baby food"	Under 18 Y
Advertising Code for Food Products	Netherlands	Voluntary industry self- regulation	Yes	Under 13 Y



Measure / Code	Country	Type of measure	Food Products and Non-alcoholic Beverages	Age - Target Group
Children's Food & Beverage Advertising Initiative (CAI)	Canada	Voluntary industry self- regulation	Yes	Under 12 Y
Children's Food and Beverage Advertising Initiative (CFBAI)	United States of America	Voluntary industry self- regulation	Yes	Under 12 Y
Hellenic Code for Advertising-Communication (ΕΚΔ-Ε)	Greece	Voluntary industry self- regulation	All	Under 14 Y (+ 17 Y for beer products and 18 Y for alcoholic beverages)
ICC Advertising and Marketing Communication Practice - Consolidated ICC Code (including, ICC Framework for Responsible Marketing Communications of Alcohol & Framework for Responsible Food and Beverage Marketing Communications 2012)	International	Voluntary industry self- regulation	All	Under 12 Y (18 Y for alcoholic beverages)
Marketing Code of Conduct (Código de Conducta Publicitaria)	Spain	Voluntary industry self- regulation	All	All population
Código de auto-regulação em matéria de comunicação comercial de alimentos e bebidas dirigida a crianças [Code of Self- Regulation on Commercial Communication of Foods and Beverages directed at Children]	Portugal	Voluntary industry self- regulation	Yes	Under 12 Y
The CAP Code - The UK Code of Non-broadcast Advertising and Direct & Promotional Marketing	United Kingdom	Voluntary industry self- regulation	All	Under 12 Y (promotions, licensed characters) + 16 Y (placement of HFSS foods in non-broadcast media)
Hungarian Code of Advertising Ethics	Hungary	Voluntary industry self- regulation	All	All population + children (+ 18 Y for alcoholic beverages)
Cyprus Advertising Ethics Code	Cyprus	Voluntary industry self- regulation	All	Under 12 Y (+ 18 Y for alcoholic beverages)
The German Advertising Standards Council / Code of Conduct on Commercial Communication for foods and beverages	Germany	Voluntary industry self- regulation	Yes	Under 12 Y
International Council of Beverages Associations-Guidelines on Marketing to Children	International	Voluntary industry self- regulation	Non-alcoholic beverages	Under 12 Y
Code of ethics of advertising in Luxembourg	Luxembourg	Voluntary industry self- regulation	All	All population



Measure / Code	Country	Type of measure	Food Products and Non-alcoholic Beverages	Age - Target Group
Code of Standards for Advertising and Marketing Communications (7th Edition)	Ireland	Voluntary industry self- regulation	All	All + Under 18 Y for alcoholic beverages
The ARPP Recommendations; Food Behaviours Recommendations & Recommendations for Food for children under three years old - Alcohol Code	France	Voluntary industry self- regulation	All (+ food products for children under 3 years old)	All population
Code of Conduct of Austrian broadcasters regarding inappropriate audio-visual commercial communication in connection with children's programs and food	Austria	Voluntary industry self- regulation	Yes	Under 12 Y
Code of Ethics in Advertising	Poland	Voluntary industry self- regulation	All	Under 12 Y (18y for beer)
The Polish Pledge	Poland	Voluntary industry self- regulation	Yes	Under 12 Y
The Ethical code for food product advertising targeting children	Romania	Voluntary industry self- regulation	Yes	Under 12 Y
Code of Ethics for Advertising Practice	Slovakia	Voluntary industry self- regulation	All	Under 15 Y
Advertising code for foodstuffs (FEVIA code)	Belgium	Voluntary industry self- regulation	Yes - food products	All population
National Ethical Standards for Advertising and Commercial Communication in Bulgaria	Bulgaria	Voluntary industry self- regulation	All	All population
Code of Advertising Practice - Alcoholic drinks, Food and beverage product advertising	Czech Republic	Voluntary industry self- regulation	All	All population
The Slovenian Code of Advertising Practice	Slovenia	Voluntary industry self- regulation	All	All population
Commitments of responsibility – soft drink sector	Slovenia	Voluntary industry self- regulation	Yes - non-alcoholic beverages	Under 12 Y
Commitments of responsibility – dairy sector	Slovenia	Voluntary industry self- regulation	Yes – "dairy sector"	All population
Memorandum of Cooperation on changes to the promotion of child-friendly non-alcoholic beverages	Latvia	-	Yes - non-alcoholic beverages	Under 12 Y

Y = years old; "All" refers to all type products (food, non-alcoholic and alcoholic beverages) or general codes that cover more than food and beverages products.



## Annex 2 – Summary results of the EU Study on the exposure of children to linear, non-linear and online marketing of foods high in fat, salt or sugar

Table 3. Summary of the results of the EU Study on the exposure of children to linear, non-linear and online marketing of foods high in fat, salt or sugar

Type of	Methods	Age	N	Main findings
methodology		groups		
Exposure: perspective of the viewers	Survey on self-reported exposure to HFSS marketing in the 9 selected Member States (Belgium, Czech Republic, Hungary, Italy, Lithuania, The Netherlands, Romania, Spain, and Sweden).	4-8 years; 9-12 years; 13-17 years; + 18 years;	8,990 participants	<ul> <li>The frequency of online activity increased with age</li> <li>For all children's age groups, the most popular online activities were watching videos or listening to music on YouTube or similar platform(s)</li> <li>Food advertisements were among the most recalled advertisements (49%)</li> <li>94% of the 13–17-year-olds recalled an advertisement for food in the last two weeks</li> <li>Visiting and/or posting on social media was found to be associated with an increase in the probability of self-reported exposure</li> <li>Watching videos or listening to music on YouTube and using the internet for school/work were both found to be associated with an increase in self-reported exposure</li> </ul>
Exposure: onlin	e monitoring			
Passive metering	Tracking of online behaviour was conducted through the RealityMeter	< 18 years + 18 older	490 users (228 were	- children spent most time on games followed by streaming YouTube
	software, that was installed on a specific Android operated device (such as a tablet or a phone), to collect advertisements (video and image banner ads, static images and animated gifs) in three MS (Hungary, Italy, and The Netherlands).		children)	<ul> <li>Children and adults saw 184 and 255 advertisements for food and drinks, respectively</li> <li>64% of food and drinks advertisements displayed to children (under 18 years) were for HFSS products</li> <li>81% of the HFSS advertisements children were exposed to were featured on YouTube</li> <li>A lot of the HFSS advertisements children were exposed to promoted sweet snacks (35% of all HFSS ads), followed by 'Quick service restaurant meals' (10%).</li> </ul>



2.	Standard digital monitoring	Automated data capture technology was used in three MS (Hungary, Italy, and The Netherlands). This method monitored advertisements displayed online on a selection of traditional websites and YouTube channels (during September 2021). For this analysis, was used a standard avatar - a persona that is not specific to age	All	7000 advertisement s	-	3.1% (n=217) of the advertisements featured were for 'food', 'soft drinks' and 'fast food retail'.  In total 2.9% (n=217) of the total number of advertisements served to the standard avatar were for foods and drinks. 95% (n=206) of all food and drinks advertisements were for HFSS products.  The most commonly HFSS food categories promoted were 'sweet snacks' (38% (n=78) of the 206 HFSS advertisements) and 'cakes, sweet biscuits, pastries and sweet bakery wares' (24% (n=49) of the 206 HFSS advertisements).
		or gender but mimics the online behaviour of a broad mix of people.				
3.	Avatar studies	The avatar studies method was conducted with the aim of providing a snapshot of the type of products (particularly what proportion were HFSS) were served in the online advertising of food and drinks to typical child and adult internet users. For this part of the study, four avatars were used: a child avatar, an adult avatar, a neutral avatar, and a retargeting avatar. The avatars visited 60 YouTube channels and 221 websites.	All	(Food and drinks ads) N=1,115 - child avatar (<12 years); N=1,140 - adult avatar (>18 years); N=1,073 - neutral avatar; N=1,105 - retarget avatar	-	66% of all food and drink advertisements served to a child avatar were HFSS advertisements (n=732 on the selected YouTube channels and websites during the 30 day period) – 70% to the adult avatar, 67% to the neutral avatar and 66% to the retargeted avatar.  HFSS category 'sweet snacks' (26%, n=200) was the category served most to the child avatar, followed by 'soft drinks' (12%), 'quick service restaurants' (11%) and 'savoury snacks' (9%) (similar percentages between different avatars)  Overall, most advertisements were served on YouTube channels with a general audience (51%) and YouTube channels with a child audience (34%).



Content	The content analysis study was	< 12 years	(Advertisemen	-	12% of the advertisements contained elements considered to be appealing to children
analysis	conducted to assess to what extent	+ 12 years	ts)		under 12. Typically, these advertisements featured child protagonists or product-based
	HFSS food advertisements are either		N=174		spokes-characters engaging in daring activities.
	appealing to, and/or targeted at			-	10% of the sampled advertisements were considered to be exclusively appealing to
	children and by what means. For the				children aged 13-17 years
	literature review, 131 studies (of			-	10% of the advertisements were assessed as appealing to both children aged 8-12 and
	moderate to high quality) were found				13-17 years
	to be relevant. For the content			-	Just over a half of the sampled advertisements were considered as not appealing to
	analysis, 20 advertisements were				children (52%)
	collected per selected Member State:			-	Overall, 48% of the advertisements contained elements appealing primarily to children.
	10 from linear AV media services and				45% of them contained one or two elements primarily appealing to children
	10 from non-linear AV media services			-	The most common child appealing elements used were found to be audio effects (67%),
	and online services. The analysis grid				child characters (26%), connections to mobile applications, websites or social
	was developed, validated and then				networking sites (25%), depictions of having fun (24%) and visual effects (24%)
	applied to the collected			-	Television advertisements were slightly more often appealing to younger children and
	advertisements per Member State.				had a family appeal, but other than that, no major differences were observed between
	Coding, expert review and revision				TV and online advertisements
	were the following steps aiming to				
	reach a consensus on how to apply the				
	grid on advertising material. In total				
	174 advertisements have been				
	analysed from 9 EU Member States.				



#### Annex 3 - State of play of the AVMSD transposition in EU MS

Table 4. Actual state of play of the AVMSD transposition in all EU MS (Adapted from the European Audiovisual Observatory).

Country	AVMSD transposition		
Austria	Yes	Law entered into force on 1 January 2021	
Belgium			
(German speaking community)	Yes	The decree was published and entered into force on 12 April 2021	
(Flemish speaking community)	Yes	Decree entered into force on 4 March 2021	
(French speaking community)	Yes	The decree was published in March 2021	
Bulgaria	Yes	Act entered into force on 22 December 2020	
Croatia	Ongoing		
Cyprus	Yes	Law entered into force on 30 June 2021	
Czech Republic	Ongoing		
Denmark	Yes	The Bill was adopted and came into force on 1 July 2020	
Estonia	Ongoing		
Finland	Yes	Act entered into force on 1 January 2021	
France	Yes	The law was promulgated on 3 December 2020	
Germany	Yes	Media State Treaty entered into force on 7 November 2020	
Greece	Yes	Law 4779/2021 was published in February 2021	
Hungary	Yes	The Act was published on published on 13 May 2020 and entered into force 30 days after its promulgation	
Iceland	Ongoing		



Ireland	Ongoing	
Italy	Ongoing	
Latvia	Yes	Amendments to the Electronic Mass Media Law entered into force on 1 December 2020
Lithuania	Yes	Amendments entered into force end of 2020
Luxembourg	Yes	The Law and the Regulation entered into force on 12 March 2021
Malta	Yes	The Act was published on 7 December 2020
Netherlands	Yes	Law entered into force on 1 January 2021
Poland	Ongoing	
Portugal	Yes	Law 74/2020 was published on 19 November 2020 and entered into force 90 days after its publication
Romania	Ongoing	
Slovakia	Ongoing	
Slovenia	Ongoing	
Spain	Ongoing	
Sweden	Yes	The amendments entered into force on 1 December 2020