Best-ReMaP
Healthy Food for a Healthy Future

D6.3 Report on pilot EU-wide harmonised and comprehensive monitoring protocol for unhealthy food marketing

Grant Agreement Number 951202

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25 / July / 2023

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Contributors and Acknowledgements

Cite this report

Muc, M, Tatlow-Golden, M. (2023). Piloting the EU-WHO protocol to monitor unhealthy food marketing to children -report.: A Best-ReMaP publication.

Abbreviations

DGS	Directorate-General of Health of Portugal
DoH	Department of Health
GDPR	General Data Protection Regulation
MS(s)	Member State(s)
NPM	Nutrient Profile Modelling
WHO	World Health Organization
WHO-Euro	World Health Organization Regional Office for Europe
WHO CLICK	Monitoring and restricting digital marketing of unhealthy products to children and adolescents: report based on the expert meeting on monitoring of digital marketing of unhealthy products to children and adolescents (2019) WHO. Regional Office for Europe.
WHO PROTOCOLS	Monitoring of Marketing of Unhealthy Products to Children and Adolescents – Protocols and Templates, WHO
UNCRC	United Nations Convention on the Rights of the Child

Glossary

Term	Definition
Advertising	Paid public presentation and promotion of ideas, goods, or services by a sponsor that is intended to bring a product to the attention of consumers through a variety of media channels such as broadcast and cable television, radio, print, billboards, the Internet, or personal contact. Advertising is only one form of marketing (1)
Child	Every human being below the age of eighteen years old unless, under the law applicable to the child, majority is attained earlier. (2)
Marketing	Any form of commercial communication or message that is designed to, or has the effect of, increasing the recognition, appeal and/or consumption of products and services. It comprises anything that acts to advertise or otherwise promote a product or service (3)
Unhealthy food	Any food and beverage with excessive amounts of total fat, saturated fat, trans-fatty acids, free sugar and/or non-sugar sweeteners, and/or salt, that should not be permitted to be marketed to children as designated by the Nutrient Profile Model (4)
Potential exposure to marketing	Marketing located in spaces popular among children and young people, to which children are potentially exposed, monitoring not involving children as participants
Actual exposure to marketing	Marketing that we know children are/were exposed to, measured as the child navigates their natural environment (online and offline), monitoring usually involves children as participants

Executive summary

In 2022, Work Package 6.4 of the EU Best-ReMap Joint Action (2020-23), having reviewed best practices in monitoring the marketing of unhealthy foods and non-alcoholic drinks to children, developed and piloted a draft EU-WHO Monitoring Protocol, with a particular focus on digital marketing, to support Member States (MSs), and piloted it in partner MSs. Piloting ran between May 2022 and July 2023. Its objective was to gather feedback on the content and structure of the protocol and any challenges encountered during implementation. This report documents the process and findings of this piloting programme.

A total of 25 projects from 14 MSs contributed to the piloting: 10 piloted different digital media protocols, 5 carried out landscape analysis (media and popular brands among children and adolescents), 5 tested a new outdoor marketing protocol and 3 implemented TV protocols. Experience exchange was provided via regular emails and one-to-one online meetings. Out of the 25 projects, 10 completed all the stages of monitoring, including writing up reports; a further 2 are expected to be completed by the end of the JA (September 2023). A survey of the media and brand landscape was introduced towards the end of the piloting programme, therefore some learnings will come after the completion of the JA (2 projects at least). Despite a clear interest in monitoring activities, 7 projects that MSs intended to run had to be put on hold (and might be implemented after the JA), largely due to limited resources such as funds and people. This was also affected by the late contracting of the WP 6.4 team whose work only commenced 15 months after the start of the JA. Two WP 6.4 monitoring workshops (May 2023 and June 2023) provided hands-on training in using the EU-WHO monitoring protocols, sharing experiences and articulating the support needed to successfully implement an EU-wide, comprehensive and coordinated, regular monitoring programme.

The pilot evidenced the utility of these monitoring protocols as tools to measure children's exposure (actual or potential) to unhealthy food marketing through major channels (Internet, TV, Outdoor) while also identifying challenges, mostly for digital marketing and particularly with measuring children's actual exposure to unhealthy food marketing on their personal digital devices. MSs also identified multiple implementation challenges they anticipated for an EU comprehensive, coordinated, regular monitoring programme. This points to supports MSs require if they are to implement such a programme.

MSs identified these main challenges in monitoring marketing:

- ➢ **TV**
- • technical challenges in recording and storing data
- • time required to view the recorded footage to identify commercial content

- ➢ **Outdoors**
- • Route planning
- • The physically demanding nature of data collection (walking the routes)
- • Coding the fronts of independent, small shops/cafes/restaurants

- ➢ **Digital marketing**
  Actual exposure: protocols involving children and their devices
- • Ethical clearance
- • Recruitment and retention of participants

- Software malfunctions
  Potential exposure: protocols not involving children
- Selecting popular brands, influencers, and social media platforms to monitor.
- Need for a standardised survey to study the media landscape and popular brands/products; this was developed within the piloting programme
- Need for frequent updates for new social media, gaming platforms, etc.

➢ **All channels**
- Lengthy manual coding of recorded content, especially nutritional profiling.
- Greater clarifications for some variables, on brand marketing, and on coding ads featuring multiple products.
- As many ads feature multiple persuasive appeals, identifying a primary/secondary persuasive appeal caused challenges for inter-rater reliability
- Lack of a template for reporting monitoring study results.

The main implementation challenges reported were:

➢ Low resources – funds, people, time available to run these studies.
➢ Lack of expertise in the topic
➢ Problems encountered or expected in ethical clearance to study digital marketing (actual exposure)

The main facilitators MSs identified for implementation were:

➢ More resources for monitoring activities (both funding and human resources)
➢ A specific, adequately funded knowledge and experience exchange platform, providing access to (a) the best and most recent evidence, reports and studies using these methods, (b) access to experts and (c) access to expertise of other countries who implemented protocols.
➢ EU-harmonised and MS-specific documentation on GDPR to facilitate ethical clearance for accessing children's devices to monitor digital media.
➢ Reliable, validated tools that automate aspects of monitoring, to reduce the manual workload.
➢ Critical health and media literacies at all levels – requiring education for all stakeholders including policymakers, ministries, NGOs, researchers, governments, MEPs, and more, to disseminate knowledge about how marketing is exploitative of children and why they deserve healthy environments to grow up in
➢ IT support
➢ Governmental support
➢ Resources to enable regular and rapid updates of monitoring protocols to respond to dynamically changing digital landscape, new tools and evidence.

MSs felt that the EU-WHO monitoring protocols were useful to effectively monitor unhealthy food marketing to which children are exposed to through the internet and TV, and outdoor marketing close to children's facilities. Following MS insights, all protocols and templates are being updated to increase their usability and facilitate implementation.

TV monitoring is one of the least challenging processes. The new outdoor monitoring protocol was implemented successfully. As for digital media, protocols monitoring potential exposure were implemented successfully, with the main challenges being encountered regarding brand/product social media page selection. The survey template developed by the Best-

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ReMaP Task 6.4 team in response to partner's needs was introduced to allow for landscape analysis and provided countries with data needed for planning of TV and potential exposure to digital media protocols.

Protocols monitoring children's actual exposure in digital media (Investigate exposure and Capture on Screen steps of the CLICK framework) are the only digital methods that have potential to identify marketing that reaches children through their devices. Ethical clearance, recruitment of participants and technical issues with some but not all software (downloading and functioning that led to missing data, lower participation and retention rates) were identified as major challenges in the implementation of these tools. These issues are being addressed by the WHO, that provides one app (software) for screen capture, and results of future studies using updated tools will explore these. In addition, for Capture on Screen, further methods (other apps and screen recording options) are available as referenced in the report.

The development of EU- harmonised and MS-specific ethical clearance documentation and legal advice on GDPR issues related to accessing children's devices to monitor digital media should be prioritised, as should the refinement of data collection methods; development of automated coding tools (machine learning); and guidance on recruitment of participants.

Currently, the survey responses from 19 Task 6.4 partners show MSs have a strong preference for protocols that monitor *potential exposure* to marketing in digital media, rather than screen-based approaches that capture *actual exposure*. This should be further explored, but may be due to the challenges other partners reported in these studies and/or perceived lack of experience and expertise in monitoring digital marketing. Successful implementation of these tools in some countries might encourage others to undertake these activities.

Users of all protocols reported that the manual coding process was time consuming, especially for nutritional profiling that assesses whether products may be marketed to children. This is a known feature of monitoring studies. AI/machine learning tools to automatically screen for the presence of food or/and food brands could facilitate part of this burden. As for nutritional information data, a development of an EU-wide food products database is being discussed, however if such database is to be created, a process of rolling data verification is needed to account for new products and reformulations that companies regularly launch.

During the piloting programme it was noted that countries' resources and expertise levels vary greatly. Many required individual support with planning their monitoring activities, at least at the capacity building stage. Such a role could be undertaken by a monitoring-specific knowledge- and experience exchange network, consisting of representatives of different MSs as well as experts in the field. Furthermore, the need for regular updating of resources to keep pace with marketing activities was identified. These issues point to legacy challenges that must be addressed if an ongoing EU-wide monitoring approach is to be achieved.

Finally, before an EU-wide monitoring programme is implemented, discussion needs to take place to identify an acceptable minimal approach. This must correspond with guidance provided in the legal framework to protect children from unhealthy food marketing prepared by WP6 within the Best-ReMaP JA.

The Task 6.4 team is, at time of writing, updating the EU-WHO monitoring protocols to incorporate MSs' insights. The wider implementation challenges indicated above also need to be addressed to facilitate a comprehensive and coordinated, regular monitoring programme across the EU.

Context: The Joint Action Best-ReMaP

The Best-ReMaP Joint Action (JA) ran between 2020 and 2023. Funded by the European Commission and participating organisations, it sought to contribute to an improved quality of food supplied to citizens of Europe by adapting, replicating, and implementing effective health interventions, based on practices proven to work in the areas of:

(1) monitoring and analysis of how the food that people consume changes at the European and national level (Work Package (WP) 5)

(2) regulations on the marketing of food and beverages to children (WP6), and

(3) the procurement of food by public bodies for educational institutions, social care facilities, etc. (WP7).

To achieve its goals the Best-ReMaP JA aimed to contribute to European initiatives by:

- providing Member States assistance to produce a snapshot of food available to consumers at national markets and monitor the impact of national regulations aimed at decreasing salt, sugar and fat in processed food;
- creating a Food Information Database to ensure sustainable data on food reformulation (i.e., changing and regulating the food composition offered on the market) at EU and national levels, and monitoring trends in food reformulation;
- reducing the impact of harmful food marketing to children in the EU by considering the extension of an existing Nordic regulation model across EU Member States; and
- improving the quality of menus in the kitchens of public institutions by ensuring a more professional and principled procurement procedure.

A total of 35 institutions from 24 European countries collaborated on implementing pilot projects and generating hands-on learning in nutrition with special focus on children and adolescents (see https://bestremap.eu/).

Work Package 6, Task 6.4 - Monitoring the Marketing of Unhealthy Foods to Children

Best-ReMaP Work Package 6 (WP6) focused on reducing the marketing of unhealthy foods to children. Its overall goal was to share and test best practices of implemented actions to reduce unhealthy food marketing to children at the EU level and to develop an implementation and monitoring framework. It developed an EU Framework for Action consisting of guidance for implementing effective codes of practice to reduce unhealthy food marketing to children. This Framework is intended to be transferred across EU MSs through the EU High Level Group on Nutrition and Physical Activity and to provide guidance for policy implementation measures across EU MSs. It should also allow for regular updating through the EU HLG following the end of this Joint Action facilitating ongoing sustainability.

Task 6.4 of Work Package 6 aimed to review best practices in monitoring the marketing of unhealthy foods and non-alcoholic drinks and to develop and test an **EU-wide Monitoring Protocol** to support Member States' monitoring of unhealthy food marketing to children, with

a particular focus on digital marketing (5). A list of the 20 participating institutions can be found in Annex 1 and the tasks and structure of WP6 are listed in Annex 2.

Background

WHO defines 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"(3). It covers four types of activities, the so-called 4 Ps: 'product' (brand, packaging and services), 'price' (discounts and offers), 'place' (distribution, channels, market, transport, logistics) and 'promotion' (advertising, direct marketing, publicity, sales promotions).

Children are exposed to large amounts of unhealthy food marketing throughout their day, through various channels (6). In parallel to digital media's increasing use and popularity, including among children, brands have grown their marketing efforts in digital media.

Evidence unequivocally shows that exposure to marketing of unhealthy foods affects children's food attitudes, preferences, and consumption (7,8). The consumption of unhealthy and ultra-processed foods has adverse effect on health including cardiovascular disease (9,10) and Type II diabetes among others.

In addition, advertising creates brand loyalty, positive associations with the brand, normalises unhealthy foods in children's, young people's and families' lives, and incorporates them into their identities (11–14). Children as young as 3 years of age recognised food brand logos most frequently advertised on TV with around 60% accuracy and it went up to over 90% among 5-year-olds , with higher recognition of unhealthy items than healthy(15).

Therefore, based on principles flowing from a child rights-based approach, restricting unhealthy food marketing that reaches children including adolescents is the top priority (16). A recent review identified best practices to restrict children's exposure to unhealthy food marketing and these include implementation of the regulatory codes of practice, covering all children up until 18 years of age and using a NPM to define unhealthy food were identified as effective elements of restrictions (16). To demonstrate that restriction is effective, a well-designed, comprehensive, regular and transparent monitoring programme is essential (17,18) to evaluate the measures, identify infringements and enforce the restrictions.

In response to this need, an EU-WHO monitoring protocol was designed by Task 6.4 of the Best-ReMaP in collaboration with WHO-Euro. It covers the main channels through which children in Europe are exposed to unhealthy food marketing, namely TV, the internet and outdoor areas surrounding children's facilities. This document reports on the Best-ReMaP piloting programme to test these EU-WHO protocol tools and their implementation in MSs.

First, we briefly introduce the monitoring protocols and describe the piloting programme. We present the main findings from the MS pilots, including the main challenges they encountered. For each protocol, we provide information about actions taken, or make recommendations. Finally, we present and discuss the results of a survey exploring implementation and piloting challenges and the support MSs predicted they would need to effectively implement EU-wide coordinated, comprehensive and regular monitoring.

About the EU-WHO marketing monitoring protocol

Task 6.4 of Work Package 6 was tasked with creating an **EU-wide coordinated and comprehensive monitoring protocol for reducing unhealthy food marketing to children** to support MSs' monitoring of unhealthy food marketing to children, with a particular focus on digital marketing (5). Task partners were from 16 countries: Slovenia, Austria, Belgium, Bosnia and Herzegovina, Republic of Srpska, Bulgaria, Croatia, Cyprus, Finland, France, Greece, Ireland, Latvia, Portugal, Romania and Serbia and collaborating partners were WHO and OECD. In addition, Estonia, a WP6 partner not initially taking part in Task 6.4 contributed by sharing learnings from their earlier pilot and participating in the final workshop.

To inform the EU-wide monitoring protocol design, in 2022 Task 6..4 reviewed, compared and evaluated four key global monitoring protocols, ran a series of consultations with Task 6.4 partners (MSs and technical experts) and a knowledge- and experience-sharing workshop "*Monitoring food advertising: Progress, experiences, challenges, solutions*" (JA Task 6.4.4, Milestone M6.5). The findings were published in the report "*Protocols to monitor marketing of unhealthy foods to children: Comparison and evaluation of existing protocols, with stakeholder consultation*" (19) (Muc and Tatlow-Golden, 2022) available at https://bestremap.eu/wp-content/uploads/2023/01/WP6.4-Food-Marketing-Monitoring-Global-Protocols-Review-Best-ReMaP.pdf.

One outcome of the Task 6.4 consultations was the decision to create a joint EU-WHO Euro protocol, as WHO was a collaborating partner and the form and scope of existing WHO food marketing monitoring protocols met the expectations and needs of consulted partners and have been piloted in various countries. After agreement between the Best-ReMaP JA and the WHO–Euro NCD office, the EU-WHO joint protocol to monitor unhealthy food marketing to children was designed. The table below shows the main elements of the EU-WHO monitoring protocol and indicates where the resources originated: which were adopted from existing WHO resources and which were created by Best-ReMaP WP 6.4 in response to partners' needs. A detailed description of the protocols' scope follows.

Marketing Channel/ element	Source of the protocol
Media and brands survey	Best-ReMaP
Internet - potential exposure (not working with children)	WHO P&T + BRM feedback
Internet - actual exposure (working with children)	WHO CLICK+ BRM feedback
TV	WHO P&T + BRM feedback
Outdoor	Best-ReMaP
Guidance on engaging children (involving children and young people, child's rights and ethics, recruitment and retention, dissemination	Best-ReMaP
Guidance on resource planning (research question, time, skills, costs etc.)	Best-ReMaP

Sources for EU-WHO monitoring protocol

A WHO review of available methods to monitor unhealthy food marketing in digital media (18) (Tatlow-Golden et al., 2021), published in a WHO-supported Special Issue of Obesity Reviews, identified considerable heterogeneity of methods and monitoring approaches in the field that affects the comparability of results.

The WHO CLICK framework (for digital marketing – potential and actual exposure) was developed by the WHO-Euro NCD Office to support MSs development of digital marketing monitoring methods. The WHO protocols and templates (for TV and digital media – potential exposure) were developed by Profs Emma Boyland and Mimi Tatlow-Golden with the WHO-Euro NCD Office to support MSs in capacity-building and carrying out marketing monitoring. A review of globally available major protocols was carried out by Best-ReMaP WP 6.4 (19) and this concluded that adapting the WHO-Euro protocols provided the best opportunity for an EU-wide monitoring framework.

WHO CLICK Framework (potential and actual marketing exposure on the internet)

The CLICK framework addresses digital media only and is a result of consultations with experts during two workshops in 2016 and 2018 organised by the WHO Regional Office for Europe with a report published in 2018 (20). CLICK consists of five steps that provide guidance for policymakers and researchers who want to monitor digital marketing to children: C - *Comprehend the digital ecosystem*, L- *Landscape of campaigns*, I – *Investigate Exposure* C- *Capture on Screen* and K – *Knowledge Exchange*. As part of the CLICK framework, both potential and actual exposure may be measured. For potential exposure, tools provided by the WHO Protocols and Templates can be applied especially addressing steps C - *Comprehend the digital ecosystem* and L- *Landscape of campaigns*. Actual exposure to digital food marketing can be measured by following the methods indicated in the steps I – *Investigate Exposure* and C- *Capture on Screen*.

WHO-Protocols and Templates (potential exposure on TV and internet)

In parallel, drawing on their expertise Profs Mimi Tatlow-Golden and Emma Boyland supported by Jo Jewell at WHO-Euro as well as Dr Anna Coates designed a set of guided steps and key variables to measure potential exposure to marketing through digital media and television marketing, and drafted the first versions of the WHO Protocols and Templates.

At the time of writing this report, the WHO websites that will provide links to all available protocols (WHO Protocols and Templates and CLICK Framework) are in preparation and protocols are available on request from the authors or WHO-Euro NCD office. More details on their scope and structure can be found in our Best ReMaP review "Protocols to monitor marketing of unhealthy foods to children: Comparison and evaluation of existing protocols, with stakeholder consultation" (19)

Landscape analysis - Survey of children's media use and popular food brands

In the CLICK framework, an ecosystem analysis (the first C of CLICK– *Comprehend the digital ecosystem*) is recommended. To comprehend the media marketing ecosystem relevant to food marketing to children requires identifying and gathering the most recent data on the commercial TV channels, social media platforms, websites, influencers popular among

children under 18 years of age in the territory in question. This informs the media and channels to select for monitoring in step L – *Landscape of campaigns*. In addition, identifying food brands and/or products popular among this age group allows for the monitoring of potential exposure through brand/product social media pages and websites.

If no relevant data are available, this information should be obtained through survey or focus groups/interviews with children and young people. Participants of the Best-ReMaP 6.4 pilots identified the need for a standardised template of a survey to study media landscape and brands; this was created and now forms part of the EU-WHO monitoring protocol. The survey template should be adapted for individual use, translated to local languages, and is designed for adolescents 13-17 years old. A version for younger children (12 years and under) is set to be created at a later date.

Outdoor protocol

We identified the need for a tool to measure outdoor marketing as this is a significant source of children's exposure to unhealthy food marketing (21) not covered by existing WHO protocols (19). In creating one, we followed the same structure as the WHO Protocols and Templates including a detailed guideline, supporting materials and coding sheet. This protocol was based on evidence identified through a scoping review of outdoor marketing studies (21). The protocol was created by Dr Magdalena Muc and Prof Mimi Tatlow-Golden (WP6 of Best-ReMaP) in consultation with Prof Emma Boyland (University of Liverpool), Amy Finlay (University of Liverpool) and Dr Richard Purves (University of Stirling).

The outdoor protocol provides guidance on measuring children's potential exposure in the areas surrounding children's facilities such as schools, preschools, clubs, etc., to intentionally placed food marketing visible from the street such as billboards, posters, bus shelters, passing public transport, any logo or form of branding, signage, promotional material, branded outdoor furniture and fencing and so on.

At the time of writing of this report this protocol is available by request from the authors of this report.

Guidance: Engaging children

Guidance was provided as needed to MSs, including during workshops, to participants of the piloting programme and other WP6 partners. The guidance (in preparation at the time of writing this report) will provide users with evidence-based guidance on:

- **meaningful involvement of children and young people** in research at all stages as experts in their own lives and marketing that reaches them (note that having an advisory board of children and parents is recommended)
- **running focus groups with children and parents** to explore their awareness and attitudes towards unhealthy food marketing, monitoring practices and methods proposed by the researcher, recruitment challenges, recruitment materials etc.
- **best practices in recruitment of children and young people**, including ethics and use of monetary incentives) and retention of participants
- **Ethical and legal aspects of monitoring children's actual exposure** to unhealthy food marketing including templates for a GDPR-compliant data protection plan and Impact Assessment
- Planning activities with a **child rights-informed approach**

Guidance: Resource planning

Similarly, this guidance is in preparation at the time of writing of this report and will provide users with:

- General guidance on planning monitoring activities based on resources (step-wise approach, sample size estimation, representativeness of the sample, necessary/desired skills required to undertake certain activities)
- Estimation of the time (days) needed to complete each step of the monitoring study and number of people (for all piloted protocols). This will be based on the experience of piloting countries and other authors who used these tools. Despite expected variances in the timelines between studies, it will provide users of the protocols with a useful tool to plan for necessary resources or plan monitoring activities based on available resources.
- Links to reports of studies that were completed using these protocols

It is anticipated that when completed all protocols will be hosted by the JRC.

Piloting of the protocols

The main objective of the piloting programme was to generate feedback and learnings regarding the scope, form and applicability of the EU-WHO monitoring protocol and to update the protocols accordingly. In addition, the piloting aimed to identify MSs' views of the main challenges and facilitators to implementation of these protocols.

All WP6 partners involved in Task 6.4 were invited to participate in piloting the EU-WHO monitoring protocol. The available protocols and channels covered was explained and partners were encouraged to express their intentions to pilot depending on their research question and resources, and/or to schedule a meeting with the Task 6.4 team to discuss their participation. Some MSs had started piloting existing WHO Protocols during Best-ReMaP before the launch of the piloting programme itself; they were invited to share their feedback and experiences on this process. Thanks to our close collaboration with the WHO-Euro office responsible for the protocols, Best-ReMaP learnings originating from the piloting are informing an update the WHO protocols based on MSs' feedback.

Since the aim of the piloting was not in the first instance to create data, but rather to generate process learnings, countries were welcomed to join the pilot at any time and were not required to complete the projects within the duration of the JA. Any learning, from any stage of projects, was gathered. Partners joined the monitoring programme at different times between May 2022 and March 2023 and 14 MSs expressed their intention to participate in the piloting stage. Some piloted more than one protocol, resulting in a total of 25 monitoring studies, of which 15 started as a direct result of the piloting programme and 10 were ongoing projects using or piloting existing WHO Protocols. A list of the partners and the protocols they monitor can be found in Table 1 below. Figure 1 shows the countries participating in Task 6.4.

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Figure 1 A map of Europe with Best ReMaP Task 6.4 participating countries highlighted in blue.

Table 1 List of piloting partners, their affiliations and the protocols they piloted.

Projects that commenced before the start of the Best-ReMaP JA were marked with.

Although Estonia was a WP6 partner, they initially did not participate in task 6.4, but shared their learning and attended a workshop, so these insights have been added to the piloting reports.

Country	Affiliation	Protocoltocol piloted	
Austria	BMASGK	Influencers*	Digital media
Republika Srpska	PHI-RS	Influencers	
Estonia#	NIHD	SM Capture on Screen*	
Portugal	DGS	SM Capture on Screen*	
Finland	THL	SM Investigate Exposure*	
Portugal	DGS	SM Investigate Exposure*	
Slovenia	NIJZ	SM Investigate Exposure*	
Croatia	HZJZ	SM of popular brands	
Serbia	IPHS	SM of popular brands	
Portugal	DGS	SM of popular brands	
Republika Srpska	PHI-RS	SM of popular brands	
Portugal	DGS	Websites of popular brands	
Austria	AGES	Media and brands survey	TV and Digital media Survey
Bosnia and Herzegovina	PHI- FBH	Media and brands survey	
France	SANTE	Media and brands survey	
Romania	INSP	Media and brands survey	
Cyprus	MoH CY	Media and brands survey	
Belgium	SCIENSANO	Outdoor*	Outdoor
Croatia	HZJZ	Outdoor	
Ireland	UCC	Outdoor	
Portugal	DGS	Outdoor	
Serbia	IPHS	Outdoor	
Austria	AGES	TV	TV
France	SANTE	TV*	
Portugal	DGS	TV*	

The monitoring pilot process

As the Task 6.4 team were contracted to the Best-ReMaP half way through the JA, some piloting of marketing monitoring had already begun with support of WHO. Partners with ongoing projects were invited to share feedback from previous steps and offered support in their next phases. One country, Estonia, despite being a WP6 partner, did not initially participate in Task 6.4, but shared their learning from piloting of one digital method, and participated in the second monitoring workshop.

All other WP 6 partners that expressed interest in piloting protocols were invited to join an online meeting to discuss their research questions, resources and existing available data on unhealthy food monitoring from their country or region. For partners starting new piloting projects, the Task 6.4 team aided their decision-making on which protocol to pilot.

All partners were encouraged to contact the Task 6.4 team with any queries, additional online training meetings were offered, and regular email correspondence was maintained to clarify any aspects of the protocols. Partners were encouraged to feedback on all aspects of the piloting process, including translations, ethical clearance, recruitment, data collection, data entry, coding, analysis and dissemination. Support was provided for all these steps. Regular emails were sent to partners to check the progress of their projects and if they needed any additional support. Those that completed their piloting studies shared their reports and these are synthesized in this report.

At the final stages of the piloting programme, a short survey was conducted to evaluate the programme and explore the challenges identified in implementing monitoring protocols and the support countries needed to achieve a coordinated and comprehensive, regular monitoring programme.

Finally, following on from the final Task 6.4 workshop ("EU-WHO monitoring protocol: implementation guide and learnings from piloting studies", 19-20 June 2023, Lisbon), focus groups and interviews were carried out to capture the main challenges that MSs anticipated in successfully implementing a food marketing monitoring programme and what supports they would need in place to achieve the goal. These will be reported in further detail subsequently. This report presents the findings of the piloting activities, a survey of Task 6.4 partners, and MSs' and our recommendations of the next steps towards the implementation of an EU-wide food unhealthy marketing monitoring programme.

Main learnings from the piloting programme

Learnings from a total of 25 projects were included in this piloting programme. Of these, 11 completed all stages, including writing up reports. A further 2 are expected to be complete by the end of the JA (September 2023). As the Task 6.4 team were contracted to the JA half way through, the time available for this piloting programme was limited. For 8 projects, partners received necessary training and resource planning activities were completed, but these had to be put on hold, due to their limited resources such as funds and people. Some are planned to continue at later dates when resources allow (after the completion of the Best-ReMaP JA). As the survey of the media and brands landscape was developed later in the piloting programme as a direct outcome of partners' requests, the learnings and results from its trialling in at least two projects will come after the completion of the JA.

Table 2 identifies which protocol was piloted by each institution participating in Task 6.4 and specifies the steps completed for each, of: training provided; resources assessed; study design; landscape mapping; ethical clearance obtained; recruitment; data collection; coding; data analysis; report writing; and current status of the pilot at the time of writing (July 2023).

The subsequent sections summarise the learnings across countries for each marketing monitoring protocol: TV, Internet (addressing multiple methods, for capturing actual exposure and potential exposure), Outdoors, and the survey of children's media and brand preferences, as well as learnings common to all. For each we explored monitoring preparation, data collection, coding, and report writing and Task 6.4 partners' feedback is recorded.

Table 2 Steps completed by each of the piloting WP6 partners at the time of writing this report (July 2023).

Some projects commenced within the JA but before the Task 6.4 team joined Best-ReMaP; some, using WHO CLICK began or had been carried out before the JA; their teams fed in learnings from their piloting experience to this task, so they are listed here and indicated with*. (NA- not applicable)

	Country	Institution	Protocol piloted	Training provided	Discussed resources	Study designed	Mapping landscape	Ethical clearance obtained	Recruitment	Data collection	Coding	Data analysis	Report written	Progress up to date
Digital media	Austria*	BMASGK	Influencers	NA	NA	˅	˅	NA	NA	˅	˅	˅	˅	Completed
	Republica Srpska	PHI-RS	Influencers	˅	˅	˅	˅	NA	NA	˅	˅	˅	˅	Completed
	Estonia*	NIHD	Capture on Screen	NA	NA	˅	NA	˅	˅	˅	˅	˅	˅	Completed
	Portugal	DGS	Capture on Screen	˅	˅		NA							Lack of resources to continue, might continue after the JA
	Finland*	THL	Investigate Exposure	NA	NA	˅	NA	˅	˅	˅	˅	˅	˅	Completed
	Portugal*	DGS	Investigate Exposure	NA	NA	˅	NA	˅	˅	˅	˅	˅	˅	Completed
	Slovenia*	NIJZ	Investigate Exposure	NA	NA	˅	NA							Will continue after the JA
	Portugal*	DGS	Websites of popular brands	NA	NA	˅	˅	NA	NA	˅	˅	˅	˅	Completed
	Portugal*	DGS	Social Media of popular brands	NA	NA	˅	˅	NA	NA	˅	˅	˅	˅	Completed
	Croatia	HZJZ	Social Media of popular brands	˅	˅			NA						Lack of resources to continue, will continue after the JA

	Country	Institution	Type									Notes
	Serbia	IPHS	Social Media of popular brands	Ý	Ý			NA				Lack of resources to continue, will continue after the JA
	Republica Srpska	PHI-RS	Social Media of popular brands	Ý	Ý		Ý	NA				Completed
Media and brands landscape	Austria	AGES	Media use survey	Ý	Ý		NA					Lack of resources to continue
	Bosnia and Herzegovina	PHI- FBH	Media use survey	Ý	Ý	Ý	NA					Will continue after the JA
	France	SANTE	Media use survey	Ý	Ý		NA					Lack of resources to continue
	Romania	INSP	Media use survey	Ý	Ý		NA					Will continue after the JA
	Cyprus	MoH CY	Media use survey	Ý	Ý		NA					Lack of resources to continue
Outdoor	Belgium*	SCIENSANO	Outdoor	Ý	Ý	Ý	NA	NA	NA	NA		Discussed applying updated WHO NPM to the dataset but its launch was too late
	Croatia	HZJZ	Outdoor	Ý	Ý	Ý	NA	Ý	NA	Ý	Ý	Expected to be completed by the end of JA
	Ireland	UCC	Outdoor	Ý	Ý		NA			NA		Lack of resources to continue
	Portugal	DGS	Outdoor	Ý	Ý	Ý	NA	Ý	NA	Ý	Ý	Expected to be completed by the end of JA

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	Country	Agency	Media											Status
	Serbia	IPHS	Outdoor	ᵛ	ᵛ		NA		NA					Lack of resources to continue
TV	Austria	AGES	TV	ᵛ	ᵛ	ᵛ	ᵛ	NA	NA	ᵛ	ᵛ	ᵛ	ᵛ	Completed
	France*	SANTE	TV	NA	NA	ᵛ	ᵛ	NA	NA	ᵛ	ᵛ	ᵛ	ᵛ	Completed
	Portugal*	DGS	TV	NA	NA	ᵛ	ᵛ	NA	NA	ᵛ	ᵛ	ᵛ	ᵛ	Completed

TV protocol

Monitoring unhealthy food marketing on television involves identifying popular TV channels among children in the country or region of interest, defining peak hours, recording footage of interest, viewing the footage for the presence of commercials (food and non-food), coding the identified commercial content, analysing and reporting the results. The WHO template coding sheets allow for coding *exposure* (where, when the marketing was present, context of the marketing, duration, form etc), *nutritional information* for products marketed (using the WHO-Euro nutrient profile model) as well as the *power* of marketing (the creative techniques used in the marketing materials). A detailed description of this protocol can be found in our earlier review of protocols for the JA (19).

Countries undertaking these studies managed to successfully complete them and produce reports. The WHO protocol to monitor unhealthy food marketing aired on the TV channels most popular among children was found to be a valid and accessible tool that can be implemented as a part of the EU-WHO monitoring protocol. In the process of piloting some challenges were identified and addressed. These were:

TV - Preparation stage

During the landscape analysis, one MS identified existing data on popular children's TV channels but were unsure of the relevance and applicability of these sources in terms of representativeness and sample size. They also found determining peak viewing times somewhat challenging.

TV - Data collection

Technical issues were identified regarding the ease of recording selected broadcasts and storing large volumes of data

Technical issues were identified to record the selected broadcast and store large volumes of data.

TV - Coding

Viewing and coding the recorded footage was described as time consuming and challenging, even using the fast-forward function. Additional clarifications on some of the variables were sought at the coding stage.

TV - Coding
What was the Task 6.4 team's advice? • At this point there is no alternative to viewing long hours of footage. **What did partner do?** • They took time to view and code the recorded content. **Next steps** • In the "Resource planning" guidance we will include information on the average time it takes to view the recorded footage and code content (for all media, based on survey of piloting partners) • Some broadcast providers can offer extracted commercials on demand for research purpose (make clear in protocols) • Machine learning (AI) tools can be used to screen for the presence of branding and/or food products, which will reduce the time spent on identifying food marketing in any recorded content. • Food products EU database is considered as a solution to time consuming NPM coding, but efficient system of products monitoring that can account for new products and reformulation needs to be in place.

Internet monitoring

There are two possible approaches to monitor the marketing of unhealthy foods in digital media (internet): those that measure *potential* and *actual* exposure.

Actual exposure (WHO CLICK framework steps I and C)

Due to the personalised and targeted character of marketing in digital media, the only way to monitor what children are *actually* served as marketing in the digital media they use, including what others share with them, is by asking them to grant access to their personal devices. This then requires recruiting children to the research process. Two steps in the WHO CLICK framework provide guidance on using these methods: I for *Investigate Exposure* and C for *Capture on Screen*.

CLICK Step C- Capture on Screen

Screen capture is the only method available to date that can measure all forms of marketing that reach children through digital media. There are several methods available. WHO provides their own app, Kid-Ad, that can be requested by researchers; they guide researchers through installation and provide technical support. Other methods of screen capture are described in Kelly et al 2021, van der Bend et al 2022 and Potvin Kent et al 2019, Nieto et al 2023 (22–25). These methods all either involve downloading software that automatically captures what is shown on the screen as children use pre-defined social media platforms (the WHO app takes screenshots at specified intervals); or participants can screenshare on a videoconferencing app (e.g., Zoom, Teams: van der Bend et a; 2022; Vaipuna et al 2020 (24,26)) while it records their social media use. Most of these approaches involve recording continuous footage. The recorded material is then screened for presence of food marketing (all forms of marketing are

captured using this method). Identified marketing content is extracted and the remaining footage deleted. It is then manually coded using the available coding templates.

Only one Best-ReMaP partner country has piloted this method, using the WHO app, and this was prior to Best-ReMaP. One Task 6.4 partner attempted to pilot monitoring via screen capture, but did not manage to start as they were unable to secure ethical clearance for this method.

Due to the valuable, unique data provided by screen capture methods, and the importance of monitoring all forms of marketing that reach children through digital media, efforts should focus on facilitating supports for ethical clearance as well as improvements and validation of this method in other MSs. This protocol has the potential to be a potent tool in the EU-wide monitoring programme, however several crucial challenges have been identified:

Internet – Capture on Screen - Preparatory stage

For any app to be used, detailed information about its data privacy provisions; what data exactly it accesses; the permissions it needs on the device; and how data will be secured, stored, handled and deleted, are all required, as requests from ethics committees as well as from participants and their parents might arise. In addition, many ethics committees require information on exactly how these processes are legally identified as compliant with the GDPR.

Internet – Capture on Screen preparation
What was the Task 6.4 team's advice?
• WHO provided partners with support in ethical clearance processes • Task 6.4 provided guidance on ethical issues during the workshop
What did partner do?
• One partner managed to achieve ethical clearance, second partner is still trying to obtain ethical clearance • Partner contacted WHO for support and reached out to WP6 for further guidance e.g., for a data management plan template and experience/materials exchange from successful cases.
Next steps
• A data management plan template should be added to the protocols. • EU-wide and MS-specific ethical clearance documentation and advice on GDPR issues related to accessing children's devices to monitor digital media is strongly advised.

Internet – Capture on Screen - Recruitment and retention

The second major challenge identified in this method was recruitment and retention of participants. These were partly linked to the privacy concerns mentioned above and to software limitations (iOS devices could not be used in data collection).

Internet – Capture on Screen recruitment
What was Task 6.4 team's advice?
- The best recruitment strategy will depend on resources and contacts partners have. Recruitment agencies can be used to facilitate recruitment. Avoiding gatekeepers that receive many requests as they might be overwhelmed (e.g., schools near a university or research-active Ministry).   - If possible, engage children's, young people and/or a parents' advisory board to advise on recruitment approach, materials, and strategy.   - Prepare answers about software and data privacy as participants and parents are likely to ask for them and ethical research committees are highly likely to.   - Use apps with high level privacy   - Use automated tools for data screening such as face blurring (increases anonymity) and screening for branding and food products (machine learning) as these have the potential to increase privacy and encourage participation   - WHO has been addressing software compatibility issues and results of new studies will validate their updated app.
What did partner do?
The only partner who run the screen capture study suggested potential solutions, other countries took notes of their experiences and our guidance.
Next steps
Guidance on involving children in screen capture research, including as participants and advisory board, will be included in the EU-WHO protocols.

Internet – Capture on Screen - Software

The WHO screen capture app was only piloted on Android operating devices (iOS devices were excluded), affecting participation rates and was identified as a substantial challenge. In addition, in the pre-JA WHO pilot, software installation and uninstallation issues arose causing challenges in installing the application and in function. As a result, very few data were collected. After further updates to the app, further pilots and/or testing of alternative screen recording approaches is required.

Internet – Capture on Screen - software
What was the advice?
• WHO supported the MS with the software challenges, identified and addressed the issues. Studies using an updated version will aim to validate these updates
What did partner do?
• Partner worked with WHO and participants to try to solve emerging issues with software, their feedback helped to created updates of the tool.
Next steps
• WHO reported that the software has now been updated and new studies can validate the tool.
• Other software can be used to capture screens.

Step I- Investigate Exposure

The WHO CLICK 'Investigate exposure' step is a second tool to measure *some of* children's actual exposure to unhealthy food marketing in digital media – only some, as it can measure paid advertisements served to the device only. A specialised app (RealityMine, provided to MSs by WHO) was installed on children's personal devices. This method is more privacy-protecting than Capture on Screen, as it does not record the screen, but instead automatically aggregates the meta-data of paid-for ads served to the device as it is used (websites and social media). This is delivered in form of a dataset in Microsoft Excel. Information supplied includes the 'media ID', a web link to the original marketing so that researchers can view, record and manually code this. Other variables such as descriptions of the ad can be used as an alternative to identify the marketed product (and therefore its eligibility to be marketed to children using NPM). The advantage is fewer privacy concerns about collecting data of participants and other social media users. The main limitation is that *only paid-for ads* are captured – and these form only a small part of the complex digital marketing landscape.

Two MSs successfully completed the piloting of this method. One further MS has sought to, but has not managed to secure ethical clearance to commence screen-based monitoring activities. The main challenges identified were:

Internet – Investigate exposure - Preparatory stage

As with Screen Capture, ethical clearance was found to be a major challenge. Complex ethical considerations related to the method and the software used and the technical nature of GDPR requirements meant that partners felt they did not have enough knowledge to respond to the ethical committee and data protection officer /information commissioner. In addition, the software's Terms and Conditions caused concerns. Although the ethical clearance process was found to be challenging, support from WHO in the ethical clearance stage was identified as positive and helpful.

Internet – Investigate exposure - preparation
See "Preparatory stage" of Screen capture section above.

Internet – Investigate exposure - Recruitment and retention

Once again, due to the need to access children's private devices, recruitment was identified as a major challenge. MSs reported that potential participants expressed privacy concerns and a feeling of insecurity and intrusion relating to the use of the app. This in turn resulted in difficulties in recruitment, enrolment, and subsequent compliance.

Internet – Investigate exposure – recruitment and retention
What was the Task 6.4 team's advice?
• See "Recruitment and retention" of the Capture On screen section.
What did partner do?
• Partners tried different approaches to recruitment and approach to participants. Participation rates were not high but comparable to other similar studies. One partner used recruitment agency. Incentives were used to boost participation (movie vouchers).

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> **Next steps**
>
> - Guidance on involving children in screen capture research, including as participants and
>   advisory board, will be included in the EU-WHO protocols.

Internet – Investigate exposure - Software

Due to dependence on a single app for this method, any issues arising from its use present substantive challenges. There was a compatibility issue with iOS devices where the RealityMine app was only able to identify marketing on YouTube, not on other social media platforms, so data from more ads were aggregated from Android devices. Therefore, only children who used Android devices were recruited, again affecting participation rates and representativeness. One partner observed that a social status issue affects recruitment: young people did not want to admit they had Android operated devices rather than the higher-status and more expensive iOS devices, potentially affecting the representativeness of their sample.

For those who managed to have the app installed, data extracted were often incomplete, so many ads could not be identified (for example media ID, URL and/or keywords missing).

> **Internet – Investigate exposure – Software**
>
> **What was the Task 6.4 team's advice?**
>
> - As with the Capture on screen software, WHO provided technical support with the app issues
>   and updated the software accordingly. New studies using this method will validate the
>   updated tool.
>
> **What did partner do?**
>
> - Despite challenges, countries managed to gather some data and report results.
>
> **Next steps**
>
> - New studies can test the updated and validated tool (using for example a screen capture
>   method of validation). Once the identified software issues are addressed the tool can be used
>   for monitoring.

Internet – Investigate exposure - Coding

The RealityMine software automatically extracts the marketing metadata, but to view and code the marketing content, the links provided have to be followed, so the ad content can be viewed and recorded (screenshot/ screen recorded) and coded manually as per monitoring protocols. Therefore, despite data *collection* being partly automated, there is still a significant amount of time- and resource-consuming manual *coding, processing and analysis.*

Because website content is in constant change, links provided in the media ID should be viewed as soon as possible after the data being recorded (even in the data collection stage) so the content recorded for analysis is coded before the link expires or content, promotions or offers have ended.

> **Internet – Investigate exposure – coding**
>
> **What was the Task 6.4 team's advice?**
>
> - WHO took notice of the missing data and addressed the issue.

> **What did partner do?**
> - Where IDs were missing, other sections were used to identify advertised product. Not all products could be identified. Missing data was reported as a limitation.
> -
>
> **Next steps**
> - Software updates should eliminate the missing data issue.
> - A validation study should be run (using for example a parallel Screen capture method) to test the updated app.
> - As for all monitoring, automated tools and food products database could facilitate coding.

Potential exposure (WHO Protocols and Templates)

Websites and Social media brand/product pages

Internet protocols in the WHO Protocols and Templates set allow for monitoring the unhealthy food marketing children are *potentially* exposed to though digital media. They allow the researcher to analyse the landscape of campaigns (CLICK framework step L) of the popular brands that children are potentially exposed to when they use their preferred social media/visit websites. They entail identifying the social media platforms, and/or websites that are popular among children and young people in the area of interest, identifying popular foods and/or products among them, and visiting the social media pages/websites of these brands/products, recording the most recent posts on these pages (for websites home page and section of websites relevant to children and families), recording the content, viewing and coding it using the provided coding sheets.

These methods do not require any ethical clearance, they do not involve children as participants and are straightforward to implement.

Two MS completed social media analysis of popular brands/products, two further MSs intended to run these studies but postponed due to limited resources. One MS completed a websites analysis. Despite these methods being straightforward, some challenges were identified during the piloting programme.

Internet – potential exposure - Preparatory stage

The main questions arising from the initial discussions were about the resources needed to complete such activities. Estimated duration of data collection, coding and analysis were needed to plan the study according to available resources. Decisions on how many brands/products, how many social media platforms and websites to include depend largely on resources (when should the study be completed, how many person-hours available).

As the identification of social media platforms/websites and brands/products popular among children and young people is crucial for study design, and some piloting countries could not identify any existing sources of this information, they needed to obtain it. WP 6.4 partners suggested including a template for the survey suggested to analyse media and food landscape, as a part of the EU-WHO protocols. The Task 6.4 team drafted this survey, and it was made available to partners to use/pilot.

Internet – potential exposure - Preparatory stage

What was the Task 6.4 team's advice?

- The Task 6.4 team discussed research question, available data and resources individually with each partner and provided tailored advice.
- We shared with partners experiences from other countries using this tool, including approximate coding time.
- We drafted and provided the survey to study media use and brands/products popularity.

What did partner do?

- Partners planned the activities according to their resources and research question.
- Survey has been adapted by some countries and is set to be used in the near future.

Next steps

- Adequate funding for monitoring activities should be provided so that the resources do not play a major role in planning activities.
- Until the resources are in place, countries benefit from tailored advice on activities.
- Resource planning guidance will be added to the protocol to help countries estimate the amount of time needed to complete each study.

Internet – potential exposure - Data collection and coding

Data collection was not found to be challenging. Some variables required a better explanation and support was provided by the Task 6.4 team. Some variables coding marketing's power were found particularly problematic, partners reported low inter-rater agreement rates. These were the primary/secondary persuasive appeal of the ad and which demographic group ad appeal to most. Brand marketing, supermarkets ads and ads with multiple food items depicted were particularly challenging to code and more clarification on how to code such content is needed.

Internet – potential exposure - Data collection and coding

What was the Task 6.4 team's advice?

- We clarified variables for the partners.

What did partner do?

- Partners coded the data and managed to complete the study.
- Discussions within the team aided the inter-rater reliability, although some variables continued problematic.

Next steps

- We will provide further clarification of variables that raised questions.
- Especially brand marketing needs clear and accessible guidance in protocols.
- Clear guidance on the coding of adverts including multiple products should be provided.
- Some variables that were repeatedly reported as creating low inter-rate agreement will be removed or restructured.

Internet – potential exposure - Reporting results

Partners suggested creation of a protocol-specific template for analysis and reporting results of monitoring studies. Access to reports/studies that used the same/similar methodology were also suggested as a helpful resource. Concerns over brands taking legal action against researchers when reports published were also raised but partner has been reassured that as long as they report the results and avoid over interpretation/subjective opinions on the brands/products, the risk of such event was very low.

Internet – potential exposure - Reporting results
What was the Task 6.4 team's advice?
- We advised countries on the best practice to analyse and report results.   - We provided partners with examples of studies using this method.
What did partner do?
Partners prepared a comprehensive report of their results.
Next steps
- Template for data analysis and report could be added to the protocols.   - Monitoring specific knowledge and experience exchange network could include library of studies using the monitoring tools to serve as an example.

YouTube influencer

Two countries piloted the YouTube influencer protocol. This method consists of identifying influencers popular among children/young people, visiting their YouTube channels, viewing and coding their videos for presence of any food marketing. As in the case of other protocols that measure potential exposure, this method is fairly straight-forward, does not require ethical clearance nor recruitment of children. Some challenges were reported, and they were similar to those identified in Social media pages and websites of popular brands.

Internet – potential exposure – YouTube influencer - Preparation stage

Partners reported challenges deciding which influencers to include and especially which of their videos to include in the analysis. Since not all footage will feature food, videos have to be viewed and videos featuring food should be selected. This decision-making process could be made clearer in the protocols.

Internet – potential exposure – YouTube influencer - Preparation stage
What was the Task 6.4 team's advice?
• We advices countries on selection of influencers and their videos. Advice was given to search and code videos containing some food reference.
What did partner do?
• Partners followed advice and managed to successfully collect data.
Next steps
• Clarify in protocol criteria for selection of influencers and videos.
• Provide protocols for influencer marketing on other platforms

Internet – potential exposure – YouTube influencer - Coding

As in other protocols, some variables needed extra clarification, and this should be provided in updated protocols.

Internet – potential exposure – YouTube influencer - Coding
See "Internet – potential exposure - Data collection and coding" section above

Outdoors protocol

The Task 6.4 team developed a new Outdoors protocol at MSs' request, to measure children's exposure to any form if intentionally placed marketing elements in the surroundings of facilities children frequently use (schools, preschools, clubs). The process consists of selecting a geographical area of interest, taking into account socioeconomic and demographic representativeness, selecting facilities within the area (usually schools), creating circular buffers around these facilities, dividing them into 6 identical sections, creating one major route within each section from the outside of the buffer towards the entrance of the facility.

Next, these routes need to be visited and walked by researchers and presence of any marketing (alternatively also their geolocation) is to be recorded. Later, data is viewed and coded. Two partners successfully applied this method in their country and the projects are expected to be completed by the end of the JA. Two countries intended to implement this method but put the activities on hold due to limited resources. In general, piloting showed that this is a valid tool to measure children's potential exposure to unhealthy food marketing in the surroundings of the facilities they frequent, although some challenges were identified.

Outdoors - Preparatory stage

Since this method requires capturing images or videos in public spaces, ethical clearance is needed. Although it is not as challenging as methods recruiting children, some countries found that formalities took longer than expected. To reach representativeness and good geographical coverage, collaborations are helpful. At first, partners had difficulties in creating buffers and sections so additional training was provided and clarification was added to the protocol. After a partner's request, a template for ethical clearance background and participant facing documents (information sheets and consent forms) were added to protocol.

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Outdoors - Preparatory stage
What was the Task 6.4 team's advice?
• We provided partners with materials supporting ethical clearance, including information sheet for public (in case researcher is approached) and rationale for the study with key references.
• We clarified in the protocol and during meetings methods to create buffers, sections and routes
What did partner do?
• Partners used provided materials for the ethical clearance and obtained authorisation
• Partners successfully created buffers, sections and routes using new guidance and suggested tools
Next steps
• The tool has been updated and will be included in the EU-WHO protocol

Outdoors - Data collection

The main issue identified at the data collection phase was the physically demanding process of walking the routes (each route twice). Walking all six routes per facility in one day was found excessive, especially in unfavourable meteorological conditions. Some technical issues arose with collecting geolocations of ads and storage of data, but they were resolved locally by partners.

Outdoors - Data collection
What was the Task 6.4 team's advice?
• Health and safety and risk management sections have been provided for partners to consider field work conditons.
What did partner do?
• Partners adjusted the workload
• IT issues have been solved internally.
• Data has been successfully collected
Next steps
• Health and safety and risk management guidance have been provided in the protocol.
• Guidance document on planning resources will include estimation of the time needed to collect data of one buffer area.

Outdoors - Coding

Similar coding challenges and doubts were communicated by partners as in other projects. Outdoor specific issue arose with coding of independent establishments (restaurants, shops, cafes etc) with only the name of the facility visible from the street level and no website available. Guidance on these cases was provided advising to record the facilities as a part of general food environment without coding eligibility to be marketed to children.

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Outdoors - Coding

What was the Task 6.4 team's advice?

- We advised partners on all examples of ads sent to us.
- We suggested shop and gastronomic facilities fronts should be coded as a part of food environment, independently of the presence of branded products

What did partner do?

- Partners followed the advice and coded content accordingly.

Next steps

- As for other protocols, some variables will have clarifications, and some will be removed or restructured in the updated coding sheets and protocols.
- Brand marketing needs more clarification, including fronts of establishments.
- As the protocol gets implemented in new countries, new forms of marketing might emerge which will require further revisions and updates.

Outdoors - Reporting results

As per other protocols, partners requested to provide examples of previous studies using the method as part of protocol.

Outdoors - Reporting results

What was the Task 6.4 team's advice?

- We provided partners with examples of studies monitoring outdoor marketing.

What did partner do?

- Partners reviewed materials and will use it to report their results and compare with existing literature.

Next steps

- Template for data analysis and report could be added to the protocols
- Monitoring specific knowledge and experience exchange network could include library of studies using the monitoring tools to serve as an example

Survey: children's preferred media and food brands

As described above, this tool was created as a response to partner's need of standardised template to study media and food environment in the country in case of lack of available data. This survey can be used as a step preceding the monitoring of marketing on TV and/or Internet (Social Media profiles and websites of popular brands of food and non-alcoholic beverages, Influencer Marketing and YouTube protocols of the WHO Protocols and Templates. The template to be translated and adapted to individual needs of MSs is designed to identify children's media use including:

- Digital devices
- Internet (in general, including apps)
- Social media
- Websites

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- Games
- Browsers
- Live TV channels
- Catch-up TV services
- Paid subscription TV or streaming services

In addition, the survey explores children's popular brands and products that they buy, request, eat, follow on social media, whose websites they visit, or items they remember seeing while using internet.

This protocol was introduced to the piloting programme in the latter stages of the Task 6.4 team's involvement in the JA and despite obvious interest from partner countries, not all of them managed to commence the process of piloting it. Five countries that expressed interest in these studies undertook training from the Task 6.4 team, of which three put plans on hold due to resources; two commenced the ethical clearance processes and prepared recruitment materials and plans. Some learnings arose from these early-stage pilots:

Survey - Preparatory stage

A common question during the preparatory meetings was about the scale of the study; partners wanted advice on sample representativeness and size. They were also interested in a version of the survey that would be fit to study habits of younger children (12 years old and under). Since this study requires recruitment of children, ethical clearance is needed, and, interestingly, some countries noted that ethical applications for *any study* involving children might be challenging.

Survey - Preparatory stage
What was the Task 6.4 team's advice?
- The Task 6.4 team discussed available resources and research question with each partner individually and provided tailored advice.   - We explained that although larger sample allows for more sub-group comparison (e.g. of various demographic groups), resources might have to verify the actual numbers   - We provided partners with examples of sample sizes from similar study   - As for representativeness, it is important to attempt as much demographic and geographical diversity as possible within available resources.
What did partner do?
Partners took our advice and decided to adjust sample size and representativeness to their available resources.
Next steps
- Adequate funding for monitoring activities should be provided so that the resources do not play a major role in planning activities.   - Until the resources are in place, countries benefit from tailored advice on activities   - Resource planning guidance will be added to the protocol to help countries estimate the amount of time needed to complete each study,

Survey - Recruitment

Partners asked for, and received, advice on best recruitment practices for these studies. Guidance will be included in the document "Engaging children".

Survey - Recruitment
What was the Task 6.4 team's advice?
• We discussed pros and cons of using survey companies for recruitment and data collection vs recruiting through gatekeepers e.g. schools.
What did partner do?
• Each partner chose the most adequate recruitment method according to their resources and contacts.
Next steps
• Document on involving children in monitoring studies will include sections on recruitment for surveys.

Survey - Structure

After the first review of the survey, partners provided valuable feedback on content and structure and the survey was amended accordingly.

Survey - Structure
What was the Task 6.4 team's advice?
• We restructured the survey accordingly and provided updated versions to partners.
What did partner do?
• Partners used the new template and adjusted it further to their own individual needs.
Next steps
• New template will be provided in the protocol. As the tool gets implemented in other countries, it might need further updates.

Survey - Reporting results

Partners requested reports of studies with similar surveys as templates on results reporting.

Survey - Reporting results
What was the Task 6.4 team's advice?
• We provided partners with examples of studies using media and food surveys.
What did partner do?
• Partners reviewed materials and will use it to report their results and compare with existing literature.
Next steps

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- Template for data analysis and report could be added to the protocols
- Monitoring specific knowledge and experience exchange network could include library of studies using the monitoring tools to serve as an example

All protocols

Some challenges were common across protocols.

Monitoring design: Due to limited resources and varied expertise/experience in monitoring unhealthy food marketing, partners valued one-to-one support in planning the scale and scope of monitoring activities around their resources and any data already available in their country. Access to adequate funds for monitoring, but also to experts and/or other research groups with relevant experience can facilitate this monitoring design.

Coding: Manual coding of the content, especially of the Nutrient Profile Model variables, was considered time consuming. Coding NPM for brand marketing content (presence of branding elements such as logo, name of the brand for example, without the depiction or mention of a specific food product) was found challenging and MSs requested further guidance, as many also did for coding of supermarket ads and independent restaurants/shops and ads with multiple food products depicted. Marketing of food delivery services is another growing phenomenon that needs more attention and guidance in the protocols across all channels.

For non-experts, some of the content variables were considered quite subjective, creating higher levels of disagreement between coders and they require adaptation for use by non-expert coders and more training. Other variables might need extra clarification.

Maintaining currency of protocols and templates: Due to the dynamically changing digital media and marketing landscape, regular platform-specific updates to protocols are needed. This presents legacy challenges for the resources developed by Task 6.4.

Evaluation of the Task 6.4 piloting programme and main implementation challenges identified.

As a final part of the piloting, in collaboration with the WP3, WP6 prepared a small survey for all partners. We invited partners who:

- undertook some monitoring activities within the Best-ReMaP JA,
- commenced their piloting of WHO protocols before the Best-ReMaP piloting scheme
- or never ran any monitoring activities.

This survey was voluntary and anonymous. It was designed by WP6 and created by WP3. Data collection took place in June 2023. The survey with all responses can be found in Annex 5. Its objectives were:

 If the partner PILOTED ANY MONITORING PROTOCOL

- To explore experience with monitoring, in particular challenges encountered
- To explore experience with the Best-ReMaP JA piloting programme: evaluation of WP

6.4 work, what could have been done differently, what was the most valuable element of support received.

If they had NEVER RUN ANY MONITORING STUDIES

- To explore the main reasons why they were not able to do so (for insight into the support they might need in the future)

For ALL

- To explore the support MSs would need to implement comprehensive, regular monitoring.

The final sample consisted of 19 respondents; 10 had used a monitoring protocol and 9 had not.

Results of the survey

Piloting of the protocols

A table with the breakdown of the protocols used by the 10 respondents that had piloted one or more monitoring components can be found below.

Protocol	n
TV	3
Outdoor	4
Survey of popular media and brands	0
Social media popular brands analysis (WHO protocols and templates)	3
Popular brands websites analysis (WHO protocols and templates)	0
YouTube Influencers' marketing (WHO protocols and templates)	2
YouTube brand page marketing ((WHO protocols and templates)	0
CLICK Investigate exposure step (paid ad capture via VPN)	1
CLICK Capture on Screen step (screen recording)	1

We asked respondents how challenging they found various monitoring steps, to describe the challenges they faced, and identify key challenges encountered.

For the TV protocol, data collection was reported as the main challenge. Technical aspects such as methods to record TV footage and the storage with sufficient capacity as well as time consuming process of viewing the footage and identifying marketing content were flagged as challenging.

For outdoors, data collection was also identified as a challenge, as it is time consuming and can be physically demanding to walk the routes.

For CLICK protocols (*Identify Exposure* and *Capture on Screen* steps), recruitment of participants and ethical approval were mentioned as the main challenges.

Some elements of the coding process were identified as problematic across all protocols. These were the primary/secondary appeal and the main demographic the advertisement appeals to. Additional power variables that presented challenges were the presence of appeals using sustainability, quality/freshness, regionality.

Coding the products and their eligibility to be marketed to children according to the NPM was identified as challenging and time consuming. Products not included in the WHO NPM and the coding approach to them were another reported doubt.

These results confirm the findings from one-to-one partner consultations through the pilot.

Barriers to joining the piloting programme.

We also surveyed partners who did not join the piloting programme on the main barriers to doing so. The main barrier identified by 8 of the 9 respondents was lack of resources (time, funds, people), followed by perceived lack of expertise in this topic (4 respondents) and monitoring of unhealthy foods not being a priority in the institution.

Intention to use protocols.

We asked all participants, those who piloted some protocol and those that had not, which protocol they would monitor if they had the opportunity (e.g., more resources, more time etc.). Most participants (n=15, 79%) reported they would use Social Media analysis of popular food brands (potential exposure), followed by YouTube influencers' marketing protocol (n=12, 63%). The protocols chosen the least were TV (n=5, 26%) and actual exposure in digital media (CLICK Investigate exposure n=3, 16% and Capture on Screen steps n=4, 21%). Detailed responses to this question are illustrated in the graph below.
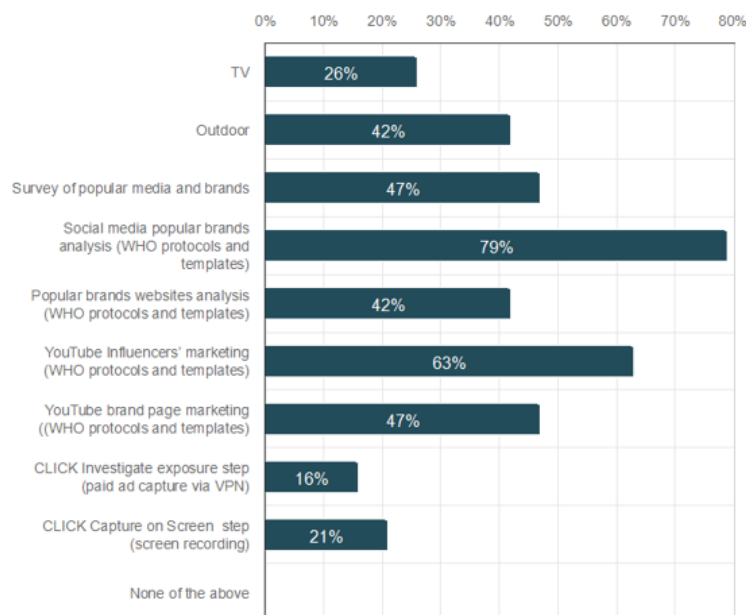
Figure 2. Which monitoring protocols would participants be interested in implementing if they had the opportunity (e.g., more resources, more time etc.)?

When asked about what protocols they would try to implement in their countries in the near future, most respondents indicated Survey of popular brands and media habits (n=9, 53%), followed by Social Media analysis of popular food brands (potential exposure) (n=6, 35%). Detailed results can be found in the figure below.
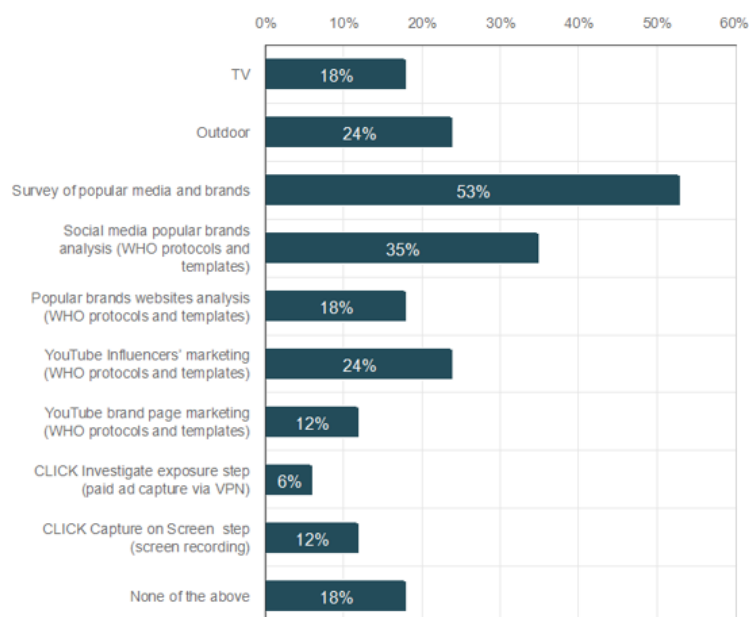
Figure 3. The protocols in the EU-WHO protocol countries will try to implement the near future.

Facilitators to implementation of the EU-WHO monitoring protocol.

Next, we asked partners what support would they need in place to implement a comprehensive (all media) and coordinated regular (for example every 2 or 5 years) monitoring programme in their country. Respondents were asked to rank elements in order of importance from 1 to 4 with an option of "other" where they could suggest facilitators not listed. The most important facilitator in the view of participants was receiving **more funds** (mean value of importance 1.2), followed by **training** (mean value = 2.2), **access to experts** in the field (mean = 2.6) and Access to **expertise of other countries** who implemented some protocols (mean = 3.2). Other facilitators identified included more human resources on the task, IT support and governmental support.

Finally, we asked our partners how the next Joint Action could support them further in the implementation of the comprehensive and coordinated, regular monitoring of unhealthy food marketing in their country? Responses can be found in the table below.

Responses
With funds, expertise, experience of other countries, more detailed training!
Funding for monitoring. Cross-country comparisons for results. Advocacy for stronger EU level regulation.
Expertise, funds, training
Funding for implementing CLICK tool
More resources (funds and time), as well as training and access to experts for help and support.
More funding and training/workshops in order to be able to explore other protocols and do follow-up studies on the TV protocol; EU-wide harmonisation of ethical committee decisions to speed up the

working process; ideas of how to influence political decisions (ultimately: restricting marketing to children and teenagers), regular meetings, providing IT support and report templates
Information about experience in other countries where such comprehensive and coordinated monitoring is done. What kind of institutions are doing such monitoring? Who is financing such monitoring?
Organize more practical trainings, exchange of experience
Engage in those activities
We are very grateful to be included in this work package, because this is a great opportunity for us to record the state of affairs in this area in our country and use this to initiate some changes in our country. We sincerely hope to be involved in the next Joint Action and to continue where we left off... with your support!
As an independent monitoring body? I think it would be important to emphasize that monitoring is an essential activity if commercial determinants of health are the area of focus of the programme.
At the interdisciplinary political level, it is necessary to understand which institutions will carry it out, what will be the functions, tasks and amount of funding of each participating institution. Which part of the piloted protocol should be taken over and implemented etc.
More training how use monitoring protocols
We could continue with our implementation process
Further support related with expertise, training and useful materials and resources is important step in this field. Facilitation of key stakeholders in order to provide structural support for sustainable and regular monitoring of unhealthy food marketing is crucial.

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Evaluation of the Best-ReMaP food marketing monitoring programme.

Participants were asked how satisfied/dissatisfied they were with the collaboration with the WP6 on piloting of the monitoring protocol. On the scale 1-7 where 1 was not at all satisfied and 7 was very satisfied, the mean score was 6.1. In total 77.8% of the responses were for scores 7 or 6. There were no votes for the points 1-3 of the scale.

Further, we explored what was the main value of the piloting programme of the Best-ReMaP compared to having to run the monitoring activities outside of the Best-ReMaP JA. The **support of the Task 6.4 team** and **experience exchange between partners** were the most commonly mentioned benefits. All responses can be found below.

Responses
it is good to have more control over research and data collecting, the cooperation between partners it is also very appreciated (help with implementation, example of countries)
Situation analysis
The main added value to the monitoring activities within the Best ReMaP piloting programme is the constant support and help from the Task 6.4 team. Sometimes during the monitoring activities several issues/questions arise, and having a team ready to help us at any stage of the process is really helpful.
regular meetings with the WP6 team lead and other participants: learning from each other and sharing the experiences; direct contact to a great support team (Magda, Mimi, Emma,); being part of a Europe-wide initiative
exchange information and problem solutions from other participating countries - step by step i.e., for example what did you do in case of...
Having access to the protocols and exchanging between partners during meetings
We were able to ask questions about the protocol to Kim Westra from Ecorys, who is in charge of the European study with the University of Helsinki, but we then conducted the study on our own. I think we would be much better supported by your team if our study into children's exposure to digital marketing could go ahead.
This was the first study of this king in the Republic of Srpska, that provides valuable insights in marketing of unhealthy food toward children. Provided data will be useful for advocacy and planning further measures in this field.

Participants were also asked which element of the piloting programme could be improved and how. Responses can be found below.

Responses
For now, we don't have any additional opinions or feedback.
Clearer communication of the goals, tasks and timeframe; more support in the last-minute implementation of tasks, such as the survey of children's viewing habits; a template for the final report
In our case, before starting the actual piloting, education should be done in order to obtain clear guidelines.
Sharing sample ethical applications from countries that have been successful. Establishing a community of practice that can continue beyond Best Remap
Better synchronization and uniformity of piloting process (especially related to reporting) among countries with shared experience would be useful learning tool in the future.

Finally, we asked participants how they evaluated the communication regarding the piloting programme, and they mostly evaluated the communication as very clear, WP6 as being available for support and provided quick responses to queries. Some, however, noted that the communication was not as clear at the beginning of the JA and in aspects such as overall objectives, overall time frame, how to write the final report, what the actual premises for completing WP6 were, that piloting projects did not have to be completed by the end of the JA. They also suggested that they would benefit from more regular, short meetings with the WP6 team to discuss the project.

Summary and conclusion

MSs felt that the EU-WHO monitoring protocol was a useful tool to effectively monitor unhealthy food marketing to which children are exposed to through main media channels, internet, TV, and outdoor marketing in proximity of children's facilities. Following MSs' insights from the piloting programme, all protocols and templates are being updated to increase their usability and facilitate implementation.

Out of the 25 projects included in this piloting programme, 10 completed all the stages of monitoring, including writing up reports; a further 2 are expected to be completed by the end of the JA (September 2023). The survey of the media and brand landscape was introduced towards the end of the piloting programme, therefore some learnings will come after the completion of the JA (2 projects at least). Despite a clear interest in monitoring activities, 7 projects that countries intended to run had to be put on hold (might be implemented after the JA), largely due to limited resources such as funds and people.

TV monitoring is one of the least challenging processes and the main challenges identified were technical issues recording and storing the data as well as lengthy process of viewing the recorded footage. Similarly, the new outdoor monitoring protocol was implemented successfully with the main identified challenge being the decision making regarding the scale and the scope of the study, planning of the walking routes and physically demanding data collection (walking the routes).

As for digital media, protocols monitoring *potential exposure* were implemented successfully, with the main challenges being encountered regarding brand/product social media page selection. The survey template developed by the Best-ReMaP Task 6.4 team in response to partner's needs was introduced to allow for landscape analysis and provided countries with data needed for planning of TV and potential exposure to digital media protocols.

Protocols monitoring children's *actual exposure* in digital media (Investigate exposure and Capture on Screen steps of the CLICK framework) are the only digital methods that have potential to identify marketing that reaches children through their devices. Ethical clearance, recruitment of participants and technical issues with some but not all software (downloading and functioning that led to missing data, lower participation and retention rates) were identified as major challenges in the implementation of these tools. These issues are being addressed by the WHO, that provides the software for these protocols, and results of the new studies using updated tools will validate their functionality. In addition, for Capture on Screen, further methods (other apps and screen recording options) are available as noted earlier in this report.

The development of EU- harmonised and MS-specific ethical clearance documentation and legal advice on GDPR issues related to accessing children's devices to monitor digital media should be prioritised, as should the refinement of data collection methods; development of automated coding tools (machine learning); and guidance on recruitment of participants.

Currently, MSs show preference towards protocols monitoring potential exposure to marketing in digital media, and although the reasons for this preference should be further explored, we suspect it might be due to the challenges reported in these studies and/or perceived lack of experience and expertise in monitoring digital marketing. Successful implementation of these tools in some countries might encourage others to undertake these activities.

Users of all protocols reported that the manual coding process was time consuming, especially for the nutritional profiling needed to assess eligibility of the product to me marketed to children. The development of AI/machine learning tools that could automatically screen for the presence of food or/and food brands could facilitate part of it. As for the nutritional information data, a development of the EU-wide food products database is being discussed, however if such database is to be created, a process of constant verifications of data is needed to account for new products and reformulations.

During the piloting programme it was noted that countries' resources and expertise levels vary, and many required individual support with planning their monitoring activities, at least at the capacity building stage. Such a role could be undertaken by a monitoring-specific knowledge- and experience exchange network, consisting of representatives of different MSs as well as experts in the field.

Finally, before an EU-wide monitoring programme is implemented, discussion needs to take place to identify a minimal approach (in general and per channel e.g., a minimal approach to digital media monitoring). This minimal approach must correspond with the guidance provided in the legal framework to protect children from unhealthy food marketing prepared by the WP6 within the Best-ReMaP JA.

The Open University, July 2023

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Appendices

Annex 1 – Partners participating in Task 6.4

Country		Organisation
Slovenia	NIJZ	National Institute of Public Health of the Republic of Slovenia
Austria	BMASGK	Federal Ministry Republic of Austria Labour, Social Affairs, Health and Consumer protection
	AGES	Austrian Agency for Health and Food Safety GmbH
Belgium	SCIENSANO	SCIENSANO federal research centre
Bosnia and Herzegovina	PHI- FBH	Institute of Public Health of Federation of Bosnia and Herzegovina
	MCA	Ministry of Civil Affairs of Bosnia and Herzegovina
Republic of Srpska	PHI-RS	Public Health Institute of Republic of Srpska
Bulgaria	NCPHA	National Center of Public Health and Analyses
Croatia	CIPH	Croatian Institute of Public Health
Cyprus	MoH CY	Ministry of Health
Finland	THL	National Institute of Health and Welfare
France	MoH FR	French Ministry of Solidarity and Health
	SPF	Santé Publique France (French National Public Health Agency)
Greece	ICH	Institute of Child Health
Ireland	DoH	Department of Health
	CHDR	The Centre for Health & Diet Research
Latvia	CDPC	Centre for Disease Prevention and Control
Portugal	DGS	Directorate-General of Health (Direção-Geral da Saúde)
Romania	NIPH	National Institute of Public Health
Serbia	IPHS	Institute of Public Health of Serbia "Dr Milan Jovanović Batut"
	WHO	WHO Europe -NCD Office
	OECD	Organisation for Economic Co-operation and Development

Annex 2 – WP6 tasks

	Objective	Participating partners:	Task Leader:
Task 6.1	Establishment of the EU Expert Group and national intersectoral working groups.	ICH, SCIENSANO, BMASGK, CDPC, MCA, PHI-FBH, PHI-RS, NIPH, NIJZ, CHDR, MoH CY, CIPH, MoSA, NIHD, THL, LR SAM Collaborating partners: WHO, OECD, JRC	DoH, Ireland and DGS, Portugal
Task 6.2	Mapping of existing regulations and legislation in EU MSs	ICH, BMASGK, SPF, MOH-FR, IPHS, NIPH, CHDR, MoH CY, CIPH, THL, LR SAM Collaborating partners: JRC, WHO (WHO European Marketing Network on reducing marketing pressure to children)	DoH and DGS,
Task 6.3	Implementation of the transposition of the new Audio-visual Media Services Directive (AVMSD)	ICH, CDPC, SPF, MOH-FR, NIPH, NIJZ, CHDR, MoH CY, CIPH, MoSA, NIHD, THL, LR SAM Collaborating partner: WHO	DoH, DGS and NIJZ
Task 6.4	Development of an EU-wide harmonised and comprehensive monitoring protocol for reducing unhealthy food marketing to children.	ICH, SCIENSANO, BMASGK, SPF, IPHS, CDPC, MCA, PHI-FBH, PHI-RS, MOH-FR, NIPH, NIJZ, CHDR, MoH CY, NCPHA, CIPH, THL, DGS Collaborating partners: WHO, OECD	The Open University
Task 6.5	Guidance for regulatory and voluntary codes of practice.	ICH, SCIENSANO, BMASGK, SPF, IPHS, MCA, PHI-FBH, PHI-RS, MOH-FR, CHDR, FCNAUP, MoH CY, MoSA, NIHD, THL, LR SAM Collaborating partner: JRC	DoH, DGS
Task 6.6	Adaptation of the monitoring tools to address health inequalities	ICH, SCIENSANO, IPHS, NIPH, FCNAUP, NIJZ, MoH CY, CIPH, THL Collaborating partner: WHO	DGS
Task 6.7	EU harmonised Framework for Action on reducing unhealthy food marketing to children. (Consolidated protocols for the implementation of effective policies)		

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Annex 3. Summary of M6.5: A workshop EU-WHO monitoring protocol: The 'how-to' workshop

Implementation guidance with learnings from MS pilot studies

Organizer: JA Best-ReMaP Work Package 6.4 (DoH Ireland, The Open University/UCC)

Support: DGS Portugal

Date: June 19th and 20th 2023

Meeting location: Fundação Cidade de Lisboa, Lisbon, Portugal and Online

Description of event:

Best ReMaP WP6, Task 6.4 developed an EU-wide coordinated and comprehensive monitoring protocol for measuring unhealthy food marketing to children.

This workshop provided hands-on guidance on the implementation of these protocols in MSs and shared learnings from the Best-ReMaP piloting programme. In addition, we explored what support MSs needed to be able to successfully implement the monitoring programme.

Objectives of the meeting:

During this workshop participants learned:

- What the EU-WHO monitoring protocols are
- What media they cover, their scope and structure
- Step-by-step guidance in how to use available protocols:
- How to design monitoring activities based on available resources
- Challenges and facilitators to implementation that piloting MSs identified

During this workshop WP6 explored:

- Support MSs need to implement coordinated and comprehensive monitoring
- Where support needs to be hands-on, where guidance documents are sufficient
- Questions to take forward to the next Joint Action

Workshop agenda
Day 1: 19.06.2023

Time (IRL/PT)	Session	Speaker
13:00-14:00	Welcome Lunch	
14:15-14:25	Welcome from WP6 Leader	Maria João Gregório Direção-Geral da Saúde, Portugal
14:25-14:40	WP 6.4 Monitoring - The story so far What this workshop will achieve	Dr Mimi Tatlow-Golden The Open University
14:40-14:50	What are the key questions you have brought?	All participants on-site and online
14:50 – 15:20	EU-WHO Monitoring protocols Scope and structure Key principle: Flexible design based on MS resources, media, child practices policy, ethics	Dr Magdalena Muc The Open University
15:20-15:40	Is this an ad? Advertising in digital media – interactive activity	Activity and discussion on-site and online
15:40-16:00	Activity break and networking	
	How to use EU-WHO monitoring protocols	
16:00-16:20	Survey: Media and Brands (new to EU Protocols)	Led by: Dr Magdalena Muc The Open University With participant Q&A throughout
16:20-16:35	TV (updated WHO Protocols)	
16:35 – 16:50	Outdoor (new to EU Protocols)	
16:50 – 17:10	Overview of Digital (updated WHO Protocols incl. CLICK)	
17:10- 17:30	Discussion	All participants

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Best-ReMaP
Healthy Food for a Healthy Future

Workshop agenda
Day 2: 20.06.2023

Time (IRL/PT)	Session	Speaker
9:00-9:05	**Welcome to Day 2**	Dr Mimi Tatlow-Golden The Open University WP 6.4 lead
	How to use EU-WHO monitoring protocols (continued)	
9:05-9:50	**Internet marketing: how to monitor exposure:** - **Potential exposure: Social media, Influencers, YouTube, Gaming sites** - **Actual exposure: Capturing what's on screen** **With MS piloting experience**	Dr Magdalena Muc The Open University With MS representatives (tbc)
9:50-10.05	**Engaging children as experts and participants**	Dr Magdalena Muc The Open University
10:05-10:30	**Ethical and legal challenges** **How to overcome them** **Including Q&A and discussion**	Dr Mimi Tatlow-Golden The Open University
10:30 – 10:50	**Activity break** **Informal discussion**	
10:50 - 11:10	**Sample coding exercise – have a go and discuss!**	
11:10-12:05	**General Discussion – What do you need? Pathway to coordinated and comprehensive EU wide monitoring**	
12:05- 12:15	**Closing remarks and acknowledgments**	Dr Mimi Tatlow-Golden
12:15-13:15	**Lunch (on site or take-away)**	

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Workshop participants

A total of 38 people from 19 countries participated in this workshop, including 15 in person and
23 online. Participants and their affiliations were:

| Name	Country	Affiliation	Form of participation
Magdalena Muc	UK - organiser	The Open University	In-person
Aida Filipovic Hadziomeragic	Bosnia and Herzegovina	Institute of Public Health of Federation of Bosnia and Herzegovina	online
Ana Contreras Navarro	Ireland	University College Cork	online
Anne Juliette Serry	France	Sante publique France	online
Cristina Szabo	Romania	National Institute of Public Health from Romania	In-person
Daniela Cirnatu	Romania	National Institute of Public Health from Romania	In-person
Dijana Manigoda	Republic of Srpska	Public Health Institute of the Republic of Srpska	online
Dragana Stojisavljevic	Republic of Srpska	The Public Healt Institute of Republic of Srpska	online
Eleftheria Papachristou	Greece	Institute of Child Health	In-person
Eliza Markidou	Cyprus	Ministry of Health, Cyprus	online
Felizitas Moll	Austria	AGES	online
Fiona Ward	Ireland	Department of Health Ireland	online
Haario Peppi	Finland	THL Finland	In-person
Helene Escalon	France	Sante publique France	online
Heli Kuusipalo	Finland	THL Finland	online
Ieva Gudanaviciene	Lithuania	Ministry of Health, Lithuania	online
Ilze Straume	Latvia	Centre for Disease Prevention and Control of Latvia	In-person
Inga Selecka	Kani	CDPC of Latvia	online
Iveta Pudule	Latvia	Centre for Disease Prevention and Control	online
Janas Harrington	Ireland	University College Cork	online
Jelena Gudelj Rakic	Serbia	Institute of Public Health of Serbia	online
Jelena Niskanovic	Republic of Srpska	Public Health Institute Republic of Srpska	online
Katarzyna Brukało	Poland	The School of Health Sciences in Bytom, Medical University of Silesia	online
Koivurinta Emma	Finland	THL Finland	In-person
Maia-Triin Kanarbik	Estonia	National Institute for Health Development	In-person
Maja Lang Morovic	Croatia	Croatian Institute of Public Health	In-person
Manuel Hinterberger	Austria	Ministry of Health AT	online

Maria João Gregório	Portugal	DGS Portugal	In-person
Marta Figueira	Portugal	DGS Portugal	In-person
Matjaz Drev	Slovenia	NIJZ	In-person
Mojca Gabrijelčič	Slovenia	NIJZ	online
Morgan Obura	Belgium	SCIENSANO	online
Nastja Šivec	Slovenia	NIJZ	In-person
Päivi Mäki	Finland	THL Finland	online
Polona Kamenšek	Slovenia	NIJZ	online
Sanela Tukulija	Bosnia and Herzegovina	Institute of Public Health of Federation of Bosnia and Herzegovina	online
Siniša Skoćibušić	Bosnia and Herzegovina	Institute of Public Health of Federation of Bosnia and Herzegovina	In-person
Stefanie Vandevijvere	Belgium	SCIENSANO	In-person
Venetia Vraila	Greece	Institute of child health	In-person

Annex 4. Results of the evaluation survey – piloting and implementation of the EU-WHO monitoring protocols

Total respondents: 19

Did you take part in the Best-ReMaP WP6 piloting of the monitoring protocols OR use any of the WHO protocols (including CLICK framework)?
Number of respondents: 19
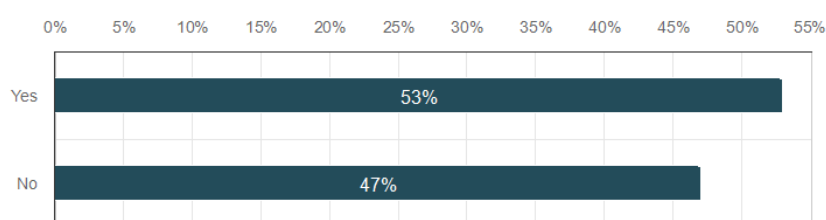
Which protocol did you pilot in your country (within the Best-ReMaP JA or before)? Select all
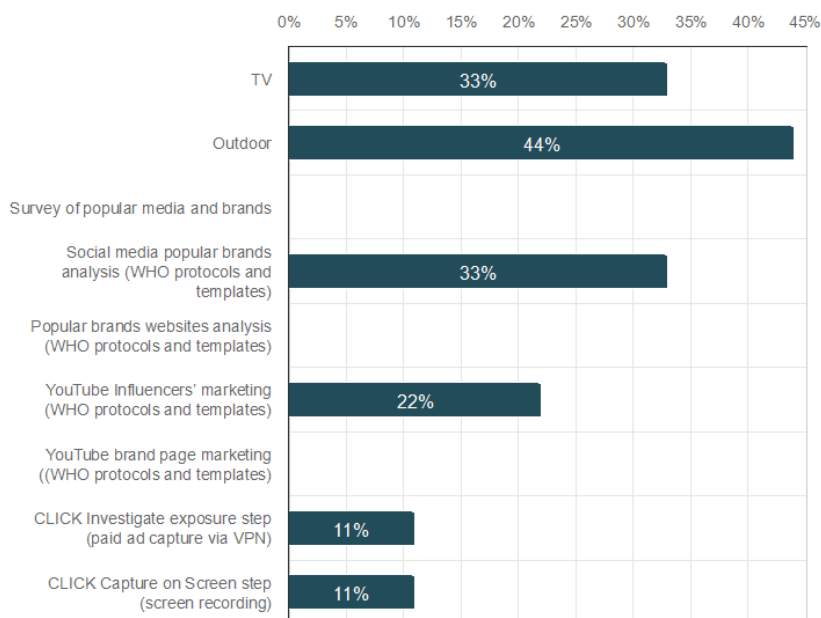
that apply. Number of respondents: 9, selected answers: 14

	n
TV	3
Outdoor	4
Survey of popular media and brands	0
Social media popular brands analysis (WHO protocols and templates)	3

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|	
Popular brands websites analysis (WHO protocols and templates)	0
YouTube Influencers' marketing (WHO protocols and templates)	2
YouTube brand page marketing ((WHO protocols and templates)	0
CLICK Investigate exposure step (paid ad capture via VPN)	1
CLICK Capture on Screen step (screen recording)	1

For piloting TV protocol: How challenging were the following stages of the piloting for you?
Number of respondents: 3
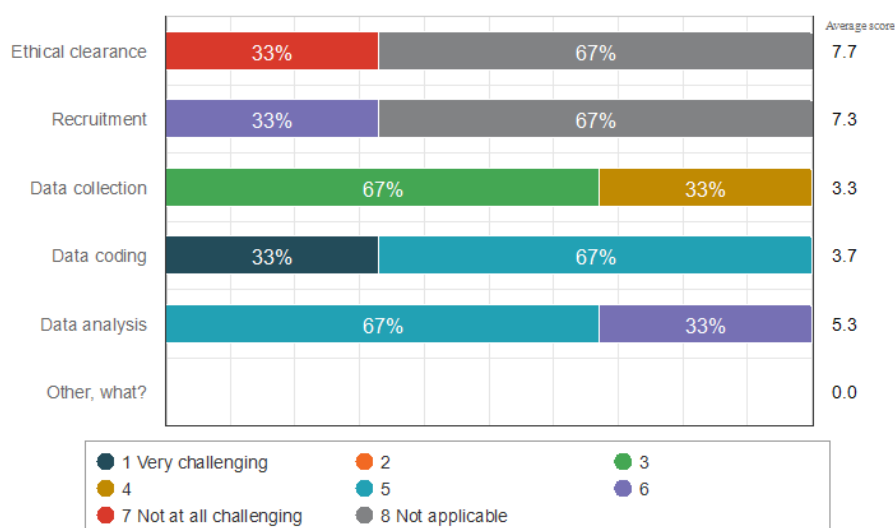
	1 Very challenging	2	3	4	5	6	7 Not at all challenging	8 Not applicable	Average	Median
Ethical clearance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	66.7%	7.7	8.0
Recruitment	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	66.7%	7.3	8.0
Data collection	0.0%	0.0%	66.7%	33.3%	0.0%	0.0%	0.0%	0.0%	3.3	3.0
Data coding	33.3%	0.0%	0.0%	0.0%	66.7%	0.0%	0.0%	0.0%	3.7	5.0
Data analysis	0.0%	0.0%	0.0%	0.0%	66.7%	33.3%	0.0%	0.0%	5.3	5.0
Other, what?	-	-	-	-	-	-	-	-	-	-

For piloting Outdoor protocol: How challenging were the following stages of the piloting for you?
Number of respondents: 4
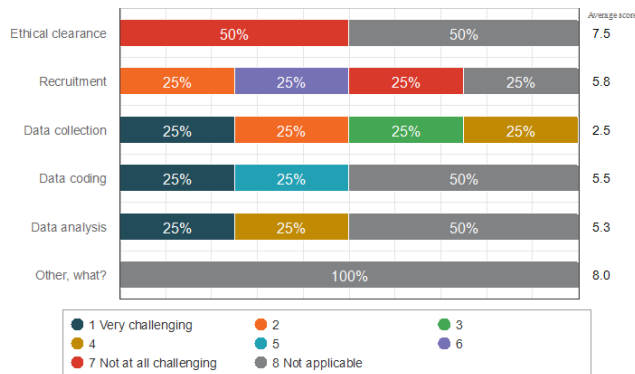
	1 Very challenging	2	3	4	5	6	7 Not at all challenging	8 Not applicable	Average	Median
Ethical clearance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	50.0%	7.5	7.5
Recruitment	0.0%	25.0%	0.0%	0.0%	0.0%	25.0%	25.0%	25.0%	5.8	6.5
Data collection	25.0%	25.0%	25.0%	25.0%	0.0%	0.0%	0.0%	0.0%	2.5	2.5
Data coding	25.0%	0.0%	0.0%	0.0%	25.0%	0.0%	0.0%	50.0%	5.5	6.5
Data analysis	25.0%	0.0%	0.0%	25.0%	0.0%	0.0%	0.0%	50.0%	5.3	6.0
Other, what?	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	8.0	8.0

For piloting the Social media popular brands analysis (WHO protocols and templates) protocol: How challenging were the following stages of the piloting for you? Number of respondents: 3
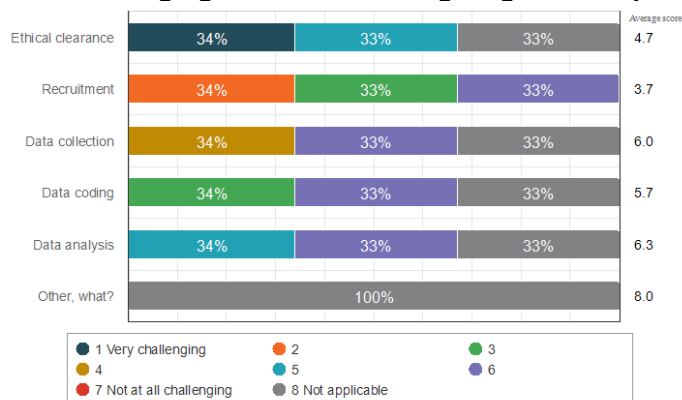
	1 Very challenging	2	3	4	5	6	7 Not at all challenging	8 Not applicable	Average	Median
Ethical clearance	33.4%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%	33.3%	4.7	5.0
Recruitment	0.0%	33.4%	33.3%	0.0%	0.0%	33.3%	0.0%	0.0%	3.7	3.0

|									
Data collection	0.0%	0.0%	0.0%	33.4%	0.0%	33.3%	0.0%	33.3%	6.0	6.0
Data coding	0.0%	0.0%	33.4%	0.0%	0.0%	33.3%	0.0%	33.3%	5.7	6.0
Data analysis	0.0%	0.0%	0.0%	0.0%	33.4%	33.3%	0.0%	33.3%	6.3	6.0
Other, what?	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	8.0	8.0

For piloting the YouTube Influencers' marketing (WHO protocols and templates) protocol: How challenging were the following stages of the piloting for you? Number of respondents: 2
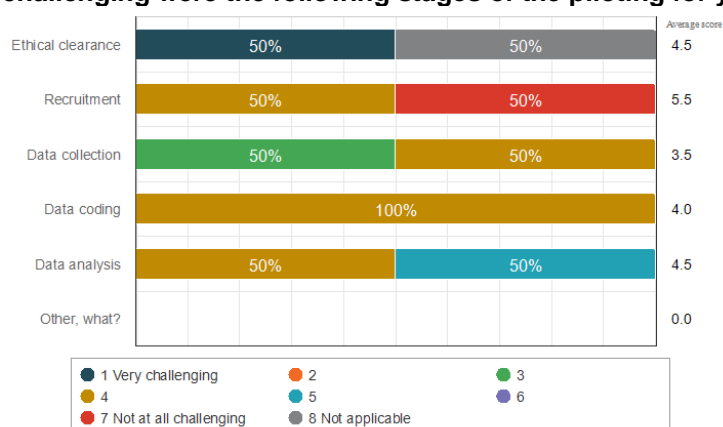
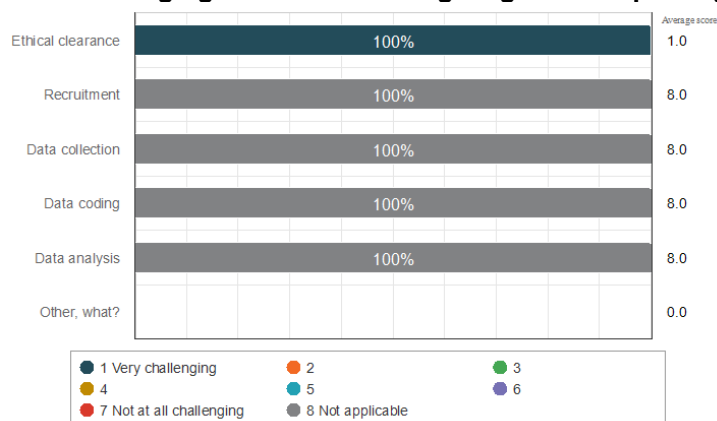|	1 Very challenging	2	3	4	5	6	7 Not at all challenging	8 Not applicable	Average	Median
Ethical clearance	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	4.5	4.5
Recruitment	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	50.0%	0.0%	5.5	5.5
Data collection	0.0%	0.0%	50.0%	50.0%	0.0%	0.0%	0.0%	0.0%	3.5	3.5
Data coding	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	4.0	4.0
Data analysis	0.0%	0.0%	0.0%	50.0%	50.0%	0.0%	0.0%	0.0%	4.5	4.5
Other, what?	-	-	-	-	-	-	-	-	-	-

For piloting the CLICK Investigate exposure step (paid ad capture via VPN) protocol: How challenging were the following stages of the piloting for you? Number of respondents: 1
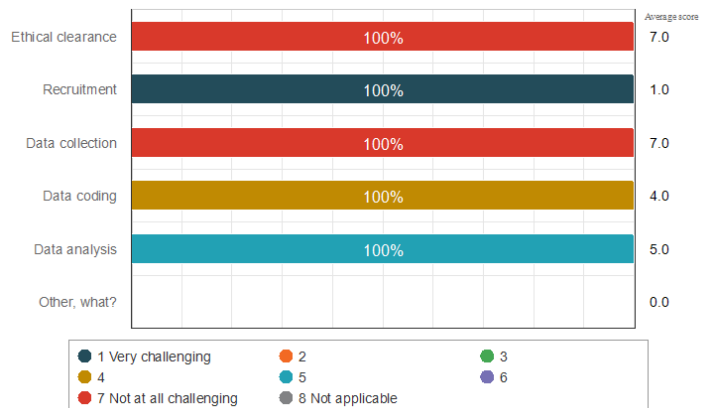
	1 Very challenging	2	3	4	5	6	7 Not at all challenging	8 Not applicable	Average	Median
Ethical clearance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	7.0	7.0
Recruitment	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0	1.0
Data collection	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	7.0	7.0
Data coding	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	4.0	4.0
Data analysis	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	5.0	5.0
Other, what?	-	-	-	-	-	-	-	-	-	-

For piloting the CLICK Capture on Screen step (screen recording) protocol: How challenging were the following stages of the piloting for you? Number of respondents: 1

	1 Very challenging	2	3	4	5	6	7 Not at all challenging	8 Not applicable	Average	Median
Ethical clearance	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0	1.0
Recruitment	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	8.0	8.0

Data collection	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	8.0	8.0
Data coding	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	8.0	8.0
Data analysis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	8.0	8.0
Other, what?	-	-	-	-	-	-	-	-	-	-

Could you write a bit more about the challenges for piloting different protocols? Number of respondents: 8

Responses
We only started with implementation of CLICK Capture on screen, plan is also to do some other protocol. Our main problem with CLICK is gathering of ethical clearance, where we still didn't succeed.
Out pilots are still ongoing. We will gladly share our experience as soon as we finish the pilot.
TV: data collection is quite an extensive task; fast-forwarding to collect the advertments facilitates the task but even so it is a time-consuming task and there are many hours in front of a screen. CLICK: recruitment process was difficult. OUTDOORS: data collection is a hard task; the more researchers and the more time allocated to the data collection the better. Walking 6 routes back and forth for each analyzed school takes some time and becomes tiring as it takes a long time to walk these routes.
TV protocol: ethical clearance and recruitment was not a problem, since we did not work with study subjects directly; data collection was quite difficult in the beginning, since we had to figure out the technical details of recording and storing such large volumes of footage and figure out the legal framework of marketing; determining the peak viewing times was also a challenge; coding and data analysis were quite straightforward, although we found some challenges in the details (e.g. figuring out which persuasive appeal is used, which character is most prominent and which demographic group the ad appeals to) - it seems like these data are quite subjective and hard to pin down and there was quite a lot of discussion about them in our team; some details in the TV monitoring protocol could also be improved (e.g. the persuasive appeal lacks topics like sustainability, quality/freshness, regionality)
Some different food products are present in positivne and negative manner so cue description was demanding for coding. Some items like presented in videos don't have WHO NP food category codes.
The biggest challenge with this protocol is the use of the WHO Europe nutrient profile model as it is very hard to automatically link the food advertisements to nutritional composition data....if you do a large study it is too much work to look up the nutritional data for each product separately.
This was the 1st time in France that we had conducted a survey on children's exposure to TV advertising on HFSS. We are not a team of university researchers, but members of a public health agency. We tried to reproduce the protocol of the European study conducted by the University of Helsinky for the WHO, which we learned about via Best-RemaP. The quantification of the exposure to television advertisements for HFSS foods required matching of audience data and data on the days and hours of broadcast of advertisements and sponsorship for foods and food brands. The coding of food products, according to the French nutritional profile (Nutri-Score) and the WHO nutritional profile, performed by ourselves (3 people), was very challenging.
All aspects of piloting process are in detail described in report of Pilot study related to monitoring marketing of unhealthy food to children in the Republic of Srpska, BiH (piloting Internet social media brand page protocol and YouTube social media influencer marketing protocol), provided on 7th Jun.

What was the main value of the piloting programme of the Best-ReMaP (compared to having to run the monitoring activities outside of the Best-ReMaP JA)?
Number of respondents: 8

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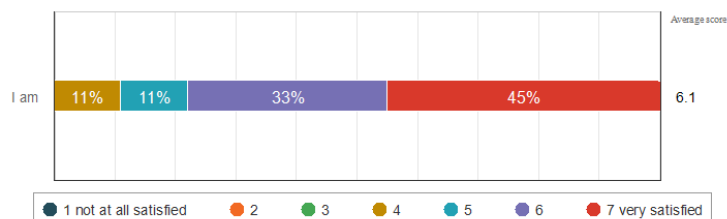| Responses |
|---|
| it is good to have more control over research and data collecting, the cooperation between partners it is also very appreciated (help with implementation, example of countries) |
| Situation analysis |
| The main added value to the monitoring activities within the Best ReMaP piloting programme is the constant support and help from the Task 6.4 team. Sometimes during the monitoring activities severall issues/questions arise, and having a team ready to help us at any stage of the process is really helpfull. |
| regular meetings with the WP6 team lead and other participants: learning from each other and sharing the experiences; direct contact to a great support team (Magda, Mimi, Emma,...); being part of a Europe-wide initiative |
| exchange information and problem solutions from other participating countries - step by step i.e., for example what did you do in case of... |
| Having access to the protocols and exchanging between partners during meetings |
| We were able to ask questions about the protocol to Kim Westra from Ecorys, who is in charge of the European study with the University of Helsinky, but we then conducted the study on our own. I think we would be much better supported by your team if our study into children's exposure to digital marketing could go ahead. |
| This was the first study of this king in the Republic of Srpska, that provides valuable insights in marketing of unhealthy food toward children. Provided data will be useful for advocacy and planning further measures in this field. |

In your opinion, which element of the piloting programme could be improved and how?
Number of respondents: 5

Responses
For now we don't have any additional opinions or feedback.
Clearer communication of the goals, tasks and timeframe; more support in the last-minute implementation of tasks, such as the survey of children's viewing habits; a template for the final report
In our case, before starting the actual piloting, education should be done in order to obtain clear guidelines.
Sharing sample ethical applications from countries that have been successful Establishing a community of practice that can continue beyond Best Remap
Better synchronization and uniformity of piloting process (especially related to reporting) among countries with shared experience would be useful learning tool in the future.

In general, how satisfied/dissatisfied you are with the collaboration with the WP6 on this task (piloting of the monitoring protocol).
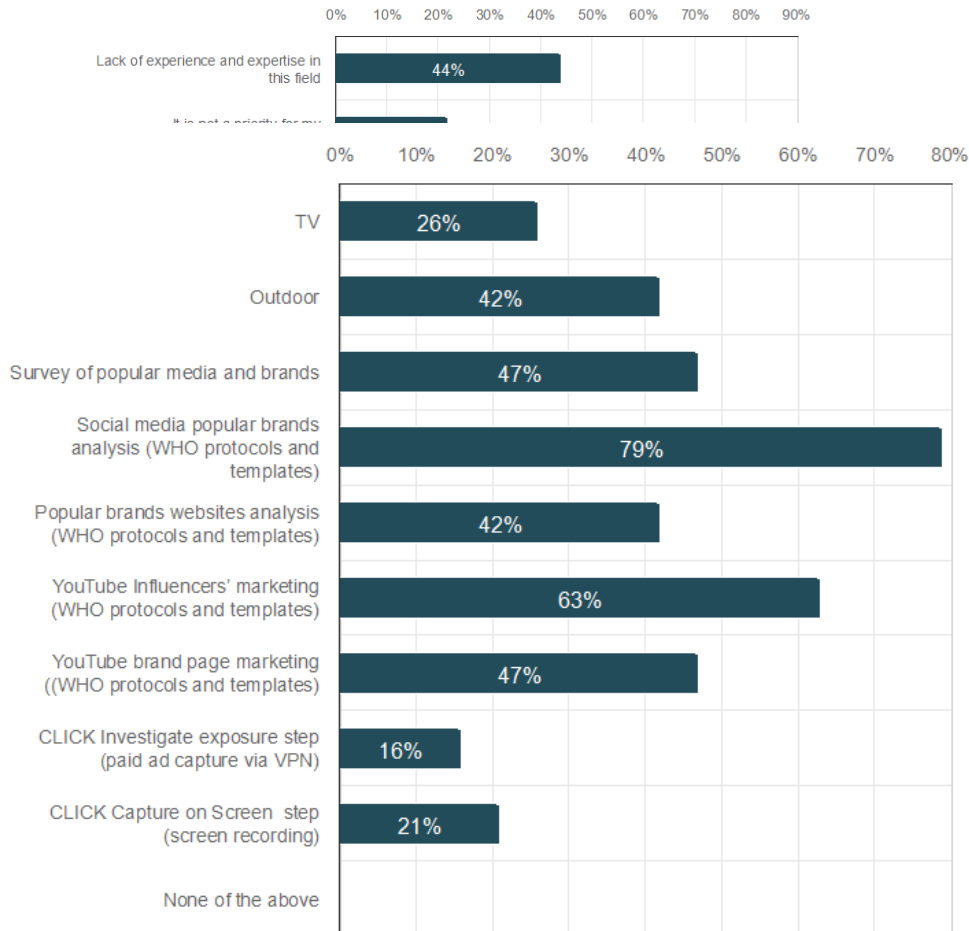Number of respondents: 9

	1 not at all satisfied	2	3	4	5	6	7 very satisfied	Average	Median

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I am		0.0%	0.0%	0.0%	11.1%	11.1%	33.3%	44.5%	6.1	6.0

What was the main reason for you to decide not to take part in the piloting? Select all that apply.
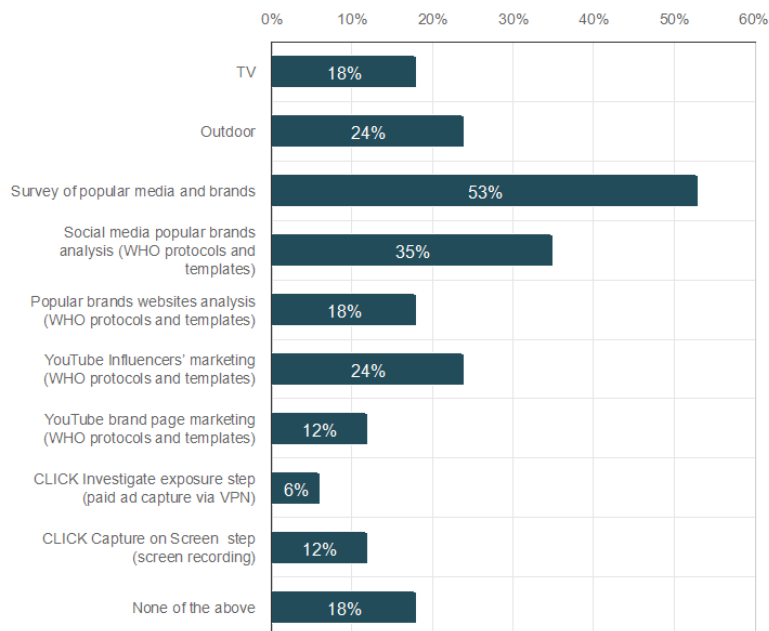Number of respondents: 9, selected answers: 14

If you had the opportunity (e.g. more resources, more time etc.) which monitoring protocols would you be interested in implementing? Select all that apply. Number of respondents: 19, selected answers: 73

	n	Percent
TV	5	26.3%
Outdoor	8	42.1%
Survey of popular media and brands	9	47.4%
Social media popular brands analysis (WHO protocols and templates)	15	78.9%
Popular brands websites analysis (WHO protocols and templates)	8	42.1%
YouTube Influencers' marketing (WHO protocols and templates)	12	63.2%
YouTube brand page marketing ((WHO protocols and templates)	9	47.4%
CLICK Investigate exposure step (paid ad capture via VPN)	3	15.8%

CLICK Capture on Screen step (screen recording)	4	21.1%
None of the above	0	0.0%

Which of the protocols available within the EU-WHO protocol, if any, will you try to implement in

your country in the near future? Number of respondents: 17, selected answers: 37

What support would you need in place in order to implement a comprehensive (all media) and coordinated regular (for example every 2 or 5 years) monitoring programme in your country? Please number the order of importance from 1 in the text boxes.
Number of respondents: 19, selected answers: 70
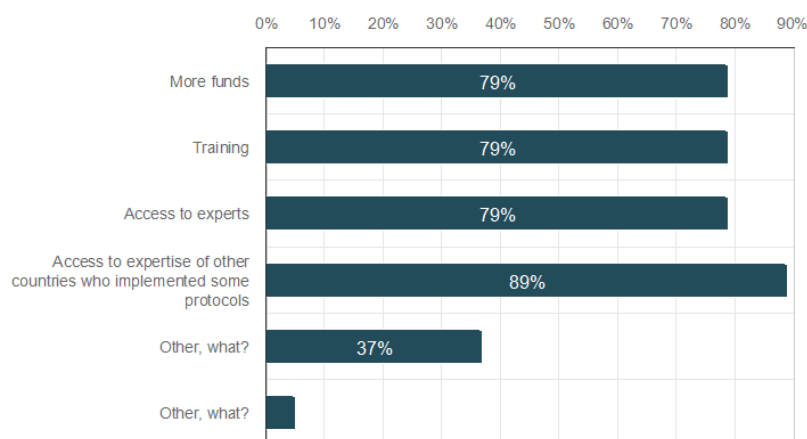
Answers given into text box for Other:

Option names	Text

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Other, what?	Goverment support
Other, what?	Human resources, 2
Other, what?	more human resources
Other, what?	IT support
Other, what?	more people involved
Other, what?	More stuff
Other, what?	Support of your team support for the monitoring of children's exposure to digital food marketing digital

In your experience, how clear was the communication regarding the piloting programme?
Number of respondents: 18

Responses
Prompt and detail answers from the experts related to our questions and comments were very helpful during piloting process.
More clear now than at the beginning of the program as it took time for sufficient understanding of tasks
All available options were very clear.
It was very effective
Very clear
Very clear.
Very clear
very clear
Very good relations by e-mail and many proposals to bring your support to the implementation of our study, unfortunately postponed.
Clear
It was really clear and good communication! For any question or dilemma, we immediately wrote to the W6 team during the piloting, and really immediately get a response and clarifications.
The communication was very clear. The timing was not good, though (end of school year approaching).
Detailed and opportunities were given to raise questions and/or concerns
The nature of the descriptive part of the piloting was clear, but due to the limitation of access to the target group, time, people and funding, we did not conduct a piloting.
Very clear in some aspects (e.g. details about the meeting in Lisbon, answers to direct questions about our work), not so clear in other aspects (overall objectives, overall time frame, how to write the final report, what the actual premises for completing WP6 are)
more frequent short meetings or info sharing would contribute to better information on ongoing piloting
It was not clear just some parts of piloting could be done.
It become more clear in second part of project

How could the next Joint Action support you further in the implementation of the comprehensive and coordinated, regular monitoring of unhealthy food marketing in your country?
Number of respondents: 15

Responses
With funds, expertise, experience of other countries, more detailed training!
Funding for monitoring. Cross-country comparisons for results. Advocacy for stronger EU level regulation.
We could continue with our implementation process
More resources (funds and time), as well as training and access to experts for help and support.
More funding and training/workshops in order to be able to explore other protocols and do follow-up studies on the TV protocol; EU-wide harmonisation of ethical committee decisions to speed up the working process; ideas of how to influence political decisions (ultimately: restricting marketing to children and teenagers), regular meetings, providing IT support and report templates
Information about experience in other countries where such comprehensive and coordinated monitoring is done. What kind of institutions are doing such monitoring? Who is financing such monitoring?
Organize more practical trainings, exchange of experience
Engage in that activities
Expertise funds training
We are very grateful to be included in this work package, because this is a great opportunity for us to record the state of affairs in this area in our country and use this to initiate some changes in our country. We sincerely hope to be involved in the next Joint Action and to continue where we left off... with your support!
Funding for implementing CLICK tool
As an independent monitoring body? I think it would be important to emphasize that monitoring is an essential activity if commercial determinants of health are the area of focus of the programme.
At the interdisciplinary political level, it is necessary to understand which institutions will carry it out, what will be the functions, tasks and amount of funding of each participating institution. Which part of the piloted protocol should be taken over and implemented etc.
More training how use monitoring protocols
Further support related with expertise, training and useful materials and recourses is important step in this field. Facilitation of key stakeholders in order to provide structural support for sustainable and regular monitoring of unhealthy food marketing is crucial.

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