



Best-ReMaP
Healthy Food for a Healthy Future

D6.4 A coordinated EU Framework for Action on reducing unhealthy food marketing to children, within the scope of HLG-N&PA

Grant Agreement Number 951202

WP6

30 / September / 2023



This **report** was funded by the European
Union's Health Programme (2014-2020)



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We would like to thank our Best-ReMaP WP6 colleagues: Ursula O'Dwyer (Irish DoH and WP6 Leader), Ivan Perry, Fiona Ward, Catherine Curran (Irish DoH), Margarida Bica, Clara Salvador and Inês Castela (DGS Portugal) for their collaboration in this WP and support.

We would like to thank all partners involved in Work Package 6 activities, particularly the countries who participated in the questionnaire for the legislation and mapping report, the countries who participated in the testing of the draft model of the Nutrient Profile Model and the countries who participated in the piloting studies for monitoring food marketing to children.

We are also grateful for the advice and feedback from the following members of the Joint Action Expert Group: Alice Pisana (European Commission DG SANTE), Amandine Garde (University of Liverpool), Dorota Sienkiewicz (EuroHealthNet), Eva Grammatikaki (JRC), Jan Wollgast (JRC), Joana Dias (JRC), Jane Landon (Health Inequalities expert), Jo Jewell (UNICEF), Kathrin Hetz (WHO Europe), Kremlin Wickramasinghe (WHO Europe), Marco Silano (ISS Italy, Best ReMaP WP4 Leader), Michele Cecchini (OECD), Marion Devaux (OECD), Mike Rayner (Oxford University), Mojca Gabrijelčič Blenkuš (NIJZ Slovenia, Best ReMaP Scientific Coordinator), Natalia Zampieri (European Commission DG SANTE), Samuele Tonello (EuroHealthNet). This document was not revised by the members of the EU Expert Group so its content may not reflect their individual opinion.

We would like to extend our thanks to all partners involved in the Joint Action for their leadership and support.

Abbreviations

AVMSD	AudioVisual Media Services Directive
EC	European Commission
EU	European Union
DGS	Directorate-General of Health
DoH	Department of Health
HFSS	High Fat, Sugar, and/or Salt
JA	Joint Action
JRC	Joint Research Centre
MS	Member State
NCD	Noncommunicable diseases
NPM	Nutrient Profile Model
WHO	World Health Organization
WP	Work Package

Foreword

The present report addresses **Task 6.7 – EU harmonised Framework for Action on reducing unhealthy food marketing to children** of the Best ReMaP Joint Action (JA).

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

Work Package (WP) 6, one of the core technical work packages of this JA, aimed to explore, develop, and share, with participating countries, the best practices on reducing unhealthy food marketing to children and adolescents. Reducing the marketing of unhealthy foods to children, to help reduce childhood obesity with the goal of ensuring that future generations of Europeans are healthier, is the WP6 ultima goal. The final task of WP6 was the creation of a Framework for Action on reducing unhealthy food marketing to children, that aims to provide guidance for policy implementation initiatives across the EU Member States (MS) and to support MS through the main challenges and difficulties regarding food marketing to children, by providing them with harmonized and comprehensive tools, as well as capacity-building and knowledge-sharing networks.

The Harmonised EU Framework for Action for food marketing regulation encompasses four major areas: 1) Strategy, landscape, and legislation; 2) Networking; 3) Implementation approaches and tools; 4) Guidance for future action, with eight key actions points.

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

Strategy, Landscape & Legislation

Background

According to the Childhood Obesity Surveillance Initiative, in Europe, 29% of children aged 7-9 years old were found to be living with overweight (including obesity) (1). This is a pressing health concern, given the numerous consequences linked to excess adipose tissue, such as musculoskeletal complications, metabolic effects, mental health illness, and cancer (2).

An obesogenic environment is an environment that promotes high energy intake and sedentary behaviour. It is characterised by changes in the production, availability, marketing, and prices of food, as well as a decrease in physical activity with an intensification of screen-based and sedentary activities (3-5). The marketing of ultra-processed, high in energy and nutrient-poor food products contributes significantly to the obesogenic environments in which children are living now (6-10).

European children and adolescents are exposed to a large number of advertisements and promotions for unhealthy foods that come from a variety of sources and most food advertisements promote unhealthy foods. Even though the investment in digital media has been constantly expanding, companies continue to use a wide variety of more traditional media including television, radio, print and billboards, as well as sponsorship, point-of-sale advertising and packaging for food marketing (11), as several studies have documented (12-14). The most common categories of food products promoted to children are sugared breakfast cereals, soft drinks, confectionery, savoury snacks, and fast-food outlets (known as the 'Big Five') (8). Consistent evidence suggests that children's exposure to unhealthy food marketing increases their energy intake (6, 7, 15) and has a negative impact on children's preference for energy-dense, low-nutrition food (7, 8, 15, 16), as well as on children's purchase behaviour (8) and diet-related-health (8, 16).

Furthermore, new food marketing strategies have emerged that are even more powerful. An advertising message often takes between four and seven exposures to potentially change a behaviour, but digital media can amplify this effect by a factor of four (17). Foods are promoted using persuasive creative strategies, such as the use of movie and sports celebrity endorsements, promotion, gifts, colour visual images and graphics

designed to appeal to children, animation, use of cartoons, humour, fun and fantasy, and various others engagement techniques (14).

The World Health Assembly unanimously adopted the World Health Organization (WHO) Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children, in May of 2010 (18), encouraging MS to take action to reduce the impact on children of unhealthy and inappropriate marketing. These recommendations were reinforced by the Global Action Plan for the Prevention and Control of Non-Communicable Diseases (NCD) 2013-2020 (19), by the WHO Commission on Ending Childhood Obesity (5), by the WHO-UNICEF-Lancet Commission (20), and most recently by the WHO Guideline on Policies to protect children from the harmful impact of food marketing (21). The EU Action Plan on Childhood Obesity 2014-2020 also states that, in order to tackle overweight and obesity in children, it is necessary to specifically address the issue of the marketing of foods high in fat, sugars and salt targeting children (22).

The principles for action

Based on the current scientific evidence regarding unhealthy food marketing to children, there is an urgent need to take action in order to protect children from harmful food marketing, because:

- **Children are still widely exposed to harmful food marketing through a wide variety of channels, from the more traditional (television, radio, billboards) to the more innovative (digital marketing) and are particularly vulnerable to marketing strategies.**

According to the most recent study conducted for the European Commission (EC), European children aged between 4 to 17 years are on average exposed to about 1700 unhealthy food advertisements on television each year and to almost 9500 food promotions per year from online sources (23). Children are also exposed to unhealthy food marketing during their journey to school every day. A study showed that schools have an average of 3.6 food advertisements within walking distance (500 m) and that the majority of advertised foods were unhealthy (mean of 63%) (24). Sports sponsorship is another form of marketing to which children are exposed. One study showed that 68% of children aged 10 to 14 years could recall an average of 2 sponsors associated with their own youth sports team (25). Moreover, marketing strategies directed to children are

also visible in the products' design and packaging and also at point of sale. Food companies use characters on products to build an emotional relationship between children and products.

Children are one of the main target groups of food companies' marketing strategies, because they are particularly vulnerable to marketing effects (26-28). Children can affect sales in different ways: children are direct consumers (where they already have autonomy and purchasing power), they influence family expenditure (directly or indirectly) and they are future consumers (influence during childhood has the potential to condition the future adult consumer) (26, 29). And although children become more aware of the selling intent of advertising as they grow older, they can still be influenced by marketing (30); research has demonstrated that adolescents' brains are biased towards rewards, being more likely to respond to environmental cues, including marketing (31). As habits are established during early childhood and may persist into adulthood, the first years of life are crucial for the establishment of dietary habits and food choices.

- **Marketing strategies are evolving and becoming more powerful, particularly those associated with the digital context.**

Children's perceptions, attitudes, and decisions are influenced by the highly sophisticated advertising techniques used to deliver the message (32, 33). Evidence shows that the most common persuasive marketing techniques are taste appeal, uniqueness/novelty, the use of animation, fun appeal, use of promotional characters, price, and health and nutrition benefits (34).

- **The majority of food advertisements promote unhealthy food.**

Sugared breakfast cereals, soft-drinks, confectionary, savoury snacks, and fast-food outlets are the most common categories of food promoted to children (8). Evidence shows that there are four times more advertisements on television for foods whose marketing should not be permitted than for permitted foods and the frequency of the first advertisements is higher during peak viewing times compared with other times (12).

- **Exposure to food advertising is associated with increased preferences, request and purchase of unhealthy food, increased total energy intake and intake of nutrients of public health concern (salt, sugar and fats) and poor health outcomes (including obesity and other non-communicable diseases).**

Several research reviews have demonstrated that unhealthy food marketing has a harmful impact on children's food preferences, attitudes, and behaviours (6, 7, 13).

Studies also show that exposure to unhealthy food marketing increases total energy intake, as well as intake of salt, sugar, and fats. A systematic review showed that "exposure to 4.4 minutes of food advertising would on average increase a child's food consumption by 60.0 kcal" (35) and that, following exposure to food advertisements, children with overweight or obesity consumed 45.6 kcal more than children with healthy weight. Furthermore, consistent evidence shows that exposure to unhealthy food marketing contributes to poor health outcomes in children, leading to weight gain and increased risk of being overweight and obese (13, 14, 16).

- **Children from lower socioeconomic groups are disproportionately more exposed to unhealthy food marketing.**

Some studies suggest that more food advertisements and a higher proportion of unhealthy food advertisements are found near schools in lower socioeconomic areas (36). Also, the highest proportion of advertisements for unhealthy foods in Australian train stations occurs in areas with the lowest socioeconomic status (37).

- **Food marketing can compromise children's core rights.**

Children's fundamental rights, namely rights to health; food; survival and development; education; information; rest, leisure, recreation and cultural activities; privacy; and non-discrimination are compromised by exposure to food marketing (38). Additionally, considering that some types of marketing may collect and analyse children's personal data, unhealthy food marketing to children may be considered as a form of economic exploitation (38).

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- **The majority of implemented measures are self-regulation and are not comprehensive enough, which compromises their effectiveness.**

According to the WHO, at global level, as of May 2022, only 60 countries have adopted policies that restrict food marketing to children and of these, only one third (20 countries) have mandatory policies (21). According to the results of the WP6 questionnaire on Legislation and Regulation in place (39), only 3 countries (out of 16 who replied to this question) have statutory measures in place. However, 2 of these laws are not comprehensive and only apply to specific settings (namely schools and children's television channels).

Research has demonstrated that statutory regulation can effectively reduce the consumption of unhealthy foods and should be broadly adopted (40, 41), rather than self-regulatory codes of practice, which are usually developed and/or enforced by the food and advertising industries (42). For example, in Chile, the percentage of breakfast cereal packages using child-directed strategies before implementation of government-led restrictions marketing restrictions (36%) was significantly lower after implementation (21%) (43).

- **Measures that restrict unhealthy food marketing to children have the potential to reduce health inequalities.**

Research confirms that restrictions on child-directed advertising are likely to be moderately favourable for health equity, having the potential to reach all groups of the population regardless of their socioeconomic status (44). According to a literature review commissioned for Best ReMaP (45), food marketing restrictions, overall, increase health equity, especially with strong regulatory implementation.

This review (45) found 248 records; after removal of duplicates and less relevant documents, included 37 documents for the present review. Table 1 summarises the evidence of health equity impact of restricting children's exposure to food marketing.

According to the literature review (45), there is evidence of greater exposure to unhealthy food marketing in lower socioeconomic groups and evidence showing that advertisers are aware that certain population groups may be more susceptible to advertising messages and collect data to profile and target particularly vulnerable groups (46). Furthermore, restricted advertising of specific products is an upstream intervention in the

commercial marketplace (47, 48) that, in principle, can be expected to benefit all at risk of exposure and reduce health inequalities. The review also highlights that regulatory implementation likely improves health equity, as several studies have concluded that statutory or co-regulatory measures are more effective at reducing exposure of children to high fats, sugars and/or salt (HFSS) food advertising, compared with industry voluntary measures (49-52).

Table 1 - Summary table for evidence of health equity impact of restricting children's exposure to food marketing; Adapted from: Tim Lobstein - Will food marketing restrictions, food reformulation, or food procurement standards have an impact on health inequities? A Best-ReMaP literature review, with guidance for undertaking detailed systematic reviews.

Assessment criteria	Evidence concerning the health equity impact
Exposure to advertising greatest for lower socioeconomic status children	<ul style="list-style-type: none"> - Evidence of greatest need among lower SES children - Some evidence of greater vulnerability in lower SES children - Evidence of greater exposure on lower SES among - Evidence of targeting of lower-income or minority groups
Reach of intervention (if regulation)	Reach in proportion to exposure: universal and proportionate.
Implementation (except cross-border)	Regulatory implementation likely to improve health equity
Structural, upstream	Upstream: likely to improve health equity.
Community acceptance. Sustained (if regulation)	Commercial resistance could widen health inequity and no evidence for differential compliance between different SES groups.
Reduction in exposure applies to all, and is greatest among higher risk groups = proportionate, universal, sustainable	

SES – Socioeconomic status

Implementing EU priorities established in policies and strategic documents: the contribution of this Framework for Action

The Audiovisual Media Services Directive (AVMSD) is the regulatory framework that applies provisions for the audio-visual media services to children at European level. The 2018 AVMSD amendment only applies rules to TV broadcasts and on-demand content and encourages the use of co-regulation and self-regulatory regimes to reduce the children's exposure to audio-visual commercial communications for HFSS foods.

Despite that, within the EU context, several recent strategic and legal documents related to the prevention and non-communicable diseases, protection of children's rights, and sustainable food systems, are reinforcing and prioritizing the need for action to protect children from unhealthy food marketing to children. This framework for action on “How EU and its MS can protect children from harmful food marketing” is aligned with the EU priorities established in recent policies and strategic documents such as the Healthier Together – EU NCD initiative, Europe's Beating Cancer Plan, the EU Strategy on the Rights of the Child and the Farm2Fork Strategy.

The **Healthier Together – EU NCD initiative** from the European Commission supports EU countries in identifying and implementing effective policies and actions to reduce the burden of major NCDs and improve citizens' health and well-being. In the “Health determinants area 6: Reduce unhealthy eating, physical inactivity, overweight and obesity among children and adolescents”, the initiative addresses the update of “the regulation of marketing of unhealthy foods and beverages to children below 18 years in accordance with WHO's recommendations and ensure compliance” (53).

Europe's Beating Cancer Plan, a political commitment that highlights the relevance of healthy eating in cancer prevention, also includes measures to reduce unhealthy food advertising and marketing to children. In the prevention key action area: “3.4. Improving health promotion through access to healthy diets and physical activity”, the Beating Cancer Plan will “Develop and implement guidance for codes of practice on reducing unhealthy food marketing to children, including online marketing (...)” and the Commission is planning to prepare an implementation report on the Audiovisual Media Service Directive, including those on commercial communications on unhealthy food and drinks (54).

The **EU Strategy on the Rights of the Child** Thematic Area 2: “Socio-economic inclusion, health and education: An EU that fights child poverty, promotes inclusive and child-friendly societies, health and education systems” provides for ensuring the rights of all children to health through “the development of best practices and a voluntary code of conduct to reduce online marketing to children of products high in sugar, fat and salt within the Joint Action on Implementation of Validated Best Practices in Nutrition”. Thematic Area 5, focused on the “Digital and information society: An EU where children can safely navigate the digital environment and harness its opportunities”, also mentions the protection of children from harmful marketing by citing the AVMSD (55). Moreover, the **United Nations Convention on the Rights of the Child** requires States to recognize the children’s best interests, and to fulfil their right to health, as well as to privacy and to protection from exploitation, which all entail protecting them from harmful marketing messages (46).

Finally, the **Farm to Fork Strategy** sets key targets in priority areas for the EU. In the area related to “Stimulating sustainable food processing, wholesale, retail, hospitality and food services practices”, this strategy establishes that the Commission “will also seek opportunities to facilitate the shift to healthier diets and stimulate product reformulation, including by setting up nutrient profiles to restrict the promotion (via nutrition or health claims) of foods high in fat, sugars and salt” (56).

Key action points of this Framework for Action

Tighten food marketing restrictions

To effectively protect children from harmful food marketing there is a need to tight the policies and codes of conducts that are currently in place at the EU countries. Evidence states that these restrictions should be as comprehensive and robust as possible, including broad definitions of ‘marketing to children’, as well as “content-, placement-, and time-based restrictions” to effectively protect children (21, 57, 58). Strong regulatory implementation is also needed to increase the overall health equity (45).

Despite the WHO Set of Recommendations on actions to reduce the impact of unhealthy food and beverage marketing to children (18), and the reinforcements made by the Global Action Plan for the Prevention and Control of NCDs 2013-2020 (19), by the WHO Commission on Ending Childhood Obesity (5), and by the WHO-UNICEF-Lancet Commission (20) as well as the growing evidence showing that government-led and mandatory restrictions, covering all children until 18 years of age are effective in protecting them from harmful marketing (58), restrictions of unhealthy food marketing to children are still mostly self-regulatory instead, and are often developed/enforced by the food and advertising industries (59).

Moreover, according to the results from the WP6 Questionnaire on Regulation and Legislation² in place (39), most measures don’t cover more challenging and newer marketing techniques (such as digital marketing, brand marketing and advergames), most do not have a monitoring system in place (39) and there are many challenges and difficulties faced during the process of implementing these measures.

Thus, following the WHO guideline - Policies to protect children from the harmful impact of food marketing (21), the JRC Marketing of food, non-alcoholic, and alcoholic beverages - A toolkit to support the development and update of codes of conduct (60) as well as the **Technical Guidance for Codes of Practice**³ and the **Code of Conduct**, it is recommended to:

² Milestone M6.3 of the Joint Action Best-ReMaP provided *brief initial* overview of existing regulations and legislation in EU MS.

³ Deliverable D6.2 of the Joint Action Best-ReMaP provided an assessment of codes from Ireland, Portugal and Slovenia, against the JRC Toolkit.

- Develop a new legal framework at EU level, that addresses the need of a statutory and comprehensive approaches to protect children from harmful food marketing.
- Adopt government-led regulatory approaches, rather than self-regulatory codes of practice that are usually developed or enforced by the food and advertising industries.
- Restrict, and preferably remove, marketing of unhealthy foods (both exposure and power) across marketing types and techniques (including on food packaging, product placement, sponsorship, and point-of-sale advertising) and marketing communication channels and settings (including digital marketing)
- Raise the age threshold to 18 years old, to protect all children and adolescents.
- Adopt a wide concept of 'marketing to children', protecting children from all forms of marketing that reach them, not only those that are "directed" or "targeted" at them.
- Regularly update the food marketing code, according to the evolution of marketing strategies employed by the food industry and food advertisers (e.g.: brand marketing).

Implement a child rights-based approach

Implementing a child rights-based approach, recognizing that food marketing to children is not just a health issue but also a major children's right concern may drive policy action to effectively protect children from harmful effects of food marketing by increasing the accountability of policy and business actors, as well the participation and empowerment of children (and their representatives) as right holders (38).

Children's fundamental human rights, namely the rights to health; food; survival and development; education; information; rest, leisure, recreation and cultural activities; privacy; and non-discrimination are compromised by the exposure to food marketing (38). Additionally, considering that some types of marketing may collect and analyse children's personal data, unhealthy food marketing to children may be considered as a form of economic exploitation (38).

The WHO set of recommendations (18) and the WHO guideline (21), as supplemented by the WHO/UNICEF policy guidance (61) are **evidence-based** and guided by the imperative to uphold the **best interests of the child as a primary consideration**. They

urge States to protect children from the harmful impact that unhealthy food marketing has on their health and on their rights. To ensure that this overarching policy objective is effectively achieved, WHO calls for the implementation of policies that should:

- be mandatory;
- protect children of all ages; use a government-led nutrient profile model to classify foods to be restricted from marketing;
- be sufficiently comprehensive to minimize the risk of migration of marketing to other media, to other spaces within the same medium or to other age groups; and
- restrict the power of food marketing to persuade.

EU Member States, acting individually or collectively through the intermediary of the EU, should therefore adopt **legally binding measures to protect children from unhealthy food marketing**, recognizing that only a **comprehensive approach** is likely to achieve the objective pursued. It is therefore necessary to address both children's exposure to marketing and the power it has on them to effectively address the impact of unhealthy food marketing. Furthermore, it is essential to implement monitoring of such exposure and power as well as complaints mechanisms with meaningful sanctions.

As the EU derives extensive powers from the EU Treaties and as it is better placed than its Member States to address cross-border marketing, the European Commission should propose a **directive intended to restrict all forms of cross-border marketing for unhealthy food with a view to protecting all children in the EU from its harmful impact**. A consortium of over 20 pan-EU federations of civil society organizations, supported by academics with specific policy expertise in EU law, child studies and food marketing, have published an EU Food Marketing Blueprint Directive as a core part of the Initiative they launched in November 2021: 'Towards a Childhood Free from Unhealthy Food Marketing'. Indeed, responding to a question from 19 MEPs, the Commission has described this draft as 'a valuable example that can guide further action in this field by the European Commission' (source of this statement: response to 19 MEPs-E-001798/2022-ASW).

Until such time as the political will coalesces to take this initiative forward and regulate food marketing at EU level (within the limits of EU competence), a code of conduct can guide MS and businesses in their actions to prepare. WP6 has therefore commissioned

Professor Amandine Garde and Dr Marine Friant-Perrot to draft a voluntary code of conduct addressed to Member States and businesses trading within the EU. **The Code of Conduct reflects specifically the latest international guidance, and in particular the WHO Guideline (21) and the WHO/UNICEF Policy Guidance (61) published in July 2023. It specifically adapts this guidance for an EU-based audience.** To this effect, it takes account of existing EU rules so that States and businesses that will implement its provisions comply with the requirements stemming from the complex web of existing EU rules, and in particular the AVMS Directive and other relevant legislation of EU food law, EU consumer law and EU data protection and digital law. It also adopts a policy cycle approach, considering all policy stages from policy development to policy implementation, policy monitoring and policy evaluation. Finally, and in line with the requirements of a child-rights based approach, it aims to ensure that the best interest of the child is systematically upheld as a primary consideration (62)

Engage, mobilize, and empower all stakeholders

To facilitate the implementation of effective policies to restrict food marketing to children, the involvement of different **stakeholders** (government sector, professionals, civil society, the private sector and others) is crucial. **Increasing literacy for all stakeholders** in how food marketing works, why it is exploitative of children and why they deserve a healthy environment to grow up in, can facilitate this engagement and it is another key recommendation in this field. According to the WHO Set of recommendations on the marketing of foods and non-alcoholic beverages (18), a wide range of stakeholders across sectors should be involved in policies on food marketing with governments as the key stakeholders to provide leadership for implementation, monitoring and evaluation.

Empower also parents, legal guardians and other caregivers to protect children from harmful food marketing and recognize youth as important stakeholders.

Moreover, the **National Intersectoral Working Groups**⁴, established in each participating country as part of Task 6.1. of WP6 - planned to facilitate the implementation of tools - represent important national networks that can enable capacity building

⁴ Milestone M6.1 of the Joint Action Best-ReMaP established the EU Expert Group and National Intersectoral Groups

activities, knowledge transfer, and bring together at the national level all the different sectors and knowledge domains required to restrict food marketing to children.

Encourage cooperation and capacity building

Besides the involvement of different stakeholders, it is essential to **enable capacity building, knowledge exchange and cooperation** among MS through different networking groups and governance mechanisms at the EU level.

Food marketing to children is a challenging area, that involves several key sectors, and is in constant evolution with novel communication channels and new marketing techniques and strategies. Therefore, besides a need for constant adaptation of current legislation in this field, it is crucial to have a knowledge and experience exchange network that helps to overcome the several barriers and challenges that can arise during the process.

There is a need to work together at the European and national level with networking groups that enable capacity building activities and bring together the different dimensions associated the transversality of intervention in the field of food marketing. This teamwork facilitates and enhances the work in Member States without these processes ongoing, through the knowledge and experience sharing from other MS.

Established networks, such as the **WHO European Action Network on Reducing Marketing Pressure to Children** and the **EU Expert Group on actions to reduce marketing of unhealthy foods to children**⁵ should be used to promote MS cooperation, knowledge, and experience exchange. The **WHO European Action Network on Reducing Marketing Pressure to Children**, established in 2008 and co-led by Portugal, facilitates cooperation and knowledge sharing between European MS on reducing marketing HFSS foods to children as part of broader efforts to tackle increasing levels of childhood obesity and the high burden of noncommunicable diseases. And the **EU Expert Group**, established in 2021 as part of the Best ReMaP Joint Action, supports prioritising effective actions on the best practices to reduce unhealthy food marketing to children and provides recommendations for the development and implementation of Work Package 6 tasks.

⁵ Milestone M6.1 of the Joint Action Best-ReMaP established the EU Expert Group and National Intersectoral Groups

It is also recommended to continue building platforms and tools that facilitate sharing knowledge, information and best practices among MSs and call on the EC to re-establish governance mechanism for networking and sharing implementation experiences among MSs in the areas of healthy nutrition, physical activity and prevention of obesity.

To ensure the sustainability of the monitoring protocols it would be preferable to host these tools on a **sustainable and suitably designed interactive site**. In addition, structured support for the regular review and updating of monitoring tools is required in light of the rapid changes in marketing and advertising practices seen this century. Moreover, WP6 partners who contributed to piloting the draft protocols have repeatedly suggested a need for a **monitoring-specific knowledge and experience exchange network** that would facilitate monitoring of unhealthy food marketing to children which could be a possible host for these tools. Such a network would ideally consist of experts in the field as well as researchers from MS that have already implemented the monitoring protocols and can provide learnings and further examples. It could build on the WHO Network referenced above but would require ongoing support for sustainability. Support would be especially valuable for ethical clearance challenges related to monitoring children's exposure to marketing in digital media given the challenges presented in the GDPR region of granting access to record data from children's personal devices when methods require this (as in the 'Capture on Screen' stage of the WHO CLICK Framework). As a part of this network a **database of published articles and reports that have used the EU-WHO monitoring protocols** was a further resource requested by MS.

As noted above, due to the dynamically changing landscape of food marketing, the constant use of new marketing methods and innovative tools to measure marketing, development of new channels of advertising (especially in digital media), the frequent and timely revision of existing monitoring tools is necessary. In such an environment, any finalised EU-WHO protocols will in reality be in constant "piloting" stage as their utility will need to be revised and edited in response to the changing marketing landscape and MS feedback. Support for such a structure would ideally be created within the EU as a part of **wider capacity building in the monitoring of unhealthy commodities and services to children**, to ensure that EU level monitoring programmes run smoothly.

Use evidence to define unhealthy food

The adequate definition of foods that shouldn't be marketed to children is a key element to better protect them from the harmful impact of food marketing. The existence of a government-led nutrient profile model based on robust scientific evidence is the adequate implementation tool to define unhealthy food.

The **WHO European Nutrient Profile Model (2nd edition)**, published in 2023, is an updated version of the model previously published in 2015. Based on the expert meeting held in September 2021 and the work of Best ReMaP, it incorporates lessons learnt during adaptation of the model by MS and by other WHO regional offices and adopts the latest scientific evidence. WP6 worked closely with the WHO to develop the draft model⁶, that was then tested within the Best ReMaP in 13 countries and 108 578 food products.

The WHO European Region NPM can be adapted to the national context. Some countries (Austria, Estonia, Portugal, and Slovenia) have already successfully implemented the 2015 NPM in national policy. Although some challenges might arise during the process, discussing the major difficulties with MS can help to find solutions. Some of the main problems reported by MS were the opposition from the industry sector, difficulty in aligning the national guideline food categories with the NPM categories, and constraints related to laws that mandate use of the NPM.

Define and actively support monitoring and enforcement

Another important aspect of an effective policy to reduce food marketing is having a **comprehensive, regular and transparent monitoring programme** (using the **EU-WHO Monitoring Protocol**) to ensure compliance and enforce these measures, as well as to provide adequate resources for its implementation including regular updates.

The **EU-WHO Monitoring Protocol** for assessing children's exposure to food marketing was created as a collaboration between WP6 and WHO Europe. It provides step-by-step guidance on monitoring major exposure channels and consist of the following protocols, surveys and guidance:

- Internet – potential exposure (not collecting children's data)
- Internet – actual exposure (collecting children's data)

⁶ Deliverable D6.2 of the Joint Action Best-ReMaP provided a proposal for an EU coordinated NPM (as identified in the AVMSD).

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- TV
 - Outdoor marketing (areas surrounding children's facilities)
 - Media and brands survey (to explore children's media habits and their favoured food brands or products)
 - Guidance on engaging children (involving children and young people at all stages of the project, child rights and ethics, recruitment and retention, dissemination)
 - Guidance on resource planning (adapting to individual MS policy and resource constraints, to adapt research questions, time, skills, funds, including a minimal and optimal approach to monitoring etc.

Between May 2022 and July 2023, a piloting programme of the EU-WHO Monitoring Protocol was conducted, to gather feedback on the scope, content and structure of the protocol and any challenges encountered during implementation. 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, a report⁷ on which is available on the Best ReMaP website.

To cover the workload related to food marketing monitoring and develop training to ensure literacy at all levels, there is a need to ensure adequate **financial and human resources**. Moreover, regarding measuring children's actual exposure to food marketing, an **international consensus and guidance** on the balance between protecting children's privacy (adhering to GDPR) and protecting them from harmful digital food marketing should be developed. And monitoring of the food marketing that reaches children through digital media should be properly enabled.

Furthermore, regular annual monitoring with obligatory reporting to the national parliaments and biannual to the EU Parliament, with provided budget in MS is also needed. To facilitate the implementation of regulatory codes it is recommended to create an **assigned administrative body** to monitor and enforce the food marketing codes.

⁷ Deliverable 6.3 provided a report on pilot EU-wide harmonised and comprehensive monitoring protocol for unhealthy food marketing.

Develop new tools and data

Considering existing limitations of food marketing (tools are resource-intensive and time-consuming; regular data collection cannot be guaranteed), new reliable and validated automated tools should be developed in the future. These technological solutions would assist in effectively monitoring digital marketing and in decreasing manual workload.

Moreover, in this regard, there is the possibility, through legislative mechanisms, to make it mandatory for economic operators to communicate the information presented in food labels to the EU and national authorities.

The development of new data, such as **European and national-level food-branded databases** is also a recommended important step for future action. Food-branded databases (such as FABLE) are useful for several key activities related but not limited to actions to restrict unhealthy food marketing to children. Food-branded databases facilitate access to nutritional composition and other relevant information on food products and can support the definition and monitoring of measures to promote healthy eating. These can be used for monitoring exercises of situation diagnosis, to validate NPM if they are developed and adapted to country necessities and for the monitoring and enforcement of legal provisions.

Be prepared to address the challenges

Finally, be prepared to address these challenges, by seeking support from other countries who have already experienced these difficulties and health organizations (such as the WHO).

Throughout the process of implementing measures to restrict unhealthy food marketing to children, several challenges may arise, from which stand out:

- Definition of “unhealthy food” (and the issue of foods whose marketing should be limited may be ingrained in national and regional traditions.)
- Lack of public awareness on the harmful effects of marketing.
- Food industry pressure during the development and implementation of measures to restrict unhealthy food marketing to children.
- Difficulties in evaluating and monitoring children’s exposure to food marketing (particularly digital marketing), as well as in monitoring the measures in place.
- Lack of resources (financial and human), and substantial manual workload.

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- Other practical aspects such as ethical challenges, recruitment of children and technical issues with software designed to collect data.

To overcome the challenges, support is required, particularly political and technical support, adequate financial and human resources, knowledge-exchange networks new tools and data (see section “Supports required”). For example, an important and useful policy brief developed by WHO (63), containing counterarguments from opponents, was shared with participating countries providing further guidance to address these common challenges.

Table 2 - Key action points of this Framework for Action and respective Implementation approaches and tools.

Key action points of this Framework for Action	Implementation approaches and tools
Tighten food marketing restrictions	<ul style="list-style-type: none"> ▪ Technical Guidance for Codes of Practice* ▪ Code of Conduct* ▪ WHO guideline - Policies to protect children from the harmful impact of food marketing (21) ▪ JRC Marketing of food, non-alcoholic, and alcoholic beverages - A toolkit to support the development and update of codes of conduct (60)
Implement a child rights-based approach	<ul style="list-style-type: none"> ▪ Code of Conduct*
Engage, mobilize, and empower all stakeholders	<ul style="list-style-type: none"> ▪ National Intersectoral Working Groups*
Encourage cooperation and capacity building	<ul style="list-style-type: none"> ▪ WHO European Action Network on Reducing Marketing Pressure to Children ▪ EU Expert Group on actions to reduce marketing of unhealthy foods to children*
Use evidence to define unhealthy food	<ul style="list-style-type: none"> ▪ WHO European Nutrient Profile Model (2nd edition)*
Define and actively support monitoring and enforcement	<ul style="list-style-type: none"> ▪ EU-WHO Marketing Monitoring Protocol (TV, Internet, Outdoors; Media and brands survey Guidance on engaging children and guidance on resource planning)*
Develop new tools and data	<ul style="list-style-type: none"> ▪ Food branded databases (FABLE – Food and Beverages Labels Explorer)
Be prepared to address the challenges	<ul style="list-style-type: none"> ▪ WHO Policy Brief: protecting children from the harmful impact of food marketing (2022)(63)

*Developed within and/or with the support of the JA Best ReMaP; NA:Not applicable.

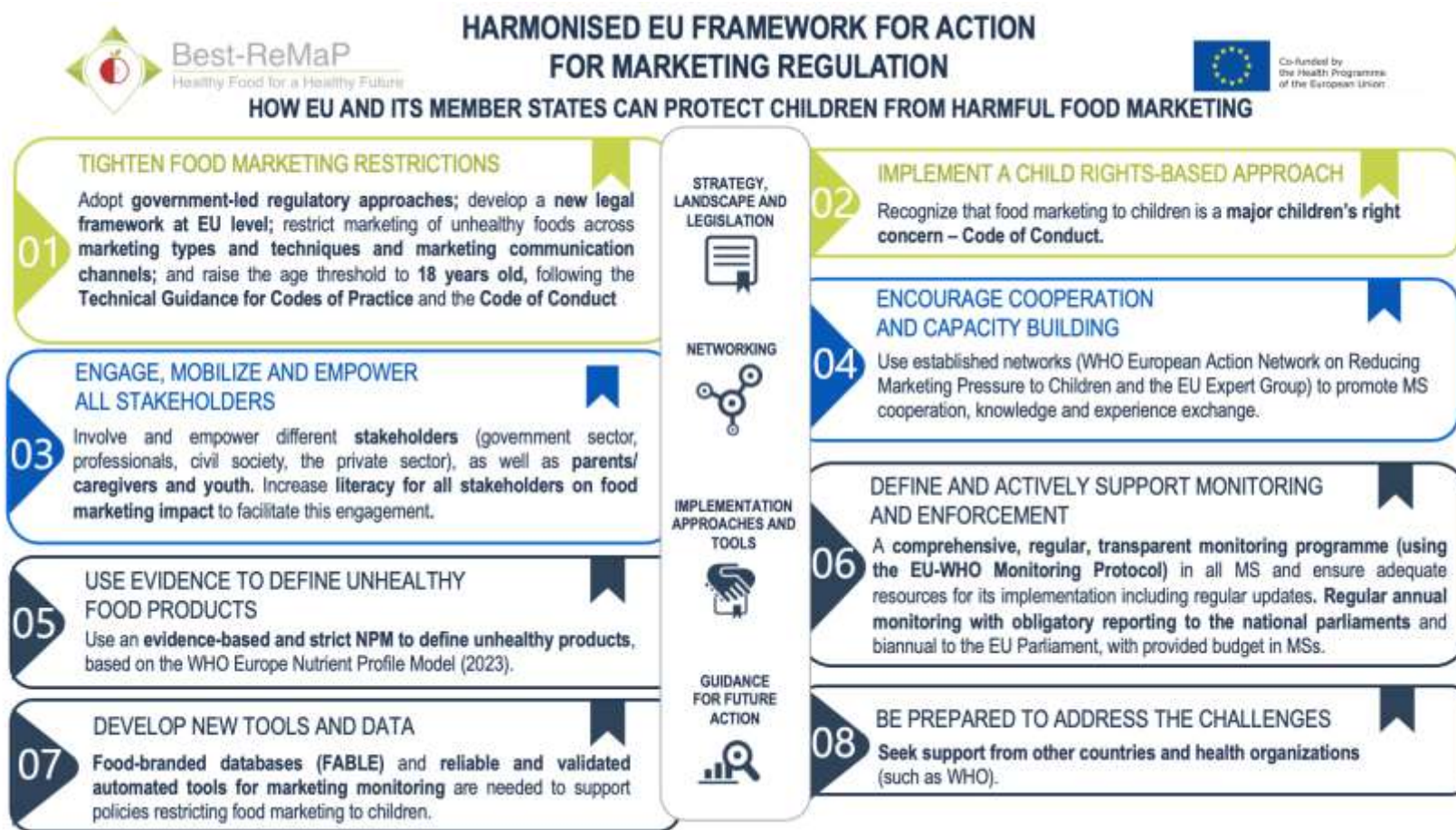


Figure 1 - WP6 Framework for Action: How EU and its Member States can protect children from harmful food marketing.

Guidance for future action

Recommendations

To effectively reduce children's exposure to unhealthy food marketing, based on the current scientific evidence, on recommendations and guidelines from UNICEF and WHO (21) and on WP6 experience and knowledge-sharing activities with MSs and experts, it is recommended to undertake the following actions:

At the EU and national level:

- Take urgent action to effectively reduce unhealthy food marketing to children.
- Implement comprehensive policies to restrict food marketing (i.e., government-led regulatory approaches, adopting a broad definition of the core notions of 'marketing' and 'marketing to children', including all children below 18 years of age. These policies should cover a wide set of marketing techniques and media, and, as per UNCRC General Comment no. 25, "make the best interests of the child a primary consideration when regulating advertising and marketing addressed to and accessible to children".
- Use an evidence-based and government-led NPM, based on the WHO Europe NPM, to define unhealthy foods.
- Implement a comprehensive, regular and transparent monitoring programme in all MS, to ensure regulations are applied and are effective.
- Define a regular annual monitoring mechanism with obligatory reporting to the national parliaments and biannual to the EU Parliament, with a specifically allocated budget in MS.
- Develop reliable and validated technological solutions to effectively monitor digital marketing and to automate and decrease manual workload in some aspects of monitoring and in collecting food products nutritional information.
- Promote cooperation among stakeholders (policymakers, ministries, NGOs, researchers, governments, MEPs, and more), increasing literacy for all to give them the tools to understand why marketing is exploitative of children and why they deserve a healthy environment and recognize children and adolescents as important stakeholders.

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- Empower parents, legal guardians and other caregivers to protect children from harmful food marketing.
 - Use established networks to promote cooperation, knowledge and experience exchange among MS.
 - Continue building platforms and tools that facilitate sharing knowledge, information and best practices among MSs and call on the EC to re-establish governance mechanism for networking and sharing implementation experiences among MSs in the areas of healthy nutrition, physical activity and prevention of obesity.

In parallel to these recommendations and the need for implementation of regulation in this area, we call for the support of different actors (parents legal guardians and other caregivers, food and marketing industries, online content influencers and the academia) to have an active role in the area of food marketing to children by undertaking the following actions:

At the family level:

- Encourage the reduction of children's media exposure, particularly on digital media.
- Develop online and digital media literacy among youth.

At the food industry and marketing industry level:

- Undertake not to advertise or otherwise promote unhealthy food to children, according to the previous recommendations.

At the online content influencers

- Undertake not to advertise or otherwise promote unhealthy food to children.

At the academia level:

- Develop research to assess the impact of regulatory measures already implemented in some countries (given the lack of robust evidence in this area).
- Develop research and tools to promote the implementation of effective evidence-based, child rights-based approaches to food marketing regulation.

Supports required

To overcome the challenges and barriers associated to implementing measures to restrict food marketing to children WP6 has identified the need for support, particularly in the following aspects:

- **Political support** is essential as is the involvement of diverse stakeholders (government sector, professionals, civil society, the private sector and others).
- **Ongoing support from WHO**, particularly in developing national Nutrient Profile Models and in monitoring the measures.
- A **monitoring-specific knowledge and experience exchange network** consisting of MSs and experts, adequately funded. This could relate to the WHO Network but would have a specific practical remit.
- A **sustainable steering group** is required to support the monitoring programme and rolling protocol review. Regular landscape analysis is required to identify new channels with potential for exposure to marketing, new techniques and new measurement tools, as well as to review and update existing protocols based on users' feedback.
- **EU-wide harmonised and MS-specific ethical clearance documentation and advice on GRPR** issues related to accessing children's devices to monitor digital media are required.
- As feasible, **reliable and validated automated tools** to decrease manual workload.
- To allocate **adequate resources (financial and human)** to implement, monitor and enforce these measures.

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