



Implementation of marketing regulations

Osei-Kwasi et al. 2023

Loughborough University

Outline

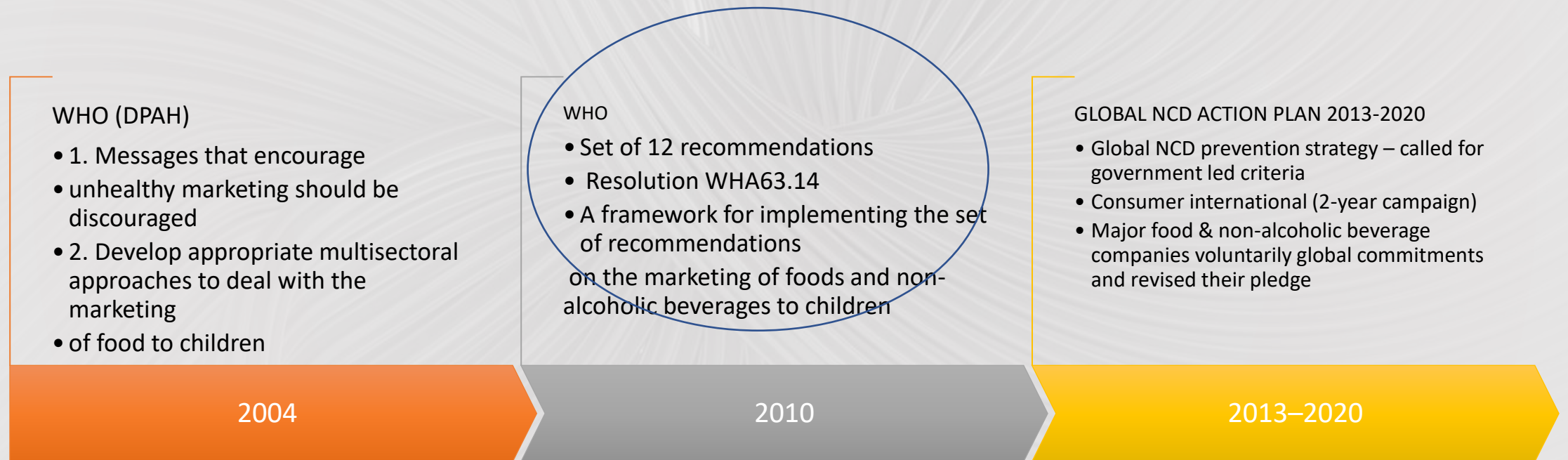
- Background
- International context-global directions
- Evidence of the impact of FM restrictions
- Barriers and facilitators for FM restriction policies

Background

- It is well established that unhealthy food environments are a major driver of unhealthy population diets and obesity
- Healthy diets are undermined by marketing of unhealthy foods
- There is clear evidence that food marketing to which children are exposed affects their food preferences, choice, purchase and intake
- Effective government policies are essential to create healthy food environments and to reduce the high levels of obesity and diet-related noncommunicable diseases (NCDs)



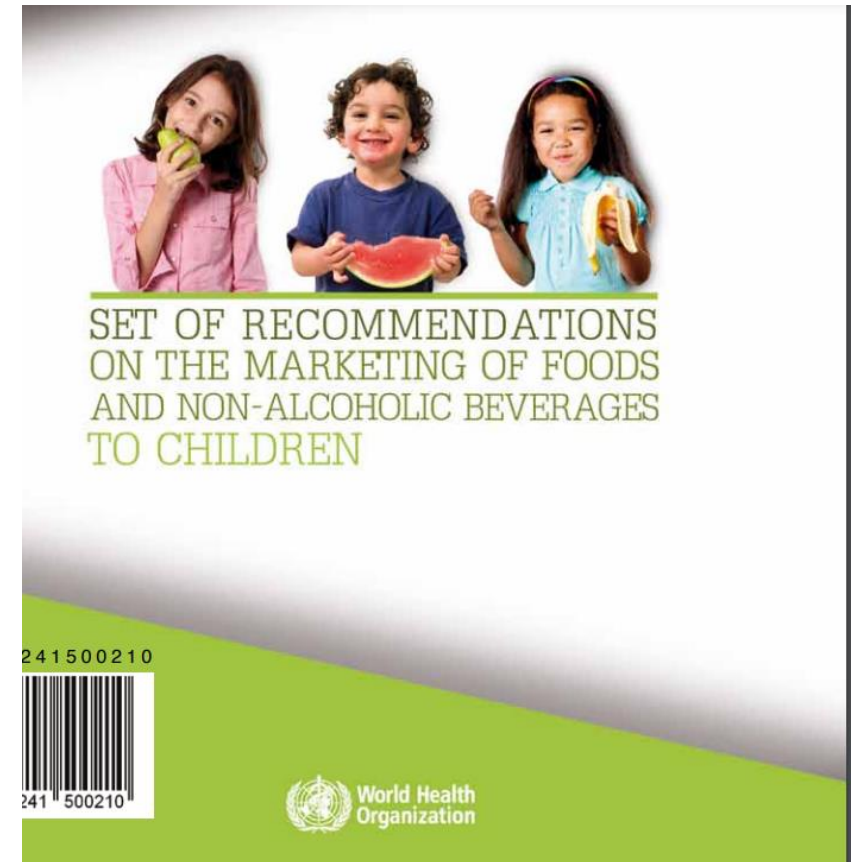
Historical mapping of food marketing policy process



Key concepts in FM policy development

The effectiveness of marketing communications depends:

- Exposure and marketing
- The media in which the communication message appears
 - deals with the reach, frequency and impact of the message, thus influencing the exposure of children to the marketing message.
- Its creative content (power)
 - relates to the content, design and execution of the marketing message, influencing the power of the marketing communication
- The effectiveness of marketing can thus be described as a function of both exposure and power.



A FRAMEWORK FOR IMPLEMENTING THE SET OF RECOMMENDATIONS on the marketing of foods and non-alcoholic beverages to children



- The framework for implementing the set of recommendations proposes the following 3 comprehensive policy approaches that are considered to have the highest potential to achieve the desired policy impact:
 - ► eliminating all forms of food marketing that is “high in saturated fats, trans-fatty acids, free sugars, or salt” to which a broad range of children are exposed;
 - ► eliminating all forms of food marketing to which a broad range of children are exposed; and
 - ► eliminating all forms of marketing to which a broad range of children are exposed.



To date, no country has implemented a comprehensive policy, despite evolving evidence on the harmful impact that food marketing can have on children of all ages

As of May 2022, a total of 60 countries had adopted policies that restrict marketing of food and SSB to children

Twenty of these countries have mandatory marketing restriction policies and another 18 mandatory policies in the school setting.

Several countries have multiple approaches, mandatory and voluntary and there is great variation in scope, such as channels or settings covered.

Some policies cover all food and beverage products, others restrict marketing of products based on their nutrient content, and some focus on a specific product such as energy drinks or SSB.




Research evidence

- Numerous food industry groups have established self-regulatory programs that refer to encouraging more “responsible advertising” while a small but growing number of countries have enacted mandatory policies.
- Self-regulation has not meaningfully reduced children's exposure to unhealthy food marketing or sales of unhealthy foods.
- Similarly, the few existing assessments of mandatory policies have reported mixed findings as to whether not the policies resulted in reductions in unhealthy food advertising in affected media although effects on unhealthy food sales have been reported.
- In some studies, decreases in HFSS advertising covered by the policy were accompanied by increases in HFSS advertising not covered by the policy such that overall exposure did not substantially change.
- Therefore, WHO commissioned a review to inform the development of updated recommendations regarding policies to restrict food marketing to children.

What is the evidence of the impact of food marketing restrictions?

Systematic review of the effect of policies to restrict the marketing of foods and non-alcoholic beverages to which children are exposed

Emma Boyland¹  | Lauren McGale^{1,2} | Michelle Maden³ | Juliet Hounsome³ | Angela Boland³ | Andrew Jones¹

¹Department of Psychology, University of Liverpool, Liverpool, UK

²Department of Psychology, Edge Hill University, Ormskirk, UK

³Liverpool Reviews and Implementation Group, University of Liverpool, Liverpool, UK

Correspondence

Emma Boyland, Department of Psychology, University of Liverpool, Liverpool L69 7ZA, UK.

Email: eboyland@liverpool.ac.uk

Funding information

World Health Organization, Grant/Award Number: 2019/897010-0

Summary

This systematic review examined the effectiveness of policies restricting the marketing of foods and/or non-alcoholic beverages to children to inform updated World Health Organization (WHO) guidelines. Databases were searched to March 2020. Inclusion criteria were primary studies of any design assessing implemented policies to restrict food marketing to children (0–19 years). Critical outcomes were exposure to and power of marketing, dietary intake, choice, preference, and purchasing. Important outcomes were purchase requests, dental caries, body weight, diet-related non-communicable diseases, product change, and unintended consequences. Forty-four observational studies met inclusion criteria; most were moderate quality. Pooling was conducted using vote counting by direction of effect, and GRADE was used to judge evidence certainty. Evidence suggests food marketing policies may result in reduced purchases of unhealthy foods and in unintended consequences favorable for public health. Desirable or potentially desirable (for public health) effects of policies on food marketing exposure and power were also found. Evidence on diet and product

No published data for the African sub region, almost all in HIC, and 1-

MIC

Outcomes: exposure to and power of marketing, dietary intake, choice, preference, and purchasing. product change

None for dental caries, body weight, diet-related NCDs, ...

Findings

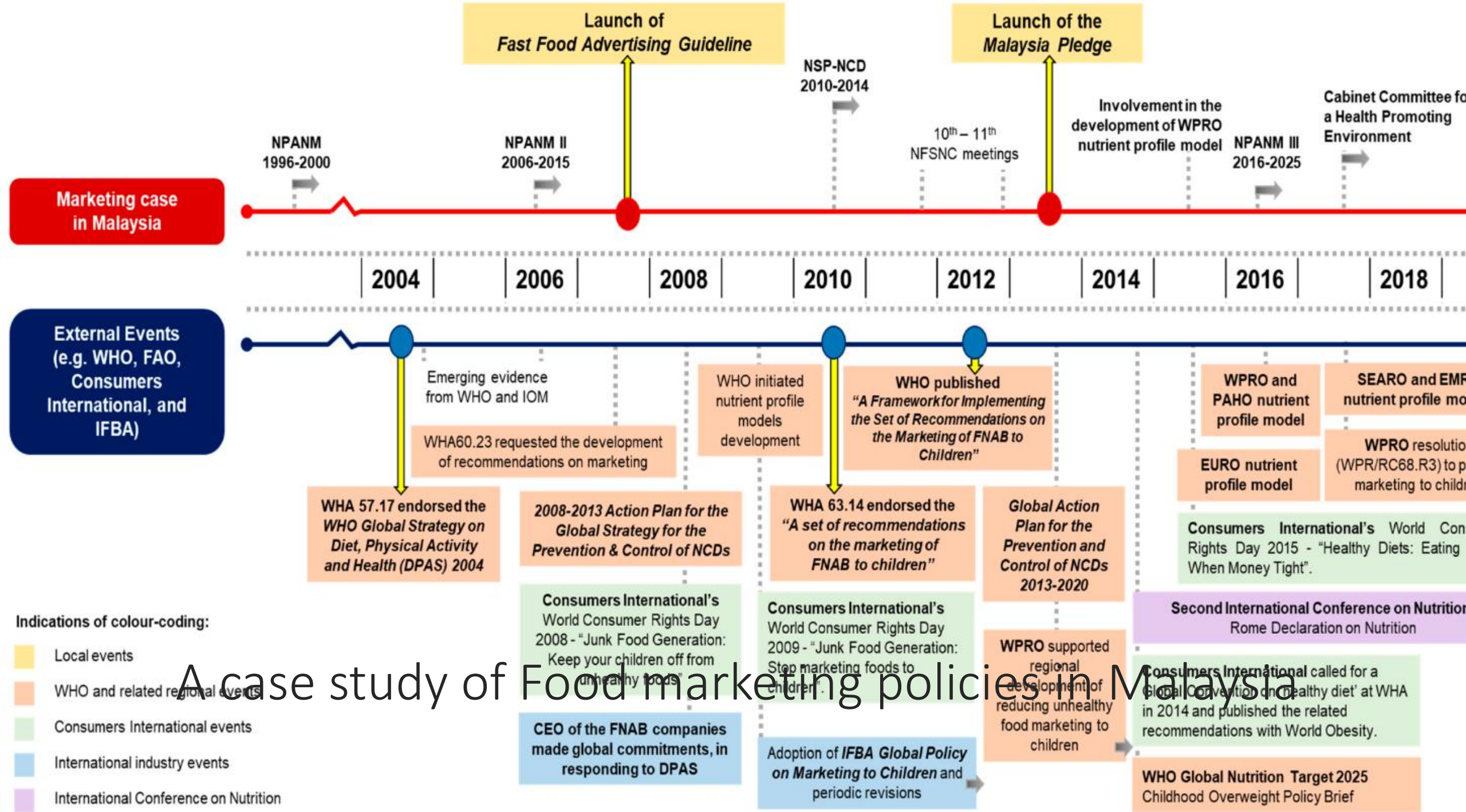
FM policies may reduce purchases of unhealthy foods, unintended consequences for public health

Several studies show desirable effects of FM policies on child food marketing exposure

Evidence on diet and product change was very limited

Mandatory policies, those seeking to protect children beyond 12 years of age, restricting unhealthy food advertising on television and using a nutrient profile model to classify foods were more likely to be effective

Adherence to voluntary codes may not sufficiently reduce the advertising of foods or reduce children's exposure



MIC **context**

Malaysia adopted the self regulatory pathway to fulfilling the country's commitment to WHA 63.14, instead of implementing the best practice of government-led legislations

Evidence shows more barriers than facilitors during the development of food marketing polices and the implementation

Most barriers are comparable to those encountered by other LMICs when developing and implementing food environment policies

Stakeholder relations posed a critical barrier to both policy development and implementation

Systemic influences to progress local policy reforms are required

MIC **context**

Malaysia adopted the self regulatory pathway to fulfilling the country's commitment to WHA 63.14, instead of implementing the best practice of government-led legislations

Evidence shows more barriers than facilitors during the development of food marketing polices and the implementation

Most barriers are comparable to those encountered by other LMICs when developing and implementing food environment policies

Stakeholder relations posed a critical barrier to both policy development and implementation

Systemic influences to progress local policy reforms are required

Facilitators

Strong political leadership

Supporting evidence

Intersectoral collaboration

Community support

Barriers /challenges

Complexity of the regulatory processes

Conflicting interests

Lack of financial and human resources

Industry interference

A weak evidence base
Ambiguous categorisation,
Lack of criteria for food to be restricted or banned

What are the barriers and facilitators to developing and implementation of food marketing restrictions policies?

- In Malaysia, lack of political will lack of sustained effort and implementer characteristics, lack of monitoring
- Facilitators- resource availability or maximisation, leadership from the health sector

Recommendation from case study

1. Strong and proactive leadership to guard against political stagnation and commercial interests, and balancing public health interest to combat the influence of unhealthy food marketing to children.
2. World Trade Organization endorsement of WHO recommendations for the restriction of unhealthy food marketing to children.
3. Resource maximisation, particularly in using credible scientific evidence and providing education to all policy stakeholders (e.g., SME, broadcasters, advertisers and public).
4. A comprehensive regulatory framework including strict enforcement that links non-compliance to consequences.
5. Strengthening inter-ministerial collaboration (e.g., find solutions for governance complexity, set common objectives) and engaging with the key external stakeholders of food marketing policies (e.g., broadcasters and advertisers).
6. Mapping positions of NGO stakeholders with shared interests in restricting unhealthy food marketing to children and forming a pro-public health coalition with sustained advocacy actions.
7. Integration of sustained and transparent monitoring and evaluation systems, with the involvement of civil society and academia that pose none conflicts of interest.

Abbreviations: NGO = non-government organisation; SME = small and medium-sized enterprises; WHO = World Health Organization.

Summary

Globally, countries are actively implementing WHA resolution 63.12, few are from SSA

In Ghana and Kenya for instance, policies exist to restrict exposure to promotion of unhealthy foods, but implementation has been rated as low

Inadequate government action in enforcing the policies

Effective implementation requires robust planning, processes and resources

Government favours self regulating approaches, accumulating evidence shows this have minimal impact on reducing children's exposure

Consideration for implementing a comprehensive food marketing policy

Given the impact of food marketing is function of exposure and power, all policies should reduce both the exposure of children to marketing and the power of that marketing.

The objectives of the marketing restrictions should be clearly defined , to increase transparency and support for the policy.

- The policy should consider the following elements
 - ▶ What foods are to be restricted from marketing?
 - ▶ What marketing types, techniques and channels are to be restricted?



Key Lessons from other context

Restricting marketing to only certain foods and some forms of marketing leave children inadequately protected because exposure to food marketing that encourage unhealthy diets continues.

Narrow policy criteria allow for gaps that companies may use to shift their marketing investment from regulated to unregulated areas

Food marketing originating from sources outside a country's jurisdiction may be beyond the scope of a current national policy.

The government's ultimate aim should therefore be a comprehensive policy approach.

Policy development

- A comprehensive approach to restricting all marketing to children of foods with a high content of saturated fats, trans-fatty acids, free sugars, or salt, which fully eliminates the exposure, and thereby also the power, of that marketing- has the highest potential to achieve the desired impact
- Starts by either addressing exposure or power independently or dealing with aspects of both simultaneously in a stepwise approach

Conclusion

We found limited evidence for the impact of FM restrictions for SSA

Most reviews existing reviews included studies mainly high-income countries

However, we can learn lesson from the evidence from these countries, while we work on context relevant data as well

Adherence to voluntary codes may not sufficiently reduce the advertising of foods which undermine healthy diets or reduce children's exposure to this advertising.

As noted in the implementation framework, ***the government's ultimate aim should therefore be a comprehensive policy approach.***

Ghana's policies should be guided by the WHO set of recommendation and framework as well the evidence so far from HIC

A FRAMEWORK FOR IMPLEMENTING
THE SET OF RECOMMENDATIONS
on the marketing of foods and
non-alcoholic beverages to children

Thank you for your attention



SET OF RECOMMENDATIONS
ON THE MARKETING OF FOODS
AND NON-ALCOHOLIC BEVERAGES
TO CHILDREN

00210



0210



References

- World Health Organization. A framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children.
- World Health Organization. Evaluating implementation of the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children: Progress, challenges and guidance for next steps in the WHO European Region. World Health Organization. Regional Office for Europe; 2018.
- World Health Organization. Protecting children from the harmful impact of food marketing: policy brief
- Ng S, Kelly B, Yeatman H, Swinburn B, Karupaiah T. Policy inertia on regulating food marketing to children: a case study of Malaysia. International journal of environmental research and public health. 2021 Sep 12;18(18):9607.