Fifteenth Meeting of the WHO European Action Network on Reducing Marketing Pressure on Children

Report of the Virtual Meeting
19 May 2021
Abstract

In May 2021, the fifteenth meeting of the WHO European Action Network on Reducing Marketing Pressure on Children took place online. The Network facilitates cooperation and knowledge sharing between European Member States on reducing marketing of foods high in fat, sugar or salt (HFSS) to children as part of broader efforts to tackle increasing levels of childhood obesity and the high burden of noncommunicable diseases.

Representatives of 26 Member States belonging to the Network participated in the meeting, along with academic experts and representatives of civil society and international organizations, including WHO. The meeting heard updates from several Member States on progress in introducing measures to restrict HFSS food marketing to children.

The meeting explored how to strengthen regulatory frameworks and sought to better understand the policy and public debate around the issue, as well as the methods used in corporate political activity to influence policy. Issues around monitoring of traditional and digital marketing were also explored, and participants heard about the findings and reflections on countries’ experience piloting monitoring tools. Country exchange and cooperation, with technical support from WHO, remains important to support countries in overcoming the many challenges to reduce marketing pressure on children throughout the European Region.

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Introduction and background

The high levels of childhood obesity and the heavy burden of diet-related noncommunicable diseases (NCDs) across the WHO European Region call for broader policy responses. One important area for action is the reduction of marketing pressure on children — especially the marketing of energy-dense and micronutrient-poor foods and beverages. Such marketing influences children’s knowledge, preferences, attitudes, food choices and dietary behaviours.

The WHO European Action Network on Reducing Marketing Pressure on Children (hereafter referred to as ‘the Network’) was established in 2008, in close collaboration with the WHO Regional Office for Europe, to facilitate country exchange and collaboration on this topic. Norway initially took on the responsibility of leading and facilitating the network and since 2016 Portugal has taken over this responsibility.

There are currently 30 countries in the WHO European Region participating in the Network.1 In addition, several organizations and institutions take part in the Network as observers.2 Network meetings have been held in Serbia, Slovenia, the United Kingdom, Portugal, Belgium, Denmark, Türkiye, Switzerland, Greece, Ireland and Austria.

Long-term goal and objective of the WHO European Action Network on Reducing Marketing Pressure on Children

Long term goal
To protect children’s health and wellbeing as a basic human right, through sharing experiences and best practices in order to identify and implement specific actions which will substantially reduce the extent and impact of all marketing to children of high salt, energy-dense, micronutrient-poor foods and beverages.

Objectives
1. To constitute a coalition of committed countries who can identify and demonstrate specific actions to protect children against pressure from marketing of high salt, energy-dense, micronutrient-poor foods and beverages.
2. To share and discuss experiences in work relating to regulation of food and beverage marketing to children and ensure that information is exchanged between the network countries and available to other countries in the Region and globally, including countries in transition.
3. To discuss approaches to control marketing of food and non-alcoholic beverage to children, such as statutory regulation, self-regulation, voluntary measures and co regulation and identify content and principles and contribute to international recommendations on the regulation of marketing of food and non-alcoholic beverage to children.
4. To develop tools and share experiences to support monitoring of food and beverage marketing to children, as well as compliance and impact of control mechanisms in place, and when possible to identify the impact on different socio-economic groups.
5. To discuss and come up with advice on nutrient profiling/profile models as a tool to control the marketing of food and beverages.
6. To follow-up and identify how WHO HQ Recommendations and Network Code can be used to support member states in their work to protect children from food and beverage marketing.
7. To report and contribute to various international meetings such as to the World Health Assembly and Regional Committee (RC) meetings in the WHO European Region.
8. To explore and develop multisectoral competences and knowledge, and health in all policies approach, involving different disciplines and sectors, enabling the Network to achieve comprehensive solutions.

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1 Albania, Austria, Belgium, Bulgaria, Croatia, Cyprus, Denmark, Estonia, Finland, France, Georgia, Greece, Hungary, Ireland, Israel, Latvia, FYR Macedonia, Malta, Montenegro, the Netherlands, Norway, Poland, Portugal, Serbia, Slovenia, Spain, Sweden, Switzerland, Türkiye and the United Kingdom.

On 19 May 2021 the 15th Network meeting took place online, due to the context of the COVID-19 pandemic. The meeting particularly focused on strengthening regulation of HFSS marketing, in recognition of the fact that there has been limited implementation of comprehensive regulation and since digital marketing remains largely unregulated in the European Region. Representatives of 26 countries participated in the meeting, along with international experts and representatives from other relevant organizations (civil society) and collaborating centres.

**Introductory session and opening remarks**

On behalf of WHO Regional Office for Europe, Dr Kremlin Wickramasinghe welcomed all participants and thanked Portugal for its continued leadership of the Network.

As Chair of the Network, Maria João Gregório, Directorate-General of Health, Portugal, added her welcome to the participants. She thanked WHO for its continuous support to the network and Member States and wished participants a fruitful meeting.

Carina Ferreira-Borges, WHO European Office for the Prevention and Control of Noncommunicable Diseases, added further words of welcome. She underlined the continued challenge of childhood obesity in the Region and the ongoing need to take strong preventive action. Reducing marketing of food and beverage products high in fat, sugars and/or salt (HFSS) to children is clearly an important action to tackle childhood obesity. Much more is now known about the HFSS marketing to which children are exposed, laying a robust foundation for stronger regulation. The growing number of participating countries in the Network is a clear sign of the will to strengthen regulation across the Region, and the sharing of experience and expertise through the Network can help facilitating that process.

**Public health perspective on need for marketing regulations**

**Strengthening regulations to restrict marketing of HFSS foods to children: Updates from WHO**

The recently published fourth round report of the WHO European Childhood Obesity Surveillance Initiative (COSI) highlights the ongoing challenge of childhood overweight across the Region. A forthcoming supplement of Obesity Reviews on COSI includes a paper on implementation of policy responses in the six areas recommended in 2016 by the WHO Commission on Ending Childhood Obesity, and the paper highlights that there is not yet a single country that has successfully implemented comprehensively strategies across all these areas.

It is clear that the shift in media advertising has continued towards digital, with increasing advertising spend on digital media. Nevertheless, as advertising spend in television remains considerable, regulation of marketing in traditional broadcast media cannot be neglected.

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3 See Annex I for the meeting agenda.
4 See Annex II for the list of participants.
7 Promote intake of healthy foods (including action on HFSS marketing), promote physical activity, preconception and pregnancy care; early childhood diet and physical activity; health, nutrition and physical activity for school-age children; weight management.
It is also clear that in digital media the approach to marketing is very different. Use of clearly distinguished advertisements is less popular and the use of social media influencers and other marketing techniques poses a particular challenge.

Under the WHO CLICK monitoring framework, the C is for Comprehend the digital ecosystem in each national context. This is a challenging task and, following a case study in the UK, WHO is now developing a protocol to support Member States. It is important to note that the data to understand the digital ecosystem may not be publicly available, but governments can request the information from companies. WHO has developed some templates to support such requests.

There are many pressures that have led to shifts in the digital ecosystem in the last few years. These include changing privacy regulation, political pressure on big technology companies, the continuing shift towards digital media and the impact of COVID-19. There are a number of industry responses to this ecosystem disruption, and some of these changes are leading to greater concentration in a small number of major technology platforms. As a result, some governments are now looking at the issue of digital marketing as a competition issue.

In order to support Member States, WHO is developing and piloting technology to help monitor marketing and is drawing up protocols on collecting qualitative data among different stakeholders (children, parents, professional stakeholders). WHO protocols and templates are already available for monitoring television advertising. Other areas to be further explored and tackled include children’s exposure to HFSS marketing through online gaming, maps (e.g., showing fast food restaurants) and marketing on food delivery apps. It is clear that voluntary regulation has proven to be ineffective across the Region and that stronger legal frameworks and monitoring systems are required.

In recognition that many different policy sectors are trying to address health online harms to children, WHO EURO is establishing a Signature Initiative of the Regional Director’s Advisory Council on Noncommunicable Diseases on protecting children and young people from exposure to unhealthy products in digital contexts, and the Combating Harmful Implications of Living Digitally (CHILD) project is part of this Signature Initiative. This Signature Initiative will develop frameworks to detect and map misinformation and online harms for children, establish working groups and identify online harms for children. The mapping approach includes legal and social aspects, as well as markets and the technology infrastructure, and it is intended to identify gaps between the current situation and the countries’ intended end points. WHO would be happy to support countries in conducting such analyses.

In addition, UNDP and WHO are working together to develop a practical manual for conducting national legal environment assessments for NCDs. This includes regulatory aspects of diet, including regulating HFSS marketing. Support is available to conduct these analyses, and Member States interested in piloting this approach should contact WHO.

Furthermore, complex issues such as regulating marketing would benefit from a systems thinking approach and WHO is developing a manual on how to use systems thinking for public health interventions.

Member States are advised to identify a wide range of national stakeholders,9 and those working on related health topics where digital marketing is a concern,10 for potential collaboration and exchange. It is important to set up monitoring systems that are fit for purpose and include digital marketing. WHO is keen to support countries in strengthening regulation in a variety of different ways.

Discussion

There was discussion of the observation that children are not only exposed to marketing targeted at young people, but they are also exposed to marketing which ostensibly targets adults. Regulation of marketing to children has loopholes through which children continue to be exposed to marketing. The question of whether more wide-ranging regulation of HFSS marketing (not only marketing to children) is needed, in order to fully protect children, was raised. WHO’s mandate from the WHA resolution at the Sixty-third

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9 For example, policy makers working on data protection, market competition authorities, regulators, online misinformation, protecting children online and online harm reduction.

10 For example, breastmilk substitutes, complementary foods, alcohol and tobacco.
World Health Assembly\textsuperscript{11} relates specifically to children, but it is clearly preferable for regulation to cover marketing \textit{seen by} children and \textit{of appeal} to them, rather than only marketing specifically targeted at children. WHO will be bringing out new global publications about restricting marketing to which children are exposed in the coming months. Recent country experience reinforces that, in the current context, keeping the focus on protecting child health helps to resist industry opposition, but countries are free to go further.

WHO recommends that regulation should protect children up to the age of 18 years, reflecting the definition of children according to the Convention on the Rights of the Child.\textsuperscript{12} The age group covered by existing measures varies. A child has been defined differently across countries for data protection purposes, which brings an additional challenge in defining a child when developing a regulation.

It was noted that there is some interest within the EU on regulating surveillance-based marketing with respect to the Digital Services Act. This could be an interesting area to monitor and explore for potential collaboration, for example, with consumer organizations.

\textbf{How to strengthen legal frameworks around marketing of unhealthy products}

Fiona Sing, University of Auckland, New Zealand, presented an overview of research on strengthening legal frameworks around marketing of unhealthy food and beverage products.

Although there is not a specific global legal instrument for protecting children from food marketing — as there is, for example, in relation to breastmilk substitutes and tobacco — there is a wealth of quasi-legal UN documents that provide Member States with legitimacy to act.

Preliminary findings of this research have identified a number of key recommendations for effective regulation. These include:

- adopt mandatory legislation;
- involve multiple government agencies;
- protect children up to age 18;
- include all marketing regardless of target audience;
- develop comprehensive legislation — for all media, settings and techniques;
- apply a strong food classification system (which provides a scientific rationale); and
- robustly monitor and enforce measures.

Some of these issues were explored in more detail.

\textit{Mandatory legislation}

Evidence of effectiveness for government-led voluntary regulation and industry-led self-regulation on reducing exposure and power of marketing to children is limited. Various studies show, in contrast, mandatory laws are more effective. For example, Chile’s 2018 mandatory comprehensive law — which includes a mandatory ban on HFSS marketing in cinema and on TV between 6 am and 10 pm or directed to children in any medium and on sales and marketing of HFSS foods and beverages inside nurseries and schools — is having a significant impact.

\textit{What legislation to use?}

Internationally, either the Ministry of Health or Ministry of Food and Drug Safety has been the lead government agency. A good level of cooperation and exchange between the multiple government agencies

\begin{itemize}
\end{itemize}
involved is essential. There are, however, other opportunities to include in other mandates or legislative framings, such as child rights, online harms.

**Policy objectives**

All laws should have strong policy objectives to protect the law from industry challenge. The first policy objective should be to reduce exposure to the marketing of unhealthy foods. Further policy objectives can be chosen from a pathway of effects for which there is now clear evidence to set medium-term and long-term objectives. It is important to frame the legislation carefully, using the extensive body of health evidence, to be able to protect the legislation from industry challenge and from trade and investment disputes.

**Governance**

The lead government agency should work with a working group of relevant government agencies on design, implementation and monitoring of the statutory measures to restrict unhealthy food marketing to children. These should include the government agencies in charge of digital advertising, sports sponsorship, schools, settings where children gather, retail advertising, food labelling and packaging, broadcast media, branding and any nutrient classification system. In Thailand, for example, the agencies involved in the development of the country’s measure included: Consumer Protection Board; Food and Drug Administration; Office of the National Broadcasting and Telecommunications Commission; Ministry of Digital Economy and Society; Ministry of Social Development and Human Security; Ministry of Education; Ministry of Interior; Department of Children and Youth; Department of Health Services Support; Department of Local Administration and the National Health Commission of Thailand.

**Monitoring, evaluation and enforcement**

This is one of the most difficult challenges with regulating marketing — countries have struggled to ensure that the right agencies are provided with the necessary resources, authority and powers. Previous experience has often relied on enforcement through a public complaints system, but there is a need for stronger, government-led enforcement. To ensure compliance is high, a range of strong enforcement mechanisms are needed, such as fines and prohibition from advertising. Although a single governing body should coordinate monitoring and enforcement, other agencies can be given enforcement powers.

**Country updates**

**England, United Kingdom**

Beth Eaton, Department of Health and Social Care, provided an update on recent developments in England. The national obesity strategy for England published in July 2020[^1] set out the government’s intention to ban HFSS advertising on television before 9 pm and online. A consultation was held in 2020 and the results of the consultation are due for publication in coming months. The current intention is to implement measures relating to television and online at the same time via primary legislation (the Health and Care Bill) which would come into force by the end of 2022. The final product list and scope of the restrictions will be published with the forthcoming government response to the consultation, but the government has already committed to only including products that are of concern to childhood obesity. On a separate note, the government will also be introducing secondary legislation to restrict promotions on HFSS food and drinks in medium and large retailers from April 2022.

Türkiye
Seniz Ilgaz, Ministry of Health, provided a brief update on developments in Türkiye. A regulation restricting HFSS advertising on television was introduced in 2018 and a nutrient profile model, based on the WHO Europe model, was adopted. Since then, two regulations relating to reducing the marketing pressure on children have been amended. The first relates to regulation of commercial advertising includes restriction of advertising on children’s channels. The second regulation introduced restrictions on industrial trans fats.

Norway
Britt Lande, Norwegian Directorate of Health, gave a brief update on activities in Norway. An evaluation of the self-regulation system was conducted in 2020, and the report is available on the website of the Norwegian Public Health Institute with a summary and some key messages in English. Norway has also been participating in piloting the CLICK monitoring framework, in collaboration with WHO, and the report describing the results has been presented.14

Austria
Karin Schindler, Austrian Ministry of Health, updated the meeting on developments in Austria. Following a lengthy process, the nutrient profile model for restricting food marketing to children should be approved by the National Nutrition Commission in the coming weeks, even if the agri-food sector votes against it. The Austrian experience suggests that it is not possible to get a consensual approach to restrictions, and governments need to be ready to take action in the face of industry opposition. Austria is keen to learn from WHO and other Member States on the monitoring process.

Estonia
Haidi Kanamäe, National Institute for Health Development, Estonia, summarized the latest developments in the country. A self-regulation guidance document for the broadcasting union and the marketers’ union is under development, with the aim of providing these actors with a tool for implementing restrictions of marketing of HFSS foods to children.

Preliminary results of Best ReMap WP6 and WHO Europe questionnaire on legislation and regulations related to marketing of HFSS foods in countries
Margarida Bica, Directorate-General of Health, Portugal, shared preliminary results of the questionnaire on legislation and regulations related to marketing of HFSS foods and transposition of the EU Audiovisual Media Services Directive (AVMSD). The questionnaire was conducted as a joint initiative between the Best-ReMaP Joint Action and the WHO European Action Network on Reducing Marketing Pressure on Children. Thanks were due to all Member States that replied to the questionnaire. Of the 20 Member States that replied, 14 were Best-ReMaP partners and six were members of the WHO Network. The preliminary findings are summarized in Table 1.

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Table 1. Key findings of the Best-ReMaP and WHO survey on legislation and regulations related to marketing of HFSS foods and transposition of the EU Audiovisual Media Services Directive (AVMSD)

<table>
<thead>
<tr>
<th>Characteristics of national measures</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislation on digital marketing of unhealthy products (e.g., alcoholic drinks, HFSS foods, tobacco, novel tobacco products)</td>
<td>Existed in 17 of the responding countries</td>
</tr>
<tr>
<td>Reducing exposure of children to unhealthy food marketing as a priority in the national food and nutrition strategy or action plan</td>
<td>12 countries reported inclusion of reducing exposure of children to unhealthy food marketing as a priority in their national strategy or action plan</td>
</tr>
<tr>
<td>Measures in place on reducing exposure of children to unhealthy food marketing</td>
<td>11 countries (6 identified as statutory measures and five were identified as self-regulation. Further 5 planning to introduce measures)</td>
</tr>
<tr>
<td>Age group covered</td>
<td>6 covered children up to the age of 18</td>
</tr>
<tr>
<td></td>
<td>2 covered children up to 16 years</td>
</tr>
<tr>
<td></td>
<td>2 covered children up to 13 years</td>
</tr>
<tr>
<td></td>
<td>1 covered children up to the age of 12 years</td>
</tr>
<tr>
<td>Media covered (see Fig. 1 for more detail)</td>
<td>10 countries mentioned television</td>
</tr>
<tr>
<td></td>
<td>9 countries mentioned radio</td>
</tr>
<tr>
<td></td>
<td>8 countries mentioned internet and social media</td>
</tr>
<tr>
<td></td>
<td>5 countries mentioned mobile device apps</td>
</tr>
<tr>
<td>Venues where children gather covered</td>
<td>5 countries each for primary and secondary schools and the areas around schools</td>
</tr>
<tr>
<td></td>
<td>4 countries mentioned playgrounds</td>
</tr>
<tr>
<td></td>
<td>4 countries mentioned sports events</td>
</tr>
<tr>
<td></td>
<td>3 countries mentioned parks, sports clubs and recreation</td>
</tr>
<tr>
<td></td>
<td>3 countries mentioned public transport</td>
</tr>
<tr>
<td></td>
<td>3 countries mentioned public spaces</td>
</tr>
<tr>
<td>Marketing strategies in place (See Fig. 2 for more detail)</td>
<td>Sponsorship was mentioned by 9 countries</td>
</tr>
<tr>
<td></td>
<td>Product placement was mentioned by 9 countries</td>
</tr>
<tr>
<td></td>
<td>Celebrities were mentioned by 7 countries</td>
</tr>
<tr>
<td></td>
<td>Other strategies were less commonly covered</td>
</tr>
<tr>
<td>Nutrient profile model used</td>
<td>1 country used the WHO Europe nutrient profile model</td>
</tr>
<tr>
<td></td>
<td>6 countries had developed their own model (including two that adapted the WHO Europe model)</td>
</tr>
<tr>
<td></td>
<td>2 countries used other models</td>
</tr>
<tr>
<td></td>
<td>2 did not use any nutrient profile models</td>
</tr>
<tr>
<td>Monitoring strategies in place</td>
<td>8 countries have monitoring strategies in place (most commonly related to television and radio)</td>
</tr>
<tr>
<td></td>
<td>Internet and social media less frequently covered</td>
</tr>
<tr>
<td>Transposition of the AVMSD</td>
<td>Among EU respondents:</td>
</tr>
<tr>
<td></td>
<td>8 had transposed the Directive into national law</td>
</tr>
<tr>
<td></td>
<td>8 had not yet transposed the Directive</td>
</tr>
</tbody>
</table>

15 This included the AVMSD transposition, act that required establishment of a code of conduct, and specific laws on unhealthy food marketing restrictions.
Further detail on the channels that respondents reported were covered by their regulation/legislation are shown in Fig. 1.

**Figure 1 Channels covered by regulation/legislation on marketing of HFSS foods and transposition of the AVSMD**

The full range of marketing strategies covered by measures is shown in Fig. 2.

**Figure 2. Marketing strategies covered by regulation/legislation on marketing of HFSS foods and transposition of the AVSMD**

Countries who participated were going to be contacted for further clarification and the full report, reviewed by the respondents, will be submitted in September 2021 to the Commission.

**Discussion**

It was noted that it would be useful to understand why countries had not adopted the WHO regional nutrient profile model in most cases. It was agreed that this question would be further explored with respondents, and could feed into considerations of whether the WHO model needs to be updated or amended. It was also noted that a workshop in June 2021 was planned on the development of a proposal for an EU harmonized nutrient profile model, to be based on the WHO model. This will workshop will focus
on providing capacity building to Member States on how to adapt the regional model to their own national context.

**Strengthening legal frameworks**

**Challenges of regulating marketing — traditional and digital**

Gisela Serafim, Consumer Directorate General, Portugal, described the current situation in Portugal. The Consumer Directorate-General’s mission includes monitoring advertising under the applicable legal framework, taking action against infringements, issuing recommendations to traders and public warnings to consumers, as well as monitoring and conducting online periodical inspection actions on online advertising.

Portugal’s Advertising Code was amended in 2019 to address advertising restrictions for products containing high energy value, salt content, sugar, saturated fatty acids and trans fatty acids. The law states that “advertising of foodstuffs and beverages of high energy value, content of salt, sugar, saturated fatty acids and trans fatty acids in also prohibited:

- in television programmes and audiovisual communication services on demand and on the radio in 30 minutes before and after children’s programmes and television programmes that have a minimum of 25% audience below 16 years old, as well as the insert of advertising in the respective interruptions;
- in advertising carried out in movie theatres, in films with an age rating for children under 16;
- in publications aimed at children under 16; and
- on the internet, through websites or social networks, as well as in mobile applications intended for devices that use the internet, *when its contents are addressed to minors under 16 years of age.*

The Advertising Code talks about minors, who are generally taken to be everyone under 18 years of age, but the age limit for a minor was lowered to 16 years in the Portuguese law.

There is currently an ongoing court case in which the Consumer Directorate General has taken legal action against an advertiser of an HFSS food, which is considered as targeting children under 16 but which the advertiser argues to be targeted at adults. The presented case-study highlights that, given the wording of the law, the burden of proof is on the authorities to demonstrate that the content is addressed to minors under 16 years old.

**A case study of commercial opposition to the unhealthy food and drink advertising restrictions across the Transport for London estate**

Kathrin Lauber, University of Bath, addressed the issue of corporate political activity to influence public health policy through an illustrative case study of Transport for London restrictions on unhealthy food marketing regulation.16

It is well known that industry influence can be a key barrier to effective public health policy, and being able to pre-empt political activity can help prevent industry influence. Development of a better understanding of how corporations attempt to shape policy in their favour has, for example, helped with implementation of tobacco control policy.

In 2019, the Greater London Authority introduced restrictions on HFSS food and drink adverts across the city’s public transport estate, run by Transport for London (TfL). These restrictions were ground breaking and set an important precedent, and some other local authorities have since followed suit. The media reported significant pushback from industry.

A research project addressed the question of *how* food and advertising industry actors sought to prevent or weaken the TfL advertising restrictions. The research methods included freedom of information requests to obtain copies of relevant consultation responses and correspondence between officials at the different

authorities and key industry actors and analysis according to a pre-existing policy dystopia model based on research on tobacco industry political activity. It is important to note that this approach is unable to capture all the corporate political activity and it must also be noted that this approach — which maps what industry actors do — cannot say whether any of the activity had an influence on the policy.

Respondents to the consultation who opposed the proposed restrictions include companies in the advertising industry, advertising associations, food delivery companies, food service companies and food and drink companies/associations.

Food and advertising industry actors used similar arguments, exaggerating the potential negative effects and underplaying the potential benefits. They suggested that there would be negative economic/societal consequences and negative effects on public health, as well as regulatory uncertainty. To underplay the potential benefits, they argued that the measures were not needed, would not work and were not based on evidence. Some respondents also argued that the restrictions were not a proportionate response to the issue.

The first instrumental strategy used by the industry actors was coalition management. Familiar techniques, such as working through business associations, were observed. It was also noted that it is not always clear who is behind an organisation (e.g., the British Takeaway Campaign was established by a public affairs company on behalf of a major global food delivery company).

The second instrumental strategy used was direct involvement, through regular formal and informal interactions with policymakers. Input from the food and advertising industry actors was solicited during the policy development as part of the stakeholder engagement process. Between June 2018 and February 2019, data obtained via freedom of information requests suggest that officials had regular meetings with officials and members of the London Child Obesity Taskforce.

The third instrumental strategy employed was information management. This includes sharing of industry-commissioned or -conducted research. Company research data were provided to officials, but the research is not publicly available.

The fourth instrumental strategy employed was legal. Three advertising industry respondents hinted at legal challenges in their responses.

The evidence base on the key arguments used in public health policy and regulation of unhealthy commodities are similar across different products (unhealthy foods, tobacco and alcohol), further pointing to the potential benefits of policymakers exchanging and sharing with colleagues in other areas.

The research underlines the importance of having clarity about the independent evidence base whenever introducing public health policy and to prepare counter arguments to common industry objections.

In conclusion, political activity is largely aligned across unhealthy commodity industries. It is important to consider and safeguard against potential interference throughout the public health policy process, and to consider limiting engagement where clear conflict of interest exists.

**Understanding the policy and public debate surrounding the regulation of online advertising of high in fat, sugar and salt food and beverages to young people in the UK**

Lauren Carters-White, University of Edinburgh, UK, described her PhD research on understanding various stakeholders’ views on regulation of online HFSS product advertising.

The research presented was based on three methods, including focus groups with parents, a secondary analysis of focus groups with children (aged 12-15 years old) and interviews with a range of professional stakeholders (industry, advocacy, government representatives, academics).

From the analysis it was notable that views on regulation of online HFSS product advertising appeared to be underpinned by concerns of the power dynamics within the wider obesogenic and policy environment. The study sought to understand how views on power seemed to impact on parents’, children’s and
professional stakeholders’ views on regulation. In order to do this, a strong theoretical framework, which identified three distinct forms of power, was used to guide the analysis. These forms of power are:

- instrumental power — how corporate actors seek to influence the political process;
- structural power — agenda-setting (shaping what is viewed as acceptable policy) and rule-setting (shaping actual regulations) practices; and
- discursive power — how corporate actors influence the frames of policy problems and who is considered a legitimate policy actor.

The study identified two sets of attitudes towards regulation as a policy response, and these views appear to be predicated on participants’ views of power dynamics. There were broadly two sets of views:

- Industry possesses too much power and the State, parents and children possess too little power, and statutory regulation is a way to renegotiate those dynamics;
- The State possesses too much power and industry, parents and children possess too little power, and self-regulation or less regulation is a way to renegotiate those dynamics.

It is evident that participants consider that parents and children possess too little power and are omitted from the policy process, although there were divergent views about how to best restore autonomy to parents and children. When communicating about regulation of online marketing of HFSS products, it may be useful to emphasise that regulation is not about restricting freedom, rather it is about taking the power and choice of what children are eating from the food industry and giving it back to parents. Such a re-framing of regulation as addressing concerns about individual autonomy and as contributing to empowerment may be a way to increase acceptability of regulation of food marketing.

Discussion

Member States were encouraged to share their experience of industry opposition tactics with WHO and within the Network. Such exchange will help Member States to better anticipate potential future challenges and to have well-prepared responses to document the evidence and rationale for regulation. WHO is keen to support Member States that are interested to conduct similar research.

Out of home food sector (food delivery apps)

Nuwan Weerasinghe, Digital Information Research Centre, Kingston University, UK, presented an overview of a machine learning-based tool to be able to collect information from food delivery apps to gather data on nutrition information and marketing in the out-of-home food sector.

Food delivery apps (specifically meal delivery apps) operate as a gig-economy based marketplace. The app platforms target consumers, restaurants and delivery drivers. These apps are not covered by many existing government policies and regulations. The platforms seek to attract new users using digital marketing channels. Furthermore, in-app advertising by restaurants is an additional revenue stream for the apps. The apps are usually available for everyone, with no age restrictions.

A feasibility study was conducted in the UK, in collaboration with WHO NCD Office, to evaluate potential data capturing sources. The study considered the ethical and legal aspects, sought to define the best practices in terms of compliance and data security, and aimed to extract data and build the first version of a data lake.

Data were collected, for example, on London online restaurant offers over one weekend in February 2021. Following the feasibility study, more specific issues can be targeted e.g., restaurant chain offers at different times of the day. Another next step will be to monitor children’s meals, including specific children’s meals, meal deal items and in-app recommendations, and offers. There is a major technical challenge to identify children’s meals, because meals are not categorized as such in the apps. The approach, therefore, will be to collect all the menu information and use natural language processing to identify all items containing the words child, children’s, kid etc.

18 Research conducted with Amila Wileratne, under the guidance of Professor Christos Politis.
Another area for future research will be to monitor alcohol delivery on food delivery apps, firstly in UK but with later expansion to Europe.

The project’s vision is to build an open and secure data lake of digital food environment-related data for the community. This will be a resource for policymakers and researchers in the future.

**Discussion**

Countries interested in tackling the issue of food delivery apps were encouraged to contact the WHO NCD Office to discuss potential collaboration and support. Canada shared that some research on children and adolescents’ perceptions of restaurant apps and food apps is planned, and the paper will be shared in due course. Slovenia has been trying to pilot the CLICK tool, and is keen to tackle all digital channels comprehensively, including delivery apps if possible. The importance of colleagues at all levels developing shared methodologies and joint approaches across sectors — with alcohol and tobacco — to create synergies and avoid working in silos was stressed.

One of the particular challenges of monitoring digital marketing is the data protection legal constraints on national authorities’ collection of children’s data within the framework of data protection legislation were raised. The possibility of organizing a workshop to explore these issues in an EU context was raised.

**Monitoring of marketing**

**Holistic approach to monitoring of traditional marketing**

Emma Boyland, University of Liverpool, presented an overview of a holistic approach to monitoring of traditional marketing.

The rationale for food marketing restrictions is now well understood, given the evidence of harm and the child rights framework. The evidence indicates that there are several diet-related outcomes emerging from food marketing and promotion. It is also well understood that both the exposure (the reach and frequency of the marketing message) and power (the creative content, design and execution of the marketing message) of food marketing impact on food preferences, purchase requests and consumption patterns, so both components need to be considered in design of regulation.

As part of the CLICK monitoring framework, a set of tools and protocols\(^\text{19}\) have been developed to support Member States to design, conduct and analyse an appropriate monitoring strategy.

As of 2018, just over half (54%) of the countries in the WHO European Region had taken steps to limit marketing of HFSS foods, with considerable variation in the steps taken. The key considerations to take into account in drawing up regulation include:

- Media to be covered — Television is the most frequently restricted medium, with considerable variation in the ways used to capture the advertising to be restricted;
- How to restrict children’s exposure on television — One approach adopted is to focus on specific children’s channels or children’s programming, but this is challenging because it does not always take into account children’s viewing of other types of programmes (i.e., not specifically targeted at children). An alternative approach is time-based restrictions, tackling periods when children are more likely to be watching television (e.g., after school, weekend mornings);
- Classifying foods for which marketing is to be restricted — While some countries have used the WHO European regional nutrient profile model, self-regulatory approaches have applied different criteria;

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• Which marketing strategies to restrict — The most commonly restricted approaches are use of toys, gifts, celebrities and cartoon characters; and
• Age of a child — The age groups covered by existing measures vary, ranging from children under 12 years to under 18 years of age. This has important implications for the timings of restrictions and types of programming covered.

The findings of existing evaluations on whether these policies are effective depends on who is asked and what is measured. Studies funded by industry report that self-regulation is successful, while studies on advocacy groups or academia tend to find that self-regulation does not effectively protect children. Results also vary according to the outcomes measured and are mixed for some outcomes — mixed findings might include, for example a reduction in exposure of young children but a concurrent increase in advertising during media seen by older children, because of the way the regulation is designed. Most of the studies only look at short-term outcomes. This underlines the importance of carefully designing measures to take into account all the considerations described above, so that the regulation can achieve its full impact.

**TV marketing monitoring**

Anna Kontsevaya, National Medical Research Centre for Therapy and Preventive Medicine, Russian Federation, summarized the experience in monitoring HFSS marketing on television in four countries in the WHO European Region.20

Television advertising was monitored in the Russian Federation, Kazakhstan and Kyrgyzstan for different periods between March 2017 and May 2018. In addition, Türkiye collected data using the same protocol in April 2017 and these data are also included. The number of advertisements recorded ranged from 2,158 in Kyrgyzstan to 11,638 in the Russian Federation. Of these the share of food and beverage advertising was 29.6% in Türkiye, 32.8% in Kazakhstan, 14.2% in Kyrgyzstan and 19.2% in the Russian Federation. The vast majority of the food advertisements in all four countries were classified as not permitted according to the WHO regional nutrient profile model — 82.3% in Kyrgyzstan, 78.6% in Türkiye, 72.3% in Kazakhstan and 63.5% in the Russian Federation. The proportion of adverts which the investigators were unable to classify because of the lack of nutrition labelling information ranged from 0.1% in Türkiye to 20.1% in the Russian Federation (7% and 8% in Kyrgyzstan and Kazakhstan respectively), pointing to poor nutrition labelling in CIS countries. The mean number of “not permitted” adverts per hour was 1.9 in Kyrgyzstan, 8.8 in Türkiye, 8.5 in Kazakhstan and 5.1 in the Russian Federation. The study demonstrates that children in all four countries are exposed to frequent television advertisements for HFSS food and beverage products.

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Update on the CLICK digital marketing monitoring framework

Olga Zhiteneva, WHO European Office for the Prevention and Control of NCDs, provided an overview of the monitoring tools within the CLICK monitoring framework which are available for Member States to use. WHO is most grateful to the governments of Canada and the Russian Federation for their support of this work.

The framework was developed in 2019 by key experts in the field, and the report Monitoring and Restricting Digital Marketing of Unhealthy Products to Children and Adolescents is available in English and Russian. The five steps of the framework are as follows:

- Comprehend the digital ecosystem
- Landscape of campaigns
- Investigate exposure
- Capture on-screen
- Knowledge sharing.

WHO has been supporting national research teams to implement studies, particularly the Investigate exposure step, which monitors paid-for ads on websites and social media platforms popular among children and adolescents in the country, and the Capture on-screen step, which looks at product placement and influencers. These two steps can serve several purposes including estimating the current level of paid-for marketing of unhealthy products, control of voluntary self-regulation and monitoring of adopted legislation.

For the Investigate exposure step, WHO works with a private company that provides an app to collect data from children’s devices. The collected data do not contain any private information and can only be seen by the national experts. Detailed step-by-step protocols have been developed by experts and will soon be available online (but can already be shared directly with interested countries).

The Capture on screen step a smartphone app — KidAd — has been developed by the WHO NCD Office. This takes frequent screenshots from pre-defined social media platforms. These are only taken when the child is using the social media platform. This can reveal product placement and influencer marketing. Analysis of the data is made easier by use of an artificial intelligence analysis tool developed by another company. A detailed protocol is also under development and will be available online. Canada and the Russian Federation are planning to validate this step.

Interesting results of the Investigate exposure step have already been obtained by Norway, Portugal and the Russian Federation. The report from Norway, Mapping the landscape of digital food marketing: Investigating exposure of digital food and drink advertisements to Norwegian Children, is the best tool to demonstrate that the Investigate exposure step can produce meaningful data, and is a useful resource for countries interested in conducting this work. Key findings of that report include that 8 out of 10 food and drink advertisements were not permitted to be marketed to children according to the WHO nutrient profile model.

Member States interested in joining the CLICK study team, or requiring any further information, were encouraged to contact WHO at any time.

Portugal

Margarida Bica, Directorate-General of Health, described Portugal’s experience piloting the CLICK monitoring framework.

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A pre-pilot analysis was conducted in late 2020 among children aged 6-17 years old in preparation for a larger study. On YouTube, 1030 adverts were captured and, of the 523 adverts with information, 29 were for food delivery apps, 12 were food related and three related to alcoholic beverages. On Instagram, around 4,000 ads were captured of which 91 were food related (25 for chocolate and confectionery), 35 were related to sugar-sweetened beverages, 30 related to food delivery apps and 87 were for alcoholic beverages. Many of the ads were related to HFSS foods or brands associated with HFSS foods.

The challenges encountered included recruitment of participants (contracting an academic institution to help with this stage is under consideration for the next phase), low participation rate, privacy concerns of adolescents and some missing data or ad information.

**Russian Federation**

Asia Imaeva, National medical research centre for therapy and preventive medicine, described the experience of piloting CLICK in the Russian Federation.

The pilot study was conducted with 50 children in 2019. The results showed that the most frequently advertised products were chocolate and sugar confectionery followed by sugar-sweetened beverages. About 85% of products would not be permitted to be advertised according to the WHO European nutrient profile model.

Similar limitations to those reported by Portugal were experienced. These included difficulties in recruiting children with Android devices and problems with missing data. Data collection is continuing, among a sample of around 150 children, and a report will be published in due course.

**Best ReMap — Presentation of work package 6**

Maria João Gregório, Directorate General of Health, Portugal, presented a brief overview of work package 6 of the Best-ReMaP Joint Action.

Co-funded by the European Union’s Health Programme, Best-ReMaP is an EU Joint Action focusing on the implementation of validated best practices on nutrition. One of the three main areas is on reducing food marketing to children (Work Package 6), which is led by Portugal and Ireland. In total, 17 EU countries are participating in Work Package 6.

The main outcome will be an EU harmonized framework for action on reducing unhealthy food marketing to children. In general, this framework covers three main topics: an EU harmonized nutrient profile model; the guidance for regulatory and voluntary codes of practice; and EU harmonized and comprehensive monitoring protocols.

Since October 2020 a number of activities have been completed and others are ongoing. A survey on countries’ action related to restricting food marketing to children has been conducted and a report will be developed in late 2021. In addition, Work Package 6 is comparing different nutrient profile models against different national food composition databases, organised a workshop to build Member State capacity on nutrient profiling and is developing a proposal for an EU harmonized nutrient profile model.

This EU framework could be useful for Member States trying to implement the AVMSD, which encourages countries to ensure that self- and co-regulation are used to effectively reduce the exposure of children to audiovisual commercial communications regarding HFSS foods and beverages. It was highlighted that the Directive includes a reference to the WHO European nutrient profile model to be used as a reference model.

Some countries in the EU are now moving forward to take more action in this field, particularly under the AVMSD. There are also other strategic documents at EU level — including Europe’s Beating Cancer Plan, the EU Strategy on the Rights of the Child and the Farm to Fork Strategy — which could be useful for driving progress in this area.
Closing remarks

On behalf of WHO, Kremlin Wickramasinghe thanked all speakers and participants, and the WHO team for the preparation and the organization. Until the Network is able to meet face-to-face again, WHO would be happy to organize short topic-focused webinars on particular issues. Participants were encouraged to send ideas for such topics to WHO.

Maria João Gregório thanked WHO for the organization and added her thanks to the speakers. It is now clear that several countries are moving forward, but all countries continue to face challenges in reducing unhealthy food marketing pressure on children and it is important to continue to work together to find effective ways to overcome these challenges. She also informed participants that, under the auspices of the Portuguese presidency of the EU, a conference would be organized with the WHO Regional Office on 29 June 2021 on Future steps to tackle obesity: Digital innovations into policy actions. Digital food environments influence what people buy and eat in different ways, and there are associated opportunities and risks. The conference presents an opportunity to discuss these issues and explore how our digital world is changing obesity prevention policies and actions. She thanked all participants and drew the meeting to a close.
# Annex I: Provisional agenda

Marketing Network  
WHO ACTION NETWORK ON REDUCING MARKETING PRESSURE  
19\textsuperscript{th} of May 2021  
Original: English

## Provisional programme

**13:00 – 16:00 CET (3 hours meeting)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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| 13:00 – 13:25 | **Welcome address and round of introductions**  
María João Gregório, Portugal  
Carina Ferreira-Borges, Acting Head, WHO European Office for the Prevention and Control of Noncommunicable Diseases |
| 13:25 – 13:45 | **Public Health Perspective to need of marketing regulations**  
Strengthening regulations to restrict marketing of HFSS foods to children: updates from WHO  
Kremlin Wickramasinghe, a.i. Programme Manager, Nutrition, Physical Activity and Obesity, WHO European Office for the Prevention and Control of Noncommunicable Diseases  
How to strengthen legal framework around marketing of unhealthy products  
Fiona Sing, University of Auckland, New Zealand |
| 13:45 – 14:15 | **Country’s discussion**  
Moderator: Kremlin Wickramasinghe, a.i. Programme Manager, Nutrition, Physical Activity and Obesity, WHO European Office for the Prevention and Control of Noncommunicable Diseases  
Preliminary results of Best ReMap WP6 and WHO Europe questionnaire on legislation and regulations related to marketing of HFSS foods in countries  
Margarida Bica, Directorate-General of Health, Portugal; Discussion |
<p>| 13:45 – 14:15 | <strong>Strengthening legal frameworks</strong> |</p>
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<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>14:15 – 15:15</td>
<td>Challenges of regulating marketing – Traditional and digital&lt;br&gt;<strong>Gisela Serafim, Directorate General for Consumers, Portugal</strong>&lt;br&gt;A case study of commercial opposition to the unhealthy food and drink advertising restrictions across the TfL estate&lt;br&gt;<strong>Kathrin Lauber, University of Bath, UK</strong>&lt;br&gt;Understanding the policy and public debate surrounding the regulation of online advertising of high in fat, sugar and salt food and beverages to children.&lt;br&gt;<strong>Lauren Carters-White, University of Edinburgh</strong>&lt;br&gt;Out of Home food sector (e.g. Food delivery apps)&lt;br&gt;<strong>Nuwan Weerasinghe and Amila Wijeratne, Kingston University, UK</strong></td>
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<td>15:15 – 15:20</td>
<td><strong>Healthy break</strong></td>
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<td>15:20 – 15:40</td>
<td><strong>Monitoring of marketing</strong></td>
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<td>Holistic approach to monitoring of traditional marketing&lt;br&gt;<strong>Emma Boyland, University of Liverpool, UK</strong>&lt;br&gt;TV marketing monitoring&lt;br&gt;<strong>Anna Kontsevaya, Deputy director on science and analytics, National medical research centre for therapy and preventive medicine, Russian Federation</strong>&lt;br&gt;CLICK Update&lt;br&gt;Moderator: <strong>Olga Zhiteneva, Technical Officer, WHO European Office for the Prevention and Control of Noncommunicable Diseases</strong>&lt;br&gt;Portugal – Margarida Bica, Directorate-General of Health;&lt;br&gt;Russian Federation – Asiia Imaeva, National medical research centre for therapy and preventive medicine.&lt;br&gt;Best ReMap – Presentation of work package 6&lt;br&gt;<strong>Ursula O’Dwyer, Health Promotion Policy Advisor, Department of Health, Ireland</strong></td>
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<td>15:40 – 15:55</td>
<td><strong>Q&amp;A session</strong></td>
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<td><strong>Chair: Kremlin Wickramasinghe, WHO European Office for the Prevention and Control of Noncommunicable Diseases</strong></td>
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<td>15:55 – 16:00</td>
<td><strong>Closing remarks</strong></td>
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<td><strong>Maria João Gregório, Director of the National Healthy Eating Promotion Program, Directorate-General of Health, Portugal</strong>&lt;br&gt;<strong>Kremlin Wickramasinghe, a.i. Programme Manager, Nutrition, Physical Activity and Obesity, WHO European Office for the Prevention and Control of Noncommunicable Diseases</strong></td>
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Annex II: List of participants

15th Meeting of the WHO European Action Network on Reducing Marketing Pressure on Children

Virtual

May 2021

List of participants

MEMBER STATES

AUSTRIA
BELGIUM
BULGARIA
CROATIA
CYPRUS
DENMARK
ESTONIA
FINLAND
GEORGIA
ISRAEL
IRELAND
KAZAKHSTAN
LATVIA
MALTA
MONTENEGRO
NORTH MACEDONIA
NORWAY
POLAND
PORTUGAL
RUSSIAN FEDERATION
SERBIA
SLOVENIA
SWEDEN
SWITZERLAND
TÜRKIYE
UNITED KINGDOM
Lauren Carters-White
University of Edinburgh
United Kingdom

Margarida Bica
Directorate General of Health
Ministry of Health
Portugal

Emma Boyland
Senior Lecturer
Department of Psychological Sciences
University of Liverpool,
United Kingdom

Maria João Gregório
Directorate General of Health
Ministry of Health
Portugal

Anna Kontsevaya
National Medical Research Center for Therapy and
Preventive Medicine
Russian Federation

Kathrin Lauber
University of Bath,
United Kingdom

Fiona Sing
University of Auckland
New Zealand

Gisela Serafim
Directorate General of Health
Ministry of Health
Portugal

Nuwan Weerasinghe
Kingston University
United Kingdom

Amila Wijeratne
Kingston University
United Kingdom
REPRESENTATIVES OF OTHER ORGANIZATIONS

BEUC — The European Consumer Organization
Emma Calvert
Monique Goyens

European Heart Network
Marleen Kestens

Joint Research Centre - European Commission
Evangelia Grammatikaki
Jan Wollgast
Lukas Jirousek
Christine Redecker

Health Canada
Anne-Marie Bedard
Victoria Berthiaume
Stefanie Hodgins

United Nations Children’s Fund (UNICEF)
Jo Jewell

World Obesity
Tim Lobstein

WORLD HEALTH ORGANIZATION

Headquarters
Chizuru Nishida
Department of Nutrition and Food Safety
Katrin Engelhardt
Department of Nutrition and Food Safety

Regional Office for Europe
Carina Ferreira-Borges
Acting Head
WHO European Office for Prevention and Control of Noncommunicable Diseases
Kremlin Wickramasinghe
a.i. Programme Manager
Nutrition, Physical Activity and Obesity
WHO European Office for Prevention and Control of Noncommunicable Diseases
Olga Zhiteneva
Technical Officer
The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
North Macedonia
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
Türkiye
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

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