Joint workshop HDHL – WHO

Policy implementation and coherence on marketing of unhealthy food products to children and adolescents

Summary Report

Date event: 13th of March 2024

Publication date: January 2026

Location:

Spanish State Research Agency (AEI)

C/Torrelaguna, 58 bis, 28071 Madrid (Spain)

Dissemination level: Public

HDHL Healthy Diet Healthy Life

Contents

1. Workshop background and main conclusions

1.1 Setting the scene

Urgent challenges

A recent WHO report highlights the following: Just four industries cause 2.7 million deaths in the European Region every year. These 4 industrial sectors (unhealthy food and beverages, alcohol, tobacco and fossil fuels) are responsible for the main non-communicable diseases such as cancer, cardiovascular diseases, type 2 diabetes, etc. This is what emerges from the latest WHO-Europe report on the commercial determinants of non-communicable diseases.

Illusion of choice in food environments

The latest report "The Illusion of Choice" co-authored by BEUC and EPHA, an HDHL Stakeholder Advisory Board member, states that "Contrary to the dominant narrative that tends to blame consumers for making the 'wrong' food choices, there is growing evidence that individual choices are shaped by the so-called 'food environments' consumers navigate in. When shifting focus onto the concept of food environments, it becomes clear that there is no such thing as a free consumer choice taken in a vacuum and based on the best available information, but rather a complex range of influences beyond individual control. Currently, food environments do not ensure that the healthy and sustainable option is always the easiest one for consumers."

Children's exposure to unhealthy foods

Despite some existing political commitments and policies, the latest evidence shows that children and adolescents are still regularly exposed to the digital marketing of many unhealthy products. Such products include alcoholic drinks; foods high in saturated fat, salt and free sugars (HFSS foods); and tobacco, as well as new products such as electronic cigarettes (e-cigarettes) and other types of electronic nicotine-delivery systems. As time spent online shifts increasingly to social media and mobile devices, where personalised and targeted advertising predominates, the situation is likely to deteriorate. As WHO points out: "New food marketing strategies have emerged 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." (WHO, 2018). The response to this threat to children's well-being from governments and public health institutions is lagging far behind. Efforts are complicated by rapid changes in digital and programmatic marketing strategies and the digital ecosystem. Tools and support are urgently needed to facilitate monitoring and implementation of the WHO recommendations in online settings.

Health Diet, Healthy Life (HDHL) and the World Health Organization (WHO) therefore decided to organise a one-day workshop zooming in on a specific aspect of the food environment, namely “Marketing and digital marketing of unhealthy and unsustainable foods” and more specifically directed to “children and adolescents”.

1.2 Aim of the workshop

The aim of this joint workshop was 1) to explore concrete and coherent policy options for HDHL members and WHO Member States to address children and adolescents’ marketing of unhealthy and unsustainable food products; and 2) to explore how HDHL and the wider food, nutrition and health research community can support horizontal and vertical policy development and how to work together on implementing current policy recommendations, to transform to a healthier, more sustainable society. What does the research tell us? What guidelines and recommendations are there to support policymakers in addressing food marketing of unhealthy food products and improving health outcomes? How can the use of a systems approach improve policy coherence and implementation?

1.3 Who was involved?

Healthy Diet, Healthy Life (Co-organiser)

The initiative ‘Healthy Diet, Healthy Life’ (HDHL) brings together 17 member countries within and outside Europe, that are collaborating voluntarily on the integration of research in the areas of food, nutrition, health and physical activity, to help prevent or minimise lifestyle-related chronic diseases. A good working policy-science interface, both in relation to articulating knowledge needs and for knowledge uptake, is key to increasing HDHL’s impact.

World Health Organization (Co-organiser)

The World Health Organization (WHO) is the authority responsible for public health within the United Nations system. Its primary role is to direct and coordinate international health by: providing leadership on global health matters and engaging in partnerships for joint action; shaping the research agenda; setting health norms and standards and monitoring their implementation; developing ethical, evidence-based policy options; providing technical support to countries; and monitoring and assessing health trends. WHO is an important stakeholder of HDHL, as well as an official member of its Stakeholder Advisory Board.

The workshop targeted an audience comprising of representatives from Ministries and funding agencies from 30 countries within and outside of Europe (Management Board) that are working in the areas of food, agriculture, health, science, education, etc.; scientists

(Scientific Advisory Board) and European stakeholder organisations (Stakeholder Advisory Board) with expertise in at least one of the three HDHL research areas (Citizens, diet and behaviour; Food for health; and Diet, health and disease); and representatives of the WHO Member States nutrition and obesity focal points.

1.4 Main conclusions

Main take-aways and recommendations

- Set achievable goals.
- A coordinated structural approach is needed. Important that there are global, European or regional regulations for marketing to children, especially related to food high in saturated fats, salt, and free sugars.
- By aligning our efforts, collaborate, engage, and co-create with stakeholders, we can work together to address shared challenges and contribute to the development of effective, evidence-based solutions that support the environment children grow up in.
- Create together an incentive for stakeholders and actors involved to accomplish positive outcomes and a win-win situation.
- Implement the CLICK-monitoring tool at different levels to support Member States. This is also a way to identify short-term impact.
- It is important to be aware of the food environment, while taking into account inequalities. There is a different amount of exposure to marketing of unhealthy products in different areas across a country.

Improvements and challenges

- Digital marketing of unhealthy products to young children is a concern since they have limited cognitive ability to process advertising messages.
- Marketing (and the solution) are complex and results in a systemic problem. Marketing strategies and social media platforms change very quick and there are limited research methodologies. This makes it difficult to generate data and study the platforms used for digital marketing.
- There is a lack of responsibility and ownership for 'unhealthy marketing to children and adolescence'. In addition, there is a lack of commitment and awareness at political level as well as industry level.

Disclaimer: the opinions – including possible policy recommendations – expressed in the report are originating from the workshop and summarised by the authors and do not necessarily represent the views or opinions of all workshop attendees.

2. Main components of the workshop

2.1 Inspirational keynotes

2.1.1 First keynote: World Health Organization

Clare Farrand and Kathrin Hetz, from the Special Initiative on Non-communicable Diseases (NCDs) and Innovation (SNI) of the WHO Regional Office for Europe, kicked off the workshop with a keynote lecture on "NCDs burden in the WHO European Region. WHO tools and recommendations on restricting HFSS marketing to children".

The Special Initiative on NCDs and Innovation of the WHO Regional Office for Europe takes a dual-track approach, promoting accelerated progress towards the NCD-related SDGs for 2030 (Race to the finish), while championing the key generational shifts required to achieve a sustainably healthier, NCD-resilient WHO European Region (Vision 2050). SNI is committed to supporting Member States in creating the environmental conditions to prevent and control NCDs – including the creation of healthy digital environments, free from marketing exposure of unhealthy products to children.

Recommendations and approach from WHO's perspective

The "WHO Set of recommendations on the marketing of foods and non-alcoholic beverages to children" were presented. The 12 recommendations cover the broad policy rational, the policy development, address important aspects when implementing policies, highlight the importance of monitoring and evaluation of the policy and the importance of supporting further research. After the set of recommendations, a framework for implementation was launched, and an evaluation of the implementation of the set of recommendations were conducted. The results of the evaluation showed that progress in the region is slow and needs to be improved to protect children from the harmful impact of marketing.

Therefore, WHO Europe works on a 3 folded approach to support Member States to map the national marketing related situation, to monitor the exposure to children and to look at regulatory approaches. Several reports and guiding documents have been developed to support Member States with the 3 steps. During annual meetings of the WHO European Action network on Reducing Marketing Pressure on Children countries is sharing experiences and listen to the latest research to strengthen the situation in their countries.

Monitoring and tools

The CLICK monitoring framework, developed by the WHO European Office is a popular product with 5 steps (Comprehend the digital ecosystem, Landscape of campaigns,

investigate exposure, capture on-screen and knowledge sharing) to objectively monitor the exposure of unhealthy digital marketing to children. Further, WHO Europe has developed several protocols to manually monitor the marketing exposure when watching TV, using YouTube influencers or other social media channels. Several countries have already implemented those protocols. Member States can collaborate with national research institutes or universities, request protocols from WHO Europe and independently conduct the research. Due to the high workload a manual analysis can imply, WHO Europe developed the KidAd app, an application which can be installed on children's devices to monitor the exposure to marketing while they are using their phone under normal conditions. The app runs in the background and takes screenshots of pre-defined applications like popular social media apps. The screenshots are uploaded to a cloud and can be screened with an artificial intelligence (AI) tool, looking for relevant screenshots capturing HFSS advertisements. The AI tool is an optional step which can significantly reduce the time needed to analyse the pictures. The KidAd and AI tool are currently in the piloting phase.

Regulations

After monitoring approaches, WHO recommends Member States implement mandatory regulations protecting children from the harmful effects of HFSS advertisements. A recent systematic review has shown that the WHO European Region is lacking laws and mandatory regulations essential to protect children from harmful marketing. An urgent need to comprehensively evaluate the effectiveness of existing policies was highlighted. The evidence also suggests that mandatory marketing policies may result in reduced purchases of unhealthy foods as well as unintended consequences favourable for public health while no positive impact could be found for voluntary regulations[1]. Even though the evidence is clear, a strong political commitment is needed to counter the strong industry lobbying. WHO has launched a guideline on policies to protect children from the harmful impact of food marketing. WHO recommends policies to be mandatory; to protect children of all ages; to use a government-led nutrient profile model to classify foods to be restricted from marketing; to be sufficiently comprehensive to minimise the risk of migration of marketing to other media, to other spaces within the same medium or to other age groups; and to restrict the power of food marketing to persuade. Overall, children of all ages should be protected from marketing of foods that are high in saturated fatty acids, trans-fatty acids, free sugars and/or salt.

2.1.2 Second keynote: Frans Folkvord

The second keynote, entitled “Moving from an ‘obesogenic’ environment to a ‘healthogenic’ environment”, was presented by Frans Folkvord (Tilburg University, NL). Frans Folkvord obtained a PhD on ‘Children’s Reactivity to Embedded Food Cues in Advergames’ and currently his main interest lies in health-related behavioural science.

Marketing exposure to children

He started his talk by highlighting that 80-99% of the exposure to marketing concerns unhealthy foods (e.g. 51% sugar drinks, sugary cereals, sweets, snacks, fast food). We are living in a capitalistic economic (food) system. The food industry’s responsibility lies with its shareholders (not with the consumer) and those want, and mostly even demand, increasing annual profit. One of the most important instruments to increase sales is by way of advertising, to convince people to consume more of their product. In this light, it is not very surprising that the food industry invests heavily in food marketing directed at young children, as they have many years of consumer behaviour ahead of them. Furthermore, young children are more likely to be affected by advertising because of their limited cognitive ability to adequately process advertising messages and recognise persuasive

[1] Boyland E, McGale L, Maden M, Hounsome J, Boland A, Jones A. Systematic review of the effect of policies to restrict the marketing of foods and non-alcoholic beverages to which children are exposed. Obes Rev. 2022 Apr 5:e13447. doi: 10.1111/obr.13447. Epub ahead of print. PMID: 35384238.

intentions. In 2009, the 48 major food companies (e.g. Coca Cola, Mars) in the United States alone spent around 1.8 billion dollars on food marketing to children and adolescents.

A big challenge and problem today is the rapid shift in social media platforms, via which children are being exposed to unhealthy foods advertisement (e.g. TikTok, YouTube, …).

On the other side, there is very limited promotion of healthy and plant-based foods. Not surprisingly, a rapid and significant increase of people with overweight, obesity and other food-related chronic diseases has been observed.

Making the change

So, what should be done to transition from an obesogenic environment to a healthogenic environment?

- In 2020, F Folkvord and Roel CJ Hermans published a review on the potential of Healthy Food Promotion to children and adults. Currently, only a small number of studies directly examined the effects of healthy food promotion on children and adults' dietary behaviour. Six out of ten however found a positive effect indicating healthy food marketing has the potential to influence dietary behaviour. The healthy food promotion model as such provides a framework for future research in this area;
- Collaborations between companies, experts, science, politics (e.g. Spoony, Kokkerelli, HealthyFoodWall) can be set up by means of the Quintuple Helix model that visualises the collective interaction and exchange of knowledge by means of five subsystems (helices): (1) education system, (2) economic system, (3) natural environment, (4) media-based and culture-based public (also 'civil society'), (5) and the political system;
- Co-creation with target audience should be considered;
- Product development and public-private-partnerships;
- Education and promotion;
- And most importantly, IMPLEMENTATION in different contexts (e.g. GATEKEEPER, IMPROVE); from a research perspective, obtaining longitudinal data is impossible, however, there is already more than enough information and evidence, so we should move to implementation research.

2.1.3 Third keynote: National Spanish Consumer Organisation

A third keynote was given by Spanish consumer organisation representatives, Eztizen Gregorio (OCU, ES) and Eduardo Montero Mansilla (CECU, ES), on "Moving the responsibility from families to industry and policy makers. An urgent matter".

Policy regulations: case example

In 2005, the Spanish Ministry of Health and consumption launched the PAOS Code of self-regulation (Code of co-regulation of advertising for food products and beverages directed to children, prevention of obesity and health[2]) with the aim of "reducing the prevalence of obesity and overweight and their consequences, in as much in the area of public health as in their social repercussions". Based on this, and as part of a compromise, the Spanish Federation of Food and Drinks Industries established a set of rules to guide food and beverage companies through the development, implementation and dissemination of their advertisements directed to children under 12 years of age.

Studies and Data

In 2006, the WHO European Childhood Obesity Surveillance Initiative (COSI), a harmonised surveillance system that measures trends in overweight and obesity among schoolchildren in order to monitor the progression of the epidemic and so as to allow intercountry comparisons, was established. Thus, COSI helps to improve the knowledge of the problem and the evaluation of the executed policies and measures. Spain participated in the COSI initiative through the "ALADINO Surveillance Study on Nutrition, Physical Activity, Child Development and Obesity" that the Spanish Agency for Food Safety and Nutrition (AESAN) has periodically carried out since 2011. In 2019, the ALADINO Study showed that 23.3% of Spanish children were overweight and 17.3% were obese. Moreover, the weight excess in children (6-9 years) over the course of 10 years remained stable (44,5% in 2011; 40,6% in 2019) which clearly illustrated the best-known attempt to regulate advertising for food products directed to children to reduce overweight and obesity, the PAOS code, does not work. Currently this code is considered a failure, since it neither regulates nor protects. It does not regulate the nutritional quality of the advertised products and focuses on targeted advertisements to children during child protection hours. Spain is the European country where child protection schedules are most frequently breached, according to the Television and Audiovisual Content Observatory. Furthermore, since children watch TV any time, it is more convenient to regulate the advertising to which they are actually exposed, and not just advertising during child protection hours. As The Consumer Affairs Ministry was concerned about this topic, OCU took the responsibility of coming up with updated data.

[2] Spanish Agency for Consumer Affairs, Food Safety and Nutrition. Code of co-regulation of advertising for food products and beverages directed to children, prevention of obesity and health (PAOS Code) [Internet], 2012. Available: https://www.aesan.gob.es/AECOSAN/docs/documentos/nutricion/Nuevo_Codigo_PAOS_2012_ingles.pdf

OCU Study

54 hours of broadcast were recorded during a week, from 6am to 12pm, from the children's and youth channels (Boing and Disney Channel, Neox), as well as the general channels with the highest children's audience ratings (A3 and T5). The objective of the study was to make a list of food advertisements to check whether or not they adapt to the recommendations of WHO. This resulted in a list of 138 food products, of which 19 are not categorised in the WHO nutrient profile model (coffees, infusions and honey), and of the remaining 119 products, OCU concluded that only 23% could be advertised. So, in total, 77% were unhealthy foods advertisement. 31% of the products contained excessive amounts of fat, saturated fat, sugar and salt (ready meals, burgers, chips, breakfast cereals, soft drinks etc.) and 46% were chocolates, candies, pastries, energy bars and drinks.

OCU Campaign

After analysing the study results, OCU launched a campaign to promote healthier habits. They requested a mandatory legal framework that regulates advertisement aimed at children under 15 years of age and that prohibits the advertisement of foods rated D and E in the Nutriscore system. This regulation should include the advertising in any of its formats (tv, radio, internet, cinemas, apps, event sponsorships, etc.) and at any time, since it has been proven that children can be exposed to advertisement at any moment of the day.

They also requested that the requirements on promotions and gifts outlined in the PAOS Code go from being voluntary to mandatory.

Furthermore, OCU demanded the promotion of healthy habits in the media, in schools and at home.

Spanish experience for a legislation

They got quite far. Towards the end of 2021, the Ministry of Consumer Affairs circulated a draft Royal Decree to regulate advertisement to children which stated that “children are vulnerable consumers and we have an obligation to protect them from marketing”. The process was stopped with the legislative change that occurred in Spain. The Ministry of Agriculture, Fisheries and Food that took over was “in favour of self-regulation, as long as everyone takes responsibility”.

Solutions and demands from consumer organisations

- The consumer organisations are deeply concerned about the increasing exposure of children through multiple screens and devices.
- They believe that child obesity is a multifactorial and multisectoral issue.

- They understand that child obesity is also a socioeconomic level indicator. It cannot be overlooked that the communities with higher obesity rates are those with lower incomes.
- And finally, they consider children as vulnerable consumers, due to their immaturity and little experience, that require additional protection. It is already included in Royal Decree 1/2021, and based on this, a protection framework should be created regulating advertising.
- The PAOS code originates from AESAN, meaning it addresses a severe public health problem.
- It was urgent 20 years ago, so it is even more urgent in 2024.
- Children are getting more exposed to marketing each day, through all kinds of social media channels (especially YouTube and TikTok). The algorithms on those channels offer children more videos to consume related to the content they already watched.
- Children proactively follow all types of influencers and might not perceive product placement as an adult could do.
- Therefore, the consumer organisations ask for a change in regulations that limits the enormous advertising pressure for unhealthy foods.
- They want to prevent these foods from visually reaching children. That means on every platform.
- At the same time, manufacturers should reduce the fat, sugar, and salt content of some foods to make them healthier.

It is a health problem that affects children; it can no longer be postponed. Therefore, the Spanish consumer organisations urge the Spanish Government and EU for a food marketing regulation to protect children and adolescents' health.

2.1.4 Fourth keynote: European Public Health Alliance

To end the inspirational morning session, Alba Gil (EPHA) talked about "Unhealthy food marketing, the trick or treat of health equity policies". Today, around 73 million people are at risk of poverty or social exclusion (Eurostat, 2022). In the European Union (EU), almost 25% of this population are children (aged less than 18 years old).

Food environment

Food environments shape what food we buy and eat. Most individuals, however, do not realise the extent to which their eating habits are steered by a multiplicity of factors, from the ads they keep seeing on billboards in the street to the range of food products that is available at the supermarket, through the promotional offers and discounts offered by retailers (The illusion of choice report, 2023). In 2022, the EU Food Policy Coalition (28 local and regional governments, 35 non-profit and Non Governmental Organisations (NGOs) over

15 countries) published a 'Farm to Fork (F2F) Procurement Manifesto' with the aims to inspire the European Commission and the EU Member States as well as regional and local public authorities with seven actionable propositions for establishing minimum standards for public canteens in Europe. That same year, EPHA published a position paper on the EU F2F Strategy why Europe needs a health-oriented food policy. It states seven dimensions of food environments with policy recommendations (e.g. legislation to minimise the exposure of children to the marketing of nutritionally poor food; redesigning EU school schemes with regard to healthy foods distribution; subsidise healthy, under-consumed products; introduce taxes on HFSS). In 2021, BEUC published a snapshot survey with ample evidence supporting that industry's self-regulation fails to prevent unhealthy foods to be marketed to children. The consumer organisation advocates for binding EU rules. WHO and Unicef are active in taking action to protect children from the harmful impact of food marketing. Within this context, it is very important to take into account inequalities. Just recently, Adfree Cities report from England and Wales showed how outdoor advertising placement relates to health and wealth inequalities. Around 80% of outdoor advertising seemed to be located in the poorest half of England and Wales. Furthermore, across England, there are more than six times as many outdoor adverts in the most deprived areas of the country compared to the rich areas. Altogether, even without the perfect evidence or risk assessment, this calls for EU Action on the approximation of the laws of Member States on the protection of children from the marketing of nutritionally poor food.

2.2 Discussion in working groups

2.2.1 Setting the scene – case studies of who member states

Several WHO Member States gave a 5 min pitch on their countries' current status, regulations and challenges regarding marketing of unhealthy foods to children, in order to set the scene for the working group discussions.

2.2.2 Methodology

Four issues (research agenda, resource mobilisation, political interest and overall challenges) within the context of tackling unhealthy food marketing, were discussed in 4 steps:

1. Problem statement: Are there any obvious challenges preventing countries from taking action? What are the main issues?
2. Perfect solution formulation: What is your big idea? How does it work? How does it address the users pain points?
3. Why would it not work? How might it fail?
4. How might we fix it?

There were 4 working groups on site. Each group started with discussing the problem (step 1) of one of the four issues. After 20 min of group discussion and writing down the main points on a poster, these points/posters were passed on to the next working group that should discuss these points further in the next step. This goes on until all steps for all 4 issues were discussed. After a small break, the working groups went back to the plenary session during which 1 person from each group reported back on one entire issue from problem statement to perfect solution formulation to why this might fail to how it might be fixed.

2.2.3 Outcomes

Issue 1: RESEARCH AGENDA

1. Problem statement

- There are no or limited research methodologies to study social media platforms that are used for digital marketing;
- The digital marketing landscape is complex, diverse and evolving quickly;
- How to study impact of regulation-exposure/behaviour (e.g. purchasing behaviour, consumption)?
- How to implement research?
- Marketing strategies move/change quickly – science has difficulties to keep up
- How to study media literacy/critical thinking?

2. Perfect solution formulation

- Coordinated structural approach. Standardisation, harmonisation framework for research methodology e.g. define parameters, what is being tracked etc.;
- Engagement and co-creation between stakeholders, consumers, policymakers, online platforms and media responsibles, etc.;
- Demonstrate what are the economic benefits linked to the health benefits; Get buy-in from stakeholders.
- Coordinate EU-wide and conduct research at the regional/national level, connect it e.g. CLEVERFOOD, build critical mass, set-up long-term surveillance;
- Incentivise industry leaders to collaborate e.g. corporate responsibility for monitoring; this could help improve reporting which is a win-win.
- Focus research more on behaviour. Teach critical thinking from secondary school.

3. Why would it not work? How might it fail?

- Time-consuming to come to a coordinated approach; Outcome is uncertain;

- Due to the rapidly evolving environment, engagement and co-creation might lead to no result/no agreement;
- Health benefits are only visible at the longer-term, which is contrary to the political changes/agenda changes that are almost always at the short-term level;
- Understaffed education system;

4. How might we fix it?

- Implement the, by WHO developed, CLICK monitoring tool for digital marketing of unhealthy products to children and adolescents, which is perfectly adaptable to national contexts in order to support Member States;
- Find a way to incentivise positive outcomes;
- Identify intermediate relevant indicators; Use taxes (partly) to support education.

Issue 2: RESOURCE MOBILISATION

1. Problem statement

- Source (e.g. public or private) and lack (national level) of funding.
- Lack of strategy and coordination.
- Difficulty to engage stakeholders; lack of rules and responsibility.

2. Perfect solution formulation

- Tax HFSS products; Direct tax towards public health marketing.
- Make us of influencers!
- Prioritise at state/political level.
- Show problem in numbers e.g. societal costs, economic, environmental.
- EU level regulation versus national competence. Regulate vertical coherence to protect the health rights of children and adolescents.

3. Why would it not work? How might it fail?

- Public and politicians can be allergic to taxes.
- There are more urgent priorities.
- The complexity and long-term nature of the solutions, data lacking.
- Who is going to start?

4. How might we fix it?

- Incentives for the behaviour of food and beverage companies/industry.

- Increase awareness among the public, mobilise people affected by NCDs, create sense of urgency of health issues, use case-studies; Communicate effectively!
- Create adaptable solutions and increase innovative monitoring.

Issue 3: POLITICAL INTEREST

1. Problem statement

Prohibiting marketing of unhealthy food and drinks to children is difficult for politicians because of:

- Complexity of solution.
- Lack of political commitment and awareness.
- Imbalance of power (stakeholders, influencers); Economic versus public health interests; Local/national lobbying/political contacts.
- Not perceived as urgent, health effects visible at long-term.
- Blame the consumer/individual.

2. Perfect solution formulation

- Identify positive outcomes.
- Strong arguments for return on investment; Citizen advocacy with media.
- Use the law!
- Articulate short-term dangers and benefits.
- Demonstrate that it is a systemic problem.

3. Why would it not work? How might it fail?

- Difficult to measure or demonstrate positive outcomes (i.e. decrease childhood obesity), especially in the context of the political short-term election cycle.
- Not enough resources to use the law; What type of penalties? Who pays? Who enforces?; Marketing is transnational; Industry lobby opposes regulations.
- Difficult to articulate short-term benefits; No quick/easy political points to gain.
- Post-COVID scepticism about public health interventions; Resistance to laws restricting personal choices.

4. How might we fix it?

- Establishment of transnational monitoring and providing data sets for stakeholders, policymakers, etc.; Monitoring and data sets should be EU coordinated covering regions, build trust and get buy-in, and connect globally (global players).

- Collect/monitor behaviour, welfare, concentration in schools, etc. This would allow to identify short-term impact.
- Connect marketing issues with other issues for example 'low hanging fruit' school meals, literacy improvement, etc. This will easily demonstrate small successes.
- Create healthy competition between countries.
- Leverage current legal instruments (e.g. taxes and incentives); Penalties: name and shame!

Issue 4: OVERALL CHALLENGES

1. Problem statement

- Moving target (changing formats, diverse channels, etc.).
- Transnational problem.
- Food and beverage industry invests money to make sure the marketing strategy is very effective.
- No clear definition and criteria: what is healthy/unhealthy?
- Monitoring: who is accountable?

2. Perfect solution formulation

- Review at regular intervals (for example 5-yearly) to update and adapt accordingly.
- Implementation of common regulations in Europe or by region.
- Learn from tobacco campaign, target influencers/indirect marketing, engage children and adolescents.
- Use the WHO criteria: suggest reviewing at regular intervals.
- Rigorous, adaptable, with funding and human resources (funded by digital marketing platforms); Include a 3rd party 'think tank'/university to monitor with IT expertise.

3. Why would it not work? How might it fail?

- Reviewing for example 5-yearly is too long, should be ongoing with short and long term perspectives; Lack of resources, knowledge and political climate at national level.
- Harmonisation challenges; What about global?
- Much more complex.
- Societal acceptance needed for uptake of WHO criteria; review at short-term intervals.
- People still smoke; How to monitor? Implementation challenges.

4. How might we fix it?

- Comprehensive, extensive monitoring of digital marketing and adherence to regulation.
- Policing and enforcement of regulations.

- Knowledge translation from academia to policymakers.
- Stick with it!
- Set achievable goals.

3. Conclusions and next steps

The key-note speakers and participants shared the view that all stakeholders should be concerned about and act on digital marketing to young children and the direct detrimental effect it has on their health. Children have a limited cognitive ability to process advertising messages. It is important to introduce and enforce regulations, raise awareness, set achievable goals, and create incentives and commitment for everyone (industry, policymakers, researchers, consumers, etc.). This is not an easy accomplishment since industry has a direct profit-making goal and marketing is a widely used tool to reach this goal through sales of unhealthy products. This results in a systemic problem. A specific challenge for effective regulatory interventions is the fact that marketing strategies and social media platforms change very quickly, making it hard for research methodologies to keep up. This makes it difficult to generate up-to-date data and monitor the platforms used for digital marketing. Therefore, a coordinated structural approach is needed. It is vital that there are global, European or regional regulations in place for marketing to children, especially related to food high in saturated fats, salt, and free sugars.

There are already different reports published, monitoring tools, and data available to improve and take action regarding the unhealthy marketing to children and adolescents. However, broader and urgent implementation is required at national and regional levels. This will lead to short-term impact and show health and economic benefits.

In addition, it was stated that there is a lack of responsibility and ownership for ‘unhealthy marketing to children and adolescence’ as well as a lack of commitment and awareness at political level and industry level. By aligning efforts, collaborating together, and engaging and co-creating with stakeholders, we can work together to address shared challenges and contribute to the development of effective, evidence-based solutions that support the environment children grow up in. In this respect it is also important to take into account the inequality that is impacted by the overall food environment and substantial power imbalance in the food system.

Annex I – Workshop agenda

Agenda

	Time	Agenda item
	08:45 – 09:00	Registration
1	09:00 – 09:15	**Welcome note, introduction HDHL & joint workshop with WHO** Domènec Espriu (Director host organization AEI, ES) and Jessie Doppler (HDHL coordinator, ZonMw, NL)
2	09:15 – 09:55	**NCDs burden in the WHO European Region. WHO tools and recommendations on restricting HFSS marketing to children** Clare Farrand and Kathrin Hetz (WHO Europe)
3	09:55 – 10:35	**Moving from an 'obesogenic' environment to a 'healthogenic' environment** Frans Folkvord (Tilburg University, NL)
	10:35 – 11:05	*Health break*
4	11:05 – 11:45	**Moving the responsibility from families to industry and policy makers. An urgent matter** Eztizen Gregorio (OCU, ES) and Eduardo Montero Mansilla (CECU, ES)
5	11:45 – 12:25	**Unhealthy food marketing, the trick or treat of health equity policies** Alba Gils (EPHA)
	12:25 – 13:15	Lunch
6	13:15 – 13:45	**Setting the scene: Case studies Member States – Introduction to working groups**
7a	13:45 – 15:30	**Part A: Working groups (max 10 persons/group) – incl. small break** Issues to tackle • Research (agenda) • Resource mobilisation • Political interest • Overall challenges

		Steps 1) Problem statement: Are there any obvious challenges preventing countries from taking action? What are the main issues? *(20 minutes)* 2) Perfect solution formulation: What is your big idea? How does it work? How does it address the users pain points? *(20 minutes)* *20 min*  *break* 3) Why would it not work? How might it fail? Come up with as many ideas as possible *(20 minutes)* 4) How might we fix it? Come up with as many ideas as possible *(25 minutes)*
	15:30 – 16:00	Health break
7b	16:00 – 16:45	**Part B: Feedback of each group to plenary** • Group 1 *(7 min)* • Group 2 *(7 min)* • Group 3 *(7 min)* • Group 4 *(7 min)* Panel discussion *(10 min)*
8	16:45 – 17:00	**Closing remarks** Jessie Doppler (HDHL coordinator) and Clare Farrand (WHO Europe)

Annex II – Additional supporting documents

WHO reports

- WHO guidelines: World Health Organization. (2023). Policies to protect children from the harmful impact of food marketing: WHO guideline. World Health Organization. https://iris.who.int/handle/10665/370113. License: CC BY-NC-SA 3.0 IGO
- World Health Organization. (2022). Food marketing exposure and power and their associations with food-related attitudes, beliefs and behaviours: a narrative review. World Health Organization. https://iris.who.int/handle/10665/351521. License: CC BY-NC-SA 3.0 IGO
- World Health Organization. (2023). Restricting digital marketing in the context of tobacco, alcohol, food and beverages, and breast-milk substitutes: existing approaches and policy options. World Health Organization. https://iris.who.int/handle/10665/373130. License: CC BY-NC-SA 3.0 IGO
- World Health Organization. Regional Office for Europe. (2019). Monitoring and restricting digital marketing of unhealthy products to children and adolescents: report based on the expert meeting on monitoring of digital marketing of unhealthy products to children and adolescents: Moscow, Russian Federation, June 2018. World Health Organization. Regional Office for Europe. https://iris.who.int/handle/10665/346585
- World Health Organization. Regional Office for Europe. (2022). Understanding the digital media ecosystem: how the evolution of the digital marketing ecosystem impacts tobacco, alcohol and unhealthy food marketing. World Health Organization. Regional Office for Europe. https://iris.who.int/handle/10665/355277. License: CC BY-NC-SA 3.0 IGO
- Making the WHO European Region the healthiest online environment for children: position statement (https://www.who.int/andorra/publications/m/item/making-the-who-european-region-the-healthiest-online-environment-for-children-position-statement)

Systematic reviews

- Systematic review of the effect of policies to restrict the marketing of foods and non-alcoholic beverages to which children are exposed. https://doi.org/10.1111/obr.13447
- Association of Food and Nonalcoholic Beverage Marketing With Children and Adolescents' Eating Behaviors and Health: A Systematic Review and Meta-analysis. DOI: 10.1001/jamapediatrics.2022.1037