CINDI Noncommunicable Diseases Policy Academy

Seminar on working across sectors
For noncommunicable diseases (NCD):

*Policy responses to marketing of Alcohol and food marketing to children*

27 – 29 October 2014
Porto, Portugal
The Countrywide Integrated Noncommunicable Diseases Intervention (CINDI) network, together with WHO Regional Office for Europe, invited a number of countries to an NCD Policy Academy with the aim of informing, discussing and empowering participants to improve their national intersectoral programmes.\(^1\) To link the concept of working across sectors to a tangible topic, which is a priority for WHO European Member States, the seminar focused on the area of marketing to influence demand for alcohol and foods that are high in saturated fats, \textit{trans} fats salt and sugar (HFSS).

The interactive seminar took place from 27 – 29 October 2014 in Porto, Portugal, and was hosted by the Directorate-General for Health in Portugal and the University of Porto. The participants were appointed from 11 countries that had requested guidance from the WHO Regional Office for Europe for working across sectors in the areas of alcohol and/or nutrition and healthy diets.

\textit{Keywords} \\
\textbf{ALCOHOL} \\
\textbf{CHILDREN} \\
\textbf{NUTRITION} \\
\textbf{HEALTH POLICY} \\
\textbf{MARKETING}
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1See Annex I on the scope and purpose of the seminar.
**Background**

The burden of noncommunicable diseases (NCDs) is the predominant public health challenge in the WHO European Region. In order for Europe to tackle it’s burden of NCDs effectively, it is increasingly a priority for many countries to work across sectors as per the new WHO European Region policy framework, Health 2020. This framework promotes intersectoral action, particularly through a new concept of governance that links whole-of-society and whole-of-government responsibility for health.2

It is against this background that the Countrywide Integrated Noncommunicable Diseases Intervention (CINDI) network, together with WHO Regional Office for Europe, invited a number of countries to an NCD Policy Academy with the aim of informing, discussing and empowering participants to improve their national intersectoral programmes.3 To link the concept of working across sectors to a tangible topic, which is a priority for WHO European Member States, the seminar focused on the area of marketing to influence demand for alcohol and foods that are high in saturated fats, trans fats salt and sugar (HFSS).

The interactive seminar took place from 27 – 29 October 2014 in Porto, Portugal, and was hosted by the Directorate-General for Health in Portugal and the University of Porto. The participants were appointed from 11 countries that had requested guidance from the WHO Regional Office for Europe for working across sectors in the areas of alcohol and/or nutrition and healthy diets. These countries are: Croatia, Estonia, Hungary, Latvia, Lithuania, Poland, Portugal, Serbia, Slovakia, Slovenia and the Former Yugoslav Republic of Macedonia. In order to maximize the impact of the Policy Academy participants had been provided with a list of essential reading prior to their arrival.

**Introduction**

Pedro Graça, Portuguese Directorate General of Health, welcomed participants on behalf of the Portuguese Ministry of Health and the University of Porto as the host country and wished participants a successful seminar, after which they would leave, armed with more information and a greater capacity to bring about change.

Gauden Galea, Division of Noncommunicable Diseases and Life-Course, WHO Regional Office for Europe, welcomed participants by remote video on behalf of WHO – noting the broad involvement of WHO, through participation of headquarters, the Regional Office and a Collaborating Centre in Vilnius – and particularly thanked co-organizers, the CINDI network. Dr Galea outlined how the seminar relates to the work of the Regional Office, emphasizing that the global targets on NCDs4, to be achieved by 2025, will not be reached through the efforts of the health sector alone. He wished all involved an exciting few days which would help participants to achieve health-in-all-policies across sectors on their return home.

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3See Annex I on the scope and purpose of the seminar.

4See http://www.who.int/nmh/ncd-tools/definition-targets/en/ for details of the global targets.
**Professor Aurelijus Veryga**, Lithuanian University of Health Sciences, Lithuania, and co-Director of CINDI, issued a warm welcome on behalf of the CINDI network and thanked the hosts. This second CINDI Policy Academy focusing on marketing and regulation was designed to build on the success of the first one which focused on the role of fiscal policies in NCD control and prevention.

**Professor Veryga** invited participants to introduce themselves and to summarize their expectations for the seminar. In total, 27 country participants took part, representing Ministries of Health, public health institutions, academic institutions and nongovernmental organizations (NGOs). Additional participants in the seminar included six temporary advisers, two observers, one representative of WHO headquarters, five representatives of the WHO Regional Office for Europe, including the alcohol and illicit drugs programme, the nutrition, physical activity and obesity programme and the NCD programme as well as a rapporteur.5

Participants’ hopes and expectations for the seminar covered a range of issues, but particularly highlighted the importance of exchange with colleagues from other countries, a desire to obtain new tools and to learn about practical strategies to tackle marketing issues, as well as a clear call for new ideas to reinvigorate national efforts.

**Frederiek Mantingh**, Division of Noncommunicable Diseases and Life-Course, WHO Regional Office for Europe, introduced the seminar programme and outlined the work plan for the three working group sessions to take place over the two and a half days. An opportunity for country participants to meet the experts and discuss some country-specific questions was also scheduled. Ms Mantingh urged participants to make the most of this opportunity and the valuable expertise of the WHO programme managers, CINDI managers and external advisers.

In discussion, a number of country participants described some of the challenges that they had already experienced in relation to the regulation of marketing, in order to highlight some areas where the seminar would hopefully be able to provide some answers. Following Lithuania’s attempt to ban all advertising of alcohol, which would have been the first of its kind within the European Union; it would be helpful to explore how policy-makers can be helped to withstand pressure from industry and vested interests. The on-going Latvian experience in trying to amend the law on alcohol advertising restrictions illustrates how this can be a very lengthy and drawn-out process. The Slovakian situation, where there are some restrictions on broadcast advertising of spirits at certain times, highlights the need for more comprehensive restrictions covering, for example, different types of alcohol drinks, different media and sponsorship of events. There was also a request to hear about the experience of countries that had implemented self-regulation systems and whether such systems really work. A common theme was the imbalance of information, capacity and power between the industry, policy-makers, leading with conflict of interest, civil society and the academic community.

The sharing of stories of success and failure was a clear goal of the seminar, for participants to be able to learn collectively from each other’s experiences and to identify solutions. Encouragement was drawn from the field of tobacco control where

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5See Annex II for the list of participants
it took many years to reach the current situation and the great strides made with the Framework Convention on Tobacco Control can provide inspiration.

**Working across sectors and the focus on marketing**

The first plenary session of the seminar addressed the issue of marketing, the importance of intersectoral action and the regulatory challenges.

**Intersectoral actions in the area of marketing**

Professor Gerard Hastings, from the Institute for Social Marketing at the University of Stirling, Scotland, provided some background on the principles and practices of marketing, as well as some associated problems, with a particular focus on children.

There is a considerable evidence base that advertising does influence child behaviour. Research using enhanced audience research methodology shows that children who are more aware, familiar and engaged with advertising for a product category are more induced to use that product and that any effect predates product usage. This shows consistent effects for tobacco, alcohol and processed food.\(^6,7,8\)

Evidence from tobacco clearly shows that the only effective policy response is to severely reduce the amount of marketing taking place. Evidence has shown that comprehensive bans on tobacco advertising reduces youth recruitment to smoking. Experience also suggests that, with very few exceptions\(^9\), controls on the content of marketing alone, voluntary codes and partial bans (covering particular time periods or selected media) do not show consistent evidence that they work.

In order to understand why marketing bans need to be comprehensive, it is important to understand how advertising works. In fact, mass media advertising represents only a very small component of marketing spend. Other marketing communications include, among others: internet, sponsorship, packaging, product placement, brand stretching, free samples and point-of-sale promotion. Further aspects of consumer marketing include the product design, the price and the distribution network. Marketing activities also extend beyond consumers to include stakeholder marketing, including social marketing, corporate social responsibility and corporate affairs activities that help companies to get involved in the policy-making process.

Advertising has become increasingly subtle and difficult to detect. Implicit messages are conveyed through techniques such as sponsorship, celebrity endorsements, use of cartoon characters and advergames. Digital and social media have greatly increased the reach and power of these implicit appeals. Both adults and children struggle to

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\(^9\)Such as the LoiEvin in France.
critically evaluate marketing messages if they are unaware that they are being targeted with such messages.

It is particularly important to focus on children because they are at a particularly vulnerable stage of life—children are influenced by advertising and there is evidence that they do not even understand what advertising is until they reach 12 years of age. Children also represent an important target group for marketers because they have money to spend, they can influence parents’ purchases and they are future consumers.10

It is clear, therefore, that children do need protection and to be empowered to think critically about marketing messages. This means significantly reducing their exposure to marketing and this can only be successfully achieved by independent regulation. This, in turn, will be easier to achieve if the general public can be empowered and mobilised to encourage politicians to take action on these important issues. Once again, it is possible to look to the tobacco sector for positive examples of popular empowerment – the Truth campaign in the US, for example, was very successful in mobilising public opinion for tobacco control.

In discussion, after Professor Hastings’ presentation, a question was raised about the differences and/or similarities between the food and tobacco industries. A key difference, for example, is that, unlike the tobacco and alcohol sectors, the food sector is targeting younger children. While there are notable differences, however, the principles of marketing are the same.

The question of how regulators can deal with the issue of brand crossover between products was raised. Some further lessons can be drawn from the tobacco experience – some legislation has prohibited tobacco firms from transferring their brands onto other products (e.g., nicotine replace therapy or other consumer goods).

It is important to raise awareness among academics and policy-makers of the plethora of marketing techniques and their pervasiveness. This points, yet again, to the importance of building alliances across sectors.

Alongside action on marketing, there remains a need to raise awareness about good food and healthy eating, especially given changing lifestyles and particularly to ensure resilience in times of economic hardship.

In response to a request for a good case study of a country that has applied the evidence on advertising to other marketing techniques (such as advergames), Professor Hastings stressed that it is absolutely not essential to produce new evidence for every new form of advertising or marketing technique. The evidence base is robust and can be applied to different forms of promotion. Vested interests often highlight the areas of doubt as a reason to postpone action, but policy-makers need to challenge this and use the precautionary principle to justify action.

The potential role of social marketing was also discussed. For this to be effective it should encompass more than mass media campaigns, and include engagement and empowerment of people.

**Regulatory challenges of marketing**

Professor Amandine Garde, from the University of Liverpool, United Kingdom, explained the challenges associated with the regulatory process and explored how legal instruments can be used. It is important to bear in mind that each jurisdiction has its own particular legal system with its own specificities.

The regulatory process is lengthy and often resource intensive, but, as outlined by Professor Hastings, delegating the task to industry operators through self-regulation has been shown to be largely ineffective.

In order to develop an appropriate policy, it is important to first map the specific media and legal environment and to identify loopholes within existing laws. It is also important to raise awareness and to build consensus across sectors on the need for action – in relation to marketing, specifically, engagement with the government department responsible for audio-visual services is crucial to success. Further steps include agreeing the scope of the rules, defining specifically what types of marketing are to be covered and what types of products are to be included. There is also a need to gather data that will be needed for monitoring and evaluation, and also to manage conflicts of interest.

The WHO Recommendations on the marketing of foods and non-alcoholic beverages to children lay down three important principles which Member States should take into account when regulating marketing practices, and food and alcohol marketing more specifically:

- Adoption of a comprehensive approach is more likely to achieve the objective of protecting the target group (e.g., children). An effective approach has to tackle exposure (the reach, frequency and media impact) and the power of the marketing message (influenced by the creative content, design and execution);
- Governments’ responsibility is to act in the public interest, while avoiding all conflicts of interest and undue influence from commercial operators. This means that governments should set out the rules and define key terms;
- It is important to address the issue of cross-border marketing, particularly in the European Union where the movement of goods and services is facilitated in the internal market.

There are a number of points to bear in mind when drawing up legislative measures in order to ensure that the measures can better withstand challenge before courts of law. Firstly, while a comprehensive approach is far more effective, the measures must not be arbitrary. That means policy-makers need to be able to argue that the measure is legitimate and proportionate, making effective use of the evidence to build the legal case. The objectives of the legislation need to be clearly defined and – in line with proportionality – the legislation should be tailored as closely as possible to those objectives and not exceed what is required to achieve them. It is vital to use the evidence and impact assessment to frame the proposed legislation in legal terms, in a
way that pre-empts challenges and protects the proposal from successful legal challenges.

The two main arguments on which industry operators have relied to challenge measures restricting the marketing of food and alcoholic beverages are that these measures infringe fundamental rights (e.g., freedom of expression) and/or that they violate the principles of EU or international trade law.

In relation to the right to free expression, it has successfully been argued in court that freedom of expression includes commercial expression. The counter-argument is that the right to free expression is not absolute, and public interest grounds (such as health protection) can be invoked, provided the measure is legitimate and proportionate.

There is also a strong case for using fundamental rights as ammunition to frame the arguments. A number of human rights bodies have made statements on the need to regulate the food sector or food marketing specifically.11

The second argument often used, within the EU particularly, to try and derail legislative proposals or challenge laws restricting the marketing of food and alcoholic beverages is that these measures interfere with free trade. The counter-argument is that the free movement of goods within the EU is not unlimited. Member States continue to have the right to introduce restrictions on public health grounds provided – here again – that the restrictions they impose on health grounds do not discriminate against imports and that they are proportionate.

Despite the fact that EU legislation is an ideal tool for regulating cross-border marketing, the EU’s response to the problems resulting from the marketing of foods and alcoholic beverages to children has been limited. The Audiovisual Media Services (AVMS) Directive does, however, allow Member States to introduce legal rules which exceed the minimum level of health protection set out in the Directive as long as they respect the State of Establishment principle. For example, the European Court of Justice held that the Swedish ban on marketing to children could only apply to broadcasters based in Sweden and not to those based in other Member States, even though they broadcasted into Sweden. There is clearly a need to engage with the European Commission to advocate for more EU-wide action on cross-border marketing of food and alcoholic beverages, particularly to children

In discussion, following Professor Garde’s presentation, the point was made that the industry groups opposed to regulation sometimes litigate to delay the legislation, even if they do not expect to win the litigation. In order to make these delaying tactics less profitable it is vital to frame the legislation in legal terms very early on, and to include an impact assessment explaining why the principle of proportionality has been complied with in the initial proposals. Involvement of an interdisciplinary team, including lawyers, from the outset could be very useful.

Marketing: State of play in Europe in the context of Health 2020

The second plenary session provided an overview of the current situation in relation to marketing of alcohol products and food marketing to children at the regional and global levels, against the backdrop of the intersectoral approach of Health 2020.

Mechanisms in working across sectors

Ms Monika Danuta Kosinska, Programme Manager on Governance for Health at the WHO Regional Office for Europe, presented the European health policy framework by remote video link from Copenhagen.

Health 2020 is both a framework and a strategy for health policy across the region. It represents the first time that all 53 Member States of the European Region have agreed on a strategy for health governance. Health 2020 sets out two mutually reinforcing strategic objectives and four common policy priorities, which together form the ‘two plus four’ framework.

In order to achieve the goals of Health 2020 new forms of governance for health are required, that are more coherent, inter-connected and participative. Because the determinants of health stretch across the whole of society and all its sectors, so must the response. This implies a whole-of-society and a whole-of-government responsibility and accountability for health. This 21st century approach to governance can be achieved through collaboration, a mix of regulation and persuasion, advice from independent agencies or expert bodies and establishment of adaptive policies, resilient structures and foresight. Empowering people, citizens, consumers and patients is also critical.

A number of companion publications are available to provide more information and WHO provides support for the strengthening of governance in a variety of ways.

In discussion after the presentation, the nature of the challenge – in which the health sector is up against the immense resources of the industries involved in marketing – was explored. The best tool at the disposal of policy-makers is regulation. The affected industries will, of course, resist such attempts at regulation, which is why it essential to bring legal and other skills to work together with the health sector.

Marketing of alcohol products

Lars Møller, Programme Manager on alcohol and illicit drugs at the WHO Regional Office for Europe, presented a brief overview of policies on alcohol across the region, with a particular focus on policies relating to alcohol marketing.

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In 2010, the World Health Assembly endorsed the first global strategy\(^\text{13}\) to reduce the harmful use of alcohol and in Europe the WHO Regional Office produced an action plan \(^\text{14}\) for implementation of that strategy. In relation to alcohol marketing, specifically, the action plan set out some policy options:

- Setting up regulatory or co-regulatory frameworks (to regulate the content and volume of marketing or sponsorship activities or to restrict promotions);
- Regulate new form of marketing, like social media;
- Establish effective surveillance of alcohol marketing;
- Systems for infringements of alcohol products;
- Regulate direct and indirect marketing in some or all media.

The current state of alcohol policy implementation across Europe is that, of 53 Member States, the vast majority (47) have legally binding regulations on alcohol advertising, 38 have a written alcohol policy, 36 have legally binding restrictions on alcohol product placement, 15 require health warnings on alcohol advertising and nine require product information on alcohol containers.

Despite some overall progress in implementation of alcohol policy areas, regulation of marketing is the area where the least progress has been made in recent years. Regulation of marketing is essential because public awareness-raising of the risks simply cannot compete with the advertising budgets of the drinks industry – in the United Kingdom, for example, the £800 million annual spend on alcohol advertising contrasts sharply with the entire budget for England’s public health agency of £2 million.

A number of WHO publications are available for countries to use, setting out the evidence base for the 10 action areas and regular reports on status \(^\text{15}\) as well as global\(^\text{16}\), European\(^\text{17}\) and EU\(^\text{18}\) databases on alcohol and health.

**State of play of food marketing to children in Europe**

**Dr João Breda**, Programme Manager for Nutrition, Physical Activity and Obesity at the WHO Regional Office for Europe, outlined some of the achievements, challenges and the possible next steps in relation to policy on food marketing in Europe.

Although countries in the European Region have been taking action on restricting HFSS foods to children, further policy adoption, refinement, implementation and

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\(^\text{13}\)See WHA resolution 63.13.


\(^\text{18}\)Addressing the harmful use of alcohol – a guide to developing effective alcohol regulation.WHO Western Pacific Region. [http://www.wpro.who.int/publications/PUB_9789290615033/en/](http://www.wpro.who.int/publications/PUB_9789290615033/en/)

\(^\text{19}\)[http://apps.who.int/gho/data/node.main.GISAH?showonly=GISAH](http://apps.who.int/gho/data/node.main.GISAH?showonly=GISAH)

\(^\text{20}\)[http://apps.who.int/gho/data/node.main-euro.GISAH?showonly=GISAH](http://apps.who.int/gho/data/node.main-euro.GISAH?showonly=GISAH)

\(^\text{21}\)[http://apps.who.int/gho/data/node.main-eu.GISAH?showonly=GISAH](http://apps.who.int/gho/data/node.main-eu.GISAH?showonly=GISAH)
evaluation is desirable. There has been considerable progress since the launch of the second European Food and Nutrition Action Plan in 2007. Currently 33 of 53 countries in the region report ‘some action’ on marketing of HFSS foods to children, leaving only 20 having taken ‘no action’. This compares favourably to the situation 10 years ago when the vast majority of countries had not acted.

A variety of approaches are being taken across the region. These include statutory regulation of broadcast advertising and/or other communications specific to HFSS foods (e.g., United Kingdom, Ireland), general legislation on marketing to children, but not specific to HFSS foods (e.g., Sweden, Norway), government agreed criteria for self-regulation by industry of HFSS food marketing with monitoring (e.g., Spain, Norway, Latvia), bans or regulation of HFSS food marketing in schools (e.g., present in many countries), and self-regulation by industry of advertising of HFSS foods (e.g., Denmark, Portugal, Austria, Belgium, France and the EU Pledge). The self-regulation models vary, and have different levels of government involvement.

Despite this progress, there is still a long way to go to reach extensive implementation of the WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children. Most countries that have acted have followed the self-regulation route and others have taken a step-wise or partial approach. In general, a comprehensive approach – which includes a broad definition of children, uses nutrient profiling to define targeted foods and covers a wide spectrum of media – is missing. In addition, comprehensive and, critically, independent monitoring or evaluation is often lacking. These gaps may undermine the long-term effectiveness of the policies.

Data from the United Kingdom demonstrate that it is possible to reduce children’s exposure to HFSS foods according to the criteria of the policy (37% average reduction in exposure during times that the restrictions applied between 2005 and 2009 following introduction of statutory restrictions). The increase that has been reported in HFSS advertising and marketing outside the times of the restrictions and in other media channels, however, highlights that a comprehensive approach is really needed to ensure that the policy can remain robust and consistent in the longer term and prevent a ‘squeezed balloon effect’ where marketing shifts to other times and communication channels.

There are a number of issues and definitions to consider when designing a comprehensive policy. First, is to consider what is covered by the term marketing. As outlined previously, marketing includes much more than advertising alone and can be said to encompass many aspects of product, price, place and promotion.

The next issue, and one that it is extremely important to define carefully, is to decide what is meant by marketing to children. Marketing can be considered to be directed to children on the basis of when or where it is aired, what form it takes and the particular techniques used.

A further issue is to define exactly which group the measure is intended to protect, by defining what is meant by the term child. Among the countries that have introduced restrictions, different definitions have been used – ranging from 13 years in the Norwegian self-regulatory scheme to 18 in the Irish regulations. Although the evidence is heavily weighted towards the effects of marketing on younger children,
there is evidence to suggest that older children are still affected by the persuasive intent of marketing and therefore should be protected.

The final issue is to decide which foods should be covered by the marketing restrictions. Marketing restrictions need some means of differentiating between “healthy” and “unhealthy” foods. Nutrient profile models, based on nutritional criteria, exist for this purpose, and ensure a greater degree of objectivity in categorizing foods. A specific European nutrient profiling tool for marketing to children has been developed by WHO then piloted and is due to be available for Member States’ use in early 2015. Member States are encouraged to adopt and use the tool.

The evidence base for marketing restrictions continues to be challenged by critics and measures are described as disproportionate. Policy-makers have solid ground to reject calls to provide evidence of a direct link between marketing and obesity. As outlined by Professor Hastings, the evidence that marketing affects children’s preferences, knowledge and dietary behaviour exists. Given the criticisms, many governments prefer industry self-regulation.

In order to create a favourable environment for adoption of a comprehensive approach, scientists and advocates need to raise awareness of the problem. This could include collection of national data to be able to demonstrate the magnitude of the problem (and changes over time) and dissemination of available global and regional evidence. Independent monitoring of marketing practices to be able to demonstrate that loopholes exist is also needed, and is relatively rare. In addition, marketing restrictions should be seen as only part of a wider policy response to obesity.

In future, there will be a need to improve the monitoring of marketing practices, particularly on cross-border marketing. Development of better metrics to measure the impact of policies would also be helpful. There is considerable scope for WHO and countries to work together to tackle this issue, which is a priority area of the new European Food and Nutrition Action Plan.

From Regional to Global: Marketing recommendations and its implementation

Dr Temo Waqanivalu, from the Department of Prevention of Noncommunicable Diseases at WHO headquarters, introduced the global Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children and gave an update on their implementation.

Implementation of the Recommendations is one of the policy options recommended to countries in the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020. The global monitoring framework, developed to monitor progress towards the nine global NCD targets, includes one indicator on marketing to children.

The main purpose of the set of 12 recommendations is to guide countries’ efforts to design new and/or strengthen existing policies on food marketing communications to

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children. The recommendations are accompanied by a Framework for Implementation that provides tips, hints and guidance to help with implementation.20

Implementation of the recommendations is, nevertheless, relatively slow and patchy. There appear to be various bottlenecks and barriers which impede implementation. Overcoming legislative hurdles and tackling vested interests is crucial. Other bottlenecks include the lack of an advocacy base to build on and the need to link measures to economic investment (particularly in low and middle income countries), combined with generally underdeveloped regulatory frameworks, the rise of new media and growing exposure to cross-border advertising.

These bottlenecks underline the importance of working with other sectors on this issue. Collaboration with the legal fraternity and the justice sector has been identified as being particularly important and WHO, as part of the Interagency Taskforce on NCD, is collaborating with the International Development Law Organization (IDLO) on this. A consultation jointly hosted by WHO and IDLO in the Western Pacific regional office was followed by a workshop in Fiji where they successfully brought together the legal and health sectors and helped build momentum to progress a Bill on a comprehensive ban on marketing to children. Similar work could be carried out in other regions of WHO.

**In the discussion session** that followed all the afternoon’s presentations, the difficult issue of cross-border marketing was evoked, and reasons for the lack of evidence in this area questioned. There is certainly an argument that, as media are increasingly international, this is an area where the EU, which has competency, could take more action.

The data show that more vulnerable groups are more exposed to marketing and have higher prevalence of NCDs. Framing the case for action in terms of inequalities, and policies that can help close the gaps, may be helpful.

**Learning points from day 1**

Before the start of the third plenary session – chaired by Dr Sylvie Stachenko, from the University of Alberta, Canada, and co-Director of CINDI – participants summarized the key learning points from the first day of the seminar.

Participants had learned about the wide range of potential problems and barriers that policy-makers face in trying to address the issue of marketing, particularly when pitted against strong vested interests. They had also learned about some potential strategies to help overcome these barriers. These included making alliance with the legal and finance sectors and between colleagues in government, academia and civil society, learning about the evidence and points to use to counter opponents’ arguments, mobilising public opinion and provoking the interest of government leaders. Several participants mentioned a renewed commitment to applying a legislative approach, and to ensuring that measures tackled the broad scope of marketing activities.

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20 A framework for implementing the set of recommendations: on the marketing of foods and non-alcoholic beverages to children. WHO. 2012.
CINDI Policy Academy

In general, participants were very appreciative of hearing other countries’ experiences and comparisons of what has worked and what has been less successful. The recognition that countries are facing similar problems also led to the realization that similar solutions are needed. It was hoped that this exchange of experiences could be beginning of a network and mutual support group that would endure.

Negotiation and leadership skills

Ms Isabel Paiva de Sousa, from Porto Business School, summarized some pointers on negotiation and leadership skills to help participants translate policy ideas into action.

Both negotiation and leadership relate to a process of influencing others. The important idea to bear in mind about negotiation is that it should always aim for a win-win result, because such a solution is much more likely to prove long-lasting. Similarly, a leadership approach based on shared values and inspiring others to tackle problems is likely to be more sustainable than an imposed approach.

In any process of negotiation, therefore, it is vital to spend time getting to know and understand the other party – their thinking, values, needs and agenda. Thorough preparation is essential and should be followed by in-depth discussion before any a solution is proposed, setting out how it addresses the needs of the other party.

Important elements for successful leadership and negotiation include self-confidence and belief in one’s negotiating position, emotional intelligence in understanding the other party, optimism about the future and resilience. This last element is particularly important – successful negotiation comes from refusing to give up, but rather finding ways to learn from failures and to adapt.

In discussion, participants questioned whether a negotiated approach would always be really effective with some of the vested interests concerned with the marketing of alcoholic drinks and marketing food to children.

Monitoring of marketing

Dr Vasaris Orzerkauskas, from the media agency Inspired UM in Vilnius, Lithuania, shared his expertise on how marketing activities can be monitored.

There are three key types of data are relevant to monitoring marketing activities:

- **People** – how many people, age/gender breakdown. This data is generally available free of charge in every country;
- **Media** – what type of media do people consume? Data is available on TV, print and digital media reach, as well as aggregated data on total media consumption. The age groups monitored differ for different media (four years and up for TV, seven years and up for digital and from 15 upwards for print media);
- **Advertising** – monitoring and tracking investment in advertising. Analysis of advertising spend provides information on which products advertisers spend most advertising (share of investment by product type) and which media they invest in (share of investment by media type) to reveal current advertising patterns and trends.
Household television viewing is measured using TV meters, which provide data on who is watching and what they watch, based on a sample of households. This data can be purchased from an agency with breakdown for demographics and advertiser, brand, period, cost. A new type of “people meter” has been developed – a device that people wear and it monitors their TV, audio and internet use. Such meters are now being piloted, but are not yet in widespread use.

There are particular difficulties in measuring digital advertising. There are some discrepancies in data collection. Much of the monitoring data – e.g., data based on cookies or digital advertising spend – excludes international portals or platforms (e.g., facebook) that are significant. The approach is not consistent between countries. For all other forms of marketing – including product placement and product display – there are few figures on volume, investment or trends.

It is also possible to measure the impact of marketing. These are broken down into hard metrics (data on sales, volume, etc.) and soft metrics on how, for example, people react to the advertising. Hard data are available on consumer expenditure, by category, and related trends. Market research companies use retail data to calculate estimates and anyone can purchase reports on these data. Soft metrics are generally collected through specifically commissioned surveys (e.g., post-test questionnaire) or through survey questions asking for spontaneous recall of recent advertisements.

Taking the case of Lithuania as an example, there are a number of things that can be learned from the marketing data:

- There are considerable differences between age groups. The 15-18 year old group uses completely different media to adults– 92% of children are reached by the internet every day, 80% of young people have a smartphone, and TV consumption is much lower than for adults.
- Internet advertising is growing and that this is largely at the expense of print media, while television advertising has remained stable.
- There are gaps in the current marketing restrictions in the country– 35% of children are reached by night-time television, mainly in the period between 23.00 and 23.15 hours, during the period when alcohol advertising is allowed.

**In discussion**, the potential impact of variation in the costs of media space on the advertising spend figures was raised. It is important to be aware that a drop in the price of television spots, for example, could sometimes lead the data to suggest a greater fall in advertising volume than actually took place.

The cost of purchasing data was also raised. The cost depends on the categories included, frequency of monitoring and time period and will vary between countries. Consumer surveys (to measure advertising results) can be relatively inexpensive.

Media agencies clearly have access to a huge amount of data that could be tremendously useful to policy-makers in this field. It is interesting to consider whether such media agencies would be prepared to share some of their information with other stakeholders, possibly as part of their corporate social responsibility programmes.
Workshops and country team presentations
Throughout the course of the three days, country teams worked in small working groups. Three working groups were constituted – two groups tackled the issue of alcohol marketing and one group concentrated on food marketing to children. Over a couple of two-hour sessions subgroups of country teams worked first on reviewing the current situation in their countries (the current marketing policy, challenges and opportunities) and then on identification of feasible policy options to address marketing practices. These sessions proved to be an extremely rich exchange of experience and knowledge – learning opportunities that were hugely appreciated by participants. Following the two workshop sessions, individual country teams worked on preparing a summary of their situational analysis and proposed action steps.

A ‘meet the experts’ session took place, giving country participants the opportunity to discuss specific questions and issues with the keynote speakers and the WHO experts in some considerable detail. These sessions were well attended and appreciated by participants.

Professor Pedro Moreira, from the University of Porto, chaired the final plenary session on the morning of the third day with Professor Veryga as co-chair.

Professor Sebastião Feyo de Azevedo, Rector of the University of Porto, addressed the seminar and reiterated the message that the University had been delighted to host this event. The University is committed to further developing its international cooperation and this type of seminar – with the focus on international dialogue and exchange – is very much in keeping with that approach.

The country teams delivered presentations on the fruit of their group work throughout the seminar. A brief summary of each presentation is presented in the following section.

Country presentations on alcohol marketing
Six countries – Croatia, Latvia, Lithuania, Portugal, Serbia, Slovakia and Slovenia – worked on the issue of alcohol marketing.

Croatia
A national strategy on alcohol 2011-2016 is in place in Croatia and one of its goals is to ‘decrease impacts of alcohol advertising on children and adolescents.’ The 2014 Law on Food prohibits the promotion of alcohol drinks ‘through printed media, TV and radio, all forms of advertising at public places, buildings and traffic, by books, magazines, calendars, clothes and on stickers, billboards and leaflets…’. However, other measures effectively exempt beer, wine and fruit wines. Other rules are set out covering specific advertising of wine and beer (e.g., advertising for wine should not be aimed to or include children), electronic media and protection of minors.

The next goal, as developed during the working group sessions, will be to change the marketing regulations to restrict the times and places where advertising for beer or wine is permitted. This will particularly target advertising at or sponsorship of events – such as concerts, festivals and sports events – attended by children and adolescents.
Concretely, the next steps would start with preparation of some specific reports (including alcohol consumption in young people, data on beer and wine advertising). These would be followed by a roundtable event involving a wide range of stakeholders to come up with some conclusions on the proposed marketing restrictions and recommendations for the legislative changes.

**Latvia**

The National Development Plan of Latvia for 2014-2020 includes the prevention of addiction, but alcohol consumption is increasing. The existing law prohibits alcohol advertising in some media and situations.21 The recently finalized Latvian Public Health Strategy 2014-2020 includes a goal to decrease total annual absolute alcohol consumption from 10.3 litres per capita (over 15 year olds) in 2012 to 9.5 litres by 2020 and specific goals on reducing binge drinking. The 2012-2014 action plan for reduction of alcohol consumption and restriction of alcohol addiction contained three specific points relating to aspects of alcohol marketing.

The introduction of restrictions of alcohol marketing on the internet and new media has been under consideration. During the course of the workshops, the country team developed a plan of action, with an approximate timetable, towards that objective, starting with establishment of a stakeholder working group to assess exactly what kind of restrictions are desirable. A SWOT analysis had been helpful to that process, identifying, for example, the threat posed by cross-border marketing and the opportunity to discuss the particular issue of cross-border marketing during the Latvian presidency of the EU.

The process will encourage societal discussion on alcohol marketing restrictions and will present an opportunity for children and young people to get involved. Ultimately, the aim is to prohibit or restrict online alcohol advertising and start discussion on more stringent regulation of other media (e.g., product placement on television).

**Lithuania**

As the third highest alcohol consumer in Europe (15.4 litres/capita), Lithuania has adopted an Alcohol Control Law that obliges the state to reduce alcohol consumption and implement increased taxation, restrict availability and some controls on advertising.22 The Lithuanian Health Program 2015–2023 has a specific goal to reduce alcohol consumption to the European average by 2023 (10.7 l/capita in 2013).

The Lithuanian team is working towards a comprehensive ban on alcohol advertising, a measure highlighted by WHO as being a policy ‘best buy’. In fact, such a ban had been adopted in Lithuania in 2010 and was due to enter into force in 2012. Intensive lobbying from the industry, however, persuaded parliamentarians to revoke the ban at the end of 2011. Much had been learned from this previous experience, enabling those

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21It is prohibited to advertise alcohol in educational and medical treatment institutions and on the walls of such buildings and constructions; on letter correspondence and postal parcel items; on the external pages (cover) of books, magazines, newspapers and annexes thereof; on public means of transport and therein. It is prohibited to advertise spirits on TV and radio and alcohol advertising outdoors has been banned since 01/07/14. In addition to the restrictions on the content of alcohol adverts in line with EU Directive.

22Including controls on content, banned in some media and banned during the daytime (only permitted between 23.00 and 6.00).
involved to build competence and develop resilience. Others can also learn from this particular experience through a case study published in Addiction.  

Opportunities in the pipeline include the 2015 municipal elections, the appointment of a Lithuanian as EU Health Commissioner and the country’s entry into the euro, which may increase prices. Serious threats remain, including the lack of transparency, an insidious industry lobby that is active in parliament and a very tightly controlled media. The detailed campaign plan to be developed will draw on successful elements of past campaigns (e.g., ‘naming and shaming’ politicians).

Serbia

Despite a high proportion of non-drinkers, alcohol consumption increased by 39% between 2008 and 2010. Serbia does not yet have a national alcohol policy and there are some laws in place relating to aspects of alcohol control – such as on age limits, road safety, consumer protection, etc. – but further legislation is needed.

During the workshops the country team identified concrete next steps towards government adoption of a National Program on Alcohol (NPA). This will be done with the help of an intersectoral working group involving a number of government ministries, the public health institute and NGOs. The ultimate aim is to have the government recognize this as a priority and include the NPA in a state budget, to ensure sustainability. The NPA should be finalized six months after establishment of the working group, and adopted as soon as possible thereafter.

Slovak Republic

There is high consumption of alcohol in Slovakia, along with a high degree of public acceptance of drinking and very easy access to alcoholic drinks (e.g., 24-hour sale in petrol stations). Existing legislation places some time and place restrictions on advertising of wine and spirits. A SWOT analysis carried out during the workshops enabled the team to understand the weaknesses and threats, but also to identify opportunities such as implementation of WHO’s European Action Plan and how to optimise the timing of proposed actions with the country’s electoral timetable.

The vision for the future is to reduce alcohol consumption in society by at least 15% by 2025. A number of specific goals have been drawn up to help achieve this vision: to introduce a total ban on alcohol advertising across all media and including sponsorship; to reduce availability of alcohol; and to increase public awareness of the harmful use of alcohol. In order to achieve this, the existing intersectoral working group on alcohol will be revived.

Slovenia

Currently, advertising of spirits is completely prohibited while beer and wine ads are restricted to certain times and places. Product placement is not restricted. A national action plan, ready since 2008, has not yet been adopted, although the Public Health sector follows its activities as much as possible. The powerful alcohol lobby and an alcohol-tolerant culture combine to undermine political will. The Ministry of Health’s board of experts and stakeholders is not functioning effectively.

The Slovenian team’s goal is to raise awareness in order to tighten restrictions on alcohol marketing (complete advertising ban and stricter regulation on product placement). Concrete next steps include a national conference already planned for January 2015, if possible followed by publication of a report on consumption and exposure to marketing, constitution of a number of expert and intersectoral roundtables, providing decision-makers with counter-arguments to industry lobbyists, setting up regional conferences to empower regional and local stakeholders (parents, teachers, social workers, etc.) in the next few years. There will be another national conference in 2016. The ultimate goal is adoption of the action plan and changes in the legislation.

In discussion, it was noted with interest that the countries were at very different stages of the policy cycle – with some countries yet to introduce a national action plan and others struggling to move existing frameworks forward. Irrespective of the stage in the cycle, however, the objectives are clearly expressed and all recognize the need to build public support and raise awareness among the public and among policymakers. Another message that emerges clearly is the need for different sectors and actors to work together. It is important to include civil society, NGOs and academia and to identify leaders from within those sectors who can act as strong advocates. In this respect, the tools provided by WHO and provision of support from its experts – especially for small countries with less capacity – is particularly important.

Country presentations on food marketing to children

Six countries – Estonia, Hungary, Macedonia, Poland, Portugal and Slovakia – did presentations on the issue of marketing of HFSS foods to children. Slovakia worked on both alcohol and food marketing and combined them into one presentation.

Estonia
Existing regulations prohibit any commercial advertising in pre-school and schools and also prohibit advertising from directly appealing to children. Estonian broadcasters have developed self-regulatory guidance on responsible advertising during children’s programming.

In early 2014, a process of developing a green paper on nutrition was started, and one of the aims is to restrict marketing of HFSS foods to children. The proposals agreed by the working group on food marketing to children include establishment of a mechanism to regularly evaluate the extent and nature of the marketing of food to children and to develop a draft proposal to modify and strengthen the restrictions on the content of advertising, marketing tools and methods, different media and sponsorship. The other propositions are to develop criteria for HFSS foods (Estonia has piloted the WHO Euro nutrient profile model) and to enhance the monitoring system to evaluate the marketing of foods and non-alcoholic beverages to children.

Hungary
Action to improve nutrition in Hungary has focused, to date, on efforts to improve the provision of healthy food, including by introduction of a public health product tax, a ban on trans-fats and the forthcoming regulation on healthy catering in schools. The existing media legislation prohibits advertising harmful to children and bans advertising from pre-school and schools (except for health promotion or environmental protection adverts). It is also prohibited to sell products covered by the public health tax in schools or at events attended by children. Since 2012, the food
industry has been implementing a voluntary initiative (the Hungarian pledge, based on the EU pledge) to restrict advertising of HFSS foods to children.

A number of concrete next steps were identified. The way forward would start with examination of the legislative background and a study of existing data on marketing from various sources. An effective monitoring system would then be established, along with development of appropriate sanctions for those who infringe the rules.

**Macedonia**
A number of action points were proposed in relation to nutrition and marketing to children in Macedonia. The first is to conduct a food consumption survey to improve knowledge about current food consumption and nutritional intakes. With WHO’s support this survey will start in the near future. Further steps underway are the endorsement of recently developed national dietary guidelines and a campaign, launched by the Prime Minister, to promote good nutrition. These will be followed by communication to encourage primary healthcare doctors to recognize the risks associated with overweight and obesity, and to carry out more prevention activities.

A further proposal is to ensure responsible marketing to children. Efforts are underway to build consensus within the Ministry of Health. Through the discussions at this policy academy, a new idea will be pursued – to work with the existing Broadcast Council on this issue.

**Poland**
The 1992 Broadcasting Act prohibits adverts directly targeting children. In reality, however, adverts for confectionery and fast foods aimed at children are shown frequently. In the Act is also stated that “Children’s programmes shall not be accompanied by commercial communications for food or beverages containing ingredients excessive intakes of which in the everyday diet are not recommended”. In practice, this measure is not implemented.

In recent months, there have been discussions with the National Broadcasting Council on the issue of a regulation to define the types of foods and beverages which can be advertised on television or radio. Development of a Polish nutrient profile model, based on the United Kingdom’s Ofcom model, was started but has now been dropped because of financial constraints. The food industry, aware that regulation was on the agenda, has now proposed a self-regulatory model and introduced a voluntary code on food advertising to children (based on the EU Pledge) at the beginning of 2014. Linked to this food code a self-regulatory approach for the broadcasters is signed on 29 October 2014. Changes to the legislation on food and nutrition safety have been made recently and under this Act a regulation is in preparation on the sale and marketing of HFSS foods in pre-schools and schools and to the definition of mandatory nutrition standards for pre-school and school meals.

The self-regulatory system, which was only introduced in January 2014, does not go far enough (only covers children up to 12 years and audiences comprising more than 35% children). A regulatory approach that addresses marketing to the entire child audience is, therefore, still a priority. Access to the WHO Euro nutrient profile model will be an enormous help for this process.
Portugal
Currently, there is a self-regulatory system in place (based on the EU Pledge) to restrict broadcast advertising of HFSS to children up to the age of 12. Portuguese law also forbids food marketing activities in school settings.

In order to move forward, a number of elements are needed: a nutrient profiling model, a five year strategy for monitoring food marketing using common indicators, and a joint rationale for action (a tool for persuading policy-makers of the case for legislation on food marketing, citing good practice examples).

In 2012 the Portuguese parliament recommended to the government that ‘the regulation of food marketing to children is imperative’. There is an opportunity to take this forward, and the first steps are to define some of the terms and concepts. Establishment of a consultative committee and subgroup to look at marketing issues may be requested, in order to design the necessary studies, define concepts and identify indicators. Involvement of a range of priority stakeholders is essential.

Small and medium enterprises may also be supported to use social responsibility to promote and market healthy foods and use of marketing concepts and professional expertise to spread healthy eating messages should be explored.

Slovak Republic
There is a national program on obesity prevention in place, but, currently, there are no restrictions on advertising products to children.

Following a SWOT analysis during the working groups, a proposed vision and goals were developed in relation to obesity. This vision of reducing obesity prevalence in the population by 15% by 2025, would be achieved by specific goals including enforcement of nutrient limits in products, restrictions on marketing of HFSS foods to children, a total ban on sale of unhealthy foods in schools, improved conditions for increasing physical activity and greater public awareness of health nutrition. It is proposed to use or revive the existing working group on obesity and develop a national action plan, then to introduce legislation to restrict access to unhealthy foods.

The discussion session that followed the presentations emphasized the importance of independent monitoring of marketing, in order to be able to document the situation prior to any regulation or self-regulation and to monitor the impact. As with the presentations on alcohol; these countries are at various different stages in the policy cycle. The presentations had highlighted that, even where voluntary/self-regulatory systems were in place; the teams recognized the limitations of such an approach and were aiming for a regulatory approach. It is not surprising that even those countries that have been trail blazers on legislative measures for nutrition have not yet tackled marketing to children – it is a challenging issue that is difficult to implement. Nonetheless, there were very encouraging signs that these countries are on the way to taking action on marketing of unhealthy foods to children, and to put the lessons learned during the policy academy into practice. It is hoped that participants

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24 A regulação do marketing de produtos alimentares direcionado a crianças” Resolução da Assembleia da República n.º 67/2012
will be able to share their learning during the policy academy with colleagues at home. In all cases there appear to be very good opportunities for moving forward.

**Recommendations and conclusions**

Some key recommendations emerged from the workshop discussions:

- There is a key role for WHO to facilitate and enable learning and exchange across sectors and between countries. The health sector clearly needs to involve other areas of expertise and countries are keen to learn from one another’s successes and setbacks.
- It is important to build legal, social marketing and media/marketing monitoring capacity in country teams championing the regulation of marketing.
- There is clear demand from Member States for WHO support with tools to help with activities such as a nutrient profiling and monitoring of marketing. There is also demand for ongoing support from WHO experts, especially for smaller countries.
- Concerted action is needed to tackle the issue of cross-border marketing within the EU. It was suggested that WHO could advocate for the European Commission to play a greater role on this issue.

**Dr Stachenko** and **Professor Moreira** co-chaired the final session and both thanked the country teams for excellent presentations and all other participants for their contributions. On behalf of CINDI, **Dr Stachenko** expressed immense gratitude to WHO for its support for this second CINDI Policy Academy. WHO is grateful to the Portuguese Directorate General for Health for hosting the meeting and to the University of Porto for the excellent organization.

This CINDI Policy Academy was organized as a stepping-stone for countries, for representatives to be able to meet and work with experts and to exchange experience and knowledge with colleagues from other countries. Participants were all drawn from countries that had requested WHO’s support on working across sectors on NCDs, on nutrition or on alcohol. The three days of the seminar – through a series of excellent presentations, the opportunity to work directly with experts and extremely rich learning from one another’s experience – were designed to empower participants to return to their countries to implement strong action to address marketing of alcohol and of foods and beverages to children. It appears from the extremely high standard of country presentations that countries have indeed progressed and are going home with new skills, an enhanced network and clear plans for concrete action. It is hoped that the connections made during the seminar will endure and can be an additional source of peer support to participants in this valuable work.

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25 See Annex 3 for a summary of participants’ evaluation.
Annexes

Annex 1: Programme
Annex 2: List of Participants
Annex 3: Evaluation summary
Programme

Monday, 27 October 2014

09:00–09:30  Opening of the policy academy
The policy academy will be opened by the host country Portugal, the World Health Organization, and CINDI.

09:30–11:00  Introduction of participants, their expectations and programme of the workshop
Chair Portugal
Co-chair CINDI

11:00–11:30  Coffee break

11:30–12:30  Plenary Session I
Working across sectors and the focus on marketing
Chair Portugal
Co-chair CINDI

Intersectoral actions in the area of marketing
Professor Gerard Hastings, The Institute for Social Marketing, University of Stirling and the Open University and L’Ecole des Hautes Etudes en Santé Publique

Discussion

Regulatory challenges of marketing
Professor Amandine Garde, The University of Liverpool

Discussion

12:30–13:30  Lunch
13:30–14:30

Plenary session II
Marketing: State of play in Europe in the context of health 2020

Chair Portugal
Co-chair CINDI

Mechanisms in working across sectors
Monika Danuta Kosinska, Programme manager, Governance for Health, WHO Regional Office for Europe

Marketing of alcohol products
Lars Møller, Programme Manager, Alcohol and Illicit Drugs, WHO Regional Office for Europe

State of play of food marketing to children in Europe
João Breda, Programme Manager, Nutrition, Physical Activity and Obesity, WHO Regional Office for Europe

From Regional to Global: Marketing recommendations and its implementation
Temo Waqanivalu, Programme Officer, Surveillance and Population-based Prevention, WHO Head Quarters

Discussion

14:30–15:00
Coffee break

15:00–17:00
Workshop I
Countries review their current marketing policy challenges and opportunities

17:00–17:30
Feedback in plenary
Facilitated by CINDI

Tuesday, 28 October 2014

09:00–09:30
Plenary session III

Chair CINDI

Negotiation and leadership skills
Isabel Paiva de Sousa of the Porto Business School
Discussion

09:30–10:00  Plenary Session IV

Chair CINDI

Monitoring of marketing
Vasaris Oržekauskas, managing partner of media agency Inspired UM in Vilnius

Discussion

10:00–10:30  Coffee break

10:30–12:30  Workshop II
Examine feasible policy options to address marketing practices in countries

12:30–13:30  Lunch

13:30–14:30  Group work I
Country teams prepare presentation on country situational analysis related to marketing practices and activities and proposed action steps

14:30–16:45  Meet the experts

16:45–17:30  Group work II
Country teams continue to prepare presentation on country situational analysis related to marketing practices and activities and proposed action steps

Wednesday, 29 October 2014

09:00–10:30  Country presentations

Chair Portugal

Discussion

10:30–11:00  Coffee break
11:00–12:15  Country presentations
   Continued

   Chair Portugal

   Discussion

12:15–12:30  Closure

12:30–13:30  Lunch
## Annex 2: List of participants

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Seminar on working across sectors for NCDs

Porto, Portugal
27-29 October 2014

SUMMARY OF EVALUATION RESPONSES

The Countrywide Integrated Noncommunicable Diseases Intervention (CINDI) network, together with WHO Regional Office for Europe, invited a number of countries to a Policy Academy with the aim of informing and empowering participants to improve their national intersectoral programmes to address noncommunicable diseases (NCDs). The seminar focused specifically on policy responses in the area of marketing to influence demand for alcohol and foods high in saturated fats, trans fats salt and sugar.

The seminar took place from 27 – 29 October 2014 in Porto, Portugal and was hosted by the University of Porto. The 28 country participants were drawn from 11 countries that had requested WHO Regional Office for Europe guidance for working across sectors or in the areas of alcohol or nutrition. These countries are: Croatia, Estonia, Hungary, Latvia, Lithuania, Poland, Portugal, Serbia, Slovakia, Slovenia and the Former Yugoslav Republic of Macedonia.

All participants were invited to evaluate the Policy Academy and 23 completed evaluation forms were received. In general, the results suggest that participants evaluated the seminar very highly. The vast majority (91%) of respondents said that they felt confident or very confident in their ability to work across sectors for NCDs as a result of attending the seminar. All respondents found the keynote presentations and the group work very or fairly useful. Comments suggest that the networking between country participants was also found to be helpful.

Participants reported having learnt a variety of key skills, particularly in relation to negotiation techniques, monitoring of marketing and collaboration with other sectors, especially legal. Various suggestions for further support were solicited, including tools – such as a WHO nutrient profile model – and ongoing technical support for the implementation process.

A number of suggestions were made for possible improvements to the seminar and for additional topics that should have been covered (or dealt with in more depth). There was a strong call for more positive examples of success stories and practical solutions introduced by other countries. The information on how to monitor marketing was greatly appreciated and there were a number of suggestions for more detailed coverage of this particular subject. It was also suggested that more in depth coverage of the different types of marketing activities, other than advertising, and involvement of experts in online marketing or on options for regulating internet activities would have been useful.

1. Were any relevant topics missing in your opinion?

😊 No, all topics were covered
17 responses

😍 Yes, some were missing
5 responses
If yes, please specify:
- more positive examples of good practice and success stories from other countries
- greater focus on practical solutions
- more information on monitoring aspects
- other aspects of marketing aside from advertising and the tricks used in marketing

2. How did you perceive the programme? Please tick one option for each sentence from a) to c)
   a) The content of the seminar was
      1 too easy   2 overall fine   3 too dense
      1 response   22 responses   0 responses
   b) The amount of group work was
      1 too little             2 fine         3 too much
      1 response   21 responses   1 response
   c) The length of the programme (2.5 days) was
      1 too short   2 fine   3 too long
      2 responses   18 responses   2 responses

3. How would you rate the keynotes?
   ☹ ☺ ☸
   0 responses   9 responses   13 responses
   Comments (if any):
   - The leadership presentation was out of touch with the specifics of the workshop

4. How would you rate the group work?
   ☹ ☺ ☸
   0 responses   3 responses   20 responses
   Comments (if any):
   - The exchange of experiences was very useful
   - Helpful to know that others face similar problems

5. How would you rate the balance between keynotes, workshops, and individual country work?
   ☹ ☺ ☸
   0 responses   23 responses
   Comments (if any):
   - Would have liked more group work and more exchange of practice

6. Do you feel more confident as a result of attending the seminar in your ability to work across sectors for NCDs at country-level?
   ☹ ☺ ☸ ☸
   0 responses   1 response   19 responses   2 responses
Comments (if any):
- Full of energy to continue!
- Good to know that others support your efforts and are ready to give advice
- Learning about how to interact with food industry actors was useful

7. What are the key skills that you have learnt that will be important for taking forward the NCD agenda?
- The techniques for negotiation and the importance of preparing for negotiation were appreciated by a number of participants
- Knowhow on monitoring marketing and advertising, the importance of independent monitoring and defining indicators
- Recognition that a voluntary/self-regulatory approach is not enough and that legislation is needed
- Importance of collaboration – internationally and locally – and better understanding of how to build coalitions along with importance of finding new partners
- Importance of a multidisciplinary approach and particularly of closer cooperation with the legal sector on these complex issues
- Great opportunity to work with experts
- Building a consensus between industry and ministry
- Importance of empowering citizens
- Greater awareness of the differences and similarities between countries

8. What kind of further support would be helpful to build on this seminar once back home?
- Several respondents called for tools such as the WHO nutrient profile model and common definitions (e.g., ‘child’, ‘healthy foods’)
- WHO support: expert guidance, continued consultations and ongoing support on the implementation of plans
- Further guidance on marketing indicators and monitoring
- Expert support on communication with other stakeholders (e.g., industry)
- Further sharing of experiences in implementation of legislation (e.g., another seminar)
- Raising awareness in other sectors

9. Please give any further general remarks or recommendation for the improvement of the seminar
- Majority of comments expressed gratitude.  ‘It was really good, thanks! Our country has a plan now!’  ‘Nothing to improve. For me it was great  ‘I appreciate a lot of information, which I learnt and good practices shared by other countries’
- More success stories and practical recommendations
- Work on developing common measures that can be used across Europe for the future
- Involvement of internet/IT specialists to explain online advertising and understand how to regulate it
- Case study exercises for the group work