



**Pan American
Health
Organization**



Regional Office of the
World Health Organization

Recommendations from a Pan American Health Organization Expert Consultation on the Marketing of Food and Non-Alcoholic Beverages to Children in the Americas



RECOMMENDATIONS FROM A PAN AMERICAN
HEALTH ORGANIZATION EXPERT CONSULTATION
ON THE MARKETING OF FOOD AND
NON-ALCOHOLIC BEVERAGES TO CHILDREN IN
THE AMERICAS



Sustainable Development and Environmental Health Area (SDE)

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This document summarizes the work of an Expert Consultation on the Marketing of Food and Non-alcoholic Beverages to Children in the Americas, convened by the Pan American Health Organization (PAHO/WHO) on 12–13 May 2011 at PAHO Headquarters, Washington, DC, USA. The goal of this Expert Consultation was to formulate concrete policy recommendations to Member States based on the set of recommendations passed by the World Health Assembly in May 2010 (Resolution WHA63/14).

The present document represents the views of the members of the Expert Consultation as individuals and does not necessarily reflect the views of PAHO, of their institutions of affiliation or countries of origin. Following is the list of experts who participated in the Consultation.

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"Children are especially vulnerable to the influence of advertising, so we must protect them by taking strong and effective public health actions."



Foreword

Children throughout the Americas are subject to pervasive and unrelenting publicity for foods of little or no nutritional value, high in fats, sugars, or salt. Constant advertising of such nutrient-poor, calorie-rich foods in diverse communications media influences children's food preferences and consumption patterns. This weakens the effectiveness of parents' and teachers' advice about good dietary habits and places children at risk for obesity and related diseases throughout their lives.

Countries in the Americas face rising rates of obesity and nutrition-related chronic diseases, including among children—a situation that the World Health Organization and the Pan American Health Organization have deemed urgent to address. Obesity is a critical risk factor for noncommunicable diseases such as diabetes and cardiovascular disease. It is a particularly severe problem in the poorest segments of the population, where obesity and malnutrition often go hand in hand. The actions carried out so far to control obesity, mainly in the health sector, have not been successful in curbing the increase in its incidence and prevalence. We need to focus on the broader social and economic environment, and work with stakeholders in many sectors, to address the risk factors for obesity.

A major component of the social environment in the Americas is the marketing to children of nutritionally poor foods. Children are especially vulnerable to the influence of advertising, so we must protect them by taking strong and effective public health actions. Toward this end, a WHO resolution passed in May 2010 urged governments of Member States to lead efforts to restrict the marketing of food to children.

The policy recommendations emerging from this PAHO Expert Consultation are a response to this pressing issue. A key recommendation is for each Member State to define a clear policy objective of reducing children's exposure to the marketing of foods high in fats, sugars, or salt, with the goal of reducing risks to child health. Governments should take the lead in this process, with participation from a range of stakeholders. I believe that the implementation of new, health-sensitive standards for the marketing of food to children has the potential to be a critical tool in the fight against childhood obesity and related health problems in the Americas.

Mirta Roses Periago
Director
Pan American Health Organization

Summary of Recommendations



1. Develop a policy on food marketing to children, with the Ministry of Health, or an associated department, agency, or institute, taking lead responsibility for the process.
2. Adopt the policy objective of reducing children's exposure to marketing of foods high in fats, sugars, or salt, with the goal of reducing risks to child health.
3. Start the policy process by building and maintaining consensus within the government on the need for such a policy.
4. Engage with other stakeholders to increase knowledge and awareness of the adverse impact of food marketing on children.
5. Convene a government-led stakeholder working group (SWG) as the entity responsible for policy development.
6. Request that the SWG define the scope of the policy in terms of what is meant by each element of "marketing food to children," which this Expert Consultation Group defines in Recommendations 7–10.
7. "Marketing" should be defined as all marketing techniques through all communication channels, including messages disseminated in schools and other places where children gather and spend time.
8. Marketing "to" children should be defined as marketing directed exclusively to children, marketing with a specific appeal to children, and, in measured media, marketing intended for adults but viewed by children.
9. "Children" should be defined as persons under 16 years of age.
10. "Food" should be defined to include both foods that should be marketed (foods which children should consume more of as part of a healthy diet) and foods that should be banned, according to maximum acceptable nutrient criteria detailed in this recommendation.
11. Complete the aforementioned actions in a time frame of no more than 18 months.
12. Implement the policy through legal provisions.
13. Designate a body to monitor the effects and effectiveness of the policy on children's exposure to marketing, using a uniform set of indicators.



The purpose of the recommendations is “to guide efforts by Member States in designing new and/or strengthening existing policies on food marketing communications to children.”



I. Introduction

In May 2010, the Member States of the World Health Organization (WHO) passed a Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children (“WHO Set of Recommendations”).¹ The purpose of the recommendations is “to guide efforts by Member States in designing new and/or strengthening existing policies on food marketing communications to children.”

The WHO Set of Recommendations consists of general principles that require additional guidance in order to be applied as concrete policies in national contexts. Recommendation 8 specifically states that “Member States should cooperate” in developing policies to “reduce the impact of cross-border marketing.” Following this recommendation, the Pan American Health Organization (PAHO) formed an Expert Consultation Group to develop more concrete recommendations for the Americas. This group, comprising government officials, consumer advocates, and experts, met on 12–13 May 2011 in Washington, DC, to develop its recommendations. The discussion was based on a Working Paper prepared for this purpose.²

This document first presents the argument for action, that is, the background and evidence on food marketing to children as a public health problem. It presents an overview of the nature, extent, and effects of food marketing, with a special focus on the Americas; describes the existing policy environment around the world and in the Americas; and summarizes evidence of the effects of existing policies around the world. Drawing on this evidence, and also taking into account the 2010 World Health Assembly Resolution WHA63/14, the document presents 13 recommendations for the Governments of the Americas. The rationale for each recommendation is also provided.



2. Background: Food Marketing to Children as a Public Health Problem in the Americas

2.1 Evidence in the research literature

The WHO Set of Recommendations was developed on the basis of strong evidence from scientific research that “advertising is extensive and other forms of food marketing to children are widespread across the world. Most of this marketing is for foods with a high content of fat, sugar or salt. Evidence also shows that television advertising influences children’s food preferences, purchase requests and consumption patterns” (p. 7).³ These conclusions were established on the basis of peer-reviewed empirical research whose findings have been systematically reviewed.⁴ The evidence base for the conclusion that food marketing to children should be targeted for national intervention has grown considerably over the past decade and includes the following topics:

- *The extent of food marketing communications to children.* The evidence shows that advertising and other forms of marketing communications are used extensively to market food to children around the world. This leads to extensive exposure of children to food marketing communications.
- *The types of foods and beverages marketed to children.* The evidence shows that the foods and beverages most commonly promoted to children (e.g., pre-sugared breakfast cereals, soft drinks, sweets, salty snacks, and fast foods) are drastically out of line with dietary recommendations for children.
- *The nature of food marketing communications.* Food marketing communications to children are repetitive and pervasive, forming a major part of children’s environments. There is growing evidence that television advertising, while unquestionably important as a food marketing tool, is only one part of an increasingly diverse marketing communications mix that typically focuses on building brands and building relationships with consumers. Essential to this process is the content of the communications message, especially the creative strategies it utilizes, which are designed to increase the power of food marketing communications to influence children.

- *The effects of food advertising on children's dietary preferences, behaviors, and health.* Television advertising is the most widely used form of food marketing to children. Strong evidence links this advertising to children's food knowledge, preferences, purchase requests, and consumption patterns. Exposure to television advertising is associated with greater preferences for foods and beverages high in fats, sugars, or salt, and with increased purchase requests for these types of foods. It is likewise associated with increased consumption of snacks and drinks high in sugar, consumption of nutrient-poor foods, and increased caloric intake. The effect of television advertising is independent of other factors known to influence dietary habits among children, such as age and parental influences. It has an effect at the level of brands (children are more likely to request purchase of an advertised snack brand) and categories (children are more likely to request purchase of the type of snack advertised). These results from studies of television advertising are likely to underestimate the overall effect of food marketing communications to children, given the pluralistic and integrated nature of these communications.

The research on the nature and extent of food marketing communications to children has been primarily conducted mainly in high-income countries, but also in many other countries. The evidence on the effects of food advertising on diet, individual preferences and food purchasing decisions has been primarily conducted in the United States. There are also studies from over 25 other high-income countries, including Canada. Fewer studies come from low-income and middle-income countries (around 10 countries, as of the most recent systematic review in 2009). Nevertheless, the results of the studies are consistent across countries, and it seems justifiable to generalize these findings to children all over the world.⁵

Still, as pointed out by the WHO Set of Recommendations, "Member States are encouraged to identify existing information on the extent, nature and effects of food marketing to children in their country" because "this type of research can further inform policy implementation and its enforcement within a national context" (Recommendation 12). For the present study, given the extensive evidence already compiled for North America, it is particularly important to identify what

is known about the extent, nature, and effects of food marketing communications to children in the rest of the Americas, that is, in Latin America and the Caribbean.⁶

2.1.1 Evidence from Latin America

A review of studies of food marketing to children in Latin America, conducted for the purpose of this consultation, identified 14 studies which examined the nature, extent, and/or effects of food marketing communications to children in Latin American countries.⁷ Details of the studies are listed in Annex 1. These studies show that food marketing to children, in the Latin American countries studied, is extensive; mainly promotes foods high in fats, sugars, or salt; aims to forge an emotional connection with children; and influences their purchasing requests and consumption habits. The results of these studies can be summarized as follows:

The extent of food marketing to children

- There is a large quantity of food advertising to children. Food is one of the top product categories advertised to children on television (Brazil, Mexico).^{8,9,10,11} Evidence suggests that children watch a lot of television and frequently also access other media channels like the Internet.^{12,13,14}

The types of foods marketed to children

- A large proportion of this food advertising is for "unhealthy" foods (Brazil, Chile, Mexico).^{15,16,17,18,19}

The nature of food marketing to children

- Marketing aims to forge emotional connections with children and to provide fun and excitement to stimulate brand loyalty, notably through the use of cartoons (Brazil, Mexico, other countries).^{20,21,22,23}
- Marketing of unhealthy foods often involves giveaways and contests (Chile, Mexico, many other countries).^{24,25,26} Marketing of fast foods and soft drinks aims to encourage repeat purchases through collector promotions (many countries).²⁷
- Marketing of soft drinks and fast foods to children also includes sponsorship of sporting events, music events, and children's programming (many countries).²⁸
- Food packaging and on-pack promotions, especially for breakfast cereals, target and attract children (Argentina, Brazil, Chile, Peru).²⁹

- Marketing in schools is a key tactic that soft drink companies in Latin America have used to attract young people.³⁰ In exchange for donation of resources to schools, companies advertise in schools and brand school equipment and facilities. Soft drink companies also engage in philanthropic activities in schools, including those promoting “healthy living” (e.g., Mexico).
- New technologies are increasingly being used to market foods to children in the Americas. “Non-traditional” advertising is now emerging in spaces such as cable television, printed media, and electronic media, as well as through the use of face-to-face techniques. All leading food companies have websites that use games and animation to promote products to children (e.g., Mexico).³¹ Companies also promote their products in schools, parks, and clubs, in merchandising, and in educational programs.

The effects of food marketing on children

- Parents say that advertising encourages children to make purchase requests for advertised brands (Argentina, Brazil, Mexico).^{32,33} Parents also say that television advertising influences their purchasing habits (Brazil),³⁴ as do children (Brazil).³⁵
- Advertising influences food-purchasing behavior among children (Chile).^{36,37}
- One study found that television viewing for more than two hours a day is associated with increased body mass index (BMI) among boys (Brazil).³⁸

2.2 Current policy landscape

2.2.1 Global overview

Since the passage of the WHO’s Global Strategy on Diet, Physical Activity and Health in 2004, governments and the food and advertising industries have developed an increasing number of policies on food marketing to children. These can be summarized as follows:

- *Statutory regulation specific to food marketing.* To date, at least 26 governments have made explicit statements on food marketing to children in strategy documents. Twenty have developed or are developing explicit policies in the form of statutory measures, official guidelines, or approved forms of self-regulation.³⁹ Four countries have developed statutory regulations specific to food, the

most restrictive being the United Kingdom, where television advertising and sponsorship of foods high in fats, sugars, or salt is banned for children under the age of 16. Ireland restricts the use of celebrities and requires warnings. Brazil also requires warnings (see below), and France requires that nutritional messages accompany all advertising. Eleven countries have developed “approved” forms of self-regulation (i.e., self-regulation that has been developed in collaboration with, or at the request of, government) or have at least “encouraged” self-regulation (i.e., the government has made a policy statement saying it favors self-regulation, but has not been directly involved in the development of a code). For example, in Spain, the government worked with food and advertising industry associations to develop a self-regulatory code, which provides general guidance on food advertising to children and restricts the use of celebrities and product placement. Two of the countries with statutory regulation also have some form of approved self-regulation.⁴⁰

- *Food industry pledges.* The most recent policies developed by the private sector are voluntary “pledges” on food marketing to children. Between 2005 and 2009, the food industry developed 13 pledges on food marketing to children, involving 51 food companies. Two of the pledges are global, two are regional, and nine apply to specific countries. In 2010–2011, six more pledges were published, one regional and the rest in specific countries, making a total of 19 pledges as of April 2011. Although the first series of pledges were developed in high-income countries, including Canada and the United States, trade organizations such as the World Federation of Advertisers (WFA) and the International Food and Beverage Alliance (IFBA) are actively working with local trade groups to develop pledges elsewhere. All the pledges restrict food advertising to children under the age of 12 (with one exception which extends to age 14); they apply to various communication channels and marketing techniques, depending on the country and company. The pledges permit companies to exempt foods from the restrictions based on criteria defined by the companies themselves.⁴¹
- *Self-regulatory guidelines by the advertising industry.* In addition, the advertising sector has developed self-regulatory guidelines, independent of government, for the marketing of food to children. These guidelines differ from the industry

pledges in that they provide general guidance on the content of food advertisements (e.g., they “should not depict excessive consumption”) rather than actually restricting the types of foods marketed to children. The most recent review, in 2006, indicated that “self-regulatory organizations” set up by the advertising industry have developed and administer such guidelines in more than 23 countries.⁴²

2.2.2 Policies in the Americas

Although most of the activity described above has taken place in European countries, there have also been developments in Latin America and North America. Annex 2 lists the government- and industry-led policies in place in the Region. With regard to government-led approaches, Brazil is the most advanced in Latin America. It has a regulation in place requiring that warnings accompany advertisements for foods high in fats, sugars, or salt, although this is not being applied by the members of the leading food industry trade association (ABIA).⁴³ Though the regulation on warnings makes Brazil the most advanced in policy terms, it is a much-reduced version of a more comprehensive draft regulation which would have prohibited all forms of marketing communications to children. This regulation was never published.

There has also been action in Chile, Colombia, and Mexico. In Chile, a draft bill has been proposed which would restrict advertising to children younger than 14 years of age. In Colombia, a law passed in 2009 states that an entity will be set up to monitor advertising to children, while in Mexico, the Senate recently approved an amendment to the General Health Code stating that the content of advertisements should not encourage unhealthy eating habits.

With respect to voluntary action by the food industry, pledges have been in place in Canada and the United States since 2007–2008 and have expanded to cover a great number of media channels and marketing techniques. In the United States, the Federal Trade Commission (FTC) has been generally supportive of the US food industry’s self-regulatory pledge, but it has also requested that the pledge be made more science-based and consistent. In 2009, an Interagency Working Group was mandated by Congress to develop standards on (a) the foods exempted from restrictions on food marketing to children, and (b) the communication channels and

marketing techniques to which the restrictions would apply. Applications of these standards, which have been proposed and are being revised, would be voluntary for industry. In Canada, the Federal Government has also generally encouraged self-regulatory approaches, but it is currently examining all policy options for controlling food marketing to children. In addition, the Canadian province of Quebec bans advertising of all products to children under the age of 13.

In Latin America, food industry pledges have been developed in Brazil and Mexico, and there is speculation that the industry in Chile and Peru will follow suit. Most, if not all, Latin American countries have a self-regulatory organization for advertising, typically called Consejo de Autorregulación Publicitaria (CONAR). These organizations develop and oversee general ethical codes on advertising, some of which make specific mention of food advertising to children. The most detailed of these codes, found in Mexico, is the Código de Autorregulación de Publicidad de Alimentos y Bebidas No Alcohólicas Dirigida al Público Infantil (PABI Code). It states, for example, that “Publicity should not create a sense of urgency to acquire food or soft drink, or create a sense of immediacy or exclusivity.”

2.3 Effectiveness of policies on food marketing to children

Beginning from a base of zero in 2004, there are now a range of studies which have monitored and/or evaluated government- and industry-led policies on food marketing to children in a number of countries. These include monitoring reports written or commissioned by the secretariats of voluntary industry pledges and self-regulatory organizations, academic studies by independent researchers, and reports by nongovernmental organizations (NGOs). Taken together, the studies report on a range of different indicators, including compliance indicators, exposure indicators, advertising expenditure indicators, and diet and health indicators.

2.3.1 Compliance indicators

Of the 19 pledges in existence as of April 2011, seven have been monitored at the initiative of the pledge secretariat. The majority of the other pledges also commit the secretariats to produce monitoring reports. Compliance monitoring of these seven pledges finds a high level of compliance. For example, compliance

with the food industry pledges in Australia, Canada, Europe, and the United States has been found to be around 99%. Independent monitoring commissioned by IFBA in 12 countries, including Mexico, also found high compliance.⁴⁴

Compliance monitoring has also been carried out by governments in Ireland, Spain, and the United Kingdom. All find high compliance, albeit with a small number of violations. An independent study by academic researchers of compliance with the Spanish code estimated only 50% compliance, but this was almost entirely due to low compliance with two small provisions. Compliance with the major restrictions, on the use of celebrities and product placement, was high.⁴⁵

These high compliance rates indicate that restrictions on food advertising to children can be implemented and enforced; that is, they are workable in practice. Yet compliance provides little insight into whether the real objective is being achieved, namely reducing the power of advertising, and children's exposure to it, in a way that will mitigate the impact on children's health. In addition, high compliance with a weak policy may mean low impact. Another indicator, then, which is more directly linked to the objective of marketing restrictions is children's exposure to advertising and other forms of marketing communication.

2.3.2 Exposure indicators

Studies on how advertising restrictions affect children's exposure have been commissioned by governments, conducted independently by academic researchers, and conducted by self-regulatory voluntary initiatives (either in-house or contracted to an independent market research agency). Exposure has been measured using different methods, measurement units, and sub-indicators.⁴⁶ These sub-indicators can be broadly grouped into two categories: exposure to advertisements by signatories of food industry pledges, and exposure to all food advertising.

With respect to advertising by pledge signatories, the European Union (EU) Pledge has been evaluated twice by a market research agency. The report estimated that children's exposure (measured as "impacts") to advertisements by pledge members for foods covered by the restrictions during children's programming declined by 83% between 2005 and 2010.⁴⁷ There was also a 36% decline in children's exposure to

advertisements for all food products during all airtime. The report only included the 11 signatories of the EU Pledge, and therefore it did not measure whether there was a decline in all food advertising by all companies.⁴⁸ Several studies suggest that evaluating the impact of policies on exposure becomes more complex when all food advertising by all food companies is considered. An evaluation by academic researchers of the food industry pledge in Australia found that while advertising by the companies that participated in the pledge had declined, the largest proportion of their advertising was still for unhealthy foods, while advertising of unhealthy foods by non-members had increased. As a result, there was no net decline in unhealthy food advertising.⁴⁹ A study by Yale University researchers found that the quantity of advertising by fast food companies that had signed the food industry pledge in the United States actually increased after they signed the pledge. Although the companies were "compliant," in that the specific foods were permitted under the company-specific criteria, these foods were still judged to be unhealthy by independent scientific standards.⁵⁰

A study evaluating the effects of the government ban in Quebec also had complex findings. It compared children in Quebec with children in the neighboring province of Ontario and found that the Quebec children were exposed to less than half as many food advertisements targeted directly at them. They also saw fewer advertisements overall for candy and snacks. But when all food advertisements were included—that is, all the food advertisements they saw, not just the ones targeted directly at them—there was no difference between the two provinces.⁵¹

In the United Kingdom, there has been a clear decline in exposure since the ban on advertising to children younger than 16 years of age. After the restriction, children saw about 37% less advertising for foods high in fats, sugars, or salt. The effect was greater among younger children: children 4–9 years old saw 52% less, while children 10–15 years old saw 22% less. This decline was driven by viewing during children's airtime: exposure to advertising of foods high in fats, sugars, or salt was eliminated during children's airtime as well as during peak child-viewing hours. But in adult airtime, there was only a 1% decline in exposure, since children saw 46% more advertising on commercial channels than before the ban. Expenditure data (see section 2.3.3) also appear to indicate that advertising on other communication channels has increased.

2.3.3 Advertising expenditure indicators

Only one monitoring report examined whether a ban had affected advertising expenditure. In the United Kingdom, the Department of Health commissioned a study by a media research agency to examine whether the ban on advertising to children had affected advertising expenditures. It included not just television advertising, but marketing through radio, the press, cinema, paid-for space on the Internet, and point-of-sale promotions. It found that annual expenditure for all food and drink advertisements across all media increased by 19% between 2003 and 2007. However, for child-themed food and drink advertisements (those using licensed characters, children's media tie-ins, free gifts, or novelty food design), it fell across all media by 41%, from £103 million in 2003 to £61 million in 2007. Nevertheless, this average decline across all media was driven by declines in television expenditure only. Expenditure on advertising in other media—where the ban does not apply—increased, by 42% for the press and 11% for cinema, radio, and Internet combined.⁵²

2.3.4. Diet and health indicators

While useful, the preceding indicators do not actually measure whether marketing restrictions are improving what children eat or reducing their body mass index. This can be explored by measuring the impact of restrictions on various diet and health indicators, including children's food knowledge, attitudes, and behaviors (purchase requests, preferences, consumption), as well as on their BMI.

To date, only one study has examined the effect of a food advertising regulation on knowledge, attitudes, and behaviors, including purchase requests. This was a qualitative study on the effect of nutritional messages in France, commissioned by the government through a public opinion research agency. The study asked parents and children about their perceptions of the effects of the nutritional messages on their food knowledge, attitudes, and behaviors. Seventy-two percent of children interviewed said that the nutritional messages made them pay more attention to healthy eating, and 63% said the messages had encouraged their parents to pay more attention to healthy eating. Thirty-four percent said the messages had caused their parents not to buy something that they (the children) had asked for. Fifty percent said they had changed their buying habits “from time to time” as a result of the messages (12% said by “a lot”). However, 91% of children said they still asked their parents to buy a drink or cookie that they had seen

advertised on TV (75% from time to time, 16% often). Among parents, 22% said that after they discussed the messages with their children, children had asked them not to buy a certain product; 43% said the messages had caused them to think about what they ate; 21% said they changed their food behaviors as a result of seeing the messages, mainly in regard to eating more fruits and/or vegetables; and 17% said the messages had caused them to change their food purchasing behaviors, especially with regard to buying more fruits and vegetables. Some people also said they bought fewer soft drinks and cookies as a result of seeing the messages.⁵³

In addition, four micro-simulation studies modeled the hypothetical effect of restricting food marketing to children. One study, from Quebec, used the indicator of household expenditures on fast food. It estimated that the Quebec ban on advertising targeted to children is associated with a significantly decreased probability that households will purchase fast food.⁵⁴

The three other modeling studies examined the hypothetical impact on BMI. Two of these studies were conducted in the United States. One estimated that a complete advertising ban on television would reduce the number of overweight children ages 3–11 in a fixed population by 18% and among adolescents ages 12–18 by 14%.⁵⁵ The second model estimated that reducing the exposure to food advertising to zero would decrease the average BMI by 0.38 kg/m² and lower the prevalence of obesity from 17.8% to 15.2%.⁵⁶ The third modeling exercise, in Australia, estimated that removing the advertising of foods high in fats, sugars, or salt would lead to a median BMI reduction per child of 0.17. The study also judged that this would be a highly cost-effective measure.⁵⁷

3. Recommendations from the PAHO Expert Consultation



The evidence shows that Latin American children are regularly exposed to marketing of foods high in fats, sugars, and salt. The evidence also shows that the policy environment, while patchy, features experiences that can be drawn upon to inform policy development. International experiences show that implementation of restrictions is feasible, practical, and enforceable, but that policies need to be carefully designed in order to achieve impact. Taking this into account, we present 13 recommendations on how governments in the Americas can apply the WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children. These include recommendations on policy, process, and procedure, and on how to define “marketing food to children.”

Recommendation 1

The Ministry of Health or an associated department, agency, or institute with direct responsibility for the health of the nation should develop a policy on food marketing to children. The Ministry of Health or an associated department, agency, or institute should be responsible for taking the lead in policy development.

Rationale

The WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children recommends that governments take the lead role in policy development. Here, it is recommended that the Ministry of Health or an associated department, agency, or institute (“lead agency”) take the lead within government because these institutions are ultimately responsible for health policy and for setting standards to protect public health in each country. They are the best equipped to convene the process, set health-related objectives and targets for policy in an independent and objective manner, and provide technical expertise.

Recommendation 2

The objective of the policy should be to reduce children’s exposure to marketing of foods high in fats, sugars, or salt, in order to protect and promote children’s health. The ultimate goal is to reduce the risk to child health caused by food marketing.

Rationale

This follows from the recommendation in the WHO Set of Recommendations.

Recommendation 3

The lead agency should start the policy process by building and maintaining consensus within government on the need for policy. Consensus—or at least an acceptable compromise—should be built with and within all ministries, departments, agencies, units, committees, and councils relevant to the policy or process, such as those concerned with food, health, nutrition, children, education, broadcasting and communications, agriculture, trade, the economy, and economic development. The judiciary and political representatives should also be included. The lead agency should consider first building consensus with those parts of government most amenable to policy development and then with other parts of government.

Rationale

This recommendation is based on previous and ongoing experiences in developing policies on food marketing to children in the Americas. These experiences have shown that many bodies within government hold a stake in the development of such policies, but all do not share the same expertise, experiences, and perspectives on the issue. Differences may arise, for example, as to whether existing rules permit the development of policies that restrict marketing communications at all, whether there is a need for policy, and how to define what should be covered by any restrictions. Experience from countries shows that lack of political consensus within government during the construction of the policy increases the likelihood of its failure. It also heightens government vulnerability to pressure from external stakeholders who oppose such policy development. Building and maintaining consensus may take time and effort, but national experiences to date suggest it is an essential investment. The first part of this process involves defining relevant government stakeholders; the second, the process of building political consensus; and the third, maintaining this consensus.

Recommendation 4

While consensus is being built within government, the lead agency should also engage with other stakeholders to increase knowledge and awareness of the adverse impact of food marketing on children. This message should reach the public, legislators, the judiciary, health professionals, and the advertising, communications, and broadcasting industries. It is recommended that mass media campaigns be conducted as a means of increasing knowledge and awareness. Governments should also provide funds and other resources, including public service airspace, to enable consumer and health groups to conduct awareness-raising campaigns.

Rationale

This recommendation is particularly important for Latin American countries, since there is relatively little public knowledge of the health risks created by poor eating habits and pervasive food marketing to children. In comparison with North America, Latin America has seen limited involvement by the media in raising awareness about healthy eating; few politicians have shown political commitment to this issue, and groups of health professionals have rarely considered it. Moreover, relatively few consumer and health groups are active and have sufficient resources in this area.

The experience in Latin American countries shows that this has created a very poor environment for successful policy development. Efforts to increase awareness and knowledge are also needed later in the process, to create a positive environment for policy implementation (e.g., by encouraging consumer complaints). Increasing such awareness will take investment. As a result, governments are encouraged to develop financing schemes, such as taxes on products high in sugars, fats, or salt; taxes on the advertising of these products to the adult population; and the creation of a fund from fines imposed for violations of any established regulation. International agencies and funders could also be asked to contribute.

Recommendation 5

During the same time period, the lead agency should convene a government-led stakeholder working group (SWG) as the entity responsible for policy development. The SWG should be made up of government entities but should conduct regular consultations with members of civil society, academia, the judiciary, lawyers, and the private sector. Specific tasks may also be requested of these nongovernmental stakeholders. All these consultation processes should be public and the information exchanged made available to the public.

Rationale

This recommendation recognizes the presence of different stakeholders within government (see Recommendation 3). A group that includes these diverse government stakeholders has greater potential to develop a policy that can gain support across government. Consultations with external experts are recommended because of the technical nature of policy development. Dialogue can also be used to gain support from both internal and external stakeholders while providing a means for understanding different perspectives.

Recommendation 6

One of the core tasks of the SWG should be to define the scope and extent of the policy. This involves first defining what is meant by “marketing food to children,” taking into account the different elements of this concept. These include the communication channels and marketing techniques covered (“marketing”), the specific targeting and appeal of the marketing (“to children”), age (“children”), and the foods covered by or exempted from the restrictions (“food”). The definition should be laid out in order to facilitate the objective of reducing children’s exposure to marketing of foods and beverages high in fats, sugars, or salt (Recommendation 2). The SWG should also set targets for the extent of the reduction. Specifically, we recommend that governments adopt a definition agreed at the regional level, comprising the definitions laid out in Recommendations 7 through 10.

Rationale

These definitions are a necessary component of any policy on food marketing to children. As noted by the WHO Set of Recommendations, the definitions used make a significant difference to the potential effects and effectiveness of the policy. There are both health- and business-oriented reasons for countries to follow a definition set at the regional level. From a health perspective, the importance of healthy eating applies to children throughout the Americas; there is no reason why some should be more protected than others. From a business perspective, food marketing campaigns are often created by companies with a presence in more than one country in the Americas. Some of this food marketing crosses borders. Regional consistency in policy would level the playing field for these companies in different countries. Policies on food marketing to children may also be perceived as a trade issue, and harmonization would mean that the policies could not be perceived as trade barriers. Ideally, then, all governments in the Region should adopt the same model to encourage regional coherence, even if some adaptation may be necessary to take account of the national context.

Recommendation 7

We recommend that “marketing” be defined as “any commercial communications message that is designed to increase, or has the effect of increasing, the recognition, appeal, and/or consumption of particular products and services, including anything that acts to advertise or otherwise promote a product or service.”⁵⁸ This definition implies that there should be no marketing technique on any communication channel to promote foods high in fats, sugars, or salt to children. Following the WHO Set of Recommendations, we recommend that this include no marketing communications in places where children gather and spend time, including schools, daycare facilities, libraries, recreation facilities, and parks, as well as during child-targeted events, such as sporting and recreational events. We also recommend that, in schools, restrictions on marketing of unhealthy foods be accompanied by a restriction on the availability of the same foods. To ensure clarity, we recommend that the specific marketing techniques and communication channels be listed to include all those currently known, as well as those that may be used in the future. The proposed list is as follows:⁵⁹

- Television, radio, and print advertising (including outdoor advertising);
- Company-sponsored websites, ads on third-party Internet sites, and other digital advertising, such as e-mail, text messaging, and Internet games;
- Packaging, point-of-purchase displays, and other in-store marketing tools;
- Advertising, sponsorship, product placement, and any other form of marketing in movies, videos, and video games;
- Premium distribution (e.g., toys), contests (prize promotions), and sweepstakes;
- Cross promotions, including character licensing and toy co-branding;
- Celebrity endorsements (teams and individuals);
- In-school marketing, including educational materials and all indirect forms of marketing;
- Marketing (including sponsorship) in other places where children gather, including daycare facilities, libraries, recreation facilities, and parks, as well as during child-targeted events such as sporting, music, and recreation events that attract children (e.g., festivals and camps);

- Word-of-mouth and viral marketing;
- Philanthropic activity tied to branding opportunities;
- All other forms of commercial communications that are designed to increase, or have the effect of increasing, the recognition, appeal, and/or consumption of particular products and services, including anything that acts to advertise or otherwise promote a product or service.

In addition, the restrictions should cover brand marketing, which may have the effect of promoting foods high in fats, sugars, or salt. For example, restrictions should apply to marketing communications that refer to, or feature, a brand name that is identified with a specific product high in fat, sugar, or salt, even if the specific product is not mentioned.⁶⁰

Rationale

Recommendation 7 is based on clear evidence that (a) food marketing in the Americas makes use of a wide range of communication channels and marketing techniques, and (b) restrictions on any one communication channel (e.g., TV) or marketing technique (e.g., licensed characters) leads to a migration of marketing to non-restricted channels or techniques. Since the intended effect is to reduce overall exposure, it would not make sense to permit companies to market food through certain communication channels or marketing techniques and not others. The WHO Set of Recommendations states that a “comprehensive” approach to marketing restrictions is more likely to be effective.

It is recommended that special attention be given to schools and other places where children gather and spend time, for several reasons:

- Evidence shows that schools and other places where children gather have been a focus for food companies, notably soft drink companies, seeking to market their products in the Americas. There is also evidence that companies are increasingly moving their marketing beyond schools to other places where children gather, such as sporting events and play spaces in public areas.
- Marketing of foods in schools and other places where children gather may imply an endorsement of the products by the school and other authorities as in their capacity as normative institutions.

- Schools and other child-care facilities are a captive space where parental supervision is excluded, implying greater responsibility for schools and/or the state in this area.
- Marketing of food and drink in places where children gather and spend time is often reinforced by the availability of the same foods and beverages in these spaces, thus creating an immediate and powerful effect.

The recommendation that restrictions also apply to the availability of unhealthy foods in schools is based on the rationale that providing or selling such foods, like advertising them, implies an endorsement of their consumption. In the WHO Global Strategy on Diet, Physical Activity and Health (2004), governments are encouraged to adopt policies that “support healthy diets at school and limit the availability of products high in salt, sugar and fats” (paragraph 43). It would thus be inconsistent to allow the foods that are subject to marketing restrictions to be available for sale or consumption in schools. Restricting both marketing and sale/provision at the same time is the most consistent and effective approach to promoting healthy diets at school.

Recommendation 8

We recommend that the definition of marketing “to” children specify any marketing communications that are directed to children, appeal to children, or, in measured media, to which children are exposed. In operational terms, this can be specified by the following table, indicating which kinds of marketing are to be understood as marketing to children:

Rationale

The focus of these recommendations as a whole is marketing to children. We thus recommend that marketing directed exclusively to children and marketing that has specific appeal to children be prohibited. Importantly, though, experience from Quebec, Canada, shows this restriction alone would not necessarily reduce the amount of television advertising seen by children, since they remain exposed to adult-targeted advertising (see section 2).⁶¹ To ensure that children are protected from this advertising, therefore, we recommend that marketing designed to appeal to adults on measured media be authorized only if children make up less than 5% of the audience. Food

	MEASURED MEDIA (TV, RADIO, PRINT, INTERNET)	ALL OTHER COMMUNICATIONS CHANNELS
MARKETING EXCLUSIVELY DIRECTED TO CHILDREN ^a	Not authorized	Not authorized
MARKETING WITH A MARKED APPEAL FOR CHILDREN ^b	Not authorized	Not authorized
MARKETING DESIGNED TO APPEAL TO ADULTS (AND YOUTH AGED 16 OR OVER) ^c	Authorized if children make up less than 5% of the audience	Authorized provided it has no specific appeal to children and is not in places where children gather and spend time

^a Defined as marketing of products that are designed specifically for children, using marketing techniques that have specific appeal to children.

^b Defined as marketing that, regardless of the product, uses colors, voices, images, music, or sounds that appeal to children, or involving activities, such as collecting or drawing, which are likely to be popular with children, or involving characters with whom children are likely to identify.

^c The 5% limit likewise applies to marketing directed exclusively to children and that has specific appeal to children.

and beverage companies also market their products to adults through a range of other communication channels, such as supermarkets, outdoor billboards, etc. Although these marketing messages are targeted at adults, children are also exposed to them; avoiding all such exposure would require a total restriction on all marketing communication to adults. So to retain the focus on children, this marketing can be authorized provided that the marketing messages do not have a specific appeal to children and are not in places where children gather and spend time.

Recommendation 9

We recommend that “children” be defined as persons under 16 years of age.

Rationale

There are several reasons for choosing age 16 as the upper limit: (a) this is the age limit for basic education in much of the Americas, and children’s processing of information about food and diet should be free from commercial influence during this period; (b) teenagers are very susceptible to the views of others, including marketers and other teens, even if they understand the intent of marketing communications; and (c) younger children are also exposed to marketing directed primarily to older children.

Recommendation 10

We recommend that the definition of “foods” specify distinctions between those foods which can be marketed to children and those which should be banned. Foods that can be marketed to children are primarily “whole foods.” In accordance with this recommendation, we propose the following definition, any adaptation of which should be consistent with international, regional, or national guidelines and goals:

1. Foods that are part of a healthy diet are “whole foods” and can be marketed to children without restriction. Whole foods are those belonging to the following food groups, with no added sweeteners, sugar, salt, or fat: fruits, vegetables, whole grains, fat-free or low-fat dairy products, fish, meat, poultry, eggs, nut and seeds, and beans. In the case of beverages, the recommendation is clean potable water.
2. Other foods can be marketed to children insofar as they comply with the following two criteria:
 - a. Provide at least 50% by weight of one of the food groups listed in item 1,

AND

 - b. Do not exceed the following amounts of sugars, saturated fats, trans fatty acids (TFA), or salt:
 - Total sugars: ≤ 5.0 gr / 100 gr of solid food or ≤ 2.5 gr / 100 ml of beverage,

- Saturated fats: ≤ 1.5 gr / 100 gr of solid food or ≤ 0.75 gr / 100 ml of beverage,
- Trans fatty acids (industrially produced TFA): 0.0 gr / 100 gr of solid food or 100 ml of beverage,
- Salt ≤ 300 mg / 100 gr of solid food or 100 ml of beverage.

Two additional criteria complement the above scheme. First, naturally occurring nutrients such as sugar and saturated fat in milk products do not count against the limits set in item 2b. Second, beverages containing noncaloric sweeteners cannot be advertised to children.

Rationale

The recommendations are drawn from three sources. The overall structure follows that of the proposed “nutrition principles” for food marketing to children in the United States,⁶² which is based on scientific knowledge of what constitutes a healthy diet for children. Due to lack of transferability, however, different nutrient criteria are used. The nutrients included were selected based on the model developed in Brazil for the regulation requiring warnings in food advertising,⁶³ with the actual criteria taken from “low in” nutrient criteria from the front-of-package “traffic light” labeling scheme in the United Kingdom.⁶⁴ The trans fatty acids criteria (not included in the traffic light scheme) are based on the recommendation of a Food and Agriculture Organization 2008 Expert Consultation on fats in human diets, which stated that TFA (from both ruminants and industrially produced sources) should provide less than 1% of total energy requirements of children aged 2 to 18 years old.⁶⁵ This definition aims to promote a healthy diet while also restricting foods high in saturated fats, trans fatty acids, free sugars, or salt. It is science-based, is relatively straightforward and practical, and prevents the marketing of products of very low or no nutritional value, such as artificially sweetened soft drinks. Thus it reduces the branding opportunities for companies that promote foods high in saturated fats, trans fatty acids, free sugars, or salt to promote foods with the same brand logo.

Recommendation 11

Recommendations 1 through 10 should be completed within a time frame set by the lead agency. We recommend that the majority of the tasks be completed in 12 months, with a total time frame of 18 months. *(Note that this period does not include any regulatory process that we recommend governments follow to legalize/legitimize the new policy, as set out in Recommendation 9.)*

Rationale

A time frame is necessary in order to have a well-defined process and achieve tangible results. Experience suggests that 18 months is feasible, provided that experience of other countries and relevant international guidance documents are drawn upon.

Recommendation 12

The policy should be implemented through legal provisions. Some countries may opt to start off the process with a government-led self-regulatory approach, although this is not specifically recommended. Whatever approach is taken, the lead agency should report on the effects and effectiveness of the policy within two years of implementation.

Rationale

A legal approach is recommended for the following reasons:

- Children are inherently vulnerable to the persuasive intent and power of marketing messages. Governments have a responsibility to protect the health of children.
- Experiences in the Americas suggest that self-regulatory and voluntary approaches are too limited to meet the objective of reducing exposure sufficiently to reduce risk to children.
- Food and beverage companies which participate in voluntary pledges and commitments use a variety of definitions of food marketing to children, suggesting that government intervention is needed to enable uniform implementation (as recommended by the WHO Set of Recommendations). Defining food marketing to children through legal mechanisms also provides food and beverage companies with more certainty and a “level playing field.”

- Legal mechanisms provide a framework for the policy to be legally enforced by the state.
- Even with a legal approach, countries have the option of improving and monitoring the effectiveness of self-regulatory/voluntary measures in order to determine the most effective approach to protect children from marketing of foods high in fats, sugars, or salt.

Recommendation 13

The lead agency should designate a body, one that is free from conflict of interest, to monitor the effects and effectiveness of the policy on children's exposure to marketing communications. This could be a state, civil society, or academic body. Governments should also promote independent monitoring by civil society, academia, and others at the national, regional, and international levels. Monitoring indicators should be uniform across the Region. The government-designated body should set up a system for consumer complaints. The body should conduct regular monitoring of marketing communications by food companies, and companies that violate the standards should be penalized. As already noted in Recommendation 12, governments should report on the results of their monitoring within two years of policy implementation.

Rationale

Monitoring of enforcement is essential to ensure that the policy is implemented effectively, and a specific institution needs to take responsibility for this. Monitoring indicators should be as uniform as possible across countries to enable regional comparison of food marketing by transnational companies. Penalties are needed to ensure enforcement.

The WHO Set of Recommendations consists of general principles that require additional guidance in order to be applied as concrete policies in national contexts.



Annexes



Annex I: Studies on the extent, nature, and effects of food marketing to children in Latin American countries

BRAZIL			
PUBLICATION TYPE (DATE)	TYPE OF STUDY	RESULTS	REFERENCE
Peer-reviewed academic journal (2010)	Multi-country study on extent of television food advertising to children	On average there were two TV advertisements during peak hours for “non-core” foods high in undesirable ingredients. Food constituted one of the three top product categories advertised, comprising 11% of all advertisements.	Kelly B, et al. Television food advertising to children: a global perspective. <i>Am J Public Health.</i> 2010;100(9):1730-6.
Report submitted to the Brazilian Ministry of Health (2008)	National study on extent and type of television and magazine food advertising	During one year, of more than 4,000 food advertisements in TV and magazines, 72% were for unhealthy foods.	Monteiro R, Coutinho J, Recine E. Monitoração de propaganda de alimentos visando à prática da alimentação saudável [Monitoring of food advertising aimed at healthy dietary practices]. Brasília, Brazil: Universidade de Brasília Observatório de Políticas de Segurança Alimentar e Nutrição; 2008.
Peer-reviewed academic journal (2002)	National study on extent of food advertising (to all audiences) on three principal TV channels	Foods were the most frequently advertised products, regardless of the time of the day (average 27.47% of all products advertised in a given week). The majority of food products advertised were high in fats, sugars, and/or salt (57.8% were categorized as being in the food pyramid groups of fats, oils, sugar, and sweets).	De Sousa-Almeida S, Nascimento PC, Bolzan-Quaioti TC. Amount and quality of food advertisement on Brazilian television. <i>Rev Saude Publica.</i> 2002;36:353-5.

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BRAZIL			
PUBLICATION TYPE (DATE)	TYPE OF STUDY	RESULTS	REFERENCE
PhD diss. (2007)	Study on extent, nature, and effects of food advertising to children on free TV channels in Ribeirão Preto	Foods were the most frequently advertised products and were high in fats, sugars, and/or salt (see De Sousa-Almeida et al. 2002). 82% of TV advertisements directly encouraged children to consume the food; 78% of the characters in the advertisements consumed the food in the advertisement; 55.6% of advertisements included cartoons. Satisfaction, pleasure, and cheerfulness were the main emotions communicated. Parents said that television advertising influenced their food purchasing habits. Television viewing for more than two hours a day was associated with an increase in BMI, but only among boys.	Nascimento PC. A influência da televisão nos hábitos alimentares de crianças e adolescentes [dissertation]. Faculdade de Filosofia, Ciências e Letras de Ribeirão Preto. Abstract at: http://www.teses.usp.br/teses/disponiveis/59/59137/tde-21092007-145239/pt-br . Complete thesis available from author.
Report by research institute commissioned by NGO (2010)	Study in São Paulo of mothers' perspectives on advertising, food purchase requests, and food consumption	85% of parents said that advertising influences the demands of children, and 75% agreed that offers of prizes and gifts of food influence their choices. 73% of parents said that TV advertising should be banned.	Consumismo na infância. Instituto de Pesquisas DataFohla/Instituto Alana; 2010. http://www.alana.org.br/banco_arquivos/arquivos/docs/biblioteca/pesquisas/Datafolha_consumismo_infantil_final.pdf .
Market research report	Market research involving questionnaires for children	73% of children said that food advertising influences the foods they buy, more than any other factor.	InterScience. Como atrair o consumidor infantil, atender expectativas dos pais e ainda, ampliar as vendas... 2003. http://www.alana.org.br/banco_arquivos/arquivos/docs/biblioteca/pesquisas/interscience_influencia_crianca_compra.pdf .

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CHILE			
PUBLICATION TYPE (DATE)	TYPE OF STUDY	RESULTS	REFERENCE
Peer-reviewed academic journal (2003)	National study on effects of television advertising to children	Nearly three-quarters of children said that they purchased food or drink products advertised on television with offers of prizes or free gifts. This effect was greater among children from low and middle socioeconomic groups (78% and 75% respectively). Children from higher socioeconomic groups were less likely to buy food or drinks advertised with the offer of a prize or free gift. Nearly 65% of children said that they continue to purchase products advertised with the offer of a prize or gift even when the promotional offer has ended.	Olivares SC, Albala CB, García FB, Jofré IC. Publicidad televisiva y preferencias alimentarias en escolares de la Región Metropolitana [Television advertising and food preferences of school-age children in the Metropolitan Region]. Rev Med Chile. 1999; 127:791-9.
Peer-reviewed academic journal (1999)	National study on effects of television advertising to children	Children were asked whether they had consumed any food or drink products that had featured in the previous day's advertising: 40% said that they had consumed sweet or salty products advertised.	Olivares S, Yáñez R, Díaz N. Publicidad de alimentos y conductas alimentarias en escolares de 5° a 8° básico [Food advertising and food behavior in school-age children from 5th to 8th grade]. Rev Chil Nutr. 2003; 30(1).
Report by consumers' organization and peer-reviewed academic journal	National study on extent and nature of food advertising to children on five TV channels with national coverage	73% of foods advertised on television in marketing designed to attract children could be classified as "unhealthy." Companies also use advertising to announce promotions, giveaways, and contests on their websites.	Santiago AP, Lancellotti CC. Análisis de la publicidad de alimentos orientada a niños y adolescentes en canales de televisión abierta: informe técnico [Analysis of food advertising directed to children and adolescents on free television channels: technical report]. Santiago, Chile: Centro de Estudios, Liga Ciudadana de Consumidores; 2009.

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MEXICO			
PUBLICATION TYPE (DATE)	TYPE OF STUDY	RESULTS	REFERENCE
Peer-reviewed academic journal (published 2010; study conducted 2007)	Study in Mexico City on extent and nature of food advertising to children on 11 TV channels	On average, there were 14.8 food advertisements per hour specifically targeted to children. This constituted 8.3 minutes of advertising per hour—69.6% of the time spent advertising all products to children, and significantly more than the 5.3 minutes dedicated to advertising food to adults. Foods advertised most frequently were sweetened beverages, sweets, and cereals with added sugar. Foods advertised during children’s shows were higher in calories, carbohydrates, and fat. The two most common marketing strategies were to offer some kind of gift and to link the item to positive emotions.	Pérez-Salgado, D, Rivera-Márquez, JA, Ortiz-Hernández L. Publicidad de alimentos en la programación de la televisión mexicana: ¿los niños están más expuestos? [Food advertising on Mexican television: are children more exposed?]. Salud pública Méx. 2010;52(2): 119-26, TAB.
Report by consumers’ organization	Study on nature and extent of advertising on Channel 5 during children’s programming on nine random days in April and May 2010	45% of the total paid commercials during children’s programming were for “comida chatarra” (junk food), amounting to 11.25 advertisements per hour. 26% of these advertisements were for high-sugar breakfast cereals, 17% for sweets, and 13% for chocolates.	Guzmán A, Calvillo A. La publicidad de comida chatarra dirigida a la infancia en México. Mexico City: El Poder del Consumidor; 2010.

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ARGENTINA, BRAZIL, CHILE, PERU			
PUBLICATION TYPE (DATE)	TYPE OF STUDY	RESULTS	REFERENCE
Report by consumers' organization	Study on advertising, packaging, and nutritional quality of breakfast cereals in 32 countries, including Argentina, Brazil, Chile, and Peru (published 2008)	TV advertising of breakfast cereals was not extensive (the only advertising identified was the sponsorship of a Brazilian and Peruvian TV program by one of the leading brands). But packaging was clearly child-targeted. In Argentina and Peru, all packages had cartoons, and almost all did in Brazil. In Peru about 50% had gifts, 30% had collectable CD-ROMS, and 20% had games printed on the box, with a smaller number in Brazil, Chile, and Argentina. In all the countries, breakfast cereals marketed to children were very high in sugar.	Lobstein T et al. Cereal offences: A wake-up call on the marketing of unhealthy food to children. Consumers International; 2008.

ARGENTINA, MEXICO, BRAZIL			
PUBLICATION TYPE (DATE)	TYPE OF STUDY	RESULTS	REFERENCE
Report by market research agency	Multi-country qualitative study on opinions of mothers of children aged 3 to 9 years about purchase requests	In Argentina, Brazil, and Mexico, mothers of children aged 3–9 believe that advertising influences children's purchase requests for all products, including food. When asked, "In your opinion, what makes your kids ask you for a specific brand?", 75% of mothers said advertising was the number one influence (77% in Argentina, 66% in Mexico, 83% in Brazil). Over 90% of mothers said they believe that advertising influences their children to ask for a particular brand. Brands found to be particularly popular with children were Coca-Cola, Pepsi, and Gatorade.	TNS Interscience. Kids power. http://www.interscience.com.br/site2006/download/estudosInstitucionais/KIDSPower.pdf .

continued

MANY COUNTRIES			
PUBLICATION TYPE (DATE)	TYPE OF STUDY	RESULTS	REFERENCE
Report published by WHO	Multi-country study on nature of marketing communications	<p>Marketing of soft drinks and foods aim to generate emotional connections with children, create "fun and excitement" to stimulate brand loyalty and encourage repeat purchasing through collector promotions (many countries).</p> <p>Marketing of soft drinks and fast foods to children also includes sponsorship of sports, music events and childrens' programming.</p> <p>Marketing in schools is a key tactic adopted by soft drink companies in Latin America.</p>	Hawkes C. Marketing activities of global soft drink and fast food companies in emerging markets: A review. In: Globalization, diets, and noncommunicable diseases. Geneva: World Health Organization; 2002.

Annex 2: Policies on food marketing to children in the Americas

		STATUTORY REGULATION	GOVERNMENT HAS “APPROVED” OR “ENCOURAGED” SELF-REGULATION	VOLUNTARY PLEDGES BY THE FOOD INDUSTRY	SELF-REGULATION BY THE ADVERTISING SECTOR
		CANADA		No, but the Federal Government is currently examining all policy options to control food marketing to children.	The government has been encouraging the development of a voluntary industry pledge.
UNITED STATES OF AMERICA		No, but an Interagency Taskforce has been mandated to develop some standards on foods to be exempted from restrictions on food marketing to children, which would be voluntary for the industry to apply (not yet published).	The government’s Federal Trade Commission has been clear in its approval of the voluntary pledge.	Yes. Pledge includes 16 companies and covers a range of marketing techniques using TV, radio, print, company-owned and third-party websites, video and computer games, DVDs of movies, and outreach in schools.	Yes. The body responsible for self-regulation of advertising has a series of general guidelines on the content of food advertising to children.

continued

		STATUTORY REGULATION	GOVERNMENT HAS "APPROVED" OR "ENCOURAGED" SELF-REGULATION	VOLUNTARY PLEDGES BY THE FOOD INDUSTRY	SELF-REGULATION BY THE ADVERTISING SECTOR
LATIN AMERICA	ARGENTINA	No, but the Estrategia Nacional para la Prevención y Control de Enfermedades no Transmisibles y el Plan Nacional Argentina Saludable suggests food marketing to children as a possible action point.	No.	No.	The Consejo de Autorregulación Publicitaria (CONARP) has a Code of Ethics which refers to children but not to food advertising. It was reported in 2007 that an annex to the Code specifically on food advertising had been published, but the link to the Code online was broken and no further information could be obtained.
	BRAZIL	Yes. In 2010 a non-legislative regulation required warnings to accompany all forms of advertising for food products high in fats, sugars, or salt.	No.	Yes. Pledge was signed by 24 companies in 2009 to cover advertising in TV, radio, print, third-party websites, and outreach in schools for children under age 12.	Yes. The body responsible for self-regulation of advertising has a series of general guidelines on the content of food advertising to children.

continued

	STATUTORY REGULATION	GOVERNMENT HAS “APPROVED” OR “ENCOURAGED” SELF-REGULATION	VOLUNTARY PLEDGES BY THE FOOD INDUSTRY	SELF-REGULATION BY THE ADVERTISING SECTOR
CHILE	No, but there is a draft bill that would restrict advertising to children under the age of 14 and in educational establishments, with other food advertising required to carry a health message.	Yes. The assistant secretary of health supported the introduction of two new articles to the Code of Advertising Standards on advertising of food and beverages, especially to children (as part of its commitment to EGO Chile), by the National Association of Advertisers (ANDA) and the Council of Advertising Self-Regulation and Ethics (CONAR).	The WFA announced plans to publish a pledge in Chile in 2009, but nothing has yet been published.	Yes. See column on “approved self-regulation.”
MEXICO	No, but in November 2010 the Senate approved an amendment to the General Health code stating that the content of advertisements for “junk food” should not encourage unhealthy eating habits.	No.	Yes. Pledge was signed by 14 companies in 2010 to cover advertising on TV, radio, third-party websites, and in print to children under 12.	Yes. The Mexican Code for Self-Regulation of Food and Beverage Advertising aimed at children (PABI Code) provides detailed guidelines on food advertising to children but does not include any restrictions.
PERU	No.	No.	The WFA announced plans to publish a pledge in Peru in 2009, but nothing has yet been published.	No.

continued

COLOMBIA	STATUTORY REGULATION	GOVERNMENT HAS "APPROVED" OR "ENCOURAGED" SELF-REGULATION	VOLUNTARY PLEDGES BY THE FOOD INDUSTRY	SELF-REGULATION BY THE ADVERTISING SECTOR
	<p>Colombia passed a law in October 2009 on “defining obesity and chronic noncommunicable disease as a public health priority and adopting measures for their control and prevention.” It states that “the Ministry of Social Protection, in conjunction with the National Institute of Food and Drug Monitoring (INVIMA), will create a specialized entity to direct and regulate, monitor, and control the advertising of food and drink, which is flexible and efficient in its operations, seeking to protect the health of users especially in early childhood and adolescence, as established by WHO with regard to food marketing to children.”</p>	<p>No.</p>	<p>No.</p>	<p>Colombia has a self-regulatory body for advertising, the Comisión Nacional de Autorregulación Publicitaria. Its code includes a clause on food (article 46), which states: “Los anuncios de productos no constitutivos de la alimentación básica tales como aperitivos, dulces, golosinas, goma de mascar y bebidas con componentes artificiales no deberán aludir a que suplen la alimentación básica.” (Advertisements for products not constituting part of the basic diet, such as appetizers, desserts, sweets, chewing gum, and drinks made with artificial ingredients, must not suggest that these products can be substituted for the basic diet.)</p>

Notes



- ¹ Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children. Geneva: World Health Organization; 2010. <http://www.who.int/dietphysicalactivity/publications/recsmarketing/en/index.html>.
- ² Hawkes C, Henriques I, Calvillo A, Rodriguez L, Marty MR, Pizarro T. The WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children: Proposals and Options for the Americas. Working Paper prepared for the PAHO Expert Consultation Group on Food Marketing to Children. 2011 Apr 14.
- ³ Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children. Geneva: World Health Organization; 2010. <http://www.who.int/dietphysicalactivity/publications/recsmarketing/en/index.html>.
- ⁴ Hastings et al. Review of the research on the effects of food promotion to children. University of Strathclyde, Centre for Social Marketing; 2003. Hastings et al. The extent, nature and effects of food promotion to children: a review of the evidence. Geneva: World Health Organization; 2006. Cairns G, Angus K, Hastings G. The extent, nature and effects of food promotion to children: a review of the evidence to December 2008. Geneva: World Health Organization; 2009. McGinnis JM, Gootman JA, Kraak VI, editors. Food marketing to children and youth: threat or opportunity? Washington, DC: Institute of Medicine, National Academies Press; 2006.
- ⁵ The fundamental principles of child development, psychology, and marketing are universal. There is no reason to believe that the consumer psychology of children varies in any way that would make children living in low- and middle-income countries less vulnerable to influence by modern marketing techniques than their peers in high-income countries. Indeed, it is plausible that in regions where advertising and electronic communications are relatively new phenomena, children will be more vulnerable. In addition, it is increasingly apparent that global food companies use the same principles and similar techniques to target children in all countries, facilitated by the global development of telecommunications technologies. Although these marketing communications are adeptly tailored to the particularities of local markets, their basic consistency indicates that the companies believe that their marketing communications techniques work effectively in all countries.
- ⁶ McGinnis, Gootman, Kraak, 2006, op. cit.
- ⁷ Searches were conducted of existing systematic reviews, the health database PubMed, the Spanish/Portuguese-language database SciELO, and Google (for the so-called “gray” literature produced by NGOs, etc.). In addition, personal contact was made with experts in the region and with consumer groups active in this area.
- ⁸ Kelly B, Halford JC, Boyland EJ, Chapman K, Bautista-Castaño I, Berg C, Caroli M, Cook B, Coutinho JG, Effertz T, Grammatikaki E, Keller K, Leung R, Manios Y, Monteiro R, Pedley C, Prell H, Raine K, Recine E, Serra-Majem L, Singh S, Summerbell C. Television food advertising to children: a global perspective. *Am J Public Health*. 2010 Sep;100(9):1730-6.
- ⁹ De Sousa-Almeida S, Nascimento PC, Bolzan-Quaioti TC. Amount and quality of food advertisement on Brazilian television. *Rev Saude Publica* 2002;36:353-5.
- ¹⁰ Pérez-Salgado D, Rivera-Márquez JA, Ortiz-Hernández L. Publicidad de alimentos en la programación de la televisión mexicana: ¿los niños están más expuestos? [Food advertising in Mexican television: are children more exposed?] *Salud pública Méx*. 2010;52(2):119-26, TAB.
- ¹¹ Guzmán A, Calvillo A. La publicidad de comida chatarra dirigida a la infancia en México. Mexico City: El Poder del Consumidor; 2010.
- ¹² Cited in Henriques IVM. Controle social e regulação da publicidade infantil. *R. Eletr. de Com. Inf. Inov. Saúde*. Rio de Janeiro. 2010 Nov;4(4):72-84.
- ¹³ TNS Interscience. Kids power. <http://www.interscience.com.br/site2006/download/estudosInstitucionais/KIDSPOWER.pdf>.
- ¹⁴ A study by the market research agency TNS found that children 3–9 years of age in Argentina, Mexico, and Brazil watched an average of 15 hours of television per week. TNS also found that children aged 3–9 in Argentina, Mexico, and Brazil used the Internet for an average of 8 hours per week. Data from the Institute of Brazilian Television show that in 2008, the average exposure to television for children aged 4 to 11 years in all socioeconomic classes was 4 hours and 54 minutes, and this increased to 5 hours and 4 minutes in 2010. In Brazil, children represent 14% of the 28.5 million users of the Internet. A study from São Paulo showed that 57% of children 3 to 11 years of age access the Internet frequently.
- ¹⁵ De Sousa-Almeida, Nascimento, Bolzan-Quaioti, 2002, op. cit.
- ¹⁶ Monteiro R, Coutinho J, Recine E. Monitoração de propaganda de alimentos visando à prática da alimentação saudável [Monitoring of food advertising aimed at healthy dietary practices]. Brasília, Brazil: Universidade de Brasília Observatório de Políticas de Segurança Alimentar e Nutrição; 2008.
- ¹⁷ Santiago AP, Lancellotti CC. Análisis de la publicidad de alimentos orientada a niños y adolescentes en canales de televisión abierta: Informe Técnico. Santiago, Chile: Centro de Estudios, Liga Ciudadana de Consumidores; 2009 Oct.
- ¹⁸ Pérez-Salgado, Rivera-Márquez, Ortiz-Hernández, 2010, op. cit.
- ¹⁹ Guzmán, Calvillo, 2010, op. cit.
- ²⁰ Hawkes C. Marketing activities of global soft drink and fast food companies in emerging markets: a review. In: *Globalization, diets, and noncommunicable diseases*. Geneva: World Health Organization; 2002.
- ²¹ Guzmán, Calvillo, 2010, op. cit.
- ²² Nascimento PC. A influência da televisão nos hábitos alimentares de crianças e adolescentes [dissertation]. Faculdade de Filosofia, Ciências e Letras de Ribeirão Preto. <http://www.teses.usp.br/teses/disponiveis/59/59137/tde-21092007-145239/pt-br>.
- ²³ Pérez-Salgado, Rivera-Márquez, Ortiz-Hernández, 2010, op. cit.
- ²⁴ Olivares S, Yáñez R, Díaz N. Publicidad de alimentos y conductas alimentarias en escolares de 5° a 8° básico [Food advertising and food behavior in school-age children from 5th to 8th grade]. *Rev Chil Nutr*. 2003;30(1).
- ²⁵ Pérez-Salgado, Rivera-Márquez, Ortiz-Hernández, 2010, op. cit.
- ²⁶ Hawkes 2002, op. cit.
- ²⁷ Hawkes 2002, op. cit.
- ²⁸ Hawkes 2002, op. cit.
- ²⁹ Lobstein T et al. Cereal offences: a wake-up call on the marketing of unhealthy food to children. *Consumers International*;2008. (Details of countries provided in background reports.)
- ³⁰ Hawkes 2002, op. cit.
- ³¹ Guzmán, Calvillo, 2010, op. cit.
- ³² Consumismo na infância. Instituto de Pesquisas Datafolha/Instituto Alana;2010 Feb. http://www.alana.org.br/banco_arquivos/arquivos/docs/biblioteca/pesquisas/Datafolha_consumismo_infantil_final.pdf.
- ³³ TNS Interscience. Kids power. <http://www.interscience.com.br/site2006/download/estudosInstitucionais/KIDSPOWER.pdf>.

- ³⁴ Nascimento et al op. cit.
- ³⁵ InterScience. Como atrair o consumidor infantil, atender expectativas dos pais e ainda, ampliar as vendas... 2003 Oct. http://www.alana.org.br/banco_arquivos/arquivos/docs/biblioteca/pesquisas/interscience_influencia_crianca_compra.pdf.
- ³⁶ Olivares SC, Albala CB, García FB, Jofré IC. Publicidad televisiva y preferencias alimentarias en escolares de la Región Metropolitana [Television publicity and food preferences of school-age children in the Metropolitan Region]. *Rev Med Chile*. 1999;127:791-9.
- ³⁷ Olivares, Yáñez, Díaz, 2003, op. cit.
- ³⁸ Nascimento et al op. cit.
- ³⁹ Hawkes C, Lobstein T. Regulating the commercial promotion of food to children: a survey of actions worldwide. *Int J Pediatr Obes*. 2010;**6(2): 83-94**.
- ⁴⁰ Hawkes, Lobstein, 2010, op. cit.
- ⁴¹ Hawkes C, Harris J. An analysis of the content of food industry pledges on marketing to children. *Public Health Nutrition*, forthcoming.
- ⁴² Hawkes C. Regulating food marketing to children: trends and policy drivers. *Am J Pub Health* 2007;97:1962-73.
- ⁴³ The ABIA sought and obtained a preliminary injunction to permit them not to apply the new rules; the final decision is yet to be made by the Federal Court.
- ⁴⁴ IFBA. Compliance monitoring of global advertising for television, print, and internet for the International Food & Beverage Alliance. 2009 Nov 10. <https://www.ifballiance.org/sites/default/files/IFBA%20Compliance%20Monitoring%20Report%2010%20Nov09.pdf>.
- ⁴⁵ Romero-Fernández MM, Royo-Bordonada MA, Rodríguez-Artalejo F. Compliance with self-regulation of television food and beverage advertising aimed at children in Spain. *Pub Health Nutr*. 2010 Jul;13(7):1013-21.
- ⁴⁶ Measure units include (a) "impacts," that is, the number of times a person views an advertisement, even if it is the same advertisement seen more than once, and (b) "gross ratings points," which are a measure of the per capita number of TV advertisements viewed by a specific demographic group over a period of time across all types of programming.
- ⁴⁷ Landmark Europe. EU Pledge monitoring report 2010. <http://www.eu-pledge.eu/>.
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- ⁴⁹ King L, Hebden L, Grunseit A, Kelly B, Chapman K, Venugopal K. Industry self-regulation of television food advertising: responsible or responsive? *Int J Pediatr Obes*. 2010 Sep 21.
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- ⁵³ INPES/Ministry of Health. Post-test des messages sanitaires. 2008 Feb 6. http://www.sante.gouv.fr/IMG/pdf/POST-TEST_des_messages_sanitaires_apposes_sur_les_publicites_alimentaires_aupres_des_8_ans_et_plus.pdf.
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- ⁵⁸ This follows the WHO Set of Recommendations, which define marketing as "any form of commercial communications message that is designed to, or has the effect of, increasing the recognition, appeal and/or consumption of particular products and services. It comprises anything that acts to advertise or otherwise promote a product or service."
- ⁵⁹ Adapted from "Interagency working group on food marketed to children preliminary proposed nutrition principles to guide industry self-regulatory efforts: request for comments." Federal Trade Commission; 2011 Apr. <http://www.ftc.gov/os/2011/04/110428foodmarketproposedguide.pdf>.
- ⁶⁰ Guidance on differentiating brand marketing in the context of broadcast advertising has been developed in the United Kingdom and can be found at <http://www.bcap.org.uk/Resource-Centre/Advice-and-guidance/Broadcast-guidance-and-help-notes/Advertising-guidance-notes/Advertising-guidance-3.aspx>. The issue of brand marketing is also discussed in the Obesity Policy Coalition's (Australia) publication "A comprehensive approach to protecting children from unhealthy food advertising and promotion." http://www.opc.org.au/downloads/positionpapers/Protecting-children-email1_FINAL_13.04.11.pdf.
- ⁶¹ In the United Kingdom, the restriction on advertising to children aged under 16 led to a negligible decline of exposure during adult airtime. While advertising did decline on some channels, it increased on others.
- ⁶² Interagency Working Group on Food Marketed to Children. Preliminary proposed nutrition principles to guide industry self-regulatory efforts: request for comments. Federal Trade Commission; 2011. <http://www.ftc.gov/os/2011/04/110428foodmarketproposedguide.pdf>.
- ⁶³ Agência Nacional de Vigilância Sanitária. Diretoria Colegiada. Resolução-Rdc No. 24. 2010 June 15. <http://ivegetal.com.br/Anvisa/Resolucao%20RDC%20N%2024%20de%2015%20de%20junho%20de%202010%20-%20Anvisa.htm>.
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- ⁶⁵ Food and Agriculture Organization. Fats and fatty acids in human nutrition: report of an expert consultation, 10-14 November 2008. *FAO Food and Nutrition Paper No. 91*. FAO;2010.



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