BP 11: Framing the marketing to children of alcohol and foods

Slovenia and the process of implementing the WHO Europe nutrient profile model into EU harmonized national legislation

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Outline of the presentation:

1. Short EU context
2. Description of Slovene experience
3. Possible replication/expansion and joint development of the approach
4. Q&A
EU AVM 2010 and new AVMSD directives

1. AVMD 2010 – base line for Slovene good practice

2. Expected change – new AVMSD
   AVMSD revision (transposition needed – opportunity ahead)
   - Exposure study (DG Sante)
   - JRC mapping 2018 [possible HLG code]
     (+ comparison of the WHO nutrient profile and the EU Pledge criteria)

8. DISCUSSION ON CURRENT AND FUTURE INITIATIVES, INCLUDING REFORMATION AND PUBLIC PROCUREMENT

The Commission highlighted the importance of building on the work which has been done in the field of reformulation, food procurement guidelines and marketing. It mentioned that this work would allow wider implementation in three areas:

- Concerning food procurement, a technical report was launched under the Maltese Presidency in February; a project* to follow up and support the concrete implementation and use of the public procurement guidelines at national level may scale up the results;
- Concerning marketing, a revised text of the Audiovisual Media Services Directive is expected by the end of the year so the development of codes of conduct could be a good step if the Member States wish to consider it;
- Concerning reformulation, in 2017 a project* may be launched to support Member States with product level information on nutrients by collecting information from the labels. This work would be built on the JANPA experience. In this way, the Work Programme would support the national plans on reformulation which all Member States were asked to develop by the Dutch Council Conclusions on Food Product Improvement.

The Commission mentioned that within the 2017 Work Plan there may be a project* with DG CNECT to evaluate the level of exposure of children to foods high in fats, sugars and salt. Member States were invited to share any relevant national studies. The Commission informed that the 2017 plan may also include a project* to further support Member States on physical activity. A call for proposals was launched to promote a life-long lifestyle approach.

(* currently under discussion)

HLG minutes, 8th March 2017:
Legislative context – Ministry of Culture responsible

“Media law”:

1) Media service providers have to develop and announce public available codes of conduct regarding inappropriate audiovisual commercial communications, accompanying or included in children’s programmes, of foods and beverages containing nutrients and substances with a nutritional or physiological effect, in particular those such as fat, trans-fatty acids, salt/sodium and sugars, excessive intakes of which in the overall diet are not recommended.

(2) Codes of conduct have to be developed/formulated in a way which enables the development of healthy nutrition habits in children and adolescent, in accordance with nutrition guidelines of MoH.

Directive 2010/13 EU (AVMD) harmonized Article 23
Do you want to discriminate between foods within categories or across all foods? Plus thresholds versus scoring

Source: Dr. Mike Rayner for WHO
Do you want to identify foods with a favourable or unfavourable profile or both? (How strict does your model need to be?)

Source: Dr. Mike Rayner for WHO
Nutrition guidelines for AVMD Codes of Conduct - long process in Slovenia

Preparation of the nutrition guidelines

1. national NP - PHWG, first step in 2011; WE O NOT HAVE ENOUGH KNOWLEDGE

2. Slovenia became the WHO testing country for WHO NP manual in 2012 (Canada, South Africa, Emirates, Fillipines, Norway, Slovenia):
   - 3 WHO meetings in Slovenia, developing methodology, testing methodology, discussing implementation – we have developed the capacities to produce a national NP
   - BUT WE REALISED WE WOULD BE HARDLY ABLE TO DEFEND NATIONAL NP; (even WHO NP 2015 was heavily questioned by the EU FPI)

3. Decision, end 2013: we do support the preparation of the WHO NP and adapt it for national use if necessary (UK - Ofcom, Norway – *tarif codes*, (keyhole) exclusions)

4. work with stakeholders (South Africa, Scandinavian countries cases)

5. WHO NP was adopted in February 2015 (harmonization obligation!)
Slovene adaptatons of WHO NP model

- Category 4.a is changed: no limitations for 100 % fruit and vegetable juices;
- Category 4.b is changed: milk drinks: total fats limited to 3,5 g/100 g (instead of 2,5 g); additional limitation for total sugars of 10 g/100 g is added;
- Category 4.c is added, vegetable drinks: threshold for total fats is the same, 2,5 g/100 g; additional limitations for total sugars of 10 g/100 g and for salt 0,2 g NaCl/100g are added and additional no sweeteners intake to be encouraged;
- Category 7a is changed, jogurt, sauer milk and similar foods: limitation for total fats is 3,2 g/100 g (instead of 2,5 g), limitation for saturated fats is 2,6 g/100 g (namesto 2,0 g); additional threshold for sweeteners is added: 0 g / 100 g;
- Category 7b is added: cream and butter (no intake to be encouraged);
- New category 18 is added, nutrition supplements: no intake to be encouraged.
MoH is most interested to implement guidelines defined in the law; leadership in the process, with NIPH expertise – very important.
Dialog with private sector – FPI at national level

National FPI proactive in discussions on NP model; questionnaires results.
Present FPI activities linked to the **new FNAP for Slovenia 2015-25**; different commitments foreseen, in active dialog with MoH.
**Working with food technologists in the enterprises, not the same as with the marketing sector within the same enterprises!**
Legislative frame - in the spirit of AVM directive

Self regulation spirit of AVMD 2010:
- “no intake to be encouraged”

Amendment of Media law was under consideration in Slovenia in 2015, MoH proposed text change: “Media service providers has to develop, implement and announce public available codes of conduct ...” – was not acceptable

Agency for communication networks and services of the R of Slovenia – key stakeholder
- interpretation of the legislation
- age limit (14/15) based in the Ministry of culture legislation (not mentioned in the guidelines)

To be repeated all the time: it is marketing not trade limitation
CERF presentation, Ljubljana, Nov 2015 – impact in the Central and South-East European countries: Albania, Croatia, Czech Republic, Hungary, Poland, Romania, Serbia, Slovakia, Slovenia
Monitoring food marketing to children: A joint Nordic monitoring protocol for marketing of foods and beverages high in fat, salt and sugar (HFSS) towards children and young people

The protocol describes **methods for how to monitor** marketing of foods and beverages high in fat, salt and sugar towards children and young people at a **given time as cross-sectional studies, as well as allowing for monitoring of trends**. The data provided could also be used for **evaluation purposes**, for instance providing relevant data for **evaluating regulation practices and schemes** in the respective countries; **to study advertising and marketing practices, contents and forms** over time. In addition to being a tool for monitoring purposes within each country, the protocol will **also enable comparisons between** the Nordic countries by **establishing a joint understanding** on how each marketing channel should be monitored.

Comparative situational analysis in different lifestyle areas in three countries, Austria, Slovenia and Slovakia:
- confirmed the need for international and intersectoral cooperation in this field;
- traditional media are more regulated than digital media, i.e. that legislation is not fit for purpose in the digital environment (outdated) and political will/consensus to act in the area of DM is missing;
- DM in more traditional risk factors, such as nutrition, tobacco and alcohol, is more regulated as in the new emerging ones, such as gaming and gambling.
- rules in restricting marketing specifically in physical activity lifestyle factor have not been detected by the countries.
Highlights from the experience – Slovene perspective:
- Window of opportunity – transposition of AVM revised directive in 2010
- Importance of drafting a nutrient profile
- Working with other sectors, engaging stakeholders – recognizing the roles of stakeholders

Possible replication/expansion – Slovene perspective:
Objective:
- aim at a national code but as a minimum/start draft a nutrient profile (coordinate between MS):
  - develop/adapt/adopt a nutrient profil model - consider strictness in public health interest;
  - include such profile in the transposition of the new AVMS Directive
  - develop/adapt/adopt a code - UK, Ireland, Portugal, Norway, ... experiences (the more MS do it, the easier for each one, especially harmonized)
- Joint work with national and EU (EU added value) stakeholders;
- joint and harmonized monitoring (Nordic protocol as a good practice?)
Q&A

Clarifications needed?
Are you interested?