Short communication

The ‘Sydney Principles’ for reducing the commercial promotion
of foods and beverages to children

Boyd Swinburn1,*, Gary Sacks1, Tim Lobstein2, Neville Rigby2, Louise A Baur3, Kelly D Brownell4, Tim Gill5, Jaap Seidell6 and Shiriki Kumanyika7, as the International Obesity Taskforce Working Group on Marketing to Children

1WHO Collaborating Centre for Obesity Prevention, School of Exercise and Nutrition Sciences, Deakin University, 221 Burwood Highway, Burwood, Victoria 3125, Australia: 2International Obesity Taskforce/International Association for the Study of Obesity, London, UK: 3Discipline of Paediatrics and Child Health, University of Sydney, Sydney, Australia: 4Rudd Center for Food Policy and Obesity, Yale University, New Haven, CT, USA: 5Centre for Public Health Nutrition, University of Sydney, Sydney, Australia: 6Institute for Health Sciences, Free University, Amsterdam, The Netherlands: 7School of Medicine, University of Pennsylvania, Philadelphia, PA, USA

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Abstract

A set of seven principles (the ‘Sydney Principles’) was developed by an International Obesity Taskforce (IOTF) Working Group to guide action on changing food and beverage marketing practices that target children. The aim of the present communication is to present the Sydney Principles and report on feedback received from a global consultation (November 2006 to April 2007) on the Principles.

The Principles state that actions to reduce marketing to children should:
(i) support the rights of children; (ii) afford substantial protection to children; (iii) be statutory in nature; (iv) take a wide definition of commercial promotions; (v) guarantee commercial-free childhood settings; (vi) include cross-border media; and (vii) be evaluated, monitored and enforced.

The draft principles were widely disseminated and 220 responses were received from professional and scientific associations, consumer bodies, industry bodies, health professionals and others. There was virtually universal agreement on the need to have a set of principles to guide action in this contentious area of marketing to children. Apart from industry opposition to the third principle calling for a statutory approach and several comments about the implementation challenges, there was strong support for each of the Sydney Principles. Feedback on two specific issues of contention related to the age range to which restrictions should apply (most nominating age 16 or 18 years) and the types of products to be included (31% nominating all products, 24% all food and beverages, and 45% energy-dense, nutrient-poor foods and beverages).

The Sydney Principles, which took a children’s rights-based approach, should be used to benchmark action to reduce marketing to children. The age definition for a child and the types of products which should have marketing restrictions may better suit a risk-based approach at this stage. The Sydney Principles should guide the formation of an International Code on Food and Beverage Marketing to Children.

Keywords
Marketing
Children
Obesity
Human rights

The legal protection of children from exploitation has a long history, and now the rising epidemic of childhood obesity is putting this spotlight on the commercial marketing of obesogenic foods and beverages to children. Multiple strategies are needed to address the epidemic, and controls on marketing consistently rate as a high priority option in preventing obesity among public interest stakeholders and the public, although commercial interest organisations rank this option as a low priority(1–3). Regulations and international codes are being called for by health ministers within Europe(4), health ministers at the World Health Assembly(5) and two working groups of

*Corresponding author: Email Boyd.swinburn@deakin.edu.au

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the United Nations System Standing Committee on Nutrition(6). The food and advertising industries have opposed the idea of legislation, placing great emphasis on industry self-regulation and consumer personal responsibility(7).

Marketing to children has been challenged as inherently exploitative because young children are incapable of discerning its commercial intent(8), while children of all ages are susceptible to its influence. Several evidence reviews have concluded that marketing clearly influences food preferences, positive beliefs, food purchases and consumption(9-11). The huge global volume of food marketing that targets children(12) through television and many other marketing channels undermines the efforts of governments and parents to promote healthy eating in children and runs contrary to the aims of the WHO Global Strategy on Diet, Physical Activity and Health (Objective 40), which has been endorsed by 192 countries(13).

The debate, therefore, has shifted from ‘whether marketing is an obesogenic influence on children’s diets’ to ‘how to curb this influence as one of the priority strategies for preventing childhood obesity’. Modelled estimates suggest that increased restrictions are potentially a very effective measure in reducing childhood obesity(14). Several countries already have some form of regulation in place(7), although most of the recent developments have been in the form of industry self-regulation, with fewer examples of statutory regulations(15). To support national and transnational efforts to make further progress on this issue, the International Obesity Taskforce (IOTF) established a Working Group on Marketing to Children (the authors of this paper) to develop a set of principles to guide action on changing marketing practices that target children. The Working Group’s objective was to develop Principles which, if applied, would ensure a substantial level of protection for children against the exposure to commercial influences of obesogenic foods and beverages and contribute significantly to efforts to reduce childhood obesity. This work would serve to complement wider efforts by the International Association for the Study of Obesity and other global non-governmental organisations that are calling upon Member States to mandate the WHO to develop an International Code on Food and Beverage Marketing to Children.

Process

The IOTF Working Group members drafted the Principles based on the common themes that arose at the WHO Forum and Technical Meeting on the Marketing of Food and Non-alcoholic Beverages to Children in Oslo in May 2006(16) and the existing international regulatory environment(7).

The Working Group used a rights-based approach where possible, drawing on children’s rights as specified in the United Nations Convention on the Rights of the Child(17) and operationalised as the right to adequate food(18) and freedom from obesity(6). This approach places the debate at the more fundamental level of a civilised society's responsibility to protect its citizens, especially the vulnerable. An alternative is the risk–benefit approach where an attempt is made to weigh up multiple likelihoods of harm and gains in terms of outcomes. It is a difficult and highly contested task, for example, to measure and compare the likely improvements in children’s health (e.g., the likely reductions in corporate profits from marketing restrictions. A risk–benefit approach is intrinsically more favourable to the case for commercial interests whereas a rights-based approach is intrinsically more favourable to the case for children. Since it is children who suffer the consequences of targeted marketing of energy-dense foods and beverages without having any powers to change it, a rights-based, protection-oriented approach seemed the most appropriate.

The Principles were defined to cover the ‘commercial promotion of foods and beverages to children’ and did not consider issues related to social marketing campaigns funded by government or non-commercial sources. Marketing encompasses many strategies (classically stated as promotion, price, product and place), all of which provide opportunities for interventions to help address obesity; however, promotion is considered the most amenable to a regulatory approach.

The first draft of guiding principles was distributed to delegates (~2500) at the 10th International Congress on Obesity in Sydney in September 2006 and written feedback was received from forty-three delegates. A revised version of the ‘Sydney Principles’ (see box) was posted on the IOTF website(19) and distributed by email and organisation newsletters to a wide variety of individuals and organisations with an interest in nutrition, public health or food marketing as part of UN agencies, the health and science sector, civil society and the private sector. Contacts came from many sources (e.g. the Internet and IOTF and Working Group member networks). The global consultation on the draft Principles was conducted from November 2006 to April 2007.

The consultation requested views on the need for a set of Principles, specific feedback on each of the Principles, and responses to two other key issues: (i) which products should be covered by marketing restrictions (only energy-dense, nutrient-poor foods and drinks; all foods and drinks; or all products); and (ii) up to what age should marketing restrictions apply. The web page attracted approximately 6000 ‘hits’ and responses were received from 128 individuals or organisations(19). Ninety-five per cent of respondents were from high-income countries, with a total of eighteen countries represented, and 65% of respondents were identified as health professionals or organisations. Two national consumer organisations and...
several peak associations for food and beverage and advertising industries (such as the International Council of Beverages Association, International Council of Grocery Manufacturers Associations and World Federation of Advertisers) also provided considered submissions. In addition, the Oxford Health Alliance conducted a poll through its networks receiving forty-nine responses from twenty-seven countries, which mirrored the responses made to the Working Group(20). Thus, a total of 220 written submissions were made through the various channels; however, it is the 128 responses (above) which are further analysed here. The Working Group reviewed the submissions further and debated any points of contention (below).

**General comments**

Virtually all respondents (97%), including those from industry groups, supported the need to have such a set of guiding principles (with no additional principles suggested). Several comments in the general feedback referred to the need for the Principles to be placed in the context of achieving a balance between the personal responsibilities of parents and of children, the ethical responsibilities of the private sector, and the child protection responsibilities of governments and society.

**Comments on the Principles**

**Principle 1 (‘Support the rights of children’) and Principle 2 (‘Afford substantial protection to children’)’**

Comments received on Principles 1 and 2 were supportive with no specific issues raised.

**Principle 3 (‘Be statutory in nature’)’**

Apart from the industry respondents, there was little specific comment on this Principle. The industry bodies disputed the need for statutory regulations, stating that the existing self-regulatory approaches were working well, industry was continuing to respond to public pressure and consumer needs, and regulations already protected consumers from deceptive practices. In evaluating this argument, the Working Group considered the primary purpose of advertising self-regulatory codes, which is to ensure that the content of specific advertisements is legal, decent, truthful and honest(21). The Working Group believed that self-regulatory codes, by their nature, even if fully enforced, would not substantially reduce the large volume and high impact of marketing obesogenic foods and beverages to children. Their reach appears to be limited and fragmented(22), especially in low-income countries, and, arguably, the undertakings by some large food companies to refrain from marketing to children(23,24) are inconsistent and very limited in scope. In addition, the Working Group believed that the effectiveness of...
self-regulation will always be limited because such codes are voluntary and without meaningful sanctions. Thus, the Working Group considered that only statutory regulation could guarantee substantial protection to children (Principle 2) and deal with cross-border marketing (e.g. regional broadcasting and the Internet, Principle 6).

**Principle 4 (Take a wide definition of commercial promotions)**

There was very strong support for regulations to cover all commercial promotions, given that children are being increasingly targeted through a variety of marketing strategies such as sponsorships, competitions, loyalty schemes, websites, mobile phone text messages and viral marketing. However, some respondents highlighted some of the practical challenges in implementing actions based on this Principle. These included the complexities of trying to regulate promotions on packaging or through the Internet, and the need to find alternatives for children’s sport being sponsored by fast-food restaurants, confectionery or soft drinks companies.

**Principle 5 ('Guarantee commercial-free childhood settings') and Principle 6 ('Include cross-border media')**

Commercial-free childhood settings and cross-border regulations also received strong support in the comments from respondents. While no comments disputed the Principles themselves, some highlighted the likely implementation difficulties in defining ‘childhood settings’ and ensuring that positive relationships between the private sector and childhood settings were not lost.

**Principle 7 (‘Be evaluated, monitored and enforced’)**

The only comments received on this Principle stressed the need to adequately fund independent compliance monitoring and enforcement.

As a result of the comments received, the Working Group provided clearer wording in the explanatory notes that accompanied the Sydney Principles but did not change the wording of the Principles themselves (see box).

**Response to other key issues**

**Which products should be covered?**

The question of which products should be covered by marketing restrictions was not included in the Sydney Principles because there did not appear to be sufficient consensus to create a principle; so this issue was put to respondents with three options provided.

1. **Total prohibition.** The most restrictive option, and the one that most faithfully adhered to a rights-based approach, was one that restricted the marketing of ‘all commercial products’ including games, toys, books and events to children. This approach not only sets the highest ethical benchmark but also has been applied for over 25 years in Quebec where there is a prohibition on print and broadcasting advertising targeted at children under 13 years of age, and in Sweden with similar restrictions applying to television programming for children under 12 years old. This was supported by 31% of those who chose one of the three options (33/121).

2. **Prohibition of all food and beverage advertising.** The second most restrictive option was one that covered ‘all foods and beverages’. The rationale for this option was that definitions of the disallowed products were clear and that in practical terms very little commercial marketing for healthy foods and beverages would be excluded simply because this is a tiny segment of current products marketed to children. This option was supported by 24% of respondents.

3. **Conditional prohibition based on content.** The final option was the least restrictive, taking more of a risk-based than a rights-based approach, and was for the restriction of commercial promotions for ‘energy-dense, nutrient-poor foods and beverages’. This forms the basis for the new UK regulations to restrict television advertising during programming specifically for children up to the age of 16 from 2008. This option was supported by 45% of respondents.

In the comments provided, there was some recognition that targeting only unhealthy foods and beverages would be a valuable start because of the close association with obesity, whereas restricting marketing of all products to children was a much bigger step and broader than the obesity and health agenda. Others noted that the division of foods into ‘healthy’ and ‘unhealthy’ would need to be made on scientific grounds, but even then it ran the risk of shifting the focus away from protecting children and onto the details of the classification system. Another option mentioned was to restrict the commercial marketing of all foods and beverages unless they had been shown to have health benefits, such as fruit and vegetables.

**To which age should restrictions apply?**

This was the second important issue upon which the Working Group felt there was not enough consensus to place it as a principle, and so respondents were asked their opinions. The age of 18 years corresponds to the standard definition of a child adopted by the United Nations Convention on the Rights of the Child. Of those who specified an age limit (n 110), 70% favoured restrictions up to at least the age of 16, with over half of this group stating the age of 18. Some respondents commented that the rationale for ensuring that the restrictions extend to older children was that they are also affected by both the obesity epidemic and commercial marketing, and the most logical approach would be to
ensure that children of all ages are protected. There were also calls for a ‘stepped approach’ across the age range in recognition of the greater awareness of the persuasive intent of marketing and the higher expectation to accept responsibility for their behaviour in older children.

In light of the diversity of responses and comments received, the Working Group decided that, at this stage, the age and product criteria could only be covered in the context of each country or region. However, an international code on marketing to children should define these issues more tightly to provide clearer guidance to countries and consistency across countries.

Conclusions

The consultation has found strong support among a diverse group of interested stakeholders (although the majority of respondents were from high-income countries and had a health background) for a set of guiding principles for actions to provide a substantial level of protection to children from food and beverage marketing. Apart from some food and advertising industry dissent expressed towards a statutory approach and several implementation challenges, there was strong support for each of the Sydney Principles. These Principles are now available to be widely promoted to those interested in children’s health globally and the IOTF Working Group believes they will serve as an important advocacy tool by providing a basis for benchmarking action. The Working Group also believes that these Principles should be used not only to underpin the development of national regulations, regional agreements and recommendations, but they could also be used as the foundation for developing a WHO Code on Food and Beverage Marketing to Children.

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