



One Year On... Building on Bold Policy Ambitions

Stakeholder views on HFSS marketing restrictions and
the next steps to help tackle obesity

July 2021

Together we will beat cancer



Reference

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Cancer Research UK

Cancer Research UK is the world's largest independent cancer charity dedicated to saving lives through research. We support research into all aspects of cancer through the work of over 4,000 scientists, doctors and nurses. In 2018/19, we committed £546 million to fund and facilitate research in institutes, hospitals and universities across the UK. Our ambition is to accelerate progress and see 3 in 4 patients surviving their cancer by 2034. This research was funded by the Cancer Policy Research Centre, Cancer Research UK. Cancer Policy Research Centre Targeted Research C47682/A30934

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Foreword

Rates of obesity in England have doubled in the last 20 years; almost two thirds of adults are living with overweight and obesity, and of particular concern are the increasing rates of obesity in children.

Excess weight is a significant health issue, contributing to both physical and mental ill health, a reduced number of years spent in good health and reduced life expectancy. There is also extensive evidence indicating that excess weight can have serious implications for the physical and mental health of a child, which can then translate into adulthood.

Over the last three decades the UK Government has responded with a range of policy measures, and whilst the efficacy of these measures in helping to curb these rising trends is not fully known, there is consensus amongst policy makers that there is much more we can do to protect the population's health.

As a nation we continue to experience widespread preventable illness and inequalities in health outcomes. For example, we see inequality in the prevalence of obesity; for adults this is to a greater extent in women than men, with almost double the percentage of women in most deprived communities living with obesity compared to least deprived. We also see a similar relationship in children, with those living in low-income households disproportionately impacted.

COVID-19 has shone a spotlight on these inequalities; people living with obesity are at a greater risk of developing severe COVID-19 complications. The impact of the virus has been particularly detrimental to some minority groups and people living in areas of higher deprivation and poverty have experienced some of the very highest COVID-19 death rates.

Furthermore, we anticipate challenges facing the food system due to Brexit, and the risk of short-term food insecurity and rising food prices. People on low incomes spend proportionately more of their money on food and are more likely to consume highly processed foods, with the UK diet having one of the highest proportions of ultra-processed foods across Europe. Consequently, we are faced with the double blow of two major challenges; high and growing levels of obesity and diet related disease, compounded by some of the highest levels of household food insecurity in Europe.

Whilst we know that food choices are strongly influenced by a combination of economic and societal influences, there is also an external element influencing behaviour in the form of food industry marketing campaigns. Ultimately, advertising and marketing of foods and drinks high in fat, sugar and salt (HFSS) increases their consumption and negatively impacts on the health of children and young people. Research by Food Active and the Children's Food Campaign, suggests parents in the North West are concerned about the influence marketing of HFSS foods and drinks have on their child's eating habits. Over half of parents surveyed suggested the most common challenges in providing a healthy diet for their child was the availability of too many snack and junk foods, with many parents in support of policy measures to tackle this.

There is widespread recognition of the need to adopt progressive policies to tackle the wider environmental factors that influence population health with a view to promoting sustainable and affordable healthy diets. July 2020 saw the launch of the latest UK Government obesity

strategy, which sets out a number of actions to restrict the promotion and advertising of foods high in fat, sugar and salt and support consumers to make healthier choices. Whilst these actions are a step in the right direction, we are particularly pleased to see the publication of this new report from Cancer Research UK that sets out the rationale for *bolder and more comprehensive action* to tackle the fundamental drivers of obesity. The report acknowledges that no single policy is likely to work effectively in isolation, for advertising restrictions to be effective, they need to be comprehensive and cover all possible media and outlets. Strategies must promote the health of the whole population, not targeted at individuals or individual behaviours. Policies that promote systemic change, addressing the role ‘unhealthy’ foods play in society and changing social norms must be prioritised. As such, we urge the government to consider the recommendations set out in the report with a view to ‘levelling-up’ and ensuring equitable access to good food *for all*.

Nicola Calder, R.Nut., Programme Lead Food Active

Food Active is a healthy weight programme delivered by the Health Equalities Group. Originating in the North West of England, Food Active supports local authorities across England, from the North East and Yorkshire and Humber to the South West, to help drive forward the healthy weight agenda.



Executive Summary

Overweight and obesity is the second biggest cause of cancer in the UK, being linked to 13 different cancer types and over 22,000 cancer cases every year [1]. In the UK, currently more than 6 in 10 adults live with overweight and obesity [2]. In children, it is estimated that over a third are leaving primary school with overweight or obesity [3]. By 2030, the rising levels of overweight and obesity are estimated to cost the NHS £9.7 billion, with wider costs to society estimated to reach £49.9 billion [4]. It is crucial to tackle rising levels of obesity by implementing policy interventions to benefit the health of the whole population.

There is substantial evidence that exposure to marketing of food and drinks high in fat, salt and/or sugar (hereafter HFSS) can lead to the increased consumption of these products, impacting the health of children and young people [5]. In recent years, the UK Government has begun to address the prevalence of HFSS marketing by introducing measures to limit advertising on children's TV programming. A recent CRUK report has shown that between 2017 and 2019 little progress has been made, with young people still recalling a range of HFSS marketing activities. This report also showed that increased awareness is still associated with higher reported consumption across a range of HFSS foods [6]. More needs to be done to reduce exposure to HFSS marketing, thereby reducing consumption and protecting the population's health, including reducing the risk of cancer.

In July 2020, the UK Government announced a new strategy aiming to tackle the rising levels of overweight and obesity in the UK. The strategy included commitments to policy such as a 9pm watershed on HFSS marketing on TV, the prospect of ending HFSS

marketing online, and restrictions on location and volume-based promotions in stores [7]. In July 2021, the UK Government published their response to the 2019 and 2020 consultations, in which they confirmed their commitments to restricting promotions of HFSS products. At the time of publication, this is currently going through legislation in the Health and Care bill. These policies, if implemented robustly, will be a crucial step in protecting young people from HFSS marketing and improving their health, whilst also benefiting the wider population. Focus now needs to be on continuing the momentum and progress across all factors which impact obesity.

This report presents research exploring stakeholder views on the policies within the July 2020 obesity strategy, whilst also looking ahead to future policy priorities, beyond the commitment already made by the UK Government. This report also explores views on the opportunities to improve the availability and promotion of 'healthy' options, and the impact of COVID-19 and Brexit on obesity policy.

This research gathered views from stakeholders with specific expertise in different policy areas. These included:

- **Policy stakeholders**, with expertise in obesity policy.
- **Commercial stakeholders**, with a commercial interest in policy development.
- **Advocacy stakeholders**, representing wider determinants of health.

The research purposely interviewed different stakeholders with specific expertise of working across obesity in the UK. This allowed the research to collate a range of views to recognise the importance of working together to progress obesity policy.

Key Findings

The July 2020 obesity strategy, if implemented fully, was seen as an important step forward...

Overall, stakeholders expressed a wide range of views in response to the announcements made by the UK Government obesity strategy in July 2020. Policy and advocacy stakeholders were cautiously optimistic about the announcements, seeing them as an important step forward in obesity policy in the UK. However, many agreed that policy effectiveness would depend on what was eventually implemented, with stakeholders sceptical about whether the strategy would progress into policy changes. There was also a shared frustration on all sides at the slow progress of obesity policy development.

... but only part of the bigger picture in tackling obesity.

Almost every stakeholder held slightly different opinions on the likely effectiveness and feasibility of the policies announced and what other policy priorities should be considered. Stakeholders shared a sense of disappointment, with policy and advocacy stakeholders suggesting that policies did not go far enough in tackling obesity, but with commercial stakeholders being disappointed by the content of the strategy, saying the policy focus was wrong.

'So I think I would agree that if all of these policies were implemented as strictly as possible, so as in not watered down, I think that they could be a really good group of policies that cover quite a range of spaces.' (S22 advocacy)

A 9pm watershed of HFSS marketing on TV should be implemented alongside a near total ban online.

Stakeholders identified a 9pm watershed for advertising HFSS products on broadcast TV and online as a policy most relevant for children and young people. The 9pm broadcast was seen as straightforward to put in place, where existing legislation and definitions of HFSS could be used. Many stakeholders stressed the importance of implementing these marketing restrictions fully.

Stakeholders also mentioned that it is important to consider the shift towards children and young people consuming media through online platforms, rather than traditional broadcast TV. A 9pm watershed was viewed as an important part of a wider package of measures, which should be implemented alongside an online ban. A total ban of online HFSS advertising was perceived as very important but would be difficult to implement and would receive a lot of resistance from commercial stakeholders and industry.

'Like I say, I think potentially, if you could do it correctly – and that's a really big if – the restricting the advertising of unhealthy foods online, that could be really important. That could be a real game-changer, that one. But we really wait to see what that will actually turn out and look like.' (S09 policy)

In-store restrictions by price and place promotions were supported across all types of stakeholders...

Restrictions on the placement of products and use of price promotions within retail locations was supported by all types of stakeholder. Stakeholders viewed these policies as easy to implement, with many mentioning certain retailers that have already taken the initiative and would welcome the consistency between other retailers.

Advocacy stakeholders were particularly supportive of these policies in respect of children and young people as a means of reducing pester power while shopping with adults. However, stakeholders did mention the potentially negative impact on families of restricting in-store price promotions, particularly considering COVID-19 and the financial hardship it has had upon many families, which should be considered.

'I think anything that restricts multibuy on HFSS and, you know, the end of aisle placement and all of those things is a good idea, because we know that it encourages people to buy more...want to buy more impulsively.' (S10 policy)

... But there needs to be a better balance between the price and availability of 'healthy' and 'unhealthy' products.

All stakeholder types considered the availability and price of healthier options to be crucial. While most policy and advocacy stakeholders discussed the potential of using

price to discourage consumption of 'unhealthy' foods, they also highlighted the need to balance this with reducing the price of 'healthy' foods to avoid regressivity, particularly in the context of COVID-19. The rebalancing of VAT was identified as a potential option to reduce the price of 'healthy' foods, highlighting the importance of defining which foods should be covered by policies.

'So, I think availability of healthier options really matters and quantifying policies which would ensure that that happened I think would make a difference. So, that's one bit of availability.' (S19 policy)

Providing consistent food labelling could be helpful for certain populations.

Labelling in all forms, including front-of-pack nutritional labelling and out-of-home calorie labelling, was perceived by stakeholders to be helpful in terms of providing a level playing field and consistent nutritional information for individuals. However, some stakeholders thought their impact could be limited to certain populations and even potentially damaging to specific populations, such as people living with disordered eating. Changing the labelling rules could also be an operational burden, particularly for small businesses.

'I think the government would find a lot of buy in for making things consistent and straightforward so long as everything's fair.' (S28 commercial)

Policies need to be complete and comprehensive...

All stakeholder types emphasised that no one policy was likely to work effectively in isolation, and multiple policies need to be working together. Stakeholders noted that for advertising restrictions to be effective, they need to be comprehensive and cover all possible outlets. This includes all advertising spaces in the physical environment, all media, and digital platforms. Policy and advocacy stakeholders were concerned that marketing restrictions and regulation of one form of advertising may simply drive investment in another area.

... and it is crucial that policies work for everyone and at every level.

Stakeholders highlighted that strategies should be positioned as being for the health of the whole population, not targeted at individuals or individual behaviours. This unhelpful framing of obesity policy should be avoided, and a prime concern for many stakeholders was avoiding the stigmatisation of those living with obesity. Stakeholders also stressed the importance of having a strategy and policies that cover all levels of society, from supporting individual understanding to local and national government policies.

'So I think it's national government set the ambition and the framework, local authority is empowered and funded to be able to get into where the issues are, and then the individual through their environment being empowered and then enabled to make the choices that they should make.' (S11 commercial)

Future policies should aim to tackle the key drivers of obesity...

Many stakeholders highlighted the complexity of the food environment and advocated for a whole systems approach in tackling obesity. Stakeholders suggested policies beyond restricting the marketing of HFSS foods as a priority for the future of tackling obesity. These included policies that promote systemic change, address the role that 'unhealthy' foods play in society and change social norms. Many commercial stakeholders highlighted the willingness of industry players to recognise their social responsibilities and seek progressive solutions to tackling obesity.

... including a focus on reducing health inequalities.

Throughout their interviews, stakeholders referenced the need for policies to focus on tackling inequalities, which was seen by many as a key driver of obesity and fundamental to address. An example of this highlighted in the report was that, whilst providing more free school meals is crucial in the short-term, the final policy objective should be to eliminate the need for free school meals by tackling inequalities.

So we know, for instance, that there is a really clear and obvious relationship between socioeconomic inequality and incidence of obesity. And I'm not seeing from any of these policies really any sense that it's engaging with that.
(S35 advocacy)

'Healthy' vs. 'unhealthy' categories could be considered unhelpful.

Stakeholders expressed a clear need to be able to clearly define which foods policies apply to, and that these definitions should be as simple as possible. Being able to clearly define what foods were within the scope of policies was considered to be an important step in gaining support for the introduction on policies. The existing nutrient profiling model was recognised to be well established and understood, but stakeholders highlighted its tendency to result in a definition of 'healthy' and 'unhealthy' foods, which was seen as demonising and unhelpful. Many agreed it would be better to develop a way of linking policies to a whole diet approach and to focus on encouraging people to make healthy changes.

'We need to be moving away from referring to food as unhealthy anyway because, you know, actually just labelling food as unhealthy can be detrimental in terms of relationships with food.' (S34 advocacy)

Reformulation doesn't always result in 'healthy' products.

A key topic of conversation for all types of stakeholders was the reformulation of products. Policy and advocacy stakeholders expressed concerns of an overreliance on processed foods, and that existing reformulation programmes simply result in slightly less 'unhealthy' products rather than encouraging healthy eating practices. However, others observed that the reality of life that people rely on processed foods and that it is important to reduce their impact on obesity.

'But then on another level, we don't want that reliance on ultra-processed foods as a norm, the reality probably is that they are at the moment and the way that our lives are structured.' (S32 advocacy)

COVID-19 has impacted obesity policy...

The emerging link between obesity and worse outcomes from COVID-19, was suggested as a reason we need stronger Government action on obesity and to have raised obesity up the policy agenda. Stakeholders also mentioned the impact that the COVID-19 lockdown and restrictions have had on people's diet and eating behaviours as important to consider. This included changes such as the 'Deliveroo effect' of increased out-of-home food consumption and increased food insecurity in more deprived groups. However, many stakeholders thought that the linking of COVID-19 with obesity COVID-19 policies might not be helpful in the long-term.

...and so has Brexit.

Many stakeholders also mentioned the impact of Brexit, perceiving it would increase food prices and require stronger Government action to support individuals and businesses. Brexit was also perceived as an opportunity to review policies previously under EU regulation.

'There is an opportunity I think with Brexit for the UK to have more power over whether more products could have front of pack labelling?' (S16 policy)

What should Government do?

This report marks one year since the launch of the UK Government's 2020 Obesity Strategy, an important step forward in tackling obesity in the UK. This report represents the diverse range of stakeholder views and is a clear demonstration of the need for comprehensive action on obesity. Based on this report Cancer Research UK recommends that the UK Government:



Create a Cabinet-level committee on health improvement

The UK Government should create a Cabinet-level committee on health improvement and prevention, to ensure political focus on the delivery of the Government's obesity policy commitments and co-ordination of the development of the strategy's next stages.



Secure legislation on strong marketing and promotions restrictions for unhealthy food and drink

Cancer Research UK supports the UK Government's legislation on HFSS TV and online advertising and promotions restrictions, and we will work to secure their passage through Parliament. These measures, if implemented robustly and effectively future-proofed, including on social media, will be a significant step towards tackling overweight and obesity in the UK.



Investigate and respond to the impact of other types of marketing

Industry reaction to upcoming marketing restrictions will need to be monitored carefully to understand and respond to new challenges - including the impact of, and potential advertising displacement towards, other types of marketing; such as brand advertising, sports sponsorship or via food delivery applications.



Adjust definitions of "healthy food"

The UK Government should further increase the effectiveness of its marketing and promotions restrictions by bringing in the new revised Nutrient Profiling Model (NPM). It should also then continue to examine the case for further changes to the definition of what constitutes 'less healthy' and 'healthy eating'.



Conduct further research to identify future obesity policy measures

The UK Government should conduct further research into impactful policies, including fiscal levers, and then use that to build on the measures currently being implemented – in order to ensure the target of halving childhood obesity by 2030 is achieved.



Address obesity related health inequalities

The UK Government should undertake more critical research into the drivers of health inequalities and to introduce interventions on obesity to address the higher rates of excess weight that disproportionality affect the most deprived communities in the UK.



Prioritise public health in future trade deals

The UK Government should give high priority to public health and the impacts on obesity when entering into trade deals. Public health experts must be offered the same opportunities as industry to comment on UK trade policy.

We also call the governments of the devolved nations to:



Implement the measures in their respective obesity strategies

We welcome the commitments made by the governments of the devolved nations to tackle obesity and call on the respective governments to implement these measures so that there is consistent action across all four UK nations.

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Introduction

Overweight and obesity is an ongoing problem in the UK. The latest statistics indicate that in 2018, the majority of UK adults were living with overweight or obesity (67% of men and 60% of women) and 20% of year six children were classified as obese [8]. Overweight and obesity is the second leading preventable cause of cancer in the UK, being linked to 13 different types of cancer [1]. In recent years the UK Government's obesity strategy has emphasised tackling childhood obesity [9]; in 2018, Chapter 2 of the UK Government's Strategy highlighted the importance of further limiting exposure to the marketing of foods high in fat, sugar and/or salt (HFSS) to children and young people [10].

Previous restrictions on the marketing of HFSS products [11] and policy consultations arising from the Childhood Obesity strategy [12, 13] have tended to focus on advertising and in-store promotions. However, commercial organisations engage in a range of marketing strategies, known as the 4Ps of marketing (Product, Place, Price and Promotion), designed to drive demand for existing and new products and services [14]. When these marketing activities lead to increased purchasing and consumption of HFSS foods [15], impacting the health of the population, there is a strong argument for government intervention. The regulation of such commercial activities is particularly warranted when there is a significant impact on the health of children and young people [16]. It is also essential that regulation covers the entire range of marketing strategies.

There is an increasing amount of evidence on the impact of commercial marketing activities on purchasing and eating behaviour, including price promotions [17], nutritional labelling [18] and in-store placement schemes [19]. There is a need to continually explore a full range of policy options which may further lessen exposure to, and impact of, the marketing of HFSS foods, encompassing all 4Ps of the marketing mix (product design and development, place, price and promotion). This view was supported by the then Chief Medical Officer in the 2019 independent report, 'Time to Solve Childhood Obesity' [20].

Recently, the COVID-19 pandemic and the increased risk of worse health outcomes from contracting the virus for those living with obesity [21] has shifted the UK Government's focus to a wider range of obesity policy options, applicable to the whole population. The UK Government's policy paper 'Tackling obesity: empowering adults and children to live healthier lives', published in July 2020, included the further restriction of marketing of HFSS products as a key component (Box 1) [7].

Box 1 - Tackling obesity: empowering adults and children to live healthier lives – actions and consultations

- Introducing legislation to require large out-of-home food businesses, including restaurants, cafes and takeaways with more than 250 employees, to add calorie labels to the food they sell.
- Legislating to end the promotion of HFSS foods by restricting volume promotions such as buy one get one free, and the placement of these foods in prominent locations intended to encourage purchasing, both online and in physical stores in England.
- Banning the advertising of HFSS products being shown on TV and online before 9pm.
- Holding a consultation on how to introduce a total HFSS advertising restriction online.
- Publishing a 4-nation public consultation to gather views and evidence on the current 'traffic light' label to help people make healthier food choices.
- Consulting on the UK Government's intention to make companies provide calorie labelling on alcohol.

The strategy and increased willingness from the UK Government to take an interventionist approach has been welcomed by health experts. However, this has been tempered by some frustration that there would be further consultation delays (Table 1); a lack of detail on what would actually be implemented; and a concern that the policy actions did not go far enough [22]. This has been mitigated to some extent by the content of the May 2021 Queen’s speech at the state opening of Parliament, in which the UK Government reaffirmed their commitment to tackling obesity. Most recently, in June 2021 the UK Government published their response to the 2019 and 2020 consultations, in which they confirmed the introduction of a 9pm TV watershed for HFSS products and a restriction of paid-for HFSS advertising online. In Scotland, the Scottish Government had already consulted on, and committed to, introducing a Bill on Restricting Foods Promotions in the parliament ending in May 2021 [23, 24], however, the impact of COVID-19 has delayed the introduction of this Bill [25].

Consultation title	Consultation timing	Status (correct July 2021)
1. Mandating calorie labelling for food and drink served outside of the home [26]	Sep-Dec 2018 Jul-Sep 2020	Outcome published Feb 2021 Updated Jun 2021[27]
2. Restricting promotions of products high in fat, sugar and salt by location and by price [12]	Jan-Apr 2019	Outcome published Dec 2020 Updated July 2021 [28]
3. Introducing further advertising restrictions on TV and online for HFSS products [13]	Mar-Jun 2019	Outcome published Jun 2021 [29]
4. Front-of-pack nutrition labelling in the UK: building on success [30]	Jul-Nov 2020	Analysing feedback
5. Consultation on the total restriction of online advertising for HFSS products [31]	Nov-Dec 2020	Outcome published Jun 2021 [29]
6. Mandatory calorie labelling on pre-packaged alcoholic drinks [32]	TBC	Not yet launched

Table 1: Status of consultations on marketing restrictions for HFSS products up to the end of July 2021

In the wake of the COVID-19 pandemic, there may be increased political and public pressure to protect the NHS through preventing the non-communicable diseases (NCDs) associated with obesity. Greater restrictions on the marketing of HFSS products could contribute in this respect. However, there will likely be a balance to be struck in ensuring public and political support given the impact of COVID-19 on the business sector.

The purpose of this study is to critically examine different stakeholder views on policy options to inform Cancer Research UK’s future research strategy and policy calls in relation to the marketing of HFSS foods and obesity policy. The study gathered views from stakeholders with specific expertise of working in different areas of obesity in the UK, in order to gather a range of perspectives.

Research aims and objectives

This exploratory study aims to examine stakeholders' views on the feasible and effective policy options for reducing exposure to the marketing of HFSS foods, as part of wider efforts to reduce obesity, particularly for children and young people. We aim to consider all aspects of the marketing mix, particularly in the light of the COVID-19 pandemic.

Research questions

RQ 1: What is the likely impact of proposed policies and consultations in the latest UK Government obesity strategy?

- This question will aim to understand the impact of the proposed restrictions on the general population, other stakeholders, and with a focus on children and young people. We also explore whether there could be any unintended consequences to consumers and to the market, and key differences in the Scottish and Westminster approach to marketing restrictions.

RQ2: What other policy areas would stakeholders like to see a focus on?

- We aim to understand, across the full marketing mix, which other policy areas stakeholders would like to see a focus on and where the key evidence gaps are. We also explore barriers to achieving ambitions to reduce exposure to marketing for HFSS foods. Beyond marketing, we aim to understand more widely what the barriers are to reducing childhood obesity, and what stakeholders would do if they could do anything to tackle childhood obesity. Views on the interplay between childhood and adult obesity will be explored to capture the life course of obesity.

RQ3: What opportunities exist to improve the availability and promotion of 'healthy' options?

- This question will explore what policies could be introduced in order to improve the availability and promotion of healthy food and drinks. We will also seek to draw upon examples from other countries and contexts for combining positive approaches with restrictions.

RQ4: What impact do COVID-19 and Brexit have on perspectives on limiting the marketing of HFSS foods?

- Within this question we will aim to explore whether stakeholders' views have changed and shifted as a result of Brexit and the COVID-19 pandemic, and the impact on proposed and potential marketing restrictions. Stakeholders' views on the emerging evidence between worse COVID-19 outcomes and obesity, and the influence of this on decision making will also be explored.

Methods

Research Design

This qualitative study employed semi-structured interviews, conducted via Microsoft Teams video call, between September and December 2020. The interview schedule allowed some flexibility and variation between participants, allowing them to focus on the section(s) that reflected their own areas of expertise and interest in obesity policy development.

Sampling and recruitment

Purposive sampling techniques were used to identify a mix of stakeholders with a breadth of relevant perspectives and expertise of working across obesity policy. Direct e-mail invitations were sent to 145 potential participants, selected to represent a broad mix of stakeholders with expertise in: public health policy development; the food and drink industry including trade associations, broadcasters and the advertising industry; and advocacy stakeholders representing groups with lived experience of poverty and of obesity and disordered eating. While this sampling approach does not aim to be representative of the distribution of different perspectives within a population, purposive sampling methods permit a diverse breadth of relevant perspectives to be represented, and for fringe or unanticipated perspectives to emerge [33].

Participants were categorised according to three stakeholder definitions:

1. **Policy stakeholders:** those with deep expertise in obesity policy development e.g.: regulatory bodies and policy makers, third sector organisations, charities and academics.
2. **Commercial stakeholders:** those with a commercial interest in policy development e.g.: food and drink industry and representatives, retail sector, advertising industry, broadcasters and CRUK corporate partners.
3. **Advocacy stakeholders:** those with expertise in advocacy policy and representing wider determinants of health e.g.: people working with the stigma community, obesity harm-reduction groups, organisations representing those on low-income, people who work with children and young people, and food and health journalists.

We acknowledge that these are broad categorisations and some stakeholders have expertise spanning across more than one of these categories, particularly policy and advocacy stakeholders. The stakeholders were categorised according to their main expertise and experience, but we also acknowledge stakeholders within the same category will not necessarily hold the same views.

Individuals known for their relevant policy expertise and prominence in target organisations were identified and approached by personal e-mail invitation from Professor Shona Hilton, (University of Glasgow). Those who agreed to participate were provided with the study participant information sheet, privacy notice and consent form, which they signed and returned prior to being interviewed. Additionally, snowball sampling was used to capture relevant stakeholders in our sampling frame. Of the 145 individuals approached, 76 represented policy stakeholders, 34 commercial stakeholders and 35 advocacy stakeholders.

- **For policy stakeholders**, participants included individuals with experience of either the Westminster or Scottish policy environments. We prioritised diversity of experience, for example by recruiting academics from different institutions to ensure breadth of institutional learning.
- **For commercial stakeholders**, the research team drew on prior research into stakeholder engagement in public policy debates [34, 35] in order to identify target organisations and individuals who have been prominent in policy debates on the regulation of unhealthy commodity industries.
- **For advocacy stakeholders**, the research team identified prominent organisations with expertise in representing the wider determinants of health, including the stigma community, people on low income and those who work with children and young people.

Interview design

Interviews were conducted over Microsoft Teams and digitally recorded. Interviews typically lasted between 45 and 60 minutes. The semi-structured interviews were directed by an interview schedule which was tailored to be appropriate to the three stakeholder categories (Appendix 1). All three versions covered the same basic research questions and were split into four sections:

1. Questions exploring the marketing restriction policies announced, either for implementation or further consultation, as part of the UK Government's Obesity Strategy in July 2020 (Box 1). Including feasibility, barriers and facilitators and likely responses (from industry, public or other sources).
2. Questions exploring a broader set of marketing restriction policy options – based on suggestions proposed in the CMO report on childhood obesity [20]. Including feasibility, barriers and facilitators and likely responses (from industry, public or other sources).
3. Open question to allow the exploration of key policy priorities.
4. Contextual questions on the impact of COVID-19, Brexit and ideas for policies that would improve the availability and promotion of healthy food and drinks.

Visual aids were used to prompt discussion for the policies under consideration in Sections 1 and 2 (Appendix 2), categorised by the 4Ps of the marketing mix. Examples of the type of policies used to prompt discussion in Section 2 include:

- **Product:** Plain packaging; mandatory reformulation; restriction of portion sizes; calorie caps; redefinition of HFSS foods.
- **Place:** In-store signage; availability (eg: out-of-home sector/takeaways); availability and content of school meals; tailored product mix by location; consumption bans in public spaces/ transport.
- **Price:** Price increases; review tax-deductible expenses; extension of soft drinks industry levy; minimum price options; VAT review.
- **Promotion:** Restrict advertising across all media, public venues and publicly funded events; sports sponsorship and advertising limited to healthy products.

Analysis

The recordings were all transcribed verbatim and anonymised transcripts imported into NVivo 12 for thematic analysis based on Braun and Clark's methods [33]. A draft coding frame was developed and tested within the research team by a process of double coding of a sample of

transcripts. In the first instance deductive codes based on the interview topic guide were used to structure the data. Deductive themes were subsequently identified in order to capture different thematic aspects of participants' experiences in a way that allowed direct comparisons across policies and stakeholder categories. Attitudinal codes were used to highlight stakeholders' initial responses to the UK Government's policy announcement in July 2020 and their support for, or opposition to, each individual policy. This method of analysis facilitated identification of common and atypical experiences and perspectives.

Ethics

This study was granted ethical approval by the University of Glasgow, College of Social Sciences Research Ethics Committee. Approval was granted on 2 September 2020, application number 400190230.

Results

From the 145 stakeholders approached, 42 participated in the semi-structured interviews (Table 2).

Stakeholder type		Complete
Policy stakeholders (n=19)	Regulatory bodies	1
	Policy makers	1
	Semi-official policy makers	1
	Third sector	8
	Academic	8
Commercial stakeholders (n=10)	Food & drink industry and representatives	5
	Retail	0
	Advertising industry	3
	CRUK Corporate partners	1
	Broadcasters/internet platforms	1
Advocacy stakeholders (n=13)	People working with the stigma community	5
	People working with inequalities & poverty	3
	People working with children and young people	4
	Journalists	1
Total		42

Table 2: Number of stakeholders participating in a completed interview by stakeholder type

Whilst all interviews followed the same semi-structured questioning, individual stakeholders tended to focus on elements that reflected their own areas of expertise and interests. For example, policy stakeholders were more likely to comment in detail on specifics of individual policies, whereas commercial stakeholders preferred to speak in more general terms, particularly focusing on the consequences of policies and other policy priorities.

The findings are presented here in the following sections:

1. What is the likely impact of proposed policies and consultations in the UK Government's latest obesity strategy?

- 1.1 Initial reactions to the July 2020 obesity strategy
- 1.2 Specific views on policies and consultations announced in July 2020
- 1.3 It is essential to have a clear way of defining what is meant by HFSS products underpinning all policies

2. What other policy areas stakeholders would like to see a focus on?

- 2.1 HFSS advertising restrictions need to be comprehensive and complete across all venues, media and platforms
- 2.2 Policies should aim to tackle the key drivers of obesity
- 2.3 Early years and preconception should be a key policy focus
- 2.4 An effective obesity strategy needs to work at every level in society
- 2.5 Make the most of opportunities to work in partnership with industry
- 2.6 Calls for evidence can prevent action

3. What opportunities to improve the availability and promotion of

'healthy' options?

3.1 Reformulation does not necessarily result in 'healthy' products

3.2 Financial levers are potentially the most powerful, but they should be used with extreme caution

3.3 It would be better to focus on making the healthy option the easy option and encouraging healthy lifestyles

3.4 International examples – from holistic systemic change to severe measures

4. What impact do COVID-19 and Brexit have on perspectives on limiting the marketing of HFSS foods?

4.1 Framing policies in the COVID-19 context

4.2 Industry responses tempered by the COVID-19 context

4.2 Brexit and the COVID-19 Deliveroo effect

1. What is the likely impact of proposed policies and

consultations in the UK Government's latest obesity strategy?

1.1 Initial reactions to the July 2020 obesity strategy

Stakeholders presented a broad spectrum of immediate reactions to the HFSS marketing restrictions included in the July 2020 Obesity Strategy, ranging from generally positive to disappointed (Table 3).

Initial reaction by stakeholder type	Policy		Commercial		Advocacy	
	n ⁺	% [#]	n	%	n	%
Pleasantly surprised	4	21%	0	0%	2	15%
Cautiously optimistic	10	58%	0	0%	4	31%
Sceptical - seen it before	2	11%	0	0%	1	8%
Disappointed - not enough	2	11%	2	20%	3	23%
Disappointed - wrong policy focus	0	0%	8	80%	3	23%

Table 3: Summary of initial reactions to July 2020 Obesity Strategy announcement

[⁺ number of stakeholders; [#] percentage of stakeholder of that type]

Most of the policy and advocacy stakeholders were cautiously optimistic, but with a degree of scepticism caused by impatience with the policy process. Some were pleasantly surprised given historic delays in publishing the outcomes of consultations on the restriction of price promotion and in-store placement of HFSS foods. The policies were viewed as an important step forward, provided they are implemented effectively.

'Even lots of the consultations didn't happen last time and the consultations that did happen, we haven't had summaries of all of them yet so I'm not over optimistic that any of it is going to happen' (S01 policy)

'So I think I would agree that if all of these policies were implemented as strictly as possible, so as in not watered down, I think that they could be a really good group of policies that cover quite a range of spaces.' (S22 advocacy)

Policy stakeholders were particularly concerned about the lack of detail in the announcement. They commented that policy effectiveness would depend on what was eventually implemented, how the policies would be designed, and who would be able to influence the process. For example, they were concerned how HFSS products included in the restrictions would be defined and which businesses the restrictions would apply to.

'I think the devil is in the detail; I think it looks good, but, when you actually look at the detail of what it means, the impact is potentially quite small.' (S16 policy)

A sense of disappointment in the announcement was common to all stakeholder types, but for different reasons. Policy and advocacy stakeholders suggested that the policies did not go far enough in dealing with obesity, particularly as they focus on downstream policies that rely on individual behaviour change to be effective.

'These are really low-hanging things, policies, ...it relies on sort of individuals changing

behaviour essentially. So it's that thing of present people with information or remove a sort of force of influence, so like advertising, remove that. So it's still operating more in that individual realm I think.' (S35 advocacy)

'My overwhelming view is that it's a pathetic number of small drops in the ocean.' (S03 policy)

Policy and advocacy stakeholders were also concerned that the framing of the strategy as being about obesity, particularly in relation to children, was unhelpful. Advocacy stakeholders said that the emphasis on downstream policies targeting personal responsibility and individual action could result in further stigmatisation of those living with obesity. They felt that these were policies that would benefit the population as a whole and should be positioned as such.

'It's really important that it isn't just targeted at individuals who are living with obesity, that this is targeting the whole population for whole population health. Yeah, so I think it is really important in terms of how these policies are...the context in which they're set and also the language that's used to communicate their implementation.' (S36 advocacy)

All types of stakeholder noted that there were opportunity costs associated with a narrow policy focus on further restricting the marketing of HFSS products. Policy and advocacy stakeholders were concerned that such a focus misses key drivers of obesity and it is more important to deal with changing social norms and removing inequalities, although they recognised that the marketing plays a role in establishing the former.

'I think our stance as an organisation is that there's no...and I think it's the same for a lot of other organisation who are similar to us is that there's not a silver bullet [...].I feel like if we start focusing on one policy as the key feature of any obesity strategy it makes the others feel less important.' (S18 policy)

So we know, for instance, that there is a really clear and obvious relationship between socioeconomic inequality and incidence of obesity. And I'm not seeing from any of these policies really any sense that it's engaging with that. (S35 Advocacy)

Commercial stakeholders emphasised that they already play active roles in improving population health through product development and formulation of 'healthy' options. They noted that this is an expensive process and further marketing restrictions would be a disincentive for such investment.

'And if you don't see the return on investment because you don't see the ability to take that to market and succeed with it, the work simply won't happen. And a consequence of that will be obviously kind of a reduction in innovation but also kind of a reduction in choice for consumers.' (S28 commercial)

Perhaps unsurprisingly, commercial stakeholders were the group who were disappointed by the content of the strategy, primarily saying the policy focus was wrong. Given their background, many commercial stakeholders argued that the complexity of the food environment necessitates a holistic approach. They also noted that we should neither seek to regulate food in the same way as alcohol and tobacco, nor import regulatory measures that may not be appropriate in the UK context. Some commercial stakeholders offered a critique of the strategy in the context of dealing with childhood obesity, specifically.

'And I think it's disappointing that there's been a lack of emphasis in the government's

announcement on these kinds of things because let's face it, you know, it is about a holistic approach to healthy lifestyle, eating properly and exercise. And these are kind of headline policies that have been talked about for a very long time and are kind of populist things to do' (S04 commercial)

'Disappointment, I think, because it's the wrong policy, for a whole variety of different reasons. It won't, I mean, not only will it not make any difference to childhood obesity, actually, I think it could make it worse in a few different ways.' (S13 commercial)

'So I just think there's logical inconsistencies in this plan, as there have been in others, which really miss some of the drivers of obesity we see in this country and try and take some of the more draconian aspects of schemes from around the world from countries with far higher obesity levels, different demographics, different cultures' (S11 commercial)

1.2 Specific views on policies and consultations announced in July 2020

Discussion of the individual policies and consultations announced in the UK Government's Obesity Strategy centred on evaluating potential impact, feasibility of implementation and likely industry reactions. No one policy was singled out as particularly important, and no one type of stakeholder was either entirely positive or entirely negative about each policy. Rather they offered arguments both in support of and opposing each policy, resulting in an overall balance of views which could be categorised as either largely in favour of, largely opposed to or neutral (Appendix C).

1.2.1 A 9pm watershed on TV is primarily relevant to children and young people, but more is needed

Many stakeholders of all types identified a 9pm watershed for advertising HFSS products on broadcast TV and online as a policy most relevant for children and young people. However, this was typically caveated by the view that young people are moving towards consuming entertainment in other ways, such as online. A high proportion of policy stakeholders deemed the 9pm watershed an important part of a package of measures, but others agreed with commercial and advocacy stakeholders that it would have limited effects on exposure and obesity.

'I do have some reservations not because I'm necessarily anti the stuff around advertising but I just think that there's an argument to say that we're so far beyond what the 9:00 pm watershed actually means that I'm not sure that it's still contemporary or relevant. But I wouldn't be against it but I wouldn't...I'm not sure whether it'll be as effective as people think but I think it's part of a basket.' (S24 policy)

'Well, taking number two, introducing a 9 o'clock watershed on HFSS advertising on broadcast TV and online, we don't think that's a very effective policy. And the government's own impact assessment has said a 9 o'clock watershed ban would only...would have the effect of reducing by 1.7 calories a day children's intake.' (S11 commercial)

The 9pm watershed was perceived as straightforward to implement on broadcast TV, where existing legislation and definitions of HFSS could be modified. However, participants suggested that this would meet high levels of industry resistance. Attempting to apply a watershed to the online context was considered difficult due to the complexity of the online environment,

particularly its cross-border nature.

'A watershed as I've already said, you know, online material travels. So it's unclear to me still what, you know...whether they mean an ad being served within those hours, or whether they would be able to prevent it being re-served to a child outside of those hours, for example, or being re-served to a child at any time.' (S10 policy)

Commercial stakeholders particularly highlighted the potential negative economic consequences of the watershed. This was both in the context of the industry in general and manufacturers, who rely on direct television advertising to consumers to establish brand loyalty and gain competitive advantage over own brand supermarket products.

'So we don't think that's an effective strategy and it's not a proportionate one, given the economic damage, if you like, on media and the wider industry.' (S04 commercial)

1.2.2 A total ban of HFSS advertising online could be very important, but difficult to implement

The proposed consultation on a total ban of HFSS advertising online attracted the most diverse views. In line with their concerns that the 9pm watershed does not go far enough, policy and advocacy stakeholders suggested that a complete online ban could significantly reduce exposure to HFSS marketing. However, they also noted that it would be very difficult to implement and regulate, particularly in the current regulatory framework. They also thought the policy was likely to attract considerable resistance from industry, though this was not considered sufficient reason not to try.

'So I think it's positive in the sense that it would be a total ban so we're not looking at time periods, that would just make things impossible.' (S22 advocacy)

'Like I say, I think potentially, if you could do it correctly – and that's a really big if – the restricting the advertising of unhealthy foods online, that could be really important. That could be a real game-changer, that one. But we really wait to see what that will actually turn out and look like.' (S09 policy)

'And then suddenly, they've suddenly woken up and realised that this is happening, and it's going to be a massive problem for them. So, I think, our biggest danger is that they get organised and work together, 'cause that's a very formidable opposition.' (S25 policy)

The total online HFSS advertising ban was the policy that generated the most opposing arguments from commercial stakeholders. They commented that the policy seemed to be a disproportionate response, because they believed they could accurately target online adverts to specific audiences, and therefore it was possible to protect children and young people without a total ban. However, this was based on the incorrect assumption that the policy objective was to tackle childhood obesity specifically.

'If the government's overall objective is to protect children and have equivalence between television and online, then that policy, we would argue, goes well beyond those objectives. And given the inconsequential exposure that children would have because of the accuracy of targeting, we don't think it's a sensible approach.' (S04 commercial)

The challenges of implementation and regulation were a concern to all stakeholder types.

Stakeholders were unclear how the complex online environment, including social media and influencer marketing, could be defined and regulated.

'...jurisdictions come into play as well, you know what I mean? It's like you can very clearly say this is a UK advert when it's shown on UK TV but when it's on an internet thing, you know, how do you regulate that? So no, I wouldn't even know where to start.' (S09 policy)

'There would need to be quite substantial legislation which looks at advertising and the impact of the media here and how we might make it in the context of social media much more difficult.' (S42 advocacy)

One stakeholder suggested that the proposed total online HFSS advertising ban did not go far enough. They commented that even though it potentially covered paid for influencer marketing it did not tackle online content that inadvertently promoted HFSS products, which involved someone posting about their everyday life.

'Because what you find online is you've got this plethora of exposure, right from you've got influencers who create YouTube videos about a day in the life, how do you police someone's daily life.' (S43 advocacy)

1.2.3 In-store restrictions by place and price promotion are likely to be effective and supported by industry

Restrictions on the placement of products and use of price promotions within retail locations were the most frequently supported policies across all types of stakeholder. In particular the restrictions by place, with general agreement that they had the potential to make the most impact on purchasing behaviour. Advocacy stakeholders were particularly supportive of these policies in respect of children and young people as a means of reducing pester power while shopping with adults.

'I think anything that restricts multibuy on HFSS and, you know, the end of aisle placement and all of those things is a good idea, because we know that it encourages people to buy more...want to buy more impulsively.' (S10 policy)

'I think probably restricting purchases instore and online, whether that's through offers and placement, I think those are really important as well. We've seen the impact of pester power on parents, just the impulse buying, that that has on people, so that would probably be my second category.' (S22 advocacy)

Again, all stakeholders indicated that these policies would be relatively easy to implement and likely to be supported by industry, particularly retailers. Stakeholders felt that progressive retailers had already taken the initiative and would welcome the introduction of a level playing field.

'Taking chocolate off the end of aisles damages sales there is no doubt about that. We've just done some analysis showing exactly that. And, therefore, it is in their in...the progressive companies' interest that this is mandatory.' (S19 policy)

Specific concerns regarding potential loopholes in restrictions by place were highlighted by policy stakeholders who said that it was unclear which retail outlets the policies would apply to. Participants thought that if restrictions by place were not universally applied to all types of shop (including non-food outlets) their effectiveness would be diluted. They also mentioned the importance of monitoring the products that took the place of HFSS foods in key locations.

'But you cannot implement a policy that leaves loopholes or is inconsistent. So, you can't have it that in one retail setting you have to have these rules but then you go to another kind of retail setting and it's fine.' (S02 policy)

Several negative consequences were associated with the restriction of in-store price promotions. This was identified as the policy most likely to have a regressive effect, particularly in the context of COVID-19 as parents' financial challenges are heightened and HFSS products may represent their only opportunity to treat their families.

'The multi-buy offers will impact families with less means and larger families, so yeah, that's an interesting one, if they are still going to buy their two bottles of Coke or whatever, then yes, they will have less money in their pocket.' (S33 advocacy)

Additionally, some commercial stakeholders suggested that in-store restrictions may disrupt their reformulation programmes that seek to bring 'healthier' foods to market. For example, a low-sugar chocolate bar may still be classified as HFSS, and therefore subject to in-store restrictions. They shared concerns this could prevent manufacturers from marketing those products effectively, disincentivising investment in reformulation.

'For certain categories like chocolate and cakes and things like this, it would be really hard for them to pass the nutrient profile model [...] So, these potential restrictions could really put a big barrier in the way of companies bringing these products to market.' (S20 commercial)

1.2.4 Out-of-home calorie labelling was the least prioritised policy

The application of calorie labelling in the out-of-home setting was seen by many stakeholders as the least prioritised policy in the announcements. The principal supporting argument made by participants representing each stakeholder types was that having clear nutritional information in all settings can be beneficial, though the benefits were perceived as relatively limited.

'Similarly, with the out-of-home calorie labelling we were generally supportive in terms of the fact that it's helpful to see calorie information, you know, we provide that on manufactured products so it could be helpful to consumers to be able to compare that information and see the calories.' (S20 commercial)

This view was particularly supported by advocacy stakeholders, though it was caveated by noting that the benefits would be limited to people with an active interest in the nutritional content of food, and had the potential to do harm to those living with disordered eating.

'I think ultimately they could be beneficial for some groups but longer-term effectiveness I think will...I'm not sure it'll be...you know, could be effective longer term. And then a question inevitably is who's it going to be beneficial for?' (S34 advocacy)

'Back with my eating disorders hat on it looked like a mixture of things that would largely go unnoticed, particularly if we could persuade certain politicians to stop talking about junk food, with one particular issue that was going to cause huge distress to our people and that being the restaurant calorie listings.' (S29 advocacy)

All stakeholder types noted the potential difficulties in implementing out-of-home calorie labelling for small businesses, with a potential loophole for those frequently changing their

menus. The regulatory burden of calculating calorie content was seen to be manageable for large businesses, many of whom already provide this information on their largely static menus, but unworkable for small businesses. Policy stakeholders particularly noted that the policy would have limited impact if not implemented consistently.

‘But if you’re looking at smaller independent type food businesses, the type that I think many of us would like to support because they’re businesses operating within our local areas, then they will find it difficult to do that.’ (S03 policy)

‘Out-of-home food business add calorie labels, the current guidance is that will be for large businesses so I expect that they’ll be able to do that very well. I don’t think we have a good understanding of what proportion of the Out-of-home food large businesses serve. So I’m not quite sure how much of a difference that will make.’ (S01 policy)

1.2.5 Front-of-pack nutritional labelling may have more impact if any new system were made mandatory

While improving the system for front-of-pack nutritional labelling was thought to have some potential in terms of helping with public education and prompting reformulation of processed foods, it was not seen as a high priority for any stakeholder group. All stakeholder types agreed that the measure would have questionable impact as it would rely on individuals changing their behaviour in response to the information provided. Policy stakeholders also said that if any new system were to be effective it would need to be mandatory, and commercial stakeholders agreed it would be helpful to have a level playing field in this respect.

‘Yeah, labelling, you know, gracious, we have done systematic reviews on labelling. I think labelling is important, but I think it is probably fiddling at the edges.’ (S19 policy)

‘But the biggest issue is that it’s voluntary, so if we’re looking to do anything in the labelling space, the thing that we should do is to make mandatory. And that wasn’t...that’s not something on the agenda, that wasn’t part of the consultation, so that’s the biggest problem with labelling.’ (S25 policy)

‘I think the government would find a lot of buy in for making things consistent and straightforward so long as everything’s fair.’ (S28 commercial)

Stakeholders felt that front-of-pack nutritional labelling was less relevant for children and young people, who were less likely to consider nutritional labelling when making food choices. It was also deemed unhelpful to categorise foods as “healthy” or “unhealthy”, thus potentially demonising food. The latter was raised particularly in the context of the new Chilean front-of-pack warning labels which, while seen as potentially impactful, were thought to be inappropriate to the UK.

‘And then I’m not aware that there’s particularly strong – I might be wrong, from people who do more with the packaging than I do, but particularly strong evidence that traffic light labelling and nutritional information that’s conceived in this policy is particularly useful for children.’ (S08 policy)

‘I mean, again it’s the language. A key part of getting people to combat and manage their disordered eating is about preventing food from being seen as taboo and it’s all about helping them to, sort of, revert to a place where they can choose to eat any food.’ (S29 advocacy)

‘We definitely would not support the Chilean warning label. I think, basically, it just gives that

impression that food is harmful or food is wrong in some way which, obviously, it is not, all food is safe, all food can be included in a healthy balanced diet. (S20 commercial)

1.2.6 Calorie labelling on alcoholic drinks helps to provide consistent information but is seen as unlikely to have a strong impact in tackling obesity

As with the policies covered previously, anything that can help to provide a consistent source of nutritional information for individuals was seen as beneficial, and providing a level playing field across all products and settings was deemed to be important. However, calorie labelling on alcoholic drinks attracted the fewest comments across all stakeholders. While it was viewed as a good idea, it was not seen as the most important policy to deal with issues associated with alcohol consumption.

‘I suppose, calorie labelling on alcoholic drinks, I think it’s a good idea, but it’s not going to make a difference, in terms of, you know, it should be there in the interests of the provision of information to people, but that’s not going to make a difference to obesity levels.’ (S06 policy)

‘The issue I would say about alcohol is you probably need to limit the points of sale and make it less easy for people to buy booze is one thing, and I’d agree with tax on alcohol. The problem with alcohol is so much greater.’ (S07 policy)

‘So, I think that’s quite an important one and something that, maybe, if it goes ahead, will help to raise awareness to the population of the fact that alcohol does contain calories.’ (S27 commercial)

1.3 It is essential to have a clear way of defining what is meant by HFSS products underpinning all policies

A key theme that emerged across all stakeholder types was the importance of having a clear definition of which foods these policies should apply to. All stakeholder types noted that it is unhelpful to have a binary system leading to a suggestion of ‘healthy’ and ‘unhealthy’ products as this is an over-simplification; can result in misconceptions about food; and does not help individuals understand how to have an overall balanced diet.

‘So yes, I totally agree, there’s this really not helpful differentiation between good products and bad products and I think that just immediately turns people off to any system.’ (S02 policy)

‘We need to be moving away from referring to food as unhealthy anyway because, you know, actually just labelling food as unhealthy can be detrimental in terms of relationships with food.’ (S34 advocacy)

‘Again, my only nervousness would be, how do you define what is a healthy food and is a non-healthy food, because, as we know, it’s not straightforward in that way.’ (S27 commercial)

The current UK nutrient profiling model (NPM) was thought to be useful in that it is well understood by industry and could be applied consistently across all policies. However, it was noted that the model was designed for a specific purpose (regulation of TV advertising to children) and although it is currently under review, there could be weaknesses if applied more widely. For example, policy stakeholders noted that its product nutrient focus does not deal with brand advertising and it can lead to unhelpful reformulation to meet specific nutrient

targets. They noted that 'lower fat' and 'lower sugar' products were not necessarily 'healthy' options.

'So with the current nutrient profiling model, for example, all industry really needs to do in order to negate the advertising restrictions around that, is bring it just under the threshold levels of that nutrient profiling model, which actually can still be pretty high for levels of sugar, fat and salt.' (S02 policy)

Despite its flaws, there was considerable support among policy stakeholders for using the existing NPM, ideally the updated version following the recent review.

'We have an established and credible and evidence-based way of differentiating different types of food that is well understood and accepted by industry.' (S25 policy)

Commercial stakeholders were concerned about the anomalies that the NPM could produce and the impact this could have on their ability to bring 'healthier' products to market. Policy stakeholders had mixed views on this, with some agreeing the NPM produced unhelpful anomalies, and others noting that the products affected were not the targets for these policies.

'So as I said, even our reformulated ice creams or even our lighter [product], for example, which is significantly lower in fat, calories and salt than the core version, is still a junk food as defined by the nutrient profile model.' (S30 commercial)

'I don't like the focus on driving down sugar, but allowing artificial sweeteners in the UK model, you know. And all the various anomalies that exist within it that, you know, you'll have seen people talking about how it allows, shall we say, diet coke to be advertised, but not olive oil.' (S10 policy)

'I truly don't think we should get bogged down in it because we will be here until kingdom come. The nutrient profiling model's kind of fine and I know it's tricky but avocados and mackerel but, you know, really? These are not the products which we're, you know, debating about.' (S19 policy)

When considering alternatives to the NPM, stakeholders noted that simplicity would be an important factor, both for industry implementation and for consumers to aid understanding and promote the desired eating behaviour. Some stakeholders suggested using categorisation of foods as discretionary or highly processed rather than HFSS. Others emphasised the importance of considering the whole diet in the form of dietary guidance such as the Eatwell guide. One policy stakeholder suggested that brand advertising could be tackled by applying a nutrient profile model at a company level and thus positively influencing the company's product portfolio.

'So, how can we find a way to identify a company as if it...do we look at the portfolio as a whole or do we detect, you know, where do most of their sales come from, you know, how can we identify companies that, kind of, healthier or less...we need like a nutrition profile model for companies.' (S25 policy)

Another policy stakeholder highlighted the WHO nutrient profiling model as a possible way forward, because of the way that it categorises foods to cover brand advertising as well as product advertising.

'But what was interesting was when you code the same set of ads, according to the WHO model, you get about 75 per cent of them were not permitted to be advertised, whereas the UK model was allowing 55 per cent of them to be advertised.' (S10 policy)

RQ 1: What is the likely impact of proposed policies and consultations in the latest UK Government obesity strategy?

Summary and key points

The policies announced in July 2020 were generally welcomed as a pleasant surprise that went further than most stakeholders expected. They were regarded as an important step forward for obesity policy, provided they were implemented effectively. However, some stakeholders felt that the emphasis should be on tackling the underlying drivers of obesity such as social and financial inequalities.

The watershed on TV was deemed to be straightforward to implement due to existing legislation and established self-regulatory organisations and practices, its effectiveness was challenged by those who discussed the changes in viewing habits, particularly among young people. An online watershed was considered more effective but much more challenging, with no stakeholders volunteering suggestions for how it could be achieved. Policy stakeholders highlighted the total restriction of HFSS marketing online as being important in contributing towards changing social norms and removing such products from people's awareness, as well as playing a role in overcoming the balloon effect of marketing. However, this was also considered very difficult to implement and likely to produce the greatest resistance from commercial stakeholders, who described the proposals as a disproportionate response.

Key point 1: Policies for further restricting the marketing of HFSS products are an important part of a bigger picture, even though the drivers of obesity are highly complex.

In-store restrictions by place and price were considered likely to be most easily implemented and accepted by industry, particularly by larger businesses, many of whom are already taking voluntary action in this area. They were thought to be important in reducing exposure to HFSS products, although the restriction of price promotions was deemed to be potentially regressive, particularly for those with large families and during the COVID-19 pandemic. Some stakeholders discussed the role that HFSS foods play as a treat in families, and when families were facing so many restrictions on their lives, in this respect HFSS could be viewed as the only option for parents to be able to treat their children. The consequences of increasing the price of these foods by restricting price promotions was thought to be particularly detrimental to those with lower incomes with less ability to afford non-food treats. Regarding feasibility, the issue of monitoring and who would police the restrictions was raised as a key issue.

Key point 2: Policies that restrict the promotion of HFSS foods by place and price in the retail environment are welcomed as they help to create a level playing field and will be relatively easy to implement.

Labelling in all forms, including front-of-pack nutritional labelling, out-of-home calorie labelling and calorie labelling for alcoholic drinks; was thought to be helpful in terms of providing a level playing field and consistent nutritional information for individuals. However, their impact was

thought to be limited to certain populations, for example, those who take an active interest in nutritional content of foods and are likely to change their eating habits as a result. Changing labelling rules was deemed to be an operational burden, particularly for small businesses. These policies were thought to be the most potentially damaging for people living with disordered eating.

The need to be able to clearly define which foods these policies should apply to was seen as being vitally important, and stakeholders felt that definitions should be as simple as possible. Although the existing nutrient profiling model was recognised to be well established and understood, many stakeholders highlighted that it tended to result in a binary definition of 'healthy' and 'unhealthy' foods, and that demonising any food is unhelpful. They also thought it had the potential to result in unhelpful reformulation to nutrient targets and an acceptance of processed foods. Stakeholders thought it would be better to develop a way of linking policies to a whole diet approach, and at the very least apply them to what could be considered discretionary foods like sugar sweetened beverages.

Key point 3: Defining what products are in scope for marketing restrictions is essential for the restrictions to be effective and gain support. This has already been addressed to some extent in the regulations that will apply in England to in-store promotions by price and place.

The importance of framing and avoiding stigmatisation of those living with obesity was of prime concern. Stakeholders highlighted that such strategies should be positioned as being for the health of the whole population, not targeted at individuals or individual behaviours.

Key point 4: Unhelpful framing of obesity policy should be avoided to avoid stigmatisation and common arguments ie: policies will benefit the whole population, not just young people or people living with obesity.

The differences in approaches to marketing restrictions between the Westminster and Scottish regulatory contexts were briefly touched on by some stakeholders. This was limited to the observation that the Scottish Government, which had been ahead in moving forward with in-store promotion restrictions, had been delayed in this due to COVID-19 and would not be introduced to parliament until the next parliamentary term.

2. What other policy areas would stakeholders like to see a focus on?

The mixed views on the July 2020 Obesity Strategy illustrate the fact that many stakeholders considered other policy priorities important in tackling obesity, both specifically in relation to the marketing of HFSS foods and more broadly.

2.1 HFSS advertising restrictions need to be comprehensive and complete across all venues, media and platforms

Policy and advocacy stakeholders were concerned about the potential balloon effect of marketing restrictions, particularly for advertising, where regulation of one form of advertising may simply drive additional investment in another form. They highlighted that for any advertising restrictions to be effective they need to be comprehensive, covering all possible outlets including: all advertising spaces in the physical environment, workplaces, hospitals, public and sporting venues, all media, and digital platforms. However, they recognised that this would be difficult to achieve and would meet significant resistance. Some stakeholders cited the HFSS advertising ban on Transport for London (TfL) as an example of a successful policy in this arena, albeit one that had also met challenges.

‘Restrict marketing of unhealthy food and drink across all media, public venues, public funded events. We should move to that.’ (S06 policy)

‘You kind of see the difficulties with our categorisation when you have something like the TfL taking the lead with an advertising ban on the Underground and strawberries and cream being banned.’ (S08 policy)

Sporting venues were deemed particularly important in the context of COVID-19, with more sport being broadcast on TV and digital outlets and therefore seen by children and young people. Commercial stakeholders wanted to ensure that any policy in this area would be proportionate.

‘Restricting marketing across all media, public venues and publicly funded events, that sounds huge as one single policy initiative to me. I wouldn’t be able to quantify what that would mean. But again, it comes down to, you know, what’s a proportionate approach.’ (S04 commercial)

2.2 Policies should aim to tackle the key drivers of obesity

Many stakeholders emphasised the importance of developing policies that address some of the societal-level drivers of obesity. They commented that it would be important to develop policies that promote systemic change, address the role that ‘unhealthy’ foods play in society, change social norms and address inequalities.

‘All of these policies are basically around just saying right, let’s shift the entire of the population a little bit, nudging this way and that way. Which are all great and I think I would fully support. It would be interesting to see some policies specifically aimed at a very disadvantaged group, because there’s a large portion of society that is affected by food insecurity and it’s grown massively by COVID and it probably isn’t going to go away. So I would like to see some policies around there.’ (S09 policy)

‘But I guess beyond that more generally, I guess it would be that...just the...anything that helps the denormalization of snacking. And I guess making treats treats again. I don’t know how you do that. But it’s the culture where these things are absolutely delicious and wonderful to eat but they are treats and should be accorded that.’ (S14 policy)

‘This is not even a food policy because I think this is just the nature of the way that we live now, but to try and get people back into families eating together around the food table. I think getting back into a more positive food culture.’ (S09 policy)

‘So these products serve functions in society, which means if you are trying to prevent or restrict their consumption with things that don’t really address more fundamental issues, the policies are likely to always be ineffective. Because the thing that...the purpose that they serve is still there or the need for the purpose that they serve is still there.’ (S35 advocacy)

2.3 Early years and preconception should be a key policy focus

A policy priority that went beyond the marketing of HFSS foods and was raised by all three stakeholder types, but predominantly policy and advocacy stakeholders, was the need to improve nutrition for children and in the early years. The school setting was viewed as an important environment, but stakeholders argued that policies should also apply to preconception and maternal nutrition as well as the infant and complementary feeding stages.

‘Some of these would indirectly affect early years and maternal I think that it would be really important to make sure that early years have enough support. It’s a really, really important period of time that we can have quite a big impact in terms of food preferences and food habits and things like that and providing support for mothers to be healthy pre-conception weight, healthy gestational weight and healthy weight post-pregnancy as well.’ (S18 policy)

‘Yeah, so I think school meals are a great way in, but more than that, and we probably do need some sort of school food czar to really look at the whole regulation across it.’ (S33 advocacy)

In relation to school meals, advocacy stakeholders were particularly concerned with the failure to implement and monitor existing nutritional standards. One stakeholder in particular highlighted that the policy objective should not be to provide more free school meals, but rather to eliminate the need for free school meals by tackling inequalities.

‘...but then a lot of the work we’re doing is to make school meals better, and the school food standards are good, but the actual offering of schools is really very, very poor in many cases, so I think there needs to be school meals plus...what’s the word, they need checking, monitoring.’ (S41 advocacy)

‘...because you’ve allowed more poorer children to continue to live in poverty but get fed at school. So again, there should be more pressure to push up for...the policy should be to try and, you know, by 2030 to have no children on free school meals. That should be the policy’ (S35 advocacy)

2.4 An effective obesity strategy needs to work at every level in society

All three stakeholder types also stressed that no one policy was likely to work effectively in isolation, and that there needed to be multiple policies working in harmony. They stressed the importance of having a strategy and policies that cover all levels of society from: supporting

individual understanding; action in educational and employment settings; promoting a food environment that makes the 'healthy' option the easy option; the NHS including weight management services; local and national government policies.

'But if you want to do something on obesity akin to what the Victorians managed on sanitation or what childhood immunisation offered to the first half of the 20th century, then you probably need to bring in everyone else, so we like to think of that as government nationally, government locally, schools, businesses, and the NHS itself.' (S08 policy)

'I think some of them do address the superficial elements, but in order to get really deep down, I think it comes to sometimes more than policy. I think it needs things like actual real investment, like money in local authorities, local authorities have the responsibility to design these really effective strategies for their specific populations. I think it needs this whole systems approach.' (S43 advocacy)

'So I think it's national government set the ambition and the framework, local authority is empowered and funded to be able to get into where the issues are, and then the individual through their environment being empowered and then enabled to make the choices that they should make.' (S11 commercial)

2.5 Make the most of opportunities to work in partnership with industry

Commercial stakeholders highlighted the fact they are already investing in strategies to promote healthy lifestyles, primarily in response to consumer demand. This included: reformulation programmes to remove sugar and fat and increase plant-based products; investment in TV adverts to promote vegetables to children; removal of cartoon characters from HFSS products; removal of HFSS products from key selling locations; and trialling nudge techniques such as menu cards in retail locations.

These stakeholders observed that non-governmental organisations (NGOs) had worked with industry on some of these campaigns, and suggested that Governments could learn from these programmes, rather than introducing blanket restrictions which they saw as less effective in influencing eating behaviour.

'So I think all these kinds of things help and it would be good, I think, to see government taking more interest and embracing a holistic approach which brings together and talks about all these things, and gets industry and NGOs and charities and everybody, all stakeholders, working together in a kind of constructive way, instead of arguing about policies. I think that would be really helpful.' (S04 commercial)

'We've shown over years and years and years a keenness to do our bit and understand the responsibility that business has in this space and we remain committed to working with everyone. Whether that's the government, Cancer Research UK or anyone else that is interested in this space to get the right outcomes.' (S28 commercial)

2.6 Calls for evidence can prevent action

While evidence gaps were highlighted, stakeholders also suggested that the pursuit of definitive answers could result in inaction.

‘I personally think that we need to probably stop looking for evidence and do some things, there’s enough that we know we can do both in terms of food environment policies and in terms of targeting inequality that we need to do before we start making more evidence.’ (S32 advocacy)

Some specific gaps that stakeholders thought it would be important to fill included the impact of promotion and advertising on adults, where most of the existing research examines the impact on children and young people. They also called for proper evaluation of existing policies to determine what does and does not work, such as the soft drinks industry levy. However, they also acknowledged that this kind of study is challenging due to the complexity in the food environment.

‘I think there’s multiple gaps. I mean, by the nature of what it is that’s being done, a lot of this stuff is really difficult to do in a randomised, experimental, kind of, process.’ (S09 policy)

Some stakeholders stressed the importance of understanding the potential harm a policy could do in terms of weight stigma and impact on those living with disordered eating, versus the potential for benefit before implementation.

‘I mean, stuff where there is a risk of harm like obviously really needs to be tested before we do it, but I think there’s enough that we know we can do without risking harm. That’s just my personal feeling, based on feeling really frustrated about how ridiculously slowly everything moves when we really know a lot of the things that we need to be doing.’ (S32 advocacy)

RQ2: What other policy areas would stakeholders like to see a focus on?

Summary and key points

Stakeholders of all types deemed policy priorities beyond restricting the marketing of HFSS foods to be potentially more important in tackling obesity. This included policies that would deal with the societal drivers of obesity and reduce health inequalities.

Key point 5: Tackling inequalities lies at the heart of dealing with the fundamental drivers of obesity.

When asked if there was one thing that should be done to tackle childhood obesity, apart from saying there is no single answer, stakeholders focused on preventative measures, advocating for a coordinated set of policies covering the school environment and early years, including pre-conception. They said this must include policies to address maternal nutrition and infant feeding practices. In the school setting, stakeholders wanted improvements in the implementation of existing school meal nutritional standards. Free school meals were seen as important, but only if of a high nutritional quality.

Key point 6: Early years and preconceptions should be a future key policy focus.

The discussion of key barriers to policymaking centred on likely industry responses to further restrictions. The policies that were deemed likely to attract the most resistance were outright advertising bans in all settings, particularly online which was seen to be disproportionate by

many commercial stakeholders. Policy proposals that helped to provide a level playing field for voluntary actions by progressive commercial organisations were likely to receive much higher levels of support from industry. Many commercial stakeholders highlighted the willingness of industry players to recognise their social responsibilities and seek progressive solutions to tackling obesity.

Key point 7: There may be opportunities to learn from the experience of progressive food and drink industry stakeholders

The discussion of evidence gaps prompted some debate of how to determine which policies would be effective. The need to have substantial evidence of the effectiveness of a policy before trialling it, even as a pilot, was seen as an impediment to progress. Some felt that there is already sufficient evidence, and that we should proceed with implementing what we know.

Key point 8: Calls for evidence can act as an impediment to progress.

3. What opportunities exist to improve the availability and promotion of ‘healthy’ options?

3.1 Reformulation does not necessarily result in ‘healthy’ products

Reformulation was a key discussion point for all types of stakeholder. A note of caution was sounded by some policy and advocacy stakeholders concerning an overreliance on processed foods, and that existing reformulation programmes simply result in slightly less ‘unhealthy’ products rather than encouraging healthy eating practices. However, others observed that the reality of life is that people rely on processed foods and that it is therefore important to reduce their impact on obesity.

‘The big problem is consumption of ultra-processed food, and you can’t ignore it, it’s there, but we’re kind of backing that industry by saying, oh, it’s great, they’ve reformulated, you’ve got lower fats. So is it really healthy to be encouraging and promoting these ultra-processed foods?’ (S03 policy)

‘But then on another level, yeah, we don’t want that reliance on ultra-processed foods as a norm, the reality probably is that they are at the moment and the way that our lives are structured.’ (S32 advocacy)

Commercial stakeholders emphasised that they already invest in extensive voluntary reformulation programmes in response to consumer preferences, particularly the move towards plant-based foods, and that marketing restrictions could disrupt this investment.

‘For example, we know with [XX product] that the number one driver of the trial of that product was promotion. And if you remove those mechanisms then, you know, you lose the ability to be able to nudge consumers over to those healthier or reformulated products and create that incentive to sort of keep on spending that money on innovation and reformulation.’ (S30 commercial)

Policy stakeholders noted that existing voluntary reformulation programmes were having limited success, with some categories faring better than others in the recent Public Health England review.

‘...and then we’ve just seen the evaluation of the sugar reduction programme for the last couple of years and it’s clear that they...that certain categories do really well and others don’t. And so, I think those categories we can also start to highlight where there are certain categories that maybe aren’t as amenable to a voluntary reduction programme.’ (S15 policy)

3.2 Financial levers are potentially the most powerful, but they should be used with extreme caution

While most of the policy and advocacy stakeholders discussed the potential of using price to discourage consumption of ‘unhealthy’ foods, they universally highlighted the need to balance this with reducing the price of ‘healthy’ foods to avoid regressivity, particularly in the context of COVID-19. The use of subsidies was frequently cited as a means of achieving this, though some felt that rebalancing of VAT could be an option. Again, the importance of defining which foods should be covered by such policies was highlighted.

‘So, raise the prices? In principle, yes, but I just don’t think if you’re saying what are future policies you’ve got to be specific. Just having something which is as vague as that I think is just not helpful. You’ve got to be absolutely specific and for me the specific bit in that is do something which increases the price of confectionary and whether that’s a minimum unit price or whether it’s, you know, stopping discounting or whether it’s a tax I don’t...you know, I haven’t worked through what’s the most effective, but you have to raise the price of confectionary.’ (S19 policy)

‘It’s a regressive policy and it’s going to impact the poorest in society the most and that seems really unfair and I think doing VAT where it’s charged on unhealthy food but not healthy food would begin to address that.’ (S02 policy)

The soft drinks industry levy (SDIL) was cited as being particularly successful because sugary drinks are a discretionary product and relatively straightforward to reformulate, but participants suggested that this would be more challenging to achieve with other foods and drinks.

‘We talked about the kind of regressive nature of pricing policies before, and once you, clearly soft drinks are arguably discretionary to the diet, we don’t need them. People might make the same argument about a lot of other less healthy foods, but once you start getting into the things that people are kind of relying on for their day-to-day calories, it becomes more challenging, and needs more thought.’ (S06 policy)

‘We know that the soft drinks industry levy has been hugely successful in terms of reducing sugar from our diets, and there’s obviously a lot more that can be done [on pricing], just getting rid of unnecessary sugars and calories.’ (S22 advocacy)

Commercial stakeholders were also cautious about using financial levers to raise prices of ‘unhealthy’ foods, but rather than counterbalancing this with subsidies they were more likely to suggest policy priorities that could tackle societal level drivers of obesity, such as inequalities.

‘So if I go on the price drivers, raising prices of unhealthy food is not, as we touched on, I just don’t think is a sensible place to be, I don’t think we should be increasing the cost of food in this country for people that don’t necessarily always have the ability to make the choices that we would all wish to make.’ (S11 commercial)

‘...childhood obesity and it’s complicated and it’s lots of initiative and it’s all of that stuff, it’s also really difficult because, generally speaking, it’s about tackling poverty.’ (S21 commercial)

3.3 It would be better to focus on making the healthy option the easy option and encouraging healthy lifestyles

All stakeholder types advocated balancing any further HFSS marketing restrictions with policies that would promote healthy lifestyles, including encouraging physical activity and nutritional guidance. They considered the availability and price of healthy options to be crucial.

‘So, I think availability of healthier options really matters and quantifying policies which would ensure that that happened I think would make a difference. So, that’s one bit of availability.’ (S19 policy)

‘And those efforts that have been made to make a difference in local geographic areas to childhood obesity, have often been successful because they’re about early years activity, they’re about anti-poverty strategies, they’re about educational strategies, they’re about people having the ability to cook from scratch, they’re about access to fresh food at an affordable price and, and, and.’ (S13 commercial)

The importance of public health information on what constitutes a healthy diet was viewed as critical to underpin the effectiveness of any obesity strategy. Although not necessarily the most powerful lever for changing consumption habits, effective public health campaigns were viewed as an important supportive component, specifically that they needed to be culturally relevant.

‘But in order for these things to have credibility with the public, the public need to feel they are relevant to them and their daily life and their routines, and so if we’re talking constantly about chicken shops and actually chicken shop doesn’t resonate with half of the British public, then we’re missing a trick.’ (S22 advocacy)

3.4 International examples – from holistic systemic change to severe measures

The most frequently cited international examples where stakeholders thought that good progress was being made in dealing with obesity were in Amsterdam, Canada, Brazil, Mexico, Chile, and Japan. The Amsterdam ‘A healthy weight for all children’ initiative involved a large-scale, centrally coordinated, capacity-building approach for communities to implement effective and sustainable strategies to prevent childhood obesity and was based on a similar programme in France. It reported a 12% drop in childhood overweight and obesity within the first three years.

‘Well I understand that Amsterdam did a really good job with some quite systemic thinking looking at food, food quality, and also the city landscape in terms of mobility so, you know, those are examples worth following.’ (S10 policy)

With regard to Canada and Brazil, stakeholders commented on these countries’ whole diet nutritional guidance, which was identified as also covering social aspects of eating together and emphasising whole foods rather than individual nutrients.

‘So well, they [Canada] have in their equivalent of the Eat well guide that people should eat more wholefoods and in the associated blurb it says, if you have the choice, choose home prepared food over processed food. I think Brazil goes even further and says avoid ultra-processed food.’ (S01 policy)

Stakeholders identified Chile and Mexico’s approaches to the taxation of unhealthy foods and front-of-pack warning labels as progressive, but not necessarily appropriate to the UK context.

‘Well, we definitely would not support the Chilean warning label. I think, basically, it just gives that impression that food is harmful or food is wrong in some way which, obviously, it is not, all food is safe, all food can be included in a healthy balanced diet.’ (S20 commercial)

The example of Japan’s ‘Metabo Law’, which includes severe measures such as annual waist circumference measurements and implications on employers, was only cited by one advocacy stakeholder, who identified it as a particularly effective upstream policy.

‘So in effect, the government are imposing a fine on the employers. So what it meant that...so when they brought in that, because the companies don’t want to pay the fine, they start to change the working practices. So, you know, creating gyms that are free for people to use at the company, giving people longer breaks, all of those sort of things, changing the things that they serve in their canteens, [...] all of those things.’ (S35 advocacy)

RQ3 What opportunities exist to improve the availability and promotion of ‘healthy’ options?

Summary and key points

All types of stakeholder suggested that it is potentially more important to introduce policies that facilitate a healthy lifestyle, part of which is a balanced diet, rather than emphasising marketing restrictions.

Key point 9: Current reformulation programmes lead to a focus on making ‘unhealthy’ processed foods slightly ‘healthier’ and thus normalise consumption of processed foods. Future policies should seek to change the social norms and encourage healthy eating behaviours and avoidance of ultra-processed foods.

They said that this would need to involve a strategy at all levels of society and include both local government and a national government framework. It was acknowledged that some commercial companies are already investing in helping people to develop healthy lifestyles through inventive plant-based reformulation programmes and commercial advertising such as the ‘Eat them to defeat them’ TV campaign.

Key point 10: Policies that seek to change social norms of eating behaviour must operate at all levels of government.

When discussing the potential to raise the price of ‘unhealthy’ food and drinks as a means of discouraging over consumption, many stakeholders used the example of the UK soft drinks industry levy as an example of success in this area. However, they also highlighted the need to avoid the potential for regressivity and to balance any such pricing strategies.

Key point 11: Financial levers are potentially powerful but should seek to balance raising the price of ‘unhealthy’ foods with making ‘healthy’ options cheaper and more accessible.

Amsterdam, Canada, and Brazil were cited as international examples of countries with positive approaches to encouraging healthy eating that we could learn from. Amsterdam with its systemic community-based programme and Canada and Brazil with their whole food approach to nutritional guidance.

4. What impact do COVID-19 and Brexit have on perspectives on limiting the marketing of HFSS?

4.1 Framing policies in the COVID-19 context

The framing of the July 2020 obesity strategy in response to the COVID-19 pandemic, while providing an immediate impetus, was felt to be unhelpful in the long term. Stakeholders were concerned that while COVID-19 could be resolved in the near term, obesity will not and linking the two would mean a loss of focus on obesity in the future.

‘But also I’m a little bit nervous, well I’m optimistic that COVID will go away at some point but I think obesity will not unless we do something more. So I think there’s first of all a risk in that as a long-term framing because if we see this as just COVID, then maybe it goes away in 12 months.’ (S01 policy)

4.2 Industry responses tempered by the COVID-19 context

Many policy and advocacy stakeholders noted that industry representatives tend to have a pattern of typical responses to any new regulation announcements. This included arguments such as: this will not work, particularly it will do nothing to solve obesity; there is no evidence to support it; it will have negative consequences for industry, particularly in the current context of COVID-19; people should have the freedom to make their own choices, it is nanny-statism; and it will raise prices and is therefore regressive.

‘So, I don’t think industry have reacted well to it but they’ve not reacted well in ways that we already knew that they were going to react in that way, they were going to try and distort it, make it seem unfair for them, they’re very good at picking up on these arguments really resonate with people, this idea of fairness and freedom and anything like that.’ (S02 policy)

However, others noted that industry will often have an initial reaction, but then quieten down and devise strategies to influence the implementation. This behaviour was identified as having followed the announcement of the soft drinks industry levy.

All three stakeholder types referred to the fact that the food industry is already taking some action in the policy areas covered by the July 2020 Obesity Strategy, and regulation could in fact hasten current efforts and benefit progressive companies.

‘Yeah, I mean I think the industry reaction was astonishingly muted. So, I think you saw the trade bodies mounting, if you like, their stock response, you know, here’s the one I prepared earlier, and I’ll just recycle. But actually I heard very few big retailers or manufacturers arguing against it and the truth is that both of these things on promotions will benefit the progressive companies because they are beginning to try to do it.’ (S19 policy)

‘I guess overall, and it accounts for all of these, I think what we’ve seen over the last 15 years where I think you can kind of look at the whole food and drink industry and the direction of travel, which has been positive in terms of giving people as much healthy choice as possible and encouraging people to take up the healthier options. It works best when everyone is working together towards the right solutions.’ (S28 commercial)

Policy stakeholders highlighted that different segments of the food and drink industry were likely to react slightly differently, again particularly with the impact of COVID-19 on the retail industry.

'Then there's the retailers who are generally more, kind of, more constructive when it comes to regulation, I think, 'cause they want the level playing fields. But we know they're pushing back very hard on some of the location-based restrictions, so particularly the aisle ends and not being able to have HFSS products on aisle ends. Then there's the TV broadcast platforms, you know, ITV, Channel Four, Sky, who make a lot of money through advertising are concerned about their revenue. And then there's the online platforms who, I think, until now, or until the summer, just, kind of, weren't very interested in this and didn't ever think it was going to affect them.' (S25 policy)

4.3 Brexit and the COVID-19 Deliveroo effect

Many stakeholders talked about the twin impacts of Brexit and COVID-19 in the same breath. They considered that both would result in increased food prices and have negative consequences for the food industry, and that this necessitated stronger Government action to deal with the consequences for individuals and businesses. Though some suggested that this was not the time for additional regulation impacting on an already stretched food industry that was keeping the nation fed.

'I'm really concerned that this is an area that is going to become more and more difficult to navigate where foods are going...healthier eating is going to be less affordable. I think that much of this needs to be dealt with at a bigger systemic level, where we need to think about, you know, eating well is often linked to having more resources...more financial resources. And so dealing with poverty, I mean, just look at what's going to happen to unemployment in the next few months. And when you put COVID and Brexit together it's not looking good.' (S10 policy)

'And I also think it's had a bearing on how we look at the food industry, definitely. [...] the narrative around the obesity strategy was, but we've been keeping the nation fed, you know, you can't impose any of this on us because we're struggling. You know, we've had a really hard time and I think...and we've done our best.' (S15 policy)

The emerging association between obesity and a worse outcome from COVID-19 was suggested as another reason that we need stronger Government action on obesity.

'I think, yeah, obviously there's been the risk of COVID severity with those living with obesity is really high, it's really unfortunate there's been a lot of people who've really suffered really badly owing to their weight. And I think that that should really be a wake-up call and I think it has been' (S18 policy)

Some stakeholders discussed the impact of COVID-19 restrictions on people's eating behaviour while in lockdown and the importance of dealing with the 'Deliveroo effect'.

'I'd like to see some policies that would tackle food delivery companies. So things like Just Eat and Deliveroo and those companies, Uber Eats and what have you. That strikes me as that's been a really disruptive element in the food industry.' (S09 policy)

Some thought Brexit offered an opportunity to develop new policies that we would not have been able to while still part of the EU, for example changing the front-of-pack nutritional labelling.

'There is an opportunity I think with Brexit for the UK to have more power over whether more products could have front of pack labelling [...] I think that, there is a potential for that to become even stronger than it is, and maybe the one benefit of Brexit, who knows?' (S16 policy)

RQ 4: What impact does COVID-19 have on perspectives on limiting the marketing of HFSS foods?

Summary and key points

The evidence on associations between obesity and worse outcomes from COVID-19 was thought to have moved obesity strategy up the policy agenda and, in particular, made an interventionist approach more acceptable to the UK Government and the public in general. However, while stakeholders perceived the raised profile as helpful, many thought that framing obesity strategy in the context of COVID-19 would be unhelpful in the long term as the threat of COVID-19 will recede long before that of obesity.

Key point 12: While COVID-19 has helped focus political attention on obesity policy, this may not be sustained in the long-term.

Conversely, industry used the financial impact of COVID-19 and Brexit as a reason to exclude further regulation as a feasible way forward.

Policy Recommendations

The publication of this report marks one year since the launch of the UK Government's 2020 Obesity Strategy. The measures included in that strategy, if introduced fully, will help to achieve the UK Government's ambition of halving childhood obesity by 2030 – which in turn will support a sustainable NHS, and free up budget for use in other important areas of public health. The UK must learn from the detrimental impact of COVID-19 and take action to prevent cancer being the next public health crisis. Preventative action to improve public health – including through helping people maintain a healthy weight – must not be delayed. Tackling obesity is also essential to making progress on the levelling-up agenda, with cancers attributable to overweight and obesity disproportionately affecting people in more deprived areas of the country.

This report represents the diverse range of views from stakeholders working across obesity – including those representing wider determinants of health such as those with experience of working with weight stigma and poverty groups – and is a clear demonstration of the need and desire for comprehensive action on obesity. As well as the new ideas raised by stakeholders, there are also challenges – including on weight stigma, the potential effect of measures on those with eating disorders, and the affordability of healthy food – which warrant serious consideration and care when taking action.

Based on this report and building on the findings of previous research we have also published, Cancer Research UK has identified specific areas of focus and actions for the UK Government.

1. Maintaining the pace and political leadership on obesity policy progress

The stakeholders identified that the pace of policy progress from the UK Government needed to be stepped up, and that external factors – including COVID-19 – influenced the prioritisation of policy change.

Cancer Research UK calls on the UK Government to create a Cabinet-level committee on health improvement and prevention, to ensure political focus on the delivery of the Government's obesity policy commitments and the co-ordination of the development of the strategy's next stages.

2. Legislating on marketing and promotions restrictions

In May 2021, the UK Government committed to introduce proposals on HFSS marketing and promotion restrictions in the Health and Care Bill. The measures announced and confirmed in the Government's consultation response (June, 2021) include a ban on paid-for advertising of the main categories of food and drinks high in fat, salt or sugar (HFSS) online and a 9pm watershed for such adverts on TV, from the end of 2022.

The measures announced by the UK Government are key steps in achieving the target of halving childhood obesity in England by 2030. Cancer Research UK's research on the impact of junk food marketing on children shows that junk food advertising on TV and online is prevalent and

that it negatively impacts children's eating habits. Significant restrictions of unhealthy food and drinks adverts online are necessary in order to provide comprehensive and futureproofed protection for children across the spectrum of digital platforms. This is vital as viewing and engagement habits shift online, where the consumption of content is non-linear (i.e. can be accessed and seen at any time of the day, unlike scheduled programming on TV).

Cancer Research UK calls on the UK Government to hold firm and deliver on the announced legislation on junk food advertising restrictions on TV and online, and on promotions, and we will work to secure their passage through Parliament. These measures – if implemented robustly – will be a significant step forward in tackling some of the key factors which contribute to the high levels of overweight and obesity in the UK.

To further protect for children and young people against the negative impacts of junk food advertising on digital platforms, we call on the UK Government to mandate that HFSS brands set their social media profile settings set to private. This would stop users who haven't actively searched for this content from being exposed to harmful advertising – for example via the “discover” function on Instagram.

It will also be important to see how industry respond to the marketing and promotions restrictions, and to monitor potential displacement of HFSS advertisement expenditure to other mediums, such as out-of-home and sports sponsorship. In addition, there will always be new marketing innovations whose impact needs to be examined to ensure the intent and impact of the original restrictions is maintained.

We believe the UK Government should investigate and respond to the impact of other types of marketing, such as brand advertising, sports sponsorship and push notifications from food delivery applications.

3. Adjusting definitions of “healthy food”

To make the measures limiting children and young people's exposure to junk food marketing and promotions even more effective, the revised Nutrient Profiling Model (NPM) should be implemented. This updated formula will offer an evidence-based framework from which to work when determining which products are HFSS, using the latest UK Government scientific advice. However, it is fair to recognise there is a wider and continued debate about classifying types of food and the impact on individual dietary behaviour; and this warrants further examination.

Cancer Research UK calls on the UK Government to bring in the new revised Nutrient Profiling Model (NPM), to ensure alignment with current scientific advice; and then continue to examine the case for further changes to the definitions of what constitutes ‘less healthy’ and what might be considered ‘healthy’ or ‘healthier’ food and drink.

4. Next stages of obesity strategy

As highlighted by this report, implementing the announced measures can't be the end of the story but rather the positive first step in a series of bold and decisive actions to tackle obesity and overweight across the UK. This report indicates a broad consensus within civil society on

the direction of travel on obesity measures and highlights some agreed key aspirations for future action – notwithstanding the familiar points of disagreement raised by the ‘commercial’ stakeholder group. For example, although stakeholders expressed differing views on which policies should be prioritised next, there was a shared frustration with the pace of change and slow development of obesity policy in previous years, and agreement that the time for comprehensive action on obesity is now.

Given the time needed for consultation, regulatory change, and implementation, it is imperative that the work is done soon to develop the next set of policy measures. The evidence presented in the National Food Strategy [36], in July 2021, and its suite of recommendations in order to “escape the junk food cycle and reduce diet-related inequality”, are an important and helpful start in that process.

Cancer Research UK will continue to monitor progress and new developments in the mission to tackle obesity and overweight in the UK. We call on the UK Government to conduct further research into impactful actions – including the use of financial levers – and then use that research to build on the measures currently being implemented to ensure the target of halving childhood obesity by 2030 is achieved.

5. Tackling inequalities

Evidence also shows that obesity disproportionately affects more deprived areas of the UK and that it contributes to major health inequalities. The environment makes it difficult to keep a healthy weight, with the less healthy choice becoming the easier and cheaper choice. Much more research and action is needed to close the inequality gap and ensure that the whole UK population is able to maintain a healthy weight, reducing the chance of ill health. UK Government action such as levelling up the affordability of healthier food could make a significant difference to deprived communities across the UK.

Cancer Research calls on the UK Government to undertake more research into the drivers of health inequalities and to introduce interventions to address the higher rates of excess weight that disproportionality affect the UK’s most deprived communities.

6. Making progress across the UK

Cancer Research UK also recognises the important progress made on tackling obesity and overweight in the devolved nations of the UK. We welcome the Scottish Government being the first in the world to commit to act on junk food promotions, and in Wales, we welcome the string of long-term commitments made in Wales’s 10-year obesity strategy. In Northern Ireland, we hope the upcoming Northern Ireland Cancer Strategy will set out a clear path for reducing preventable cancers over the next 10 years – including reducing the number of people who are overweight and obese. We support this important progress and the prioritisation of action on obesity. We look forward to continuing discussions to ensure that the measures implemented are robust enough to protect children’s health across the UK.

Cancer Research UK welcomes the commitments made by the governments of the devolved nations to tackle obesity and overweight, and now calls on the respective governments to implement these measures so that there is consistent action across all four nations of the UK.

7. Prioritising health in new, post-Brexit, opportunities

In addition, we urge the UK Government to prioritise public health and the impact on obesity when entering new trade deals with third party countries – including assessing the continued implications of the UK's departure from the European Union.

Cancer Research UK calls on the UK Government to prioritise public health and the impacts on obesity when entering into trade deals with third party countries. Public health experts must be offered the same opportunities as industry to comment on UK trade policy. The UK Government should also give high priority to public health as they work through the implications of EU Exit, and as the UK develops its new relationship with the European Union.

Strengths and limitations

This was a qualitative study involving semi-structured, interviews conducted over Microsoft Teams with 42 policy, commercial and advocacy stakeholders across the UK. The research team purposively identified and directly invited stakeholders with expertise in obesity policy and the development and use of HFSS marketing restrictions. Advocacy stakeholders with experience of working with the stigma community, children, and young people and those living with inequalities were also specifically targeted. A key strength of the study is that the research team's experience and connections ensured a wide diversity of stakeholders participated in the interviews, representing a full range of views. Professor Shona Hilton's reputation was helpful in securing participation from key individuals. The topicality of the subject matter was also helpful in securing a high level of engagement from invited participants. Finally, pivoting the methods to online rather than face-to-face or telephone interviews strengthened the study substantially, increasing participation and facilitating constructive conversations.

One limitation of the study was that the numbers of stakeholder in each sub-category was relatively small. This meant that we could not represent views by stakeholder sub-type as to do so would risk divulging the identity of individual participants based on specifics of their professional activities. Additionally, qualitative methods inherently cannot provide representative evidence of the distribution of different perspectives within a population. However, the use of purposive sampling methods permitted a diverse breadth of relevant perspectives to be captured, and for fringe or unanticipated perspectives to emerge [33]. Finally, more policy stakeholders (n=19) agreed to participate compared to commercial stakeholders (n=10) or advocacy stakeholders (n=13), which meant the voice of policy stakeholders may have been more dominant in the data. However, the NVivo analysis allowed frequency of views on any subject to be calculated as a percentage of the number of stakeholders of that type, thus making the data comparable.

Conclusion

One year on from the July 2020 obesity strategy announcement, this report presents the views of a diverse mix of stakeholders with a range of expertise in obesity policy. Listening to the views of these stakeholders has – and will continue – to help inform Cancer Research UK’s research strategy and policy calls on the marketing of HFSS products, and on its cancer prevention activities more widely. The report acknowledges the importance of stakeholders working together in order to make progress.

Many stakeholders viewed the July 2020 strategy as an important step forward for tackling obesity in the UK, if the policies announced are implemented fully and robustly. However, implementing the announced measures can’t be the end of the story, but rather the positive first step in a series of bold and decisive actions to tackle obesity and overweight across the UK. This report highlights the importance of further action, including to tackle the fundamental drivers of obesity. That means addressing the higher rates of excess weight that disproportionately affect the most deprived communities in the UK, with this report calling for further research on effective interventions in this area.

Stakeholders also highlighted the importance of introducing policies that take a whole-systems approach to diet, and which address the role that ‘unhealthy’ foods play in society and the need to change social norms. This report recognises the importance of multiple comprehensive policies working together across different levels of society, from local to national government, in order to be effective.

In the last year there have been significant commitments from the UK government to tackling overweight and obesity. This report provides a starting point for both more immediate action and future research and policy priorities, in order to maintain momentum and continue to prioritise tackling overweight and obesity in the UK.

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Appendices

A: Interview topic guide			
B: Interview visual prompts			
C: July 2020 Obesity Strategy: Frequency of stakeholder arguments by policy and stakeholder type			

Appendix A: Interview topic guide

Introductory section

- Hello, I am a research assistant from the University of Glasgow with an interest in health policy. You'll be aware from the information sheet that we're doing research into how different groups of people feel about different potential policies for regulating the marketing of food and drink high in fat, salt or sugar.
- *[Reiterate key points from consent form, check verbally that participant has read the information sheet and is happy to participate and be recorded]*
- *[Describe study and scope of questions. Set in the context of the recently announced UK obesity strategy in the light of COVID-19. Explain the broad definition of marketing used, explaining the four Ps of the marketing mix.]*
- Can you describe your professional role, and how it relates to policy restricting the marketing of unhealthy food?

Section 1: Current policy responses – announced by the UK Government as part of the obesity strategy in July 2020, and in response to COVID-19 'Tackling obesity: Empowering adults and children to live healthier lives'.

Now we're going to talk about some different government policy options to further restrict the marketing of food high in fat, salt or sugar, as part of their strategy to tackle obesity – particularly in children and young people.

- If you look at Sheet A, you'll see a set of policies announced by the UK Government in July 2020 – either for implementation or further consultation. What is your reaction to this set of policies as a strategy for tackling obesity?
- What about *[name a policy that has not been discussed, in a quadrant that has not been discussed]*? Do you think that is a worthwhile policy?
- Do you think any of these policies stand out as being particularly valuable for tackling obesity in children. Why?
- Thinking about place, product, promotion and price, do you think any of these are particularly important to focus on?

Section 2: Other potential policy options

- Now we're going to talk about some potential other policies. Looking at Sheet B, each of these policies were proposed last year in a report on solving childhood obesity by the outgoing Chief Medical Officer for England. Which of these policy options would you say are the top three priorities and why?
- Do any of these policies seem like bad ideas, or less important ideas?
- What about *[name a policy that has not been discussed, in a quadrant that has not been discussed]*? Do you think that is a worthwhile policy?
- Are there any other good ideas for policies for tackling obesity, both for children and in the general population, that we haven't discussed yet?

Section 3: Key policy priorities and improving the availability and promotion of healthy products

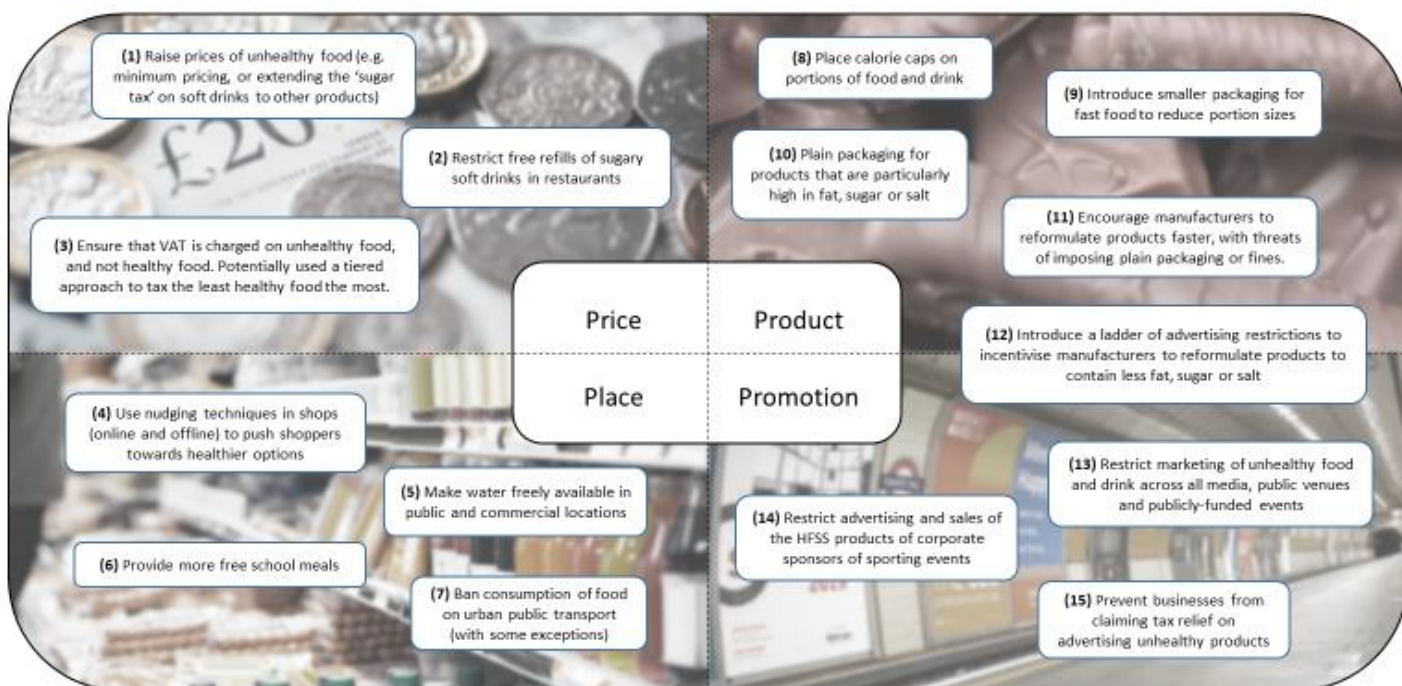
- Having discussed a variety of different policy approaches to restricting the marketing of HFSS foods, is there an area of policy action that you think is particularly important to pursue? If you could progress one policy from Sheet B, which would it be?
- If you could do anything to tackle childhood obesity, what would it be?*[if not already discussed]*
- In addition to policies to restrict the marketing of unhealthy products, do you have any ideas for policies that would improve the availability and promotion of healthy food and drinks?
- Are you aware of any international examples of policies that combine positive approaches with restrictions?
- What are the key gaps in knowledge where evidence could help to inform policy related to marketing of HFSS food and drink?

Appendix B: Interview visual prompts

SHEET A: Announced Policies (red) and Consultations (purple)



SHEET B: Possible Future Policies



Appendix C: July 2020 Obesity Strategy: Frequency of stakeholder arguments by policy and stakeholder type

Key arguments discussed	OoH calorie labels			9pm watershed			In-store placement			Price promotions			Review FOPNL			Alcohol calorie labels			Total HFSS ban		
	Policy	Comm	Advo	Policy	Comm	Advo	Policy	Comm	Advo	Policy	Comm	Advo	Policy	Comm	Advo	Policy	Comm	Advo	Policy	Comm	Advo
Summary opposing arguments	15%	6%	21%	20%	20%	11%	5%	11%	9%	17%	14%	11%	16%	13%	19%	7%	0%	9%	19%	36%	21%
Devil is in the detail	5%	0%	0%	5%	10%	0%	16%	0%	0%	37%	0%	8%	16%	10%	15%	0%	0%	0%	16%	20%	8%
Difficult to implement	26%	10%	15%	26%	0%	0%	0%	10%	15%	5%	10%	8%	0%	0%	0%	0%	0%	0%	21%	20%	15%
Disproportionate response	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	40%	0%
Less relevant for children and young people	11%	0%	0%	16%	20%	0%	0%	0%	0%	5%	0%	0%	16%	0%	8%	11%	0%	15%	0%	20%	0%
Nanny state	0%	0%	0%	0%	0%	0%	0%	10%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Negative consequences	0%	0%	0%	0%	20%	0%	0%	20%	15%	11%	50%	15%	0%	10%	0%	5%	0%	0%	0%	30%	8%
No impact on obesity	0%	0%	0%	5%	30%	0%	0%	0%	0%	0%	10%	0%	5%	0%	0%	5%	0%	0%	0%	10%	0%
Online environment very difficult	0%	0%	0%	26%	0%	8%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	53%	50%	31%
Only helpful to limited groups	0%	0%	23%	0%	0%	0%	0%	0%	0%	0%	0%	8%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Potential for loopholes	5%	0%	0%	5%	0%	0%	11%	0%	0%	11%	0%	0%	0%	0%	0%	0%	0%	0%	5%	0%	8%
Potential to create stigma	11%	10%	31%	0%	0%	8%	0%	0%	0%	0%	0%	0%	5%	0%	38%	0%	0%	0%	0%	0%	0%
Questionable impact	21%	10%	0%	32%	40%	23%	0%	20%	8%	11%	20%	8%	32%	40%	23%	16%	0%	8%	5%	20%	8%
Regulatory burden	11%	0%	8%	0%	20%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	0%
Requires individual action	0%	10%	8%	0%	0%	8%	0%	0%	0%	0%	0%	0%	5%	20%	0%	0%	0%	15%	0%	0%	0%
Unpopular with industry	0%	0%	8%	5%	0%	0%	5%	20%	0%	11%	10%	0%	5%	10%	0%	5%	0%	0%	16%	30%	15%
Unpopular with public	0%	0%	0%	0%	0%	0%	0%	0%	0%	11%	0%	0%	11%	0%	0%	0%	0%	0%	0%	0%	0%
Summary supportive arguments	3%	6%	8%	16%	6%	13%	23%	22%	23%	23%	22%	12%	10%	17%	8%	13%	17%	10%	12%	11%	25%
Helpful to have clear nutritional information	11%	10%	23%	0%	0%	0%	0%	0%	0%	0%	0%	0%	26%	0%	8%	32%	10%	23%	0%	0%	0%
Helps create a level playing field	0%	0%	8%	0%	0%	0%	21%	0%	15%	16%	0%	0%	5%	20%	8%	11%	10%	8%	0%	10%	0%
Is effective or important	5%	0%	0%	11%	0%	8%	53%	10%	46%	58%	20%	31%	5%	0%	8%	21%	10%	15%	47%	10%	46%
Is feasible or easy to do	0%	0%	0%	21%	0%	8%	16%	10%	8%	11%	10%	8%	5%	0%	0%	0%	0%	0%	5%	0%	0%
May work by prompting reformulation	5%	0%	0%	0%	0%	8%	0%	0%	8%	5%	0%	0%	11%	0%	0%	5%	0%	0%	0%	0%	0%
More important for adults	0%	0%	0%	0%	0%	0%	11%	0%	0%	11%	0%	0%	11%	0%	0%	11%	0%	0%	0%	0%	0%
Part of the picture	0%	0%	0%	32%	0%	8%	11%	0%	8%	16%	0%	8%	0%	0%	8%	0%	0%	0%	0%	0%	15%
Particularly for children and young people	0%	0%	8%	32%	10%	31%	11%	10%	23%	5%	0%	8%	0%	0%	0%	0%	0%	0%	21%	0%	54%
Supported by industry	0%	0%	0%	0%	0%	0%	5%	0%	0%	11%	10%	0%	0%	10%	8%	5%	0%	0%	0%	0%	0%
Supported by public	0%	0%	0%	5%	0%	0%	16%	10%	0%	11%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%