

Sydney Principles

Summary of responses from the global consultation

27 July 2007

1. Overview

The International Obesity Taskforce (IOTF), the policy and advocacy arm of the International Association for the Study of Obesity (IASO), is promoting global action on commercial marketing to children through two complementary initiatives. As part of the Global Prevention Alliance – a coalition of international non-government organisations – the IOTF / IASO is supporting the World Health Organization (WHO) and its Member States in the development of a set of recommendations on the marketing of food and beverages to children. In addition, an IOTF Working Group is developing a set of underlying principles to guide national and trans-national action to substantially reduce commercial promotions that target children. The first draft of principles was launched at the International Congress on Obesity in Sydney in September 2006 and, following feedback from delegates, a global consultation on the second draft of these ‘Sydney Principles’ was conducted from November 2006 to April 2007. This report provides a summary of the responses received and key points raised through the global consultation.

2. Background

The epidemic of obesity is affecting the health and well-being of many millions of children around the world in affluent and less affluent countries alike. There are many drivers of this pandemic with an important one being the high levels of commercial marketing of energy-dense, nutrient-poor foods and beverages that specifically target young children. Numerous studies and several reviews have concluded that these marketing strategies clearly contribute to the unhealthy diets which are promoting childhood obesity. This commercial marketing also undermines the healthy eating messages in the dietary guidelines of every country and is contrary to the objectives of the WHO Global Strategy on Diet, Physical Activity and Health which has been endorsed by 192 countries.

There is a consensus that multi-strategy approaches are needed to reduce childhood obesity. As part of this approach, many governments, non-government organisations, food, beverage and advertising industries, and international organisations like the WHO are actively examining strategies to reduce commercial marketing to children.

3. Consultation process

The first draft version of the Sydney Principles was distributed to delegates at the 2006 International Congress on Obesity in Sydney in September 2006 (see Appendix A). Written feedback was received from 43 delegates from this initial round of consultation with almost all respondents (41/43) agreeing (36/43) or strongly agreeing (5/43) with the idea of defining a set of guiding principles. No major revisions were suggested but comments were made on the explanatory wording in the preamble and around each of the Principles.

The Sydney Principles document was then revised in accordance with the specific comments and released for global consultation in November 2006 via the dedicated Sydney Principles web page (www.iotf.org/sydneyprinciples) (see Appendix B). An online response form requested specific feedback on each of the Principles and two other key issues: What products should be covered by the restrictions – only energy-dense, nutrient-poor foods and drinks; all foods and drinks; or all products? And up to what age should the restrictions apply?

A document outlining the Sydney Principles, including a referral to the Sydney Principles web page, was emailed to a large list (including 2461 email addresses) of international contacts. Recipients were asked to forward the email through their networks, and an additional flyer was provided for use in the newsletters and brochures of organisations.

During the period of global consultation (November 2006 – April 2007), the Sydney Principles web page received 5960 page requests, with 128 respondents sending feedback. These respondents were from 18 countries / regions (Australia, Austria, Canada, Germany, Iran, Italy, Japan, Mexico, New Zealand, Pacific Islands, Portugal, South Africa, Spain, Sweden, Syria, United Kingdom, USA, Zimbabwe). Approximately 65% of respondents were self-identified as health professionals or from health organisations. Among the responses received were detailed submissions from the UK Association for the Study of Obesity, the Australian Medical Association, Which? UK, and an industry response endorsed by CIAA (voice of the European food and drink industry), International Council of Beverages Association, International Council of Grocery Manufacturers Associations, and World Federation of Advertisers. The Oxford Health Alliance submitted a detailed response taking into account the results of a survey of 49 of its members and collaborators (refer to Appendix C).

4. Comments received

4.1. Idea of defining a set of guiding principles

As can be seen in the table below, approximately 97% (116/120) of respondents answering the question supported the idea of defining a set of guiding principles.

Idea of defining set of principles	Total
Agree	116
Disagree	1
Other	3
-- blank --	8
	128

4.2. General comments

General comments on the principles were mostly supportive, with many respondents commenting that the principles are “excellent” and “well-considered”. Other general comments received about the Principles include:

- “The Swedish approach bans ads to kids on the basis of human rights not on the basis of health. This circumvents all the debates about the impact on obesity etc.”
- “I think that the use of the term commercial marketing may lead to some problems. The food industry will shift work to their corporate social strategies and argue that it is not commercial.” Furthermore, “Would advertisements by the fruit and vegetable industry be classified as ‘commercial’ advertising (e.g. the banana industry in Australia's ‘make those bodies sing’ campaign)?”
- “I am concerned that the need for children to learn to be responsible for their own health gets dropped: children have to learn how to respond to advertising for all products, as well as to peer and environmental pressure – not only for food, but to counter the effects of tobacco, drugs and unsafe sex.”
- “The Principles take an unrealistic view of regulation, given international trends towards market deregulation. They should attempt to engage more with food producers and marketers.”

4.3. Comments on each of the Principles

The following comments represent a selection of responses received as they relate to each of the Principles:

Principle 2

- “The argument that dietary habits are an individual choice is not countered directly by any of these principles. Perhaps a statement under 'protection of children' that whilst dietary habits are the choice of an individual, the evidence suggests that children are particularly vulnerable to marketing of energy dense, nutrient poor food and are targeted by industry.”
- “This statement [on the responsibilities for child protection] dilutes responsibility among all actors, thereby potentially justifying inaction or incomplete action by one of them (e.g. the for-profit sector might refer to this to call upon ‘parental responsibility’). If the principles are primarily intended for government use, the statement is simply irrelevant.”

Principle 3

- The industry response indicated that, “while we [the industry groups] support the over-riding objective of the Sydney Principles, we do not agree that government regulation should be pursued as a means for achieving the objective. There are three main reasons: 1. Existing self-regulatory approaches are working well and are continuing to evolve to respond to changing public concerns. 2. Legal frameworks are already in place to protect consumers from deceptive marketing practices. 3. Industry is responding to consumer needs.”
- “Statutory regulation would have to be well resourced and enforced to be effective.”

Principle 4

- “Commercial sponsorship is the thin end of the wedge. Many companies are sponsoring school activities and facilities not with the intention of selling at this point in time to kids but to build brand loyalty (relationship marketing). This needs to be included.”
- “Most / many sporting organisations / clubs in Australia are supported financially by manufacturers of ‘undesirable foods’ e.g. McDonalds sponsor Little Athletics, soccer, etc. By preventing this relationship, we may be removing vital funding for these sporting organisations and physical activity is the other side of the obesity prevention equation.”
- “I would go further and say that packaging and general product presentation should also be included. Clearly some styles of packaging and presentation are specifically designed to 'capture' children.”
- “Games [including computer and game consoles] that target children may need some restriction as these can sometimes contain material that is commercial.”

Principle 5

- “It would be helpful to be clear about what is covered by 'childhood settings'.”
- “Principle #5 should not use the wording ‘...that specifically target children’ or this could allow a loophole for other commercial promotions that do not specifically target children.”
- “We would want to be careful with trying to get rid of the unacceptable behaviour of some companies we don't lose some of the efforts of some private industry partners e.g. in the promotion of fruit and vegetables.”
- “Will 'childhood settings' be extended to include sporting venues/events including swimming pools and leisure centres and if so will that impact negatively on the viability of such venues/events, potentially reducing the opportunities available in communities for kids to be physically active.”

Principle 7

- “Suggest the focus be on monitoring, enforcement and compliance rather than evaluation of 'impact on children's dietary patterns', to reflect the primary rationale which is the legitimate role of government to protect their citizens.”
- “It is also important to stress that monitoring should be independent.”
- “Substantial resources and a credible organisation would be required to evaluate, monitor and enforce the principles.”
- “This principle should either be dropped altogether or made more explicit, e.g. by specifying who should carry out the three actions referred to and when. In its current form it may sound somewhat weak by providing too much flexibility and implying that the a priori impact is unknown.”

4.4. Products to be covered

In response to the question of which products should be covered by regulations on promotions to children, a divided response was received. The most cited response was for restrictions to apply to ‘energy dense, nutrient poor foods and beverages’ (48/128) followed by ‘all products’ (33/128) and ‘all foods and beverages’ (26/128).

Products covered	Total
All foods and beverages	26
All commercial products	33
Energy dense, nutrient-poor foods and beverages	48
Other	7
-- blank --	14
	128

There was significant debate on this aspect from respondents. A selection of comments on this issue follows:

- “If you make the argument from a base of supporting the rights of children and of protecting them, it is hard to justify advertising any product to children. Why can a toy car be advertised and not a soft drink?”
- “This initiative should focus on food only as it coming from the Obesity Taskforce.”
- “Decision on which products to include must be based on evidence.”
- “If the principle regarding commercial marketing covers all products I think we risk alienating potential supporters.”
- “Regulations should focus on foods deemed to be unhealthy (but not necessarily energy-dense). This should be defined by category taking many characteristics into consideration in determining the healthiness of a product e.g use the nutrient profiling model developed by the Food Standards Agency in the UK for classification. If it is done this way then there is more likelihood that healthier options will be developed.”
- “We think that all food and beverages should be covered; classifying them into ‘healthy’ and ‘unhealthy’ would lead to endless discussions.”
- “I think it would be very difficult to prevent promotion of ALL products to children. How to define a 'product'? If a statutory regulation was to be introduced I think targeting products that are known to be associated with childhood obesity is the best place to start.”
- “I would prefer it to be ‘all foods and beverages except fruit and vegetables’, as it would be unfortunate if they couldn't be promoted to children.”

4.5. Age up to which regulations should apply

A diverse mix of responses has been received in response to the issue of the age up to which regulations should apply. The single most cited age by respondents was 18 (42/128), and about 60% (77/128) favoured restrictions applying up to at least the age of 16 or even higher, including eight respondents who felt there should be a blanket ban covering all ages.

Response	Number of responses
Age 5	2
Age 7	1
Age 10	2
Age 12	7
Age 13	6
Age 14	6
Age 15	6
Age 16	23
Age 17	2
Age 18	42
Age 21	1
Age 23	1
Apply to all ages	8
Vary from country to country	1
Apply until legal drinking age	1
-- blank --	18
Total	128

A selection of comments on this issue includes:

- “It is inappropriate to lump together children of different ages. It is scarcely credible that the average 18 year old is less media savvy than the average 60 year old.”
- “We believe there should be no age restriction on these guidelines. All members of society are susceptible to the exploitation of the advertising industry. Although children are more impressionable, ultimately their parents and caregivers make their food choices for them. Marketing affects the parents’ ability to make good informed food choices.”
- “In order to shield children from advertising, you must restrict all advertising that reaches children, whether or not it specifically targets children.”
- “I would support a stepped approach whereby young children (<5y) are protected from ALL product promotions, children aged up to 13 are protected from all food and beverage promotions, then adolescents up until 18 are protected from energy dense, nutrient poor food and beverage promotions.”
“This will allow for the child/adolescent to learn and develop important consumer, decision making and problem solving skills needed in adulthood.”

4.6. Additional Principles to be included

The following is a selection of comments received in response to the question of whether additional Principles should be included:

- “I always feel that rights should be balanced by responsibilities, and that while it is a right of children to be exposed to an environment in which healthy food choices are possible (meeting nutrient needs, cultural needs, socio-economic realities etc), children should be educated that in the long run, they should take responsibility for their own health and therefore food choices.”
- “Parents and caretakers should also be protected, in their role and as individuals exposed to overweight and obesity.”
- “Include calls for the food industry to become more socially responsible in the presentation and marketing of foods and drinks.”

5. Revised Principles

With the completion of the global consultation, the “Guiding Principles for achieving substantial reductions in the commercial promotion of foods and beverages to children” are now finalised (refer to Box 1 below) for publication in a peer-reviewed journal.

The Sydney Principles

Guiding principles for achieving substantial reductions in the commercial promotion of foods and beverages to children

Actions to substantially reduce commercial promotions to children should:

1. **SUPPORT THE RIGHTS OF CHILDREN.** Regulations need to align with and support the United Nations Convention on the Rights of the Child and the Rome Declaration on World Food Security which endorse the rights of children to adequate, safe and nutritious food.
2. **AFFORD SUBSTANTIAL PROTECTION TO CHILDREN.** Children are particularly vulnerable to commercial exploitation, and regulations need to be sufficiently powerful to provide them with a high level of protection. Child protection is the responsibility of every section of society – parents, governments, civil society, and the private sector.
3. **BE STATUTORY IN NATURE.** Only statutory regulations have sufficient authority to substantially reduce the current high volume of marketing to children and the negative impact that this has on their diets. Industry self regulation is not designed to achieve this goal.
4. **TAKE A WIDE DEFINITION OF COMMERCIAL PROMOTIONS.** Regulations need to encompass all types of commercial targeting of children (e.g. television advertising, print, sponsorships, competitions, loyalty schemes, product placements, relationship marketing, Internet) and be sufficiently flexible to include new marketing methods as they develop.
5. **GUARANTEE COMMERCIAL-FREE CHILDHOOD SETTINGS.** Regulations need to ensure that childhood settings such as schools, child care, and early childhood education facilities are free from commercial promotions that specifically target children.
6. **INCLUDE CROSS BORDER MEDIA.** International agreements will be needed to regulate cross-border media such as Internet, satellite and cable television, and free-to-air television broadcast from neighbouring countries.
7. **BE EVALUATED, MONITORED AND ENFORCED.** The regulations need to be evaluated to ensure the expected effects are achieved, independently monitored to ensure compliance, and fully enforced.

Box 1: The Sydney Principles

6. Acknowledgements

- The IOTF Working Group for the Sydney Principles consisted of Boyd Swinburn, Louise Baur, Kelly Brownell, Tim Gill, Shiriki Kumanyika, Tim Lobstein and Jaap Seidell
- Phil James and Neville Rigby provided valuable input
- Gary Sacks co-ordinated the global consultation
- Euan Woodward developed and managed the website

Appendix A

'The Sydney Principles': Draft Version 1

(as distributed to delegates at the 2006 International Congress on Obesity in Sydney in September 2006)

GUIDING PRINCIPLES FOR REDUCING THE COMMERCIAL PROMOTION OF FOODS AND BEVERAGES TO CHILDREN ('THE SYDNEY PRINCIPLES')

YOUR COMMENTS AND OPINIONS, PLEASE

THE ISSUE

The epidemic of obesity is threatening the health and well-being of an increasing proportion of children and adolescents around the world in wealthy and less affluent countries alike. There are many powerful factors driving the epidemic and therefore actions to reverse the trend will also need to be multifaceted and equally powerful. Children worldwide are the target of high levels of commercial marketing to promote the consumption of energy-dense, nutrient-poor foods and beverages. Numerous studies and several reviews have concluded that these marketing strategies clearly contribute to the unhealthy diets which are promoting childhood obesity. These strategies also undermine the healthy eating messages in the dietary guidelines of every country and are contrary to the objectives of the WHO Global Strategy on Diet, Physical Activity and Health which has been endorsed by 192 countries.

THE ACTION NEEDED

Potential strategies to reduce commercial marketing to children are now being actively considered by governments, non-government organisations, the food, beverage and advertising industries, and international organisations like the World Health Organization. As an example, the Global Alliance for the Prevention of Obesity and Chronic Diseases, a coalition of international non-government organisations, is strongly advocating for a global response to limiting the commercial promotion of food and beverages to children. While the specific actions of countries and international bodies may vary, there is a need to establish a set of fundamental principles to guide those actions.

THE PROPOSAL

The Prevention Group and Childhood Obesity Group of the International Obesity Taskforce have joined forces to develop and promote the underlying principles ('The Sydney Principles') to guide the regulatory action on commercial promotions that target children. Comments and feedback are now sought for the draft of the 'Sydney Principles'.

(DRAFT) GUIDING PRINCIPLES FOR REDUCING THE COMMERCIAL PROMOTION OF FOOD AND BEVERAGES TO CHILDREN ('THE SYDNEY PRINCIPLES')

PREAMBLE

Regulations on commercial promotions that target children can be applied to only energy-dense, nutrient-poor foods and beverages, or to all foods and beverages, or to all products. The definition of 'children' varies by country but is usually about 13 years and under. Regulations which seek to improve children's diet and health and provide sufficient protection from commercial exploitation should be based on the following guiding principles.

ACTIONS TO REDUCE COMMERCIAL PROMOTIONS TO CHILDREN SHOULD:

1. **SUPPORT THE RIGHTS OF CHILDREN.** Regulations need to align with, and progress, the UN Convention on the Rights of the Child and the Rome Declaration on World Food Security which endorse the rights of children to adequate, safe and nutritious food.
2. **AFFORD SUBSTANTIAL PROTECTION TO CHILDREN.** Regulations need to be sufficiently powerful to provide a high level of protection for children against commercial exploitation. The protection of children is a fundamental responsibility of every section of society – governments, civil society and the private sector.
3. **BE STATUTORY IN NATURE.** Statutory regulations are the only mechanism with sufficient authority to reduce the volume and impact of marketing to children. Industry self regulatory codes will not achieve this goal.
4. **TAKE A WIDE DEFINITION OF COMMERCIAL PROMOTIONS.** Regulations need to encompass many types of marketing to children (e.g. television advertising, print media, sponsorships, competitions, loyalty schemes, product placements, competitions, and the internet) and be sufficiently flexible to include new marketing methods as they develop.
5. **GUARANTEE COMMERCIAL-FREE CHILDHOOD SETTINGS.** Regulations need to ensure that schools and other child care and education settings are free from commercial influences that specifically target children.
6. **INCLUDE CROSS BORDER MEDIA.** International agreements will be needed to regulate cross-border media such as internet, satellite and cable television, and free-to-air television from neighbouring countries.
7. **BE EVALUATED, MONITORED AND ENFORCED.** The impact of regulations on children's dietary patterns needs to be evaluated when instituted and the ongoing compliance with regulations needs to be monitored and enforced.

YOUR FEEDBACK, PLEASE

The IOTF Working Group on the Sydney Principles is keen to receive your feedback on this set of principles. It is recognised that the existing restrictions on commercial promotions fall far short of these Principles in every country in the world and that it will take many years to progress the agenda of protecting children from the negative impacts of the commercial promotion of the foods and beverages that are promoting childhood obesity. Therefore, we ask you to critique these as guiding principles for a long term vision – will they keep us on the right track to create a better world for the children of the future?

1. Do you agree/disagree with the idea of defining a set of guiding principles?
2. Do you have any comments on the existing draft principles?
3. Are there any other principles which need to be included?
4. Do you have any further comments or suggestions about the draft Principles or how they might be promoted and communicated?
5. Your name, affiliation, and email contact details, please

Appendix B

'The Sydney Principles': Draft Version 2

(as distributed for global consultation and appearing online <http://www.iotf.org/sydneyprinciples> from November 2006 to April 2007)

Guiding Principles for Reducing the Commercial Promotion of Foods and Beverages to Children ('Sydney Principles')

This consultation on the principles to guide action on reducing food marketing to children (called the 'Sydney Principles') is being conducted by an IOTF Working Group. When the consultation is complete, the outcome will be considered by the IOTF Steering Group and the IASO Executive Committee and then published in a peer-reviewed journal.

Please distribute the Sydney Principles through your networks and provide feedback before 30 March 2007.

Consultation on Draft Principles

The issue

The epidemic of obesity is affecting the health and well-being of many millions of children around the world in affluent and less affluent countries alike. There are many drivers of this pandemic with an important one being the high levels of commercial marketing of energy-dense, nutrient-poor foods and beverages that specifically target young children. Numerous studies and several reviews have concluded that these marketing strategies clearly contribute to the unhealthy diets which are promoting childhood obesity. This commercial marketing also undermines the healthy eating messages in the dietary guidelines of every country and is contrary to the objectives of the World Health Organization (WHO) Global Strategy on Diet, Physical Activity and Health which has been endorsed by 192 countries.

There is a consensus that multi-strategy approaches will be needed to reduce childhood obesity. Many governments, non-government organisations, food, beverage and advertising industries, and international organisations like WHO are now actively examining strategies to reduce commercial marketing to children as an important and integral part of a multi-pronged approach to this rapidly increasing problem.

International Obesity Taskforce & International Association for the Study of Obesity

IOTF and IASO are promoting global action on commercial marketing to children through two complementary initiatives. As part of the Global Prevention Alliance, a

coalition of international non-government organisations, IOTF and IASO are calling on WHO and its Member States to develop an International Code of Marketing of Food and Beverages to Children. In addition, an IOTF Working Group is developing a set of underlying principles to guide action to substantially reduce commercial promotions that target children. The first draft was launched at the International Congress on Obesity in Sydney in September 2006 and, following feedback from delegates, the second draft of these 'Sydney Principles' is now out for global consultation.

Scope

1. The Principles do not relate to non-commercial promotion of healthy eating, for example government-funded social marketing campaigns.
2. The UN Convention on Rights of the Child defines a 'child' as under the age of 18 years but recognises that, for different situations, a 'child' may be defined as under 18 or a younger age. The age at which restrictions in commercial promotions to children applies to needs to be debated. A stepped approach for children and adolescents may be possible.
3. Debate is also needed about the products that restrictions would apply to:
either
 - energy-dense, nutrient-poor foods and beverages, or
 - all foods and beverages, or
 - all products.

Draft Principles

Actions to reduce commercial promotions to children should:

1. **SUPPORT THE RIGHTS OF CHILDREN.** Regulations need to align with, and progress, the UN Convention on the Rights of the Child and the Rome Declaration on World Food Security which endorse the rights of children to adequate, safe and nutritious food.
2. **AFFORD SUBSTANTIAL PROTECTION TO CHILDREN.** Children are particularly vulnerable to commercial exploitation, and regulations need to be sufficiently powerful to provide them with a high level of protection. Child protection is the responsibility of every section of society - parents, governments, civil society, and the private sector.
3. **BE STATUTORY IN NATURE.** Only statutory regulations have sufficient authority to reduce the volume of marketing to children and the negative impact that this has on their diets. Industry self regulation is not designed to achieve this goal.

4. **TAKE A WIDE DEFINITION OF COMMERCIAL PROMOTIONS.** Regulations need to encompass all types of commercial targeting of children (e.g. television advertising, print, sponsorships, competitions, loyalty schemes, product placements, internet) and be sufficiently flexible to include new marketing methods as they develop.

5. **GUARANTEE COMMERCIAL-FREE CHILDHOOD SETTINGS.** Regulations need to ensure that schools and other child care and education settings are free from commercial promotions that specifically target children.

6. **INCLUDE CROSS BORDER MEDIA.** International agreements will be needed to regulate cross-border media such as internet, satellite and cable television, and free-to-air television from neighbouring countries.

7. **BE EVALUATED, MONITORED AND ENFORCED.** The impact of regulations on children's dietary patterns needs to be evaluated when instituted and the ongoing compliance with regulations needs to be monitored and enforced.

Feedback

The IOTF Working Group is seeking your feedback on the Principles and their scope of application (definitions of age and products covered). It is recognised that existing regulations fall far short of these Principles in all countries and that it will take years to progress the agenda of protecting children from the negative impacts of the commercial promotion of the foods and beverages that are promoting childhood obesity. Therefore, we ask you to critique these as guiding principles for a long term vision - will they keep us on the right track to create a better world for the children of the future?

Please provide your feedback using the form below by 30 March 2007.

Online feedback form

Items marked * are required

1. Do you agree / disagree with the idea of defining a set of guiding principles? *

If other please describe below:

2. What comments do you have on the existing Draft Principles?

3. Are there other principles that you would like to include?

4. What products should be covered by regulations on promotions to children? *

- energy-dense, nutrient-poor foods and beverages, or
- all foods and beverages, or
- all products
- other

If other please describe below:

5. Up to what age should regulations on promotion to children apply?

6. Do you have any further comments or suggestions about the Draft Principles?

7. Your name, affiliation, and email contact details

Appendix C

The Oxford Health Alliance's response to the 'Sydney Principles'

(for more information refer to

<http://www.oxha.org/knowledge/publications/publications-by-oxford-health-alliance>)



Confronting the Epidemic
of Chronic Diseases

Reg. charity no.: 1117580

BOARD OF TRUSTEES

Professor John Bell
Chairman

Professor David Matthews

Lars Rebien Sørensen

Dr Derek Yach

Professor Stig Pramming
Executive Director

Oxford Health Alliance

1st Floor
28 Margaret Street
London
W1W 8RZ
United Kingdom

Tel: +44 (0)20 7637 4330
Fax: +44 (0)20 7637 4336

Rudd Center for Food Policy & Obesity
309 Edwards Street
Yale University
New Haven, CT 06520-8369

30 March 2007

Dear Professor Brownell,

The Oxford Health Alliance's response to the 'Sydney Principles'

In February and March of this year, the Oxford Health Alliance carried out a survey of its members and collaborators to determine their views with regards to the issue of marketing food and beverages to children. The appendix to this letter contains the results of the survey.

Rather than ask those completing the questionnaire for their thoughts on the Principles, OxHA asked general questions, such as whether the marketing of all food and drink should be restricted and who, ultimately, had most responsibility in promoting healthy habits for children.

Nearly 50 people completed the questionnaire, representing 27 countries, including the US, UK, Australia, South Africa, Ghana, Tanzania, Mexico, Mongolia, China and India. Although most were academics or researchers, a wide variety of stakeholders were represented, including the food and drink industry, the media, NGOs and policy makers. The majority agreed that restriction on food and drink advertising to children, such as the Sydney Principles, was needed; however, there were mixed views as to the scope of the Principles, proving the complexity of this issue. One group, comprising mostly academics and researchers, believed statutory regulation was needed to ensure children were protected from industry marketing practices, because they considered that self-regulation would be ineffective. Many supported a total ban on marketing foods over a certain fat/ calorie count, especially in environments where children are often present, including schools, religious settings and parks, and they urged the promotion of positive education to encourage good choices. On the other hand, industry and some NGO respondents felt that while there was a place for national regulatory measures, there should also be industry self-regulation.

Different cultural points of view also emerged, especially as to what age should constitute a 'child'. While most in North America, Europe and Australia believed those under 18 should be considered to be children, there were quite a few from developing countries who set an upper age limit of 14 or even younger.

Finally, in response to the question asking who has the most responsibility for promoting healthy diets to children, parents and government were deemed (by a clear majority, regardless of culture or professional background) to play the most important role, followed by teachers, food and drink manufacturers and family doctors. Clearly, the involvement of many stakeholders is vital in order to address this complex problem, and actions need to be taken now.

The Oxford Health Alliance supports the rights of children and believes that they must not be the target of commercial exploitation by the food and beverage industry or otherwise. We also believe that some degree of statutory regulation is required, but that this should involve industry consultation and agreement. Ideally, a 'co-regulating' approach could be advanced, which would encourage independently evaluated industry self-regulation to be carried out within the context of enabling laws and regulations. This would ensure that progressive companies be rewarded,

while laggards punished. However, any regulation will be complex and will need to be evaluated and strictly enforced so that it has the intended effect both nationally and internationally.

The Sydney Principles are an important initiative, especially as they raise awareness of the need for industry to be involved in taking action to prevent obesity and the onset of chronic diseases. Nevertheless, it is worth noting that their scope is limited unless they are applied alongside other prevention initiatives geared at making the healthy choices the easy choices: healthier school meal alternatives, more time to engage in physical activity throughout the course of the school day, better access to green spaces and safe public transport.

Rather than focus on a 'stick' approach, if we are to successfully tackle the problem of childhood obesity and the onset of chronic illnesses, we should strive to reach a consensus between all relevant stakeholders so that sustained *positive* action can be taken across all levels of society. We call on industry to make the first move by coming together to agree what action they can take now to operate more responsibly.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Stig Pramming', with a long horizontal stroke extending to the right.

Professor Stig Pramming
Executive Director, The Oxford Health Alliance