

Industry Self-regulation: Empty pledges

Industry self-regulation or corporate voluntarism is “a regulatory process whereby an industry-level organization sets rules and standards relating to the conduct of firms in the industry.”¹ Participation is voluntary and frequently promoted by industry as a socially responsible practice intended for the welfare of consumers.² The food and beverage industry has used self-regulation for many years to message concern for public welfare and to position itself as part of the solution to high and rising prevalence of obesity and other diet-related diseases. Underlying this is the use of voluntary self-regulation to impede critical regulatory processes.

Industry self-regulations are a weak substitute for government action. Compared to most governmental policies, industry pledges are more narrow in scope, poorly implemented and enforced, and inconsistent across companies and jurisdictions.^{3,4} The food industry’s approach echoes self-regulatory attempts by the tobacco and alcohol industries in that they seem motivated primarily by litigation and government movement to restrict key business practices² — exemplified by industry announcing self-regulatory pledges and policies in the midst of an active public health debate to introduce evidenced-based public policies.⁵⁻⁷

Unhealthy diets are the leading cause of major noncommunicable diseases worldwide, including obesity, heart disease, and type 2 diabetes.⁸ The food and beverage industry has sought to self-regulate to not be viewed as a “bad actor” in the escalating global obesity crisis, and to pre-empt stronger government policies.^{2,8-13}

This document describes how the food and beverage industry has engaged in voluntary self-regulation in three main areas:

- 1) Child-directed junk food marketing;**
- 2) Front-of-package labelling;**
- 3) Reducing unhealthy nutrients from the food supply.**

Independent evaluations of self-regulation initiatives have consistently found that they are vague, lack accountability, and ultimately have negligible positive impact. Specifically:

- 1) Marketing self-regulations have not been strict enough to meaningfully reduce children’s sizeable exposure to inappropriate junk food marketing;**
- 2) Industry has thrown its weight behind front-of-package labels that have no demonstrated benefit for helping consumers make healthier choices;**
- 3) Companies and industry groups have taken advantage of existing consumer shopping trends to inflate the appearance of pro-active improvements in the nutritional profiles of what they sell.**

In all of these areas, industry has successfully avoided or delayed adoption of evidence-based policies that could have led to much greater public health benefit. Below we provide detail on some of their obstructive policies and their impact — or lack thereof.

1. Child-directed junk food marketing: Voluntary restrictions have not successfully protected children from junk food marketing, counter to industry’s stated intentions.

Pervasive, highly targeted marketing for junk foods and sugary drinks is widely recognized as a key contributor to the obesity crisis, particularly among children and adolescents.¹⁴⁻¹⁶ Reducing exposure to unhealthy food marketing during these early years of developmental vulnerability is a key obesity prevention measure recommended by the

World Health Organization,¹⁶⁻¹⁹ Pan American Health Organization,²⁰ European Union,²¹ and World Cancer Research Fund,²² among others.²³⁻²⁶

With the prospect of government regulatory action looming in the mid-2000s, industry groups began devising voluntary pledge schemes to ostensibly address the issue, including multi-country, international initiatives as well as national-level programs.²⁷⁻³⁵ These pledges are similar across jurisdictions: Simply put, participating companies commit to only promote “better-for-you” products in media clearly directed at children under age 12 (including television, radio, cinema, websites, print, mobile, and video and computer games). This gives the appearance that industry is voluntarily protecting children from marketing for junk foods across a wide range of media, but in reality, pledges define a very narrow scope for when, where, and what marketing they will actually limit. Ample evidence has demonstrated that voluntary industry schemes have been ineffective at reducing children’s exposure to harmful junk food marketing.

A. Voluntary pledges prescribe weak marketing restrictions that allow continued promotion of unhealthy foods and brands to children.

By design, all the major industry marketing pledges use relatively weak nutrition criteria and limited scenarios for when and where they will restrict marketing practices. This has allowed participating companies to 1) continue directly marketing to children foods and drinks that are not considered healthy against more impactful, objective nutrition standards; and 2) shift child-appealing junk food marketing into media ostensibly aimed at teen or family audiences but still heavily consumed by younger children.³⁶⁻³⁸ Most industry policies have also not limited their marketing practices on social media, in stores, on packaging, or in schools.

1. The nutrition criteria industry pledges use to determine which products are healthy enough to market directly to children are much weaker and more permissive than criteria recommended by independent nutrition experts and health officials.^{10,36,37,39,40} For example:

- Industry often uses category-specific nutrition criteria, meaning that different product categories have different nutrient thresholds to hit before they are considered too unhealthy to market to children. Salty snacks, for example, are allowed more sodium than sweet snacks, which in turn are permitted to contain more sugar.⁴¹⁻⁴³
- Some pledges such as those in the United States and Canada set nutrient thresholds per “labelled serving size,” which is at the discretion of the food manufacturer. This means companies can reduce a product’s serving size in order to meet the nutrition criteria and continue child-directed marketing without reformulating to reduce nutrients of concern.⁴⁴
- Perhaps most problematic, some pledges (including Australia’s Responsible Children’s Marketing Initiative and the International Food and Beverage Alliance global program) actually allow signatories to set their own nutrition criteria.³¹
- In 2015, 85% of the foods and beverages that the U.S. self-regulatory program and its member companies considered acceptable to market to children according to their own nutrition criteria could not be marketed to children under the World Health Organization’s nutrition profiling model.⁴⁵
- In 2016, nearly 80% of TV ads from companies participating in Canada’s self-regulatory initiative promoted products that complied with industry nutrition criteria but were categorized as “less healthy” by the UK government’s nutrient profile

model; 100% featured products deemed excessive in either sodium, free sugars, or saturated or trans fats according to the Pan-American Health Organization model.⁴⁶

2. Industry pledges only apply in very narrowly defined scenarios, determined by either audience/visitor composition (ie, must be made up of over 35% children under age 12) or content (ie, media clearly geared towards young children). This allows advertisers to continue targeting children during other times they consume media, such as during prime time family TV programming or on websites or social media aimed at teenagers but also viewed by many children.^{10,37,47}

Industry pledges also only offer protection for children under age 12, even though junk food marketing also negatively impacts older adolescents.^{48,49} For this reason, most government marketing regulations protect children in older age ranges, as well — many up to age 18.⁵⁰

Together, these loopholes allow companies to claim high compliance with their pledges while still promoting their brands and unhealthy products to children.

Examples and what the evidence shows:

International: EU Pledge²⁷ in Europe (started 2007); International Food and Beverage Alliance (IFBA, started 2009) Global Policy on Marketing Communications to Children²⁸

- A 22-country study published in 2019 found significantly higher during rates of TV advertising for unhealthy foods and beverages during children’s peak viewing times in countries with industry self-regulation compared to countries with no policy (3.8 ads per hour vs. 2.6).⁵¹
- In 2015, 90% of nearly 300 EU Pledge company products marketed directly to children in Germany failed to meet WHO nutritional criteria for child-targeted food marketing.⁵²

U.S.: Children’s Food and Beverage Advertising Initiative (CFBAI, started 2007)²⁹

- Despite CFBAI companies’ apparent compliance with their pledges, children still saw 74% more TV ads for candy in 2011 than in 2008 due to increases in children’s exposure to candy ads outside of children’s TV programming and from companies that chose not to participate in self-regulation.⁵³
- In 2016, over half of TV ads children viewed from CFBAI companies were for brands that companies pledged they would not advertise in child-directed media. Because these ads aired outside of dedicated children’s TV programming, companies technically complied with their pledges.³⁶
- A study comparing advertising on children’s TV channels in 2012 and 2018 found an increase of over 50% in ads for products failing to meet CFBAI nutrition criteria.⁵⁴ Using more rigorous, government-recommended nutrition criteria, virtually all food and beverage ads during children’s programming were for unhealthy products (96% in 2012 and 99% in 2018). This demonstrates virtually no improvement since 2009, when another study found that roughly 95–97% of food ads seen during children's programming were for products high in saturated fat, trans fat, sugars, and sodium.⁴⁷
- A 2018 analysis of ready-to-eat breakfast cereals' found that cereals from CFBAI companies listed as meeting CFBAI nutrition requirements overwhelmingly contained more than 9 grams of sugar per ounce — well above the limit for U.S. public health nutrition programs — and featured more child-oriented promotional features such as games, activities, and trade characters that were rarely observed on low-sugar cereals.⁴⁴

Canada: Children’s Food and Beverage Advertising Initiative (CAI, started 2008)³⁵

- Under Canada’s industry-led initiative, participating companies increased the number of child- and teen-targeted advertisements for “less healthy” products by 47% and 264%, respectively, from 2007 to 2011.⁵⁵
- From 2007 to 2011, pledge companies increased use of spokes-characters (+27%) and third-party licensed characters (+151%), and featured licensed characters in ads for “less healthy” products 234% more than in 2006, despite pledging not to do so.⁵⁵
- Products advertised by CAI companies on popular children’s websites were 2.5 times more likely to be deemed unhealthy than non-CAI ads using multiple independent nutrition criteria.⁵⁶ 93% of CAI-company ads promoted products that were excessive in fat, sodium, or free sugars and that contained, on average, roughly 140 more calories and 18 more grams of sugar per 100-gram serving than products in non-CAI ads.⁵⁶

Other jurisdictions with industry pledges: Australia’s Responsible Children’s Marketing Initiative and Quick-Service Restaurant Initiative (RCMI and QSRI, started 2009);^{30,31} Mexico’s Código de Autoregulación Publicidad de Alimentos y Bebidas Dirigidas al Público Infantil (PABI Code, started 2009);³² Spain’s Publicidad, Actividad, Obesidad, Salud Code (PAOS Code, started 2005),³³

- An Australian study comparing TV food advertising in 2011 and 2015 found the advertising rates for both unhealthy groceries and fast-foods virtually unchanged; RCMI- and QSRI-participating companies continued to promote unhealthy foods at a significantly higher rate than healthy products.⁵⁷
- In Spain, compliance with pledges was found to be worse in 2012 (12%) compared to 2008 (51%), and roughly 9 in 10 food ads on children’s and youth TV channels failed to meet industry commitments.⁵⁸
- A 2016 evaluation in Mexico found that under self-regulation, children’s exposure to food advertising on TV remained high; companies continued to almost exclusively promote unhealthy products; and ads continued to influence children both directly and indirectly.⁵⁹

B. Voluntary pledges protect industry’s use of persuasive packaging to target children.

Companies frequently use strategies to appeal to children and capture their attention, such as prominently featuring popular licensed or branded characters on packaging for junk foods — especially sugary breakfast cereals.^{14,60-62} These exert strong influence over children both at the point of purchase and during consumption, affecting their preferences, choices, and even taste perceptions.⁶³⁻⁶⁸ Across jurisdictions and pledge schemes, industry has made a point to exempt marketing on packaging and at the point-of-purchase from their commitments.^{28-31,35,69}

- Most industry pledges include commitments not to use licensed characters, celebrities, or movie tie-ins appealing to or targeting children in all marketing covered by the pledge, demonstrating that they recognize the persuasive power of these marketing tactics. They clarify in every case, however, that this commitment does not extend to marketing on product packages or at the point-of-sale and does not limit use of company-owned brand equity characters in any way.^{28-31,35,69}
- Industry claims that removing child-directed marketing from packaging is unnecessary, as parents are the gatekeepers making the vast majority of shopping decisions.⁶⁹ In fact, children exercise significant influence over household food and beverage purchases, both by persuading parents to buy appealing products using “pester power” and through independent purchases made themselves.^{70,71}

- Industry inserts itself into the parent-child relationship by marketing directly to children on packages, both boosting sales and consumption and working to establish lifelong brand loyalty from these future consumers.⁴⁸

2. Front-of-package labelling: Industry-created front-of-pack (FOP) labelling has proven ineffective in encouraging consumers to make healthier choices. Government-prescribed front-of-pack warnings have proven more effective in impacting customers’ perceived healthfulness and intentions to purchase products with high sugar, salts and fats, compared to industry-backed FOP labels.



The most common voluntary FOP label system used globally is industry’s Guideline Daily Amounts (GDAs, also called “Facts Up Front,” Reference Intakes, or Daily Intake Guides, depending on region).⁷²⁻⁷⁵ GDA-style labels were developed by grocery manufacturing and distribution associations in the UK and US and later adopted with slight variations by industry associations in many other countries, despite little to no evidence of positive impact for consumers.⁷⁶ In the US, the 2011 introduction of “Facts Up Front” labelling by the Grocery Manufacturers Association was viewed by health experts as a strategic — and successful — maneuver to pre-empt ongoing government development of a mandatory FOP labelling policy.^{77,78}

GDA-style labels typically display nutrient content per serving (not necessarily per package) for nutrients such as calories, saturated fat, sugars, and sodium, as well as the percentage of an average adult's recommended daily intake for each nutrient. Despite their ubiquity, these labels are generally regarded as unhelpful or confusing for customers.

Limitations of the GDA/DIG/“Facts Up Front” label approach include:⁷⁹

- Benchmark values are not based on international nutrition recommendations and are calculated using an average adult’s intake, even on products specifically targeted to children or that are consumed by children;
- GDA labels are based on arbitrary serving sizes — making it difficult for consumers to compare different products in the same category — and servings that are smaller than what people realistically consume;
- Serving sizes are also graphically displayed in very small type, which could lead shoppers to think that label values refer to the full package contents;
- The nutrients included in a GDA label are inconsistent across products. For example, a product with very high sugar content may only feature a GDA label for calories.
- When fiber and micronutrients are included in the label, companies present percentages of *minimum* recommended intakes, whereas for sugars, fats, saturated fats, and sodium, they present percentages of *upper* consumption limits;
- Properly interpreting a GDA label takes more time than most shoppers spend reading a nutritional label and requires a high level of nutrition knowledge and mathematical skills.

What the evidence shows: GDA-style FOP labels have performed poorly compared to other labelling systems.

- Independent studies comparing GDA-style labels with other labelling systems (e.g., multiple traffic lights, the French NutriScore system, Choices International, HealthStar Rating, and warning labels) consistently find that GDAs are the most confusing, take the most time for shoppers to evaluate, and are ultimately the least effective for encouraging consumers to make healthier choices.⁸⁰⁻⁸⁹

- Studies in Mexico, Uruguay, Mexico, Ecuador, Chile, and Brazil have all found GDAs to be the weakest of any labeling system currently used in Latin America.^{79,89-96}
- In Mexico, studies show that consumers across age, education, and income groups have a hard time understanding GDA labels and do not use GDAs to make food choices.^{79,88,96-98}
- Eye-tracking studies from the United States, Uruguay, and Chile found that compared to warning labels, GDAs are less effective at getting consumers' attention, harder to process, and worse at helping to identify unhealthy products.^{95,99,100}
- Studies in Australia and New Zealand found that GDAs (referred to there as Daily Intake Guides) were least preferred by consumers and least helpful for discriminating between healthy and unhealthy products, compared to traffic light and Health Star Rating labels.^{101,102}
- In the United Kingdom, introduction of GDA labels did not affect shoppers' product choices among yogurts and ready-meals.¹⁰³
- Companies often place GDAs on packages alongside other, more prominent labeling and marketing such as nutrient or health claims, which further confuses consumers.¹⁰⁴⁻¹⁰⁷
- A recent review of studies comparing different types of FOP labels laid out clear reasons why a warning-style label might be most successful, though it is currently only used in a handful of countries where required by law.¹⁰⁸ Evaluations of the Chilean "stop sign" nutrient warning labels have found that Chilean shoppers are aware of and understand the warning labels, and the labels significantly impact shoppers' purchases.¹⁰⁸⁻¹¹²

3. Reducing unhealthy nutrients from the food supply: Industry claims to be proactively improving the healthfulness of the food supply, however their commitments have not reduced unhealthy nutrients meaningfully beyond expected secular trends. Government regulation, including policies like tiered taxes, can lead to successful reformulation of products.

A fourth area of industry action has been committing to reduce excessive nutrients of concern such as added sugar or sodium in the food supply through product reformulation, introduction of new products, or changes in business strategies. Many of these initiatives are made in partnership with governmental groups or health organizations, lending them public credibility while still serving private interests and avoiding the rigor and accountability of a mandatory regulatory policy. Despite some successes, these programs have, at best, led to meager improvements beyond existing market trends, and at worst, caused further harm through lost opportunities for legitimate public health interventions.

Examples and what the evidence shows:

United States:

- **Healthy Weight Commitment Foundation (HWCF) marketplace pledge:**
In 2007, 16 food-manufacturing companies pledged to collectively sell 1 trillion fewer calories in the United States by 2012 and 1.5 trillion fewer calories by 2015 in order to help reduce obesity.¹¹³ Though HWCF companies met and even exceeded their 2012 benchmark, the reduction in calories sold was actually related to existing downward trends leading up to this pledge, and magnified further by the shoppers shifting purchases to private label brands following the Great Recession.^{114,115}
- **The National Salt and Sugar Reduction Initiative:** Originally introduced by the New York City Health Department in 2009 as the National Salt Reduction Initiative (NSRI), this program partnered local, state, and national health organizations to set voluntary, category-specific sodium targets for packaged and restaurant foods with the goal of reducing sodium content by 25% over the next 5 years.¹¹⁶ Five restaurant

chains and 23 packaged food companies committed to meet at least one category's sodium target. By 2014, the initiative hit only a quarter of their goal.¹¹⁷

- **Walmart's Healthier Food Initiative:** In 2011, the largest grocery retailer in the U.S. launched an initiative "to make healthy choices more convenient and affordable" for consumers,¹¹⁸ pledging to reduce prices on healthier products, develop a proprietary FOP labelling system to identify healthier products, and reformulate store-brand products to contain less sodium, added sugars, and *trans* fats.

While calories, sugar, and sodium from Walmart food purchases did decline after 2011, this continued an ongoing downward trend that began in the early 2000s. In fact, the trend appeared to slow following 2011, whereas a greater decline should have been observed had the Initiative actually led to substantial changes in Walmart's product formulations, pricing, and marketing practices.¹¹⁹

- **U.S. Balance Calories Initiative (BCI):** In 2014, the non-profit Alliance for a Healthier Generation brokered a commitment from the American Beverage Association (ABA), The Coca-Cola Company, Dr. Pepper Snapple Group (now Keurig Dr. Pepper), and PepsiCo to reduce by 20% the number of calories that Americans consume from beverages by the year 2025.^{120,121} This initiative has had little impact on sugary drink availability, visibility, or pricing as yet and participating companies are not on track to meet their target.
 - Along with changes to product formulations and package sizes, BCI companies committed to adjust placement and promotion of beverages in stores in order to increase consumer interest in low- and no-calorie beverage options. Two years after the BCI launched, a study examining these in-store strategies¹²² found that:
 - Sugary drinks remained the most common beverage stocked in stores (dominated by BCI company brands);
 - Sugary drinks were, on average, displayed in 25 separate locations in grocery stores vs. 15 for low-/no-calorie beverages and 11 for water; and
 - Pricing continued to favor larger containers, as sugary drinks in smaller packages were priced higher per ounce than those in larger containers.¹²²
 - A second component of the BCI, the "Communities Initiative," involved targeted engagement in a handful of lower-income areas, including actions such as introducing and expanding reduced-calorie product and smaller-portion package availability; changing product placement in stores; and providing coupons and other promotions for reduced-calorie options. Interviews conducted in 2016 with parents and teenagers in three of these communities revealed low awareness and frequent misunderstanding of BCI messages. Only 4 out of 16 store and restaurant managers interviewed were even aware of the BCI initiative.¹²³
 - BCI's latest progress report found that given the modest improvements made from 2014 to 2018 — only a 3% decline in per person daily calorie consumption from beverages (roughly 6 calories per day) — companies will need to intensify their efforts considerably to meet the stated goal of a 20% reduction by 2025.¹²⁴

United Kingdom:

- **UK Public Health Responsibility Deal (RD):** Launched in 2011 as a partnership between the private sector, government agencies, and other non-governmental organizations, the RD aimed to address public health issues in a range of areas, including food.¹²⁵ Participating companies could pledge actions such as nutrient labelling in restaurants, reformulating or introducing healthier products, or encouraging consumption of fruits and vegetables.¹²⁶ Industry crafted and committed

to actions that were largely already underway, would not impact sales, added little value in terms of improving the food supply, and, in some cases, displaced a functioning initiative to the detriment of the population's health — all while capitalizing on the RD as a public relations tool and a means to avoid mandatory regulations.

The RD and the food supply:

- **Sodium:** Researchers estimate that the RD actually contributed to an additional 9,900 cases of cardiovascular disease and 1,500 cases of gastric cancer from 2011 to 2018 because it so significantly slowed the previous decade's downward trend in sodium intake under the independent Food Standards Agency's sodium-reduction strategy, which was superseded by the RD.¹²⁷
- **Trans fatty acids (TFAs):** Participating companies could either formally state that they already did not use TFAs in their products or pledge to remove TFAs from their products going forward. The first action had little added value, as companies making this pledge were already removing TFAs prior to the RD, and very few companies chose to make the second pledge to proactively remove TFAs going forward.¹²⁸
- **Calories:** The RD's calorie reduction initiative was revised during development to heavily favor industry interests. Revisions included: widening the scope of possible company actions to include several that did not actually impact companies' existing products; removal of baseline measurements to serve as benchmarks for progress; and removal of quantifiable monitoring metrics.¹²⁹
- The majority of RD food pledges were aimed at providing consumers with information and raising awareness — actions that alone lack evidence for leading to positive behavior changes.¹³⁰ More effective, evidence-based strategies for improving diet such as pricing changes, marketing restrictions, and sugar reduction were largely absent from pledges.

The RD as a public relations strategy:

- Industry was involved in creating and revising the RD and was able to align the initiative with actions they were already taking.¹³⁰⁻¹³²
- Three-quarters of all food-related company pledges were actions companies had already undertaken prior to the RD, such as providing calorie information at point of purchase or removing *trans* fats; only an estimated 26% of food actions were prompted by the RD and might not otherwise have taken place.^{130,131}
- Some companies admitted that they participated in the RD to boost their reputation and avoid government regulation.¹³²
- In the media, industry spokespersons: downplayed their responsibility for public health problems; pointed to the RD as evidence that industry was sufficiently doing its part; tried to shift the focus to individual consumer behaviour rather than industry activities; and favored the RD as a better alternative to policies such as mandatory FOP labels or sugary drink or junk food taxes.¹³³

Australia:

- **Australian Sugar Reduction Pledge:** In 2018, the Australian Beverage Council made a public pledge to reduce sugar across the industry's portfolio 10% by 2020 and 20% by 2025.¹³⁴ This exemplifies the Council's repeated use of "policy substitution strategy," wherein industry launches a highly publicized, voluntary pledge at a time when political will is building behind stronger mandatory regulations — in this case, sugary drink taxes or FOP labeling.^{6,135-137} No independent studies have yet evaluated progress on the pledge, but health leaders have expressed concern over its unambitious goals and timeline:

- Focusing the pledge on lowering the *average* sugar content of product portfolios means that companies can meet the pledge goal without actually reducing core, high-sugar products, but rather by offering more low-sugar soft drink or bottled water options.^{135,138}
- The Council gave itself a relatively long timeframe of nine years to achieve what many viewed as an insufficient change; experts pointed to the United Kingdom for comparison, where a much greater drop in beverage sugar content was achieved within just two to three years of announcing then implementing a sugary drink tax.¹³⁹⁻¹⁴²
- A modest sugar reduction goal and backdated baseline year of 2015 essentially took advantage of pre-existing trends in consumer shopping behaviour to give the appearance of proactivity without needing to make meaningful business changes.^{134,135}
- The pledge is voluntary and only measured for those companies that sign up.^{135,136}

Conclusion: Industry self-regulation is not the answer

- Self-regulation continues to be the most common approach globally for addressing industry’s role in the ongoing obesity crisis, despite over a decade of independent research demonstrating that these voluntary measures are ineffective and insufficient.
- Compared to recommendations from public health experts, industry self-regulations are insufficient in scope and coverage, use weak nutrition criteria, and lack enforcement and penalties strong enough to ensure compliance.^{6,38,51}
- Industry groups and companies benefit from self-regulation as a public relations tool — signalling corporate social responsibility and positioning themselves as “part of the solution” — while also avoiding or delaying more strict and effective mandatory regulations.^{2,5-7}
- Mandatory policies, which apply to all food and beverage industry actors, are needed to achieve meaningful improvements in the food environment, dietary intake, and ultimately in the prevalence of obesity and other diet-related chronic diseases.

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