

# Third STOP Stakeholders Dialogues report

**Online** at the STOP - JA Best ReMaP conference  
**FROM SCIENCE TO POLICY IMPLEMENTATION**  
17th November 2021

Author(s): Mojca Gabrijelčič Blenkuš<sup>1</sup>, Ingrid Sotlar<sup>1</sup>, Emanuela Čerček- Vilhar<sup>1</sup>,  
Nina Scagnetti<sup>1</sup>, Luka Kronegger<sup>2</sup>, Katja Ošljak<sup>2</sup>

in cooperation with partners of the STOP project - coordinators of WPs 4, 6 and 7

Version: 1.0

January 2022

---

[1] NIJZ – National Institute of Public Health

[2] UL-FSS – Faculty of social sciences, University of Ljubljana

## Table of Contents

SUMMARY .....	4
1. BACKGROUND .....	7
1.1. First STOP Stakeholders Conference and Dialogs outcomes .....	8
1.2. Second STOP Stakeholders Dialogs outcomes .....	9
2. GENERAL PRESENTATION OF THE STOP PROJECT AND AIMS OF THE 3 <sup>rd</sup> STAKEHOLDER DIALOGUES.....	11
3. THIRD STOP STAKEHOLDERS DIALOGUES.....	14
3.1. Background and aim of the 3 <sup>rd</sup> dialogs .....	14
3.2. STOP stakeholders Dialog 1 topic: Food reformulation.....	15
3.3. STOP stakeholders Dialog 2 topic: Food marketing to children’s restrictions .....	21
3.4. STOP stakeholders Dialog 3 topic: Physical activity in children.....	30
4. DIALOGUES WRAP-UP AND RECOMMENDATIONS FROM STOP THIRD STAKEHOLDERS DIALOGS FOR THE STOP STAKEHOLDERS PROCESS FOR THE FINAL PROJECT PERIOD .....	36
4.1 Key messages from the dialogues.....	36
FOOD REFORMULATION.....	36
FOOD MARKETING .....	37
PHYSICAL ACTIVITY IN CHILDREN.....	39
4.2 Key messages from the dialogues, based on the DIALOGS QUESTIONS .....	40
DIALOGS QUESTION 1: What motivates your organisation to act together with other stakeholders in solving the childhood obesity challenge?.....	40
DIALOGS QUESTION 2: What is the added benefit of engaging with other stakeholders?.....	42
DIALOGS QUESTION 3: What mechanisms need to be in place to support successful stakeholder cooperation and collaboration in the agenda setting and implementation of policy issues? .....	43
DIALOGS QUESTION 4: What are the building blocks for sustainable multi-stakeholder cooperation models?.....	44
ANNEXES.....	45
Annex 1: Invitation letter on third STOP Childhood Obesity Stakeholder Dialogues:.....	45
Annex 2: Invitation letter of the STOP & JA Best-ReMaP Joint Conference.....	46
Annex 3: Agenda of the STOP & JA Best-ReMaP Joint Conference .....	48

## Table of Figures

Figure 1: There are two parallel to the STOP stakeholders processes: (1) stakeholders mapping and analysis, and (2) stakeholders engagement (dialogs).....	4
Figure 2: Two parallel objectives of the STOP stakeholders processes .....	7
Figure 3: Highlight of the first stakeholders dialogue in Brussels.....	9
Figure 4: General presentation of third stakeholders dialogues.....	11
Figure 5: STOP stakeholders collaboration network, preliminary results of the second stakeholders survey .....	12
Figure 6: Characteristics of decision-making processes in preventing obesogenic environments .....	13
Figure 7: Agreement chart for food taxation .....	13
Figure 8: Agreement chart on food reformulation .....	15
Figure 9: Agreement chart on food marketing .....	21
Figure 10: Agreement chart on physical activity .....	30

## SUMMARY

The STOP (Science and Technology in childhood Obesity Policy) Project is a major initiative funded under the EU Horizon 2020 research programme launched in 2018 (<http://www.stopchildobesity.eu/>). The aim of the STOP project is to find the most successful and effective approaches to reduce the incidence of childhood obesity, while helping children already suffering from the disease to get better access to treatment and management interventions.

Over a four-year period, the project aims to address the determinants of childhood obesity, conduct an exploration of the relevant policies to halt the rising prevalence of childhood obesity, and recommend policy tools to address it comprehensively. One of the main aims of this process is to recommend to national authorities and the European Commission a sustainability plan for future stakeholder engagement in childhood obesity. To this end, STOP is applying different engaging and participatory approaches to better understand stakeholders' views and positions, while simultaneously receive feedback on the project processes and outcomes.

Two stakeholders surveys, first in 2019 and second in 2021, were conducted to get the insights of as many stakeholders in the areas of nutrition, physical activity and obesity as possible. The objective was to identify stakeholders networking characteristics and their positions towards different obesity policies. The results of the surveys then fed into three stakeholders dialogs, and a fourth one will take place in 2022. The outcomes of each of the stakeholders' dialogs were used to prepare the next ones. As we are now entering the final stage of the STOP project, the findings will be particularly important to provide information to future stakeholders research and recommend the concluding STOP actions (Figure 1).

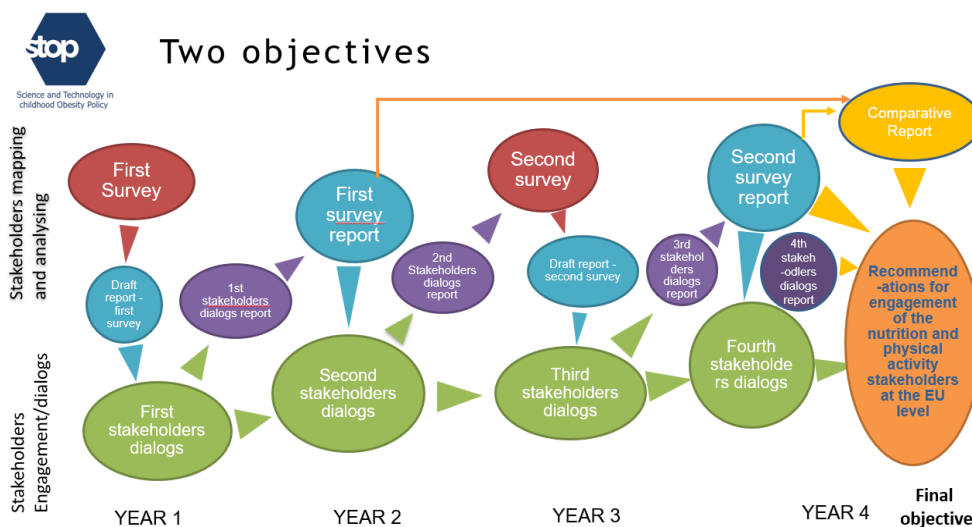


Figure 1: There are two parallel to the STOP stakeholders processes: (1) stakeholders mapping and analysis, and (2) stakeholders engagement (dialogs)

The present report provides an overview of the results of the third STOP stakeholders dialogs. The aim of the third *dialog* was to better understand the motivation for cooperation among different stakeholders, to explore the facilitating and hindering factors for proposing the ground for a sustainable, trustful, transparent, effective, and viable STOP stakeholder action network and to better understand the possible collective commitments for a sustainable future stakeholder engagement in combating childhood obesity at the EU level.

The latest dialog used findings from the previous two rounds of dialogs to inform its content. Indeed, the first and second dialogs showed that:

- **Evidence** is one of the basic tools to gain trust.
- Concepts of power and trust are perceived as the mechanisms “behind the scenes”.
- **Transparency** supports evidence-based policy design, enhances trust.
- Selectivity is related to the concept **of trust** (not to discuss everything with everybody).
- Competition, leadership issues, and opportunities to influence emerged as important concepts related to the notion of power.
- **Equity** concept is very complex in the context of stakeholders collaboration.

### Summary outcomes of the third STOP stakeholders dialogs:

Above all *multidisciplinarity* allowing for more aligned action and evaluation is perceived as essential part of successful stakeholders cooperation. Joining knowledge by sharing independent research and working methods among different sectors could lead to better understanding of actual roles of food industry translated into policy implementation with ambitious targets in food reformulation.

*Early and broad engagement* (including citizens), understanding diversity of stakeholder groups and their drivers for actions, development of multidisciplinary competences in environments with high level support motivates organizations to collaborate. Defining and achieving clearly measurable goals, gives a collaboration trust, transparency and feeling of coherence, allows for participation in (public health driven) agenda on different rationales and competences.

One of the strongest **motives for organisations to act together in solving the childhood obesity challenge** is creating *political willingness at EU level* to set regulation protecting children. EU branded foods database as an example of promising tool allows the transparent evidence-based monitoring.

*Raising awareness* about childhood obesity would also be one of main **added benefits of engaging with other stakeholders** and the opportunity for sharing views of obese children.

Among **mechanisms need to be in place to support successful stakeholder cooperation and collaboration in the agenda setting and implementation of policy issues** *clear evidence based communication* in education and trainings (for experts, politicians and media) as well as building capacities (with prominent influential personalities engaged) and awareness raising of consumers regarding food reformulation could help.

*Multilevel coordination and collaboration* seems to be key for effective actions. Use of different tools, already developed by projects and organizations, should be sustainably locally implemented. For synergistic effect *common food policies mechanisms* should be developed. Formal institutionalized mechanisms are promising starting points, and windows of opportunity as Covid-19 should be used.

**Building blocks for sustainable multi-stakeholder cooperation models** as developing and managing the stakeholder's network, joint and sustainable acting on public health driven agenda leaving space for interaction, agreement on shared vision and setting realistic common (short-, medium- and long term) goals, transparent and defined monitoring plan, open trust *building relationships* with senior level support, budgeting were recognised for implementing (small steps) sustainable changes.

## 1. BACKGROUND

The STOP (Science and Technology in childhood Obesity Policy) Project is a major initiative funded under the EU Horizon 2020 research programme launched in 2018 (<http://www.stopchildobesity.eu/>). The aim of the STOP project is to find the most successful and effective approaches to reduce the incidence of childhood obesity, and simultaneously identify policy interventions to support children already suffering from the disease.

Over a four-year period, the project seeks to address the determinants of childhood obesity, conduct an exploration of the relevant sectoral policies, and recommend policy tools to address childhood obesity holistically. Furthermore, STOP aims to recommend to national authorities and the European Commission (EC) a sustainability plan for future stakeholder engagement in the area of childhood obesity. To this end, project is adopting different engaging and participatory approaches to better understand stakeholders' views and positions, and get reflect on the project's processes and outcomes.

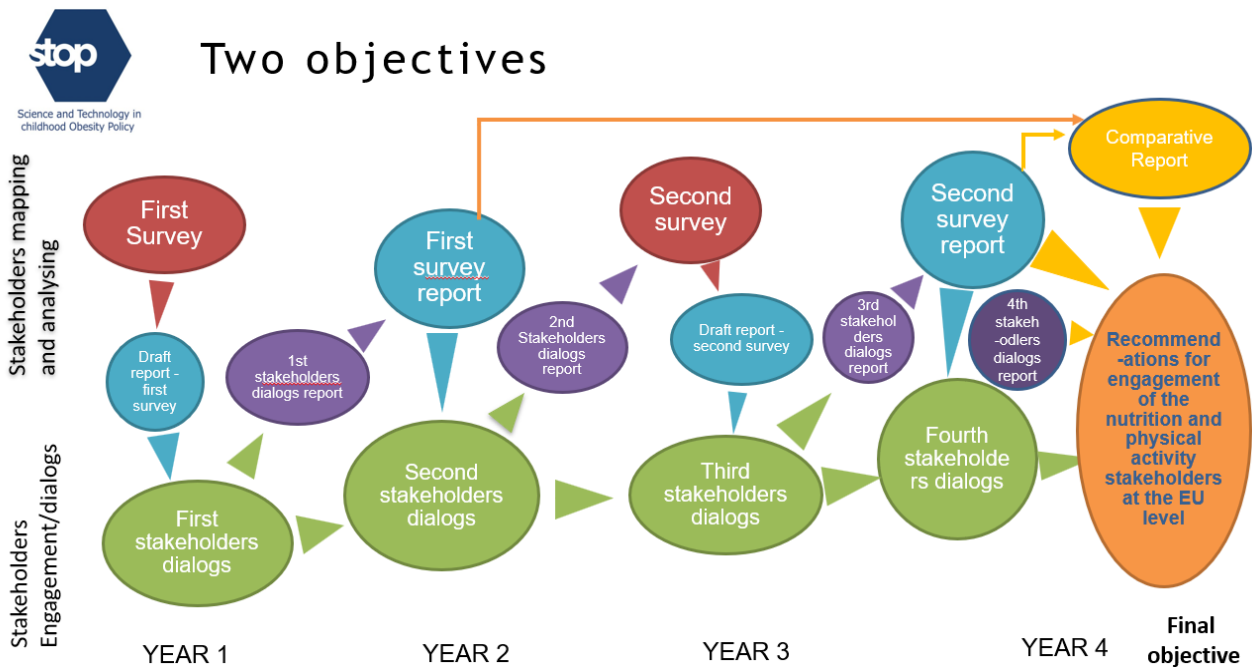


Figure 2: Two parallel objectives of the STOP stakeholders processes

Two stakeholders surveys, conducted in 2019 and 2021, were disseminated to collect the views of as many stakeholders in the areas of nutrition, physical activity and obesity as possible. Stakeholders networking characteristics and position towards different obesity policies was collected and subsequently analysed. Results of the surveys to date were integrated in the previous three stakeholders' dialogs, and a fourth and final dialogue is due to take place in 2022. Outcomes of the stakeholders' dialogs will support the findings from the STOP project at various points and inform future stakeholder research and actions (Figure 2).

### **1.1. First STOP Stakeholders Conference and Dialogs outcomes**

Over 180 organisations have shared their views, standpoints and concerns through the first STOP stakeholder online survey conducted at the start of 2019. This was followed by the first STOP stakeholders Conference and Dialogs, organized in Brussels in September 2019, and provided an opportunity for project partners and stakeholders to obtain access to the preliminary results and insights from the first questionnaire. 59 participants attended the convening and actively joined the discussions. Following brief presentations from different work package leaders, participants were divided into four groups to discuss a specific topic (social marketing, physical activity and health care activities). Characteristics and different qualities of the stakeholders' interest groups as well as characteristics of their participation in networking were discussed, as well as identifying some recommendations to improve future engagement.

The dialogue led to the identification of a number of core concepts including the concepts of power, transparency and trust, the importance of evidence and different definitions and perceptions of the evidence, political will and empowerment, and equity issues. Those concepts were analysed and discussed in depth in the next steps of the STOP project.





Figure 3: Highlight of the first stakeholders dialogue in Brussels

## 1.2. Second STOP Stakeholders Dialogs outcomes

Due to the COVID-19 pandemic, the Second STOP Stakeholder Dialogues were organized online in October 2020. They provided participants with an opportunity to discuss the outcomes from the first STOP stakeholders dialogs and final report from the first stakeholders survey. Participants were from different backgrounds, and together reflected on the work of the STOP project and contributed to identifying possible solutions.

In second round of dialogs, participants had the opportunity to discuss predefined questions related to childhood obesity, focused around three themes: (1) Health system stakeholder diversity and policies, (2) Social marketing measures, approaches and tools and (3) Physical activity policies in supporting the maintenance of a healthy body weight.

This second dialogue attracted stakeholders which had not previously been engaged. However, some sectors were under-represented, with stakeholders from the physical activity and health

sectors largely absent, despite preliminary confirmed attendance, most likely as a result of the COVID-19 pandemic.

Fruitful discussions elaborated the key concepts from the second dialogues:

- a) **Concept of trust**, which was by perceptions of stakeholders composed of the following elements: prioritization; selectivity (*not to discuss everything with everybody*), transparency and differentiation of stakeholders to work with
- b) **Concept of power**, where three main other concepts were identified, linked primarily with power: competition, *leadership issue and opportunities to influence*
- c) **Concept of equity**, where it is clear that equity has many dimensions and levels and is one of the most complex determinants of health
- e) **“New” concepts, not discussed by stakeholders in the first dialogs**
  - Building win-win solutions and *shared goals*
  - Fatigue – pandemic;
  - Infodemic issues (hard to find reliable information)

The second stakeholders survey and dialogue led to the identification of new concepts, which were integrated in the third dialogue:

- There is a lack of awareness of the different types of stakeholders involved in that area of work. Participants highlighted those dialogs provided insights about other influential stakeholders.
- Some stakeholders are outside obvious spheres, such as parents organisation at the EU level. There are some hidden spheres that were neglected, which was obvious from the first stakeholders report.
- In the health sector, curative and disease preventive/health promotive sectors must work much closer together. There are also opportunities to motivate stakeholders outside of the health sector to address health drivers, but further work needs to be done to identify how to successfully do so.
- Cognitive dissonance between stakeholders should be addressed. There is a need to establish shared understanding and knowledge (multidisciplinary competence) as an important entry point for future collaboration when starting to collaborate (notice from the dialogs: *“we do not know what motivate certain stakeholder that is willing to collaborate”*).
- Stakeholders from some groups who would naturally be allies (ie. Academia, NGOs, ...) could be in a competitive position due to the limited availability of funding resources. This could undermine the collaborative processes among such organizations.

## 2. GENERAL PRESENTATION OF THE STOP PROJECT AND AIMS OF THE 3<sup>rd</sup> STAKEHOLDER DIALOGUES

The Third STOP stakeholders dialogs were organized at the joint STOP – JA Best-ReMaP conference in November 2021. A special session dedicated to the stakeholders dialogs was held in the afternoon of November 17<sup>th</sup>. In the introductory part of the dialogs, new findings from the STOP stakeholders research were presented. Participants of the dialogs were given guidance ahead of the session and presented with some of the core concepts previously identified (**trust, transparency, power, equity and sustainability**) which were explored during dialogs.



Figure 4: General presentation of third stakeholders dialogues

The characteristics of the decision-making processes were also introduced to the participants prior to the dialogs:

- How do we perceive regulatory versus soft approaches?
- How do different alliances of the stakeholders or different stakeholders groups are positioning themselves towards regulatory or soft approach in a specific measure?
- What are the main principles of collaboration?
- How could we describe the agreements among stakeholders in regard to the specific policy measures?
- What are the alliances among stakeholders?

Characteristics of the second stakeholders survey (opened from May-August 2021) were presented to the participants. While the sampling frame wasn't defined numerically, the shares of the stakeholders in each of the welfare mix spheres were predefined which enabled the research team to validate the shares of the final survey sample. In parallel, to support the EU level survey findings, the research team is additionally running eight national EU surveys within the STOP and Joint Action Best-ReMaP countries<sup>1</sup>, for future comparisons of the EU and national level processes.

<sup>1</sup> Austria, Bosnia and Herzegovina, Denmark, Finland, Hungary, Poland, Slovenia

The details of the report from the second survey were presented to stakeholders ahead of the dialogs: how stakeholders work together, how they trust each other in terms of network collaboration, and how they cluster according to their attitudes towards specific policy options.

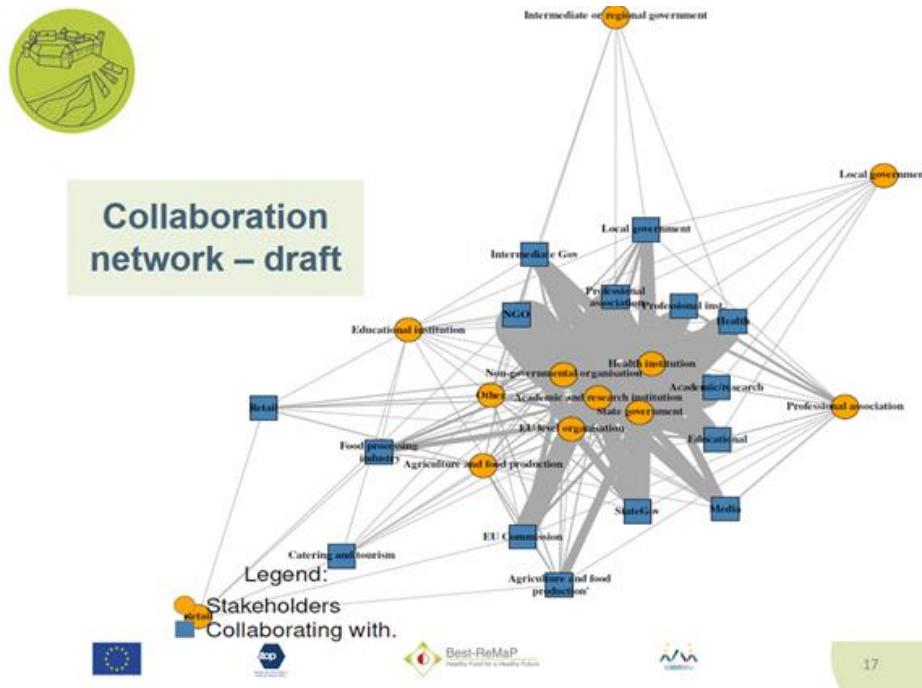


Figure 5: STOP stakeholders collaboration network, preliminary results of the second stakeholders survey

The majority of stakeholders presented health, research and agriculture sectors. Due to the findings from the first stakeholders survey on the health sector positions towards different policy options, views from stakeholders from the health sector were explored in more depth in the second survey. Preliminary collaboration among different networks were presented to highlight the density of the interlinks among individual groups of stakeholders, together with the overview of the dynamics within the ecosystem. Stakeholders' identification of most promising policies for addressing childhood obesity, in comparison with existing policies and measures, were explored more in depth and presented in the context of soft and more regulated approaches.

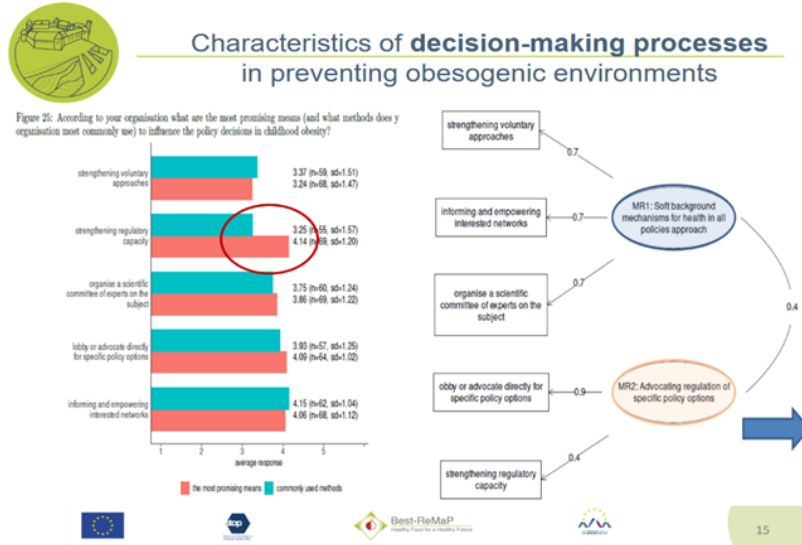
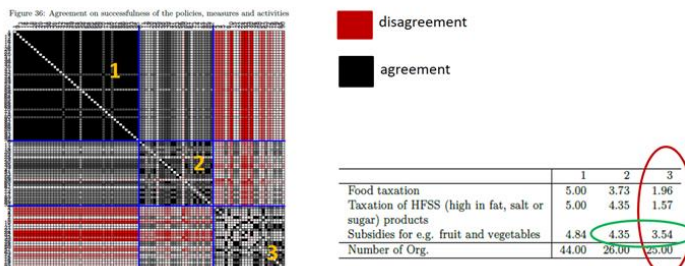


Figure 6: Characteristics of decision-making processes in preventing obesogenic environments

### Agreement charts: Food taxation



Agreement charts were used as a communication tool to address stakeholders during discussions in the dialogs. In the case of food taxation (Figure 7), stakeholders grouped themselves into three different clusters.

Figure 7: Agreement chart for food taxation

Cluster 3 differs most from the other two clusters, with the average response below 2 (at the Lickert scale 1 to 5, 5 as very supportive to the policy measure and 1 as least supportive) for the first two listed measures. In comparison to that, stakeholders from all three groups were more aligned on their views on subsidises, which are in general supported by all three clusters. Such findings could facilitate the interactions among stakeholders at different positions.

### **3. THIRD STOP STAKEHOLDERS DIALOGUES**

Three dialogues were organized, exploring stakeholders networking in three topics: (1) Food reformulation, (2) Food marketing to children restrictions and (3) Physical activity in children.

#### **3.1. Background and aim of the 3<sup>rd</sup> dialogs**

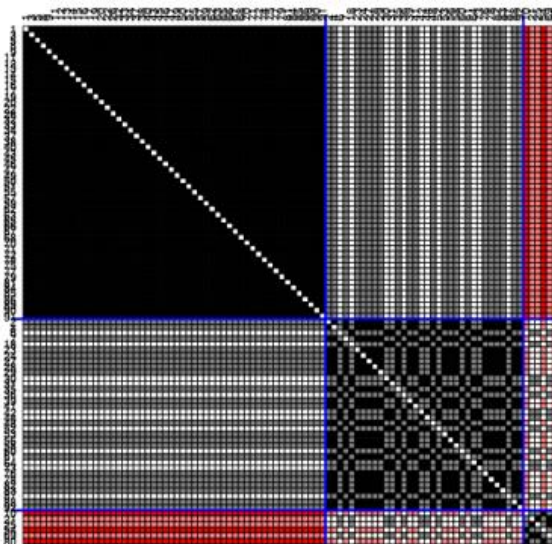
The third STOP Stakeholder Dialogs allowed for further exploration of concepts and alliances regarding policy solutions and attitudes towards strictness of individual policy measures, based on research undertaken in STOP.

The aims of the Third STOP Stakeholder Dialogues were as follows:

1. To meet with STOP stakeholders to discuss the second stakeholders survey preliminary report, in the context of the outcomes from the first and second STOP stakeholders' dialogs; the key thematic areas emerged from the analysis and are discussed further at the dialogs (*the concepts of power, of transparency and trust, of the importance of evidence and different definitions and perceptions of the evidence*). Furthermore, alliances regarding specific policy measures are explored.
2. To better understand the motivation for cooperation among different stakeholders working in the areas of nutrition and physical activity to address childhood overweight and obesity in Europe.
3. To explore the facilitating and hindering factors for proposing a sustainable, trustful, transparent, effective, and viable STOP stakeholder action network.
4. To better understand the possible collective commitments and make recommendations on a sustainable strategy for future stakeholder engagement in childhood obesity at the EU level.

### 3.2. STOP stakeholders Dialog 1 topic: Food reformulation

In the second STOP stakeholders survey, stakeholders were asked, in the context of their work with their organisation, how successful is food reformulation in changing the obesogenic environment to prevent childhood obesity, as a part of a comprehensive approach (on a scale of 1 – disagree, to 5 – agree). This revealed three clusters of responses: cluster 1 as yes-sayers (average 5, completely agree), cluster 2 are less enthusiastic but still yes-sayers (average 3,65), and cluster 3 that stands out (average 1,5, mainly disagree).



	1	2	3
Food reformulation	5.00	3.65	1.50
Number of Org.	52.00	34.00	6.00

Figure 8: Agreement chart on food reformulation

Views from the third cluster differed most substantially in their negative perception of the relevance of reformulation, as well as taxation, labelling and food marketing. When looking closer at characteristics of the respondents in the third cluster, it revealed that most organisations only had a partial engagement with the topic of childhood obesity, as reported by the respondents from these organizations (weighted proportions). Most of the respondents in this cluster were from private or public non-profits organizations.

Further analysis revealed that there was a more significant proportion of educational and research organizations represented in cluster 3. In further comparison with clusters 1 and 2, health organizations in the third cluster engage to a greater extent in research and education. However, they failed to engage in the representation of patients and interests of healthcare professionals. Ultimately, weighted proportions in the figure of institutional types reveal an outstanding share of educational institutions.

Figure with compound variables on concepts (transparency, trust, power, evidence) shows no significant difference among the three clusters.

There are some differences between clusters regarding views on regulative action and soft approaches, with the third cluster being against soft background mechanisms and slightly against regulative action. In comparison, the first and second clusters appeared to have more neutral positions.

**Question 1: What motivates your organisation to act together with other stakeholders in solving the childhood obesity challenge?**

**Despite being difficult to collaborate among stakeholders, interaction, building relationships and trust among the players is the key:**

1. Stakeholders from the public and private sector should work together, but it is hard to find common grounds and to cooperate between the private and public sector. Often, they have different aims and objectives. In addition, it is challenging for large private companies to work in the interest of public good.
2. Even though it is difficult to cooperate with all sectors, it is important to that they are represented and persuaded to act in the benefit of public health.
3. The more you cooperate, the more you understand what kind of other perspectives are needed as well.
4. Interaction, building relationships and trust among players is key.
5. Finding a common ground among all the stakeholders at the table.

**Competition for the same funding sources is the barrier for stakeholders collaboration**

6. Multiple stakeholders compete for the same, limited, resources, making it difficult for them to work together. Funding is the biggest problem.
7. Involvement of diverse stakeholders leads to better results. Siloed stakeholder interventions is ineffective and create unnecessary conflict.

**Branded foods database will allow to validate the successes of reformulation**

8. There is motivation to create a database to validate the success or failure of reformulation measures. In this regard, we want to establish cooperation with other stakeholders for methodology, comparability, and identification of barriers and enablers.
9. Looking at the data from different perspectives, including various experts and listening to everyone's opinion.
10. Reformulation is a challenge for food processing industry, but clear objectives and targets are needed. Government-led legislation leads to positive change for the industry as it reduces competition between players. Stakeholders should be involved in the process of



food reformulation and there should be a space for transparent dialog as it seems that positions of different stakeholders are quite diverse.

11. Industry and private companies need clear targets on food reformulation, clear objectives, guidance on the reformulation process (by public health and politicians), as well as clear end measurements of objectives and legislation. Industry should be better understood and should have more time for making changes. Legislation from the government really makes it better for the industry because it reduces the competitive part.
12. Small and medium enterprises also need to be reached.
13. In reformulation, food processing industry needs to be involved reformulation process to ensure knowledge sharing and beneficial action outputs.
14. Doubts from the industry are a problem (changing the negative predisposition and clear doubts about food reformulation with industry).
15. Stakeholders should feel comfortable and involved in the process of food reformulation.
16. Food reformulation can be limiting. There are products that just cannot be reformulated and that's why we have to have in our language and in our toolbox different initiatives to address childhood obesity.
17. Industry seems to care about the flavour and not so much about the healthiness of the food.
18. Regarding food reformulation, mandatory measures are needed to make a change or to enforce agreements.

#### **New concepts to explore – food anthropology**

19. Experts in food anthropology should be included in food reformulation. These should be individuals specialized in the role that food plays in communities and society as a whole.

#### **Increasing knowledge among stakeholders is achieved by engagement**

20. Presentation of ideas and the data in a way stakeholders can understand and can learn from that. The data should also be engaging to ensure secured interest and engagement of the different stakeholders.
21. By increase engagement between different stakeholder groups, we are increasing the knowledge of people in any area.

## **Question 2: What is the added benefit of engaging with other stakeholders?**

**Engagement of a broad range of stakeholders gives transparency and feeling of coherence, allowing for greater understanding of different rationales and competences.**

1. Involvement of doctors and food technologists in promoting healthier diets is crucial.
2. Collaboration between researchers and industry is necessary, but it has to be done transparent manner with clear engagement mechanisms in place to safeguard against conflict of interest.
3. We have to engage common language with stakeholders to understand what can and cannot be achieved regarding to obesity.
4. Stakeholder engagement gives transparency and a feeling of involvement.

**Joint knowledge could lead to more ambitious targets in food reformulation**

5. In some cases, targets could be extended and more ambitious by linking in with the food industry. This should also reflect the development of new technologies that are undergoing development.
6. Publishing all the agreements.

**Different drivers for action in different stakeholder groups are causing major challenges in stakeholders' collaboration in defining and achieving common measurable goals**

7. It is challenging to bypass the profit motive of the industry and related aspects that impair public health interest.
8. It is almost impossible to connect with the food industry in their attempts to establish a strong reformulation monitoring system.
9. It is easier to get stakeholders on board for reformulation activities if the government (specifically Ministries of Health) collaborate.

**Every stakeholder group has particular science and a multi-disciplinary approach allows for more aligned action and evaluation**

10. It is very important that all the partners contribute to developing science grounded evidence-based research.
11. People in the industry are experts for products/food reformulation - because they know what can be done and what can't be done or why it's difficult to reformulate and also know the various acts, for example, consumer acceptance of reformulation and how this affects product.

**Question 3: What mechanisms need to be in place to support successful stakeholder cooperation and collaboration in the agenda setting and implementation of policy issues?**

**Building positive perceptions of the food industry public health driven efforts in reformulation, with support from sectoral level**

1. Getting rewards for doing the right thing as a business. Reformulation isn't cost-effective from the private sector's perspective, with substantial loss of profit and time.
2. Contact the food industry through Ministries of Health (shown to be quite more efficient than contacting the food industry directly).

**Early and broad stakeholder engagement and participation (*public health driven*) as early as during the agenda-setting process**

3. Identifying a list of stakeholder, and subsequently consulting them as to who they should be engaging with. Furthermore, defining the agenda should be an evolving process, with the objective to lead to policy implementation.
4. Stakeholders should be engaged early on, at the starting point of a project/initiative/intervention.

**Common mechanisms for synergies across different food policies, with clear implementation goals and high level support**

5. Iteration between different policies as per reformulation with fiscal policies, marketing, etc. is fundamental to achieve the synergistic impact.
6. Need to have clear targets, timelines and milestones.
7. Importance of government, World Health Organization (WHO) and EC support.

**Awareness raising and communication with consumers regarding food reformulation**

8. Education of consumers is needed in order to raise their awareness (so producers will continue to produce reformulated foods). Clear communication with consumers is also required.

**Question 4: What are the building blocks for sustainable multi-stakeholder cooperation models?**

**Building common understanding of the food reformulation topic and communicate it with public so that consumers understand and provide a push for change (comparable with climate issues)**

1. A common understanding of the problem.
2. Powerful communication around public health challenges, similar to the climate change narrative push (private sector is doing greenwash and communicate they are doing better).

**Early stakeholder engagement throughout the process**

3. Early stakeholder engagement, real acknowledgement of all stakeholders challenges, strengths and needs.
4. Two-steps process, starting with agenda setting followed by implementation. Stakeholders should be engaged continuously throughout the process from the very beginning.

**Cooperation with the industry, with the public health needs of consumers as the primary driver. Based on that, we should consider different technical characteristics of food reformulation in the target setting process**

5. Cooperation with the industry while having public health needs of consumers in mind.
6. Establish targets that are also accepted by the industry.
7. It is problematic if national reformulation models are not in line with others.
8. Some food groups have a specific reason regarding reformulation (microbiology; and we have legislation for that). It is also important to take into account the diversity of countries and foods that are consumed there.

**Monitoring plan with transparent implementation and established supportive mechanisms should be developed in advance (such as regular meetings, platform for information exchange)**

9. Establishment of a previous monitoring plan (accessible to everyone), well defined methodology and ensuring transparency throughout the entire process. Multiple meetings (over the year) are necessary.
10. Platform for information exchange and serving different points of view.

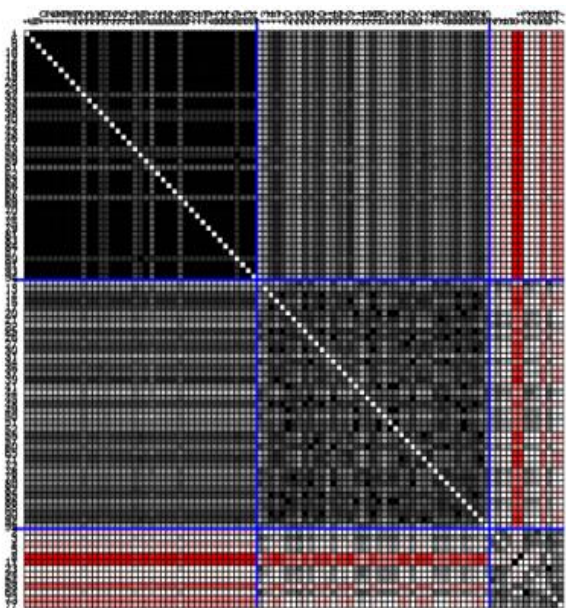
**Building trust, providing incentives and disincentives, and follow-up on achievements**

11. Trust each other for having good intentions.
12. To discover what are the real incentives and disincentives.
13. Follow up of the achievements.

### 3.3. STOP stakeholders Dialog 2 topic: Food marketing to children’s restrictions

In the second STOP stakeholders survey, stakeholders were asked, in the context of their work with their organisation, how successful are the food marketing measures in changing the obesogenic environment to prevent childhood obesity, as a part of comprehensive approach (from 1 – disagree, to 5 – agree). Seven indicators of food marketing measures reveal the following three clusters of responses: cluster 1 as the vast majority of yes-sayers, cluster 2 are a bit less enthusiastic yes-sayers, and cluster 3 that stands out, being less supportive to the surveyed measures in general, with one explicit no-say.

Among the three clusters of respondents on the measures related to food marketing, responses to the indicator "Arrangement of food industry sponsorship of sports events" seems to be the most dividing issue. The deviation is evident in both the second (n = 41) and third (n = 13) cluster, where respondents provided the lowest assessments for the indicator. The food industry sponsorships of sports events got the most pessimistic assessment of all the indicators, when surveying assessments on the policies, measures and activities related to food marketing for children.



	1	2	3
Reduction of food marketing pressure to children	4.97	4.71	2.75
Reduction of food marketing pressure on broadcast and online media	4.97	4.50	2.50
Reduction of food marketing pressure on product packages	4.91	4.33	2.33
Reduction of food marketing pressure to children in retail settings	4.94	4.38	2.42
Reducing food marketing pressure to children in urban environment	5.00	4.38	2.55
Arrangement of food industry sponsorship of sports events	5.00	3.76	1.83
Urban planning policies to reduce food outlet density around schools	4.82	4.13	2.70
Number of Org.	41.00	41.00	13.00

Figure 9: Agreement chart on food marketing

A closer look into the demography of sceptics towards food industry sponsorships in the third cluster revealed a greater representation of public and private non-profits that represent agri-food chains when compared to the organizations from clusters one and two (see Demography figure with weighted proportions). Regardless, most respondents from the third cluster positioned their organizations to a more significant extent to belong to the health sector. Those from the health sector further described their engagement as research and education, policy advocacy, public information provision and network building, information transfer, communication (see Health sector figure with weighted proportions), and as professional association type of the institution (see the figure representing Institution types in weighted proportions).

The concept chart revealed that organizations in the third cluster have the lowest trust in evidence and assign a higher value to sustainability than other respondents. However, with only seven responses, the number of responses here is relatively low and survey findings are to be discussed at the dialogs.

The Decision-making process chart shows that the respondents from the third cluster do not believe in the regulation of specific policy options and neither in soft mechanisms in the policy approach, whereby the respondents from the second cluster tend to sign a slightly positive attitude on both dimensions.

**Question 1: What motivates your organisation to act together with other stakeholders in solving the childhood obesity challenge?**

**Overall perspective**

1. Childhood obesity is a multifactorial, global and social problem. It also endangers children's health as well as places additional burden on health systems. The problem of childhood obesity is "too complex" for the government. Children with obesity should be involved in process of gathering and carrying the message of the obesity problem.

**Economic rationale linked to obesity**

2. Obesity creates significant economic pressures for both governments and families on the most micro level.
3. If childhood obesity remains unaddressed, health systems are at risk of collapsing and will not be financially sustainable.  
At the same time, lack of financial resources for action is noticeable, and a significant barrier to addressing some of the drivers of obesogenic environments.

**Private sector – food processing industry role**

4. The industry has a lot of power: it works internationally (advantage), therefore has a wide-reaching power, uses the information of the public health system to its advantage, defines its own nutritional criteria, it works with self-regulation (which is not enough to solve marketing of HFSS), so it is very difficult to work with.
5. Collaboration with the food industry and retailers to reformulate food products within a convention with monitoring of the engagement.
6. Problem of lobbyists, diversity of stakeholders, complexity of EU-level institutions and resolutions, to get the majority resolution/legislation through.
7. Self-regulation and voluntary measures does not work.
8. While some progress has been made, too many actions remain voluntary.

**Awareness raising and communication**

9. Collaboration with broadcasters, TV Channels, movie makers to make social marketing and changing the food habits through nudging approaches.
10. Identifying the challenges and raising awareness around childhood obesity (also about available measurements).

**Complexity of EU policy making is a determinant of the successful protection of children from harmful marketing of foods to children**

11. Necessary to mobilise political will at EU level to set legally-binding regulations to protect children from harmful food marketing.
12. Possible solution is to call the EU to draft a regional? food regulation policy (a proposal of solution drafted and supported by 20 pan European organizations), pushing individual

- member states to act. For example, the single EU label was first strongly opposed by the industry, but a few years later it was accepted and implemented by the private sector itself.
13. Cross-government/cross-sectoral approach is essential (Agriculture, Food, Health, Physical Activity, Education, Children, and Social Protection) as well as collaboration with other institutions (support of research, consumer org, public health and NGOs).
  14. Complicated and complex EU decision making processes could be a hindering factor for the implementation of regulations on restricting marketing foods to children. Several institutions need to be at the same table and decide on joint positions.
  15. The need to set-up a national/international group that could have an impact also abroad.

**More structured / framed stakeholder actions are needed, with concrete steps of action.**

16. Stakeholders need to develop sustainability plans that are meant to last after the joint actions and after the initiatives.
17. Identify intermediate targets within the broader objective.
18. The need for one coordination unit who will coordinate all issues around childhood obesity.
19. One leading organisation on a particular project/initiative, joined by a couple of others. The rest of them should work together and support them – a unified voice.
20. Need for a structured approach for stakeholder meetings, and engage with different departments within local authority teams to have these discussions.
21. There is a lack of stakeholder engagement, with each of them focusing on their own problems.
22. There is a need for greater cooperation (getting allies), a whole society and a broader approach for solutions. A need to join up forces to overcome the barriers of funding and resources. Working with other stakeholders to understand what is the impact of possible changes on obesity, and also on other public health challenges. What might be the impact on an individual who would read a label or who would shop in a supermarket, who may not have an obesity problem, or may have another health problem. Stakeholder engagement requires a more holistic understanding of obesity itself as well as of the external determinants influencing it.

**Evidence unequivocally supports action to reduce food marketing to children, including child-rights based approach**

23. Research data should be provided for better understanding of the problem and seeing where action is needed.
24. Child-rights based approaches in food marketing and a need for changing the narrative to understand why we need to regulate food marketing to children.
25. To gain knowledge and expertise outside the scope of our remit.
26. More strategic complementarity of disciplines/competences would increase efficiency.



**Multistakeholder approach is to be diversified, according to public health driven goals**

27. Mixing all the stakeholders does not work. The EU has trialled this process which unfortunately failed.
28. We need to talk with industry, but with some limitations.

**Question 2: What is the added benefit of engaging with other stakeholders?**

**Research and working methods to be shared among different sectors. Furthermore, the research has to be independent and ambitious**

1. Research with a focus on the drivers of childhood obesity from other governmental departments (cross-government approach and perspectives above the health department).
2. Memorandum of understanding drafted by scientists with different stakeholders. It has to be independent, ambitious and should not present only the minimum common ground.
3. Understanding of different methods used within departments that are not used in health.

**Knowledge and best practices sharing is beneficial**

4. The advantages of stakeholder networking are new knowledge and should be explored further, including by exploring new opportunities and increasing awareness.
5. Identify best practices.

**Structured stakeholder engagement is supportive and requires concrete engagement practices.**

6. Stakeholders need to know the benefits of engagement.
7. Getting people to feel involved throughout the consultation process, even when drafting recommendations to action.
8. Create a way to discuss and to share in a more systematic way.
9. With every stakeholder comes a network of stakeholders, and a subsequent better understanding or greater perspective of the problem.
10. Having a common purpose in the long term.
11. Motivating stakeholders, sharing responsibility in the group and ensuring active participation.
12. Establish an international group of stakeholders where they can build trust among them, and cooperate. In-person engagement should be organised, in addition to virtual meetings.
13. Having hubs or platforms to identify relevant stakeholders, smaller organisations.

**Raising awareness about obesity is important. Children living with obesity should be given an opportunity to share their lived experience of obesity.**

14. Importance of raising awareness and disseminating the problem.
15. Incorporate children's perspective and create a sense of urgency among the general public.
16. With regards to labelling, it is important to understand what the average person thinks and understands. In the case of public consultation, such type of engagement has to be in a format that ensures a lay person has access to it and can contribute.

**Different perceptions of food industry role – on one side, the industry is sharing perception of wanting to implement concrete actions in favour of public health; on the other, public health often sees the role of private sector as trying to circumvent the rules.**

17. Creating independently accredited and verified targets for food companies (companies want to do more, but 'Health' is apprehensive about engaging in discussion in those topics).
18. Industry has always tried to circumvent the rules, by using the same public health arguments.

**Question 3: What mechanisms need to be in place to support successful stakeholder cooperation and collaboration in the agenda setting and implementation of policy issues?**

**For successful cooperation, common goals and values have to be created, communication should be clear, evidence and facts should be transparently communicated to avoid misinformation**

1. Creating common values and goals with the help of “Memorandum of understanding”, working on long-term objectives.
2. Communication should be clear internally among the stakeholders and to the outside to the public.
3. Clear goals, rules of engagement and communication. This should also include clear guidance and establishment of effective communication mechanisms.
4. Addressing misinformation, when it comes to the agri-food industry.
5. Great importance of media.

**Joint commitments, protected by a law or signed agreement, and defined Terms of Reference for actions, are examples of concrete mechanisms which could be helpful in reducing marketing pressure to children. Group model building could support structured arrangement of responsibilities.**

6. Self-regulatory or government-led approaches to establish a joint commitment that is supported/protected by a law or signed agreement.
7. A set of clear Terms of Reference for everybody to agree on.
8. A structured arrangement of the responsibilities and plans from each stakeholder would allow going forward. Group model building with stakeholders.

**Intersectorality with common goals, evidence-based actions, learning from each other, established councils for aligned actions**

9. Need to embrace wider remit, expertise and roundtable discussions. Health, agri-food and environment sectors need to come together with a common purpose i.e., population health.
10. Evidence is one of the key success factors (having good evidence for something).
11. Learning from each other (also what each of stakeholders could contribute to the mission) and use of strategic learning.
12. Councils where representatives from different ministries as well as other stakeholders including producers and consumer organizations and other parties, should be present and could provide proposals or defend their position. Furthermore, small subgroups working for the individual subtasks should be established to enable to proceed more quickly with decision-making.

**Locally actions could be implemented more effectively as nationally**

13. *Local actions (locally focused aims):* Better communication about what is happening locally, responses are quicker and stakeholders feel a greater level of responsibility, as they can take action within their local area.
14. On a national level, more time is required for implementation, which might lead to more scattered outcomes.

**Private sector and the food processing industry propose to be positioned as change-makers, following pre-defined public health goals, following an advance set roadmap**

15. Positioning companies as 'change-makers' and use of more 'meaningful' goals could be set and achieved if health were more involved in charter development etc.
16. Maybe the trick is to turn something that is opposed/viewed as a threat for the business into a market opportunity, highlighting the potential benefits for industry. An example that could be extended to other policy areas.

17. Draw and set in advance the roadmap (clear all conflicts of interest), having a forum for stakeholders (ministries should be involved in different phases and also, conflict of interest are measured).
18. From public health view, there is an interest to have “the same force play”. The food industry is not sharing the same goals with governmental health sector; health sector expect stronger action as self-regulation is at present.

**Question 4: What are the building blocks for sustainable multi-stakeholder cooperation models?**

**Childhood obesity is too costly for certain sectors to act, incentives for stakeholders’ participation are needed**

1. Childhood obesity is not a priority for other departments, with many reporting it is “too expensive” to invest in.
2. Financial cost/benefit always needs to be considered.
3. Strong incentives for stakeholders’ participation (including financial).

**Number of possible building blocks, such as securing senior level support, agreement on shared vision, developing and managing stakeholders’ network, shared goals with intermediate goals, measurable outputs and outcomes, budgeting.**

4. Scope to deliver more on policy change with lasting benefits for all.
5. The set-up process i.e., securing senior level support and necessary governance and resources.
6. The need for agreement of a shared vision, action, prioritizing areas to intervene, developing and managing the stakeholder’s network, reflection and refreshing, discussion of opportunities for strengthening the process.
7. Common, ambitious and shared goals with intermediate goals.
8. Clearly defined objectives with measurable outputs and outcomes.
9. Joint budgeting, within that progress monitoring and establishment of specific budgets.
10. Possible reason for not collaborating: constant changes, too long work on papers.

**An agenda that is driven by public health interest, but that does leave the space for interaction, allow for win-win actions.**

11. Fundamentally, companies want to be ‘seen’ to be doing well – it is good for business. There needs to be a clear benefit for both sides.
12. Health as a marketing incentive/objective i.e., sustainable nutrition.
13. Industry can work on both reputation, customers and people’s education (customer choosing the products).

14. Strategic steer in order to achieve the set Clear sense of direction in a way, a kind of a strategic sense of set of the directions would be an important enabler. At one hand an agenda that is driven by public health interest, but that does leave the space for interaction with all relevant actors so that there's a way to reflect on any proposed initiatives, to gain further insights about well specifics of the situation about possible unintended consequences so having an opportunity to provide really direct and clear feedback.

**Local action and addressing obesity locally is seen as an promising option.**

15. Collaboratively building and mapping the local picture. Build a compelling narrative explaining why obesity matters locally and create a shared understanding of how obesity is addressed at a local level.

**Trust, open relationships and education to move forward.**

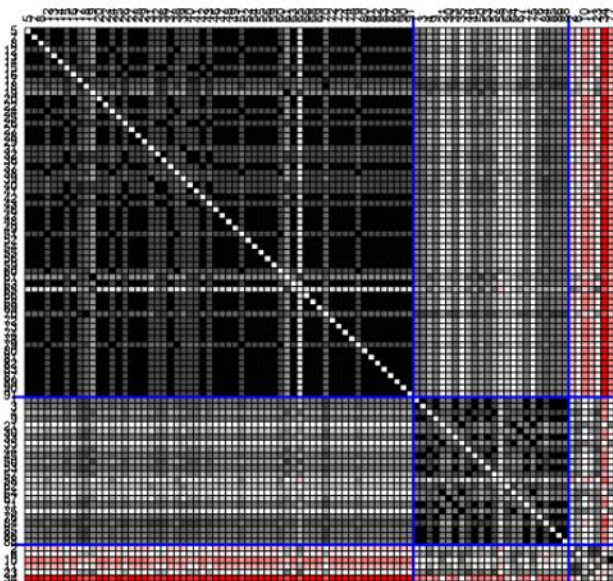
16. Need for stakeholders' mutual trust. This can be done by building open relationships
17. It is important to focus on people and education to drive the movement forward.

**Different detailed views on networking of stakeholders, from building one network to differentiation of organizations based on the different building blocks to ensure sustainable multi-stakeholder cooperation models. Better participation of sectors is seen as a benefit for stakeholders' cooperation.**

18. Creating one network of stakeholders.
19. Different building blocks for different organisations (also different types of models).
20. Better participation of ministries (Ministry of Health).

### 3.4. STOP stakeholders Dialog 3 topic: Physical activity in children

In the context of their work with their organisation, stakeholders were asked how successful are the physical activity measures in changing the obesogenic environment to prevent childhood obesity, as a part of comprehensive approach (from 1 – disagree, to 5 – agree). Three indicators of physical activity measures led to the identification of three clusters of responses: cluster 1 as the vast majority of yes-sayers, cluster 2 are less enthusiastic but still yes-sayers, and cluster 3 that stands out, being less supportive to the surveyed measures in general, with one explicitly opposed to these measures.



	1	2	3
Fiscal measures to promote physical activity	4.67	3.57	1.57
Measures to promote physical activity	4.97	3.91	3.00
Policies for sustainable urban mobility	4.85	3.75	3.00
Number of Org.	60.00	24.00	7.00

Figure 10: Agreement chart on physical activity

Among the three clusters of respondents, responses to the indicator "fiscal measures to promote physical activity" were the most divisive. Within the third cluster (n = 7), the pool of responses was the most divergent, with some disagreeing with the suggestion to address childhood obesity by promoting physical activity through fiscal measures, while also expressing ambivalence against the general "measures to promote physical activity" and "policies for sustainable urban mobility." Of the seven organisations represented in cluster 3, six were from the private sector or public-private partnership.

Weighted proportions highlighted that organisation from the third cluster:

- Engage in research, education, agri-food chain, health, and finance or banking investment;
- Health sector organisations flagged their engagement in research and education, representation of healthcare professionals, healthcare and medical nutrition industry, commercial activities, and network building, information transfer and communications. These characteristics were more common from these respondents than from the ones of the other two clusters;
- Stakeholders from the health sector showed no interest in representation of patient interests nor engagement in community and social service provision.

The Concepts chart reveals that the respondents from the third cluster feel less potent than respondents from the other two clusters. However, due to a low pool of responses, it is possible that these results aren't representative and the issue discussed above should be further explored during the future stakeholder dialogs.

The figure of the Decision-making process hints that respondents from the third cluster would most likely lean towards the adoption of "soft background mechanisms for health in all policies approach," whereby the second cluster seems to be against soft mechanisms. Respondents from the first cluster appear to be neutral.

**Question 1: What motivates your organisation to act together with other stakeholders in solving the childhood obesity challenge?**

**Diverse stakeholder engagement and supportive environments motivators for better collaboration**

1. If more stakeholders work together towards ending childhood obesity they can achieve more, rather than each of them working independently.
2. Municipalities and schools have the most important contribution for the implementation of preventive initiatives.
3. Stakeholders highlighted there is need to more focus on marketing and also collaborate more with industry.
4. More emphasis on the education of physical education professionals (including the PE teachers, the coaches, the educators who take care of children and children in kindergartens), so they can improve the training of sports in general.
5. Some solutions: industry can be involved in promoting sports and development of games, which promote physical activity; promotion of physical activity at the workplace; importance of environment (parks and place to play).
6. It would be useful if the European Commission took the lead and promoted the development of positive environments to address childhood obesity.
7. Improve communication among stakeholders.

**Economic drivers/motivation for acting together**

8. Conduct economic calculations to highlight to policymakers the economic benefit, and ultimately cost-effectiveness, of investing in this intervention.
9. If stakeholders get convinced that the cost of prevention is lower than the cost of treatment, they will invest more in obesity prevention measures.
10. Need to increase financial investments, so stakeholders will come and cooperate together.

**Understanding of diversity among stakeholders and development of multidisciplinary competences to motivate collaboration**

11. While some stakeholders may have limited interest in the topic of childhood obesity, they may be more responsive to overall well-being, school performance, social inclusion and prevention of violence.
12. Everybody in the decision and implementation chain should understand the need to integrate a healthy lifestyle into everyday life (transport, importance of urban planning, education, social inclusion, agriculture, workplace...).
13. Agreement on common values and on the same goal (stakeholders are more willing to work together).



### **Health in all policies mechanisms as motivators for better collaboration**

14. Need of more awareness, understanding and political support (stakeholders need to put more pressure on the policy makers to take decisions and actions).
15. Key findings, evaluation reports, results and health impact data should be presented in a way that is applicable and understandable to everyone.
16. All relevant sectors and stakeholders should be included in the preparation process of national programmes.
17. Building capacity, sharing knowledge, expertise and resources (both human and financial).
18. Start of up-down working with stakeholders and also nourishing the collaboration from bottom-up approach.
19. There is a need to improve trust between stakeholders. Furthermore, stakeholders need to have more trust in evidence for better collaboration.
20. Need to strengthen cross-sector cooperation and integrative approach; physical activity is multi-sectoral, many different sectors, ministries (for Education/Sport/Transport/Environment...), as well as municipalities with the sport associations need to work together to increase physical activity levels of the population and by that support the decrease of obesity.
21. The COVID-19 pandemic provides an opportunity to collaborate.

### **Citizens or groups of citizens engagement to motivate collaborative stakeholders action**

22. There is a need to make the voice of people living with obesity and their relatives a stronger voice. Focus more on the need to increase education/raise awareness among parents.
23. Empower youth and allow them to play a central role in shaping current and future policies/environments.
24. Listen to people and understand their motivation.

### **Technical tools and solutions to support and motivate collaboration**

25. Use of technological tools e.g., platforms, where we could get suggestions, solutions, etc. and then transferred this to the highest levels and tried to interfere there.
26. Consider time and distance as key factors when implementing interventions. Activities for children should be in or close to schools. An important barrier for being active is usually lack of time, as well as the time it takes parents to drive children to their hobbies.

**Question 2: What is the added benefit of engaging with other stakeholders?**

1. The evidence is available but there is a need to translate the science into concrete policies. We need to put pressure on stakeholders who have the power to develop and implement policies.
2. To prepare common guidance / guidelines / a political framework.
3. Stakeholders can have higher impact when they define common goals and co-develop messaging. This would ultimately save human and financial resources and increase visibility.
4. Trust among stakeholders is limited. They often act in parallel of one another.
5. Have more interest in the public health agenda (other sectors have their agenda).

**Question 3: What mechanisms need to be in place to support successful stakeholder cooperation and collaboration in the agenda setting and implementation of policy issues?**

**Education, trainings**

1. Developing masterclasses (The European Association for the Study of Obesity did it).
2. Training and educating politicians and media (to know about the problem and to raise interest). Making politicians listen.

**Different tools, already developed by projects and organizations**

3. Use of different tools. (In WCRF International, as part of the CO-CREATE project, we are developing a benchmarking tool and a policy index to assess the strength of policy design in promoting PA. We hope that the results of the policy index will highlight where more action needs to be taken to promote PA and if the countries see that their overall score is low compared to other countries, they will take action to improve their status.).
4. Need data, results to show what's happening.

**Prominent personalities to influence**

5. Inclusion of influencers, opinion leaders and start to work with them. Invite them to conferences, make press conferences with them, and they should talk with politicians.
6. Taking advantage of public figures. Involving sportsmen and sportswomen famous, can be helpful in promoting physical activity in sports. In addition, involving sport clubs. Organized demonstration of sports at school.

### **Multilevel coordination and collaboration**

7. We need coordination centrally on European and national levels (creation of intersectoral working groups, multi-sectoral cooperation). Threat of the influential individuals in position to decide.
8. High level leaders could set the main goal (plus be an example of good practice).
9. Activation on local level at the same time.

### **Others**

10. Formal mechanisms of engagement are helpful (at least at the beginning).
11. Searching for windows of opportunity (e.g., COVID-19 pandemic).

### **Question 4: What are the building blocks for sustainable multi-stakeholder cooperation models?**

#### **Understand the needs of participating stakeholders and timely engagement:**

1. Involvement of stakeholders from the beginning of the project. Knowing the needs and the interest of each stakeholder.
2. Finding benefits for each participant, which may not be the same between stakeholders.
3. Develop formal spaces for stakeholders to participate and exchange knowledge.
4. Consideration that collaboration is not used for transferring problems to other stakeholders.

#### **Joint and realistic agenda setting, joint and sustainable acting**

5. Establish realistic, common goals.
6. Understand the co-existence of different agendas - formal mechanisms - money - support of the public.
7. Encourage sustainable changes (don't be over-ambitious).
8. Short-term (early successes): provide visibility. Long-term: Joint Actions that can bring together diverse stakeholders and keep them acting together in line with the target(s) set.  
- *Think long term and act short term.*
9. Less talk about problems, more talk about providing solutions and suggestions for solutions.

## **4. DIALOGUES WRAP-UP AND RECOMMENDATIONS FROM STOP THIRD STAKEHOLDERS DIALOGS FOR THE STOP STAKEHOLDERS PROCESS FOR THE FINAL PROJECT PERIOD**

The *Third Childhood Obesity Stakeholder Dialogues* were organised as part of the virtual STOP & JA Best-ReMaP Joint Conference “*Policy solutions for childhood obesity: From science to policy implementation.*” Project partners and external stakeholders were given the opportunity to discuss the three themes outlined earlier during an afternoon dialogue session.

The third STOP Stakeholder Dialogs allowed to explore concepts and alliances regarding policy solutions and attitudes regarding individual policy measures, based on research undertaken in the STOP project.

The main topics discussed in the dialogs were (1.) food reformulation, (2.) food marketing to children restrictions and (3.) physical activity in children. The third dialog built on the first and the outcomes of the second dialog as well as results from the first and second stakeholder web surveys reports. Participants came from a variety of different backgrounds and together contributed to identifying possible solutions and reflecting on the work of the STOP project.

### **4.1 Key messages from the dialogues**

#### **FOOD REFORMULATION**

- Stakeholders should be involved in the process of food reformulation and there should be a space for the transparent dialog as it seems that positions of different stakeholders are quite diverse. Despite being difficult to collaborate among stakeholders, interaction, building relationships and trust among the players is key.
- Different drivers for action in different stakeholder groups are causing major challenges in stakeholders' collaboration in defining and achieving common measurable goals.
- Early and broad stakeholder engagement and participation with public health driven goals and agenda setting will help improve transparency and feeling of involvement throughout the process, allows for understanding of different rationales and competences.
- Competition for the same funding sources is a barrier for stakeholder collaboration.
- Reformulation is a challenge for food processing industry, but clear objectives and targets are needed. By stakeholders opinion there is a need to build positive perceptions of the food industry public health driven efforts in reformulation, with support from sectoral level in that regard.

- Cooperation with the industry while having (public health) needs of consumers as a driver, consider different technical characteristics of food reformulation during the target setting process.
- Common mechanisms have to be employed for food policies for synergistic effect, with clearly set implementation goals, with high level support.
- Defined monitoring plan ahead of time with transparent implementation and established supportive mechanisms (such as regular meetings, platform form information exchange). Legislation from the government makes positive change for the industry as it reduces the competitive part.
- Building trust, providing incentives and disincentives, follow up achievements provided as a part of the engagement process.
- Branded foods database will allow to validate the successes of reformulation
- Increasing knowledge among stakeholders is achieved by stronger engagement. Joining knowledge could lead to more ambitious targets in food reformulation
- Every stakeholder group has particular science and a multi-disciplinary approaches allows for more aligned actions and evaluation.
- New field to be engaged – food anthropology.
- Awareness raising and communication with consumers regarding food reformulation.
- Building common understanding of the food reformulation topic and communicate it with public so that consumers would understand and provide a push for change (comparable with climate issues).

## FOOD MARKETING

- Complexity of EU policy making is a determinant of the successful protection of children from harmful marketing of foods to children. Multisectoral approaches and more proactive positions are needed. It is necessary to create political willingness at EU level to set regulation to protect children from harmful food marketing.
- Joint commitments, protected by a law or signed agreement, and defined Terms of Reference for actions, are concrete mechanisms, which could be helpful in reducing marketing pressure to children. Group model building could support structured arrangement of responsibilities.
- Possible collaborative mechanisms: intersectoral approach with common goals, evidence-based actions, learning from each other, established councils for aligned actions.
- Locally actions could be implemented more effectively as nationally.
- Economic rationale linked to obesity - obesity is creating a lot of economic at macro and micro levels and could lead to collapse of health systems.

- An agenda that is driven by public health interest, but that does leave the space for interaction, allow for win-win actions. Structured stakeholder engagement is supportive, concrete engagement practices are needed (joint activities such as).
- Multi-stakeholder approach should be diversified, based on public health driven goals.
- More structured stakeholder actions are needed, with concrete steps of action: sustainability plans, with defined sub-goals within the broader objectives; need for more coordinated actions and leadership, with structure of regular meetings to encourage engagement (hubs or platforms for stakeholders identification, engaging in consultations, others). Concrete actions have to be developed and implemented, based on everyday challenges of living in obesogenic environments.
- Different detailed views on networking of stakeholders, from building one network to differentiation of the organizations regarding different building blocks for sustainable multi-stakeholder cooperation models. Better participation across sectors is seen as a benefit for stakeholder engagement.
- Private sector – the role of the food processing industry is powerful. Current self-regulations are not enough to solve marketing of HFSS.
- Different perceptions of food industry role – at one side, industry is sharing perception of wanting to implement concrete actions in favour to public health; public health is perceiving the role of private sector as often trying to circumvent the rules.
- Private sector, food processing industry, propose to be positioned as change-makers, following pre-defined public health goals, in a form of an in advance set roadmap.
- Evidence is unequivocal supporting action in reducing food marketing to children, knowledge and best practices sharing is beneficial.
- Research and working methods to be shared among different sectors, research has to be independent and ambitious.
- Different building blocks were identified, such as securing senior level support, agreement on shared vision, developing and managing the stakeholder’s network, shared goals with intermediate goals, measurable outputs and outcomes, budgeting.
- Awareness raising and communication – key to convey the message, in collaboration with broadcasters, TV Channels, movie makers and others. Raising awareness about obesity is important, obese children should share their views on being obese.
- For successful communication, common goals and values have to be created, communication should be clear, evidence and facts should be transparently communicated to avoid misinformation; trust, open relationships and education to move forward.

## PHYSICAL ACTIVITY IN CHILDREN

- Diverse stakeholder engagement and supportive environments motivate for better collaboration (i.e., working together to achieve more, also by searching for the synergies in actions; importance of different supportive environments – municipalities (parks, places to play, ...), schools, workplaces; special importance is to be paid to physical education teachers of all kinds and at all levels).
- Understanding of diversity among stakeholders and development of multidisciplinary competences to motivate collaboration (multidisciplinary competences needed to understand the drivers of different sectors regarding the issue as obesity – such as infrastructure sector does not care about obesity, but cares about emissions; at the same time, understanding of public health priorities needed by all stakeholders - agreement on common values and on the same goals).
- Stakeholder collaboration could have higher impact by joining actions; common ground for actions might improve actions and trust among engaged stakeholders; in addition, different stakeholders are more interested in the public health agenda.
- Understand the needs of participating stakeholders and timely engagement, like finding benefits (win-win) for every engaged stakeholder, joint knowledge building and networking
- Citizens or groups of citizens engagement could motivate collaborative stakeholder actions (i.e., engagement of families, getting adults on board, empowerment of youth)
- Prominent personalities to influence (like opinion leaders, influencers, public figures – famous sportsmen and women).
- Education, trainings (for media and politicians; masterclasses for experts).
- Health in all policies mechanisms are motivators for better collaboration (i.e., strengthening cross-sector cooperation and integrative approach with increased political support; all kind of data on the policy processes should be presented applicably and understandably to everyone; increased capacities and mutual trust; focus to intervention). Collected evidence could be better translated into policy implementation.
- Different building blocks were identified: joint and realistic agenda setting, joint and sustainable acting, like understanding different agendas, setting realistic common goals and small steps sustainable changes, setting short-, medium- and long-term goals; success oriented action.
- Multi-level coordination and collaboration (central EU and national coordination, activation at local levels) is preferrable.
- Other implementation mechanisms were identified, like formal institutionalized mechanisms as promising starting points, and windows of opportunity for action such as Covid-19.
- Economic drivers/motivation are recognized as valuable possible mechanism (i.e., economic evaluations as argumentation for policy measures; value of prevention; funding for joint stakeholder actions).
- Different tools, already developed by projects and organizations (like benchmarking tool and policy index in CO-CREATE). Technical tools and solutions to support and motivate collaboration (i.e., use of technological platforms, time wise and distance wise solutions).

## 4.2 Key messages from the dialogues, based on the DIALOGS QUESTIONS

DIALOGS QUESTION 1: What motivates your organisation to act together with other stakeholders in solving the childhood obesity challenge?

### Food reformulation

- Despite being difficult to collaborate among stakeholders, interaction, building relationships and trust among the players is key.
- Competition for the same funding sources is the barrier for stakeholder collaboration.
- Branded foods database will allow to validate the successes of reformulation.
- Reformulation is a challenge for food processing industry, but clear objectives and targets are needed. Legislation from the government makes positive change for the industry as it reduces the competitive part. Stakeholders should be involved in the process of food reformulation and there should be a space for the transparent dialog as it seems that positions of different stakeholders are quite diverse.
- Increasing knowledge among stakeholders is achieved by engagement.

### Food marketing

- Economic rationale linked to obesity - obesity is creating a lot of economic at macro and micro levels and could lead to collapse of health systems (economic burden of obesity).
- Private sector – food processing industry role is powerful - it works with self-regulation which is not enough to solve marketing of HFSS. Food industry and retailers reformulate food products, and this requires transparent monitoring.
- Awareness raising and communication – key to convey the message, in collaboration with broadcasters, TV Channels, movie makers and others
- Complexity of EU policy making is a determinant of the successful protection of children from harmful marketing of foods to children. Multi-sectoral approach and more proactive positions needed. Necessary to create political willingness at EU level to set regulation to protect children from harmful food marketing
- More structured stakeholder actions are needed, with concrete steps of action: sustainability plans, with defined sub goals within the broader objectives; need for more coordinated actions and leadership, with structure of regular meetings to encourage engagement. Concrete actions have to be developed and implemented, based on everyday challenges of living in obesogenic environments.
- Evidence is unequivocal supporting action in reducing food marketing to children,



## Physical activity

- Diverse stakeholder engagement and supportive environments are enablers for increased collaboration (i.e., working together to achieve more, also by searching for the synergies in actions; importance of different supportive environments – municipalities (parks, places to play, ...), schools, workplaces; special importance of physical education teachers of all kinds and at all levels; better communication is crucial; highly valued initiatives of EC)
- Economic drivers/motivation for acting together (i.e., economic evaluations as argumentation for policy measures; value of prevention; funding for joint stakeholder actions)
- Understanding of diversity among stakeholders and development of multidisciplinary competences to motivate collaboration (multidisciplinary competences needed to understand the drivers of different sectors regarding the issue as obesity – such as infrastructure sector does not care about obesity, but cares about emissions; at the same time, understanding of public health priorities needed by all stakeholders - agreement on common values and on the same goal)
- Health in all policies mechanisms as motivators for better collaboration (i.e., strengthening cross-sector cooperation and integrative approach with increased political support; all kind of data on the policy processes should be presented applicably and understandably to everyone; increased capacities and mutual trust; focus to intervention)
- Citizens or groups of citizens engagement to motivate collaborative stakeholder action (i.e., engagement of families, getting adults on board, empowerment of youth)
- Technical tools and solutions to support and motivate collaboration (i.e., use of technological platforms, time wise and distance wise solutions)

DIALOGS QUESTION 2: What is the added benefit of engaging with other stakeholders?

### **Food reformulation**

- Engagement of a broad range of stakeholders gives transparency and feeling of coherence, allows for understanding of different rationales and competences.
- Joining knowledge could lead to more ambitious targets in food reformulation.
- Different drivers for action in different stakeholder groups are causing challenges in stakeholder collaboration in defining and achieving common measurable goals.
- Every stakeholder group has particular science, and multi-disciplinary action allows for more aligned action and evaluation.

### **Food marketing**

- Research and working methods should be shared among different sectors. Research should be independent and ambitious.
- Knowledge and best practices sharing is beneficial.
- Structured stakeholder engagement is supportive, concrete engagement practices needed (joint activities such as engaging in consultations, hubs or platforms for stakeholders identification).
- Raising awareness about obesity is important. Children living with obesity should share their views on their lived experience.
- Different perceptions of food industry role – at one side, industry is sharing perception of wanting to implement concrete actions in favour to public health; public health is perceiving the role of private sector as often trying to circumvent the rules.

### **Physical activity**

- Stakeholder collaboration could have higher impact by joining actions; broad range of stakeholders could share common guidance / guidelines / a political framework and by that better work together; collected evidence could be better translated into policy implementation; common ground for actions might improve actions and trust among engaged stakeholders; in addition, different stakeholders are more interested in the public health agenda.

DIALOGS QUESTION 3: What mechanisms need to be in place to support successful stakeholder cooperation and collaboration in the agenda setting and implementation of policy issues?

### **Food reformulation**

- Build positive perceptions of the food industry public health driven efforts in reformulation, with the high-level support.
- Early and broad stakeholder engagement, stakeholder participation from (*public health driven*) setting agenda on.
- Common mechanisms for food policies for synergistic effect, with clearly set implementation goals, with high-level support.
- Awareness raising and communication with consumers regarding food reformulation.

### **Food marketing**

- For successful communication, common goals and values should be created. Communication should be clear, evidence and facts should be transparently communicated to avoid misinformation.
- Joint commitments, protected by a law or signed agreement, and defined Terms of Reference for actions, are concrete mechanisms, which could be helpful in reducing marketing pressure to children. Group model building could support structured arrangement of responsibilities.
- Inter-sectoral action with common goals, evidence-based actions, learning from each other, established councils for aligned actions.
- Locally actions could be implemented more effectively as nationally.
- Private sector, food processing industry, propose to be positioned as change-makers, following pre-defined public health goals, in a form of an in advance set roadmap.

### **Physical activity**

- Multi-level coordination and collaboration (central EU and national coordination, activation at local levels).
- Different tools, already developed by projects and organizations (like benchmarking tool and policy index in CO-CREATE).
- Education, trainings (for media and politicians; masterclasses for experts).
- Prominent personalities to influence (like opinion leaders, influencers, public figures – famous sportsmen and women).
- Others, like formal institutionalized mechanisms as starting points, and windows of opportunity as Covid-19.

## DIALOGS QUESTION 4: What are the building blocks for sustainable multi-stakeholder cooperation models?

### **Food reformulation**

- Build a common understanding of the food reformulation topic and communicate it with the public so that consumers understand and provide a push for change (comparable with climate issues).
- Early stakeholder engagement, and sustained throughout the entire process.
- Cooperation with the industry while having (public health) needs of consumers as a driver; based on that, consideration of different technical characteristics of food reformulation in the targets setting process.
- Monitoring plan defined in advance with transparent implementation and established supportive mechanisms (such as regular meetings, platform form information exchange).
- Build trust, provide incentives and disincentives, follow-up achievements.

### **Food marketing**

- Childhood obesity is a financial burden on public health, and incentives for stakeholder participation are needed.
- Number of possible building blocks, such as securing senior level support, agreement on shared vision, developing and managing the stakeholder's network, shared goals with intermediate goals, measurable outputs and outcomes, budgeting.
- An agenda that is driven by public health interest, but that does leave the space for interaction with other stakeholders and allow for win-win actions.
- Local action and addressing obesity locally is seen as an promising option.
- Trust, open relationships and education to move forward.
- Different detailed views on networking of stakeholders, from building one network to differentiation of the organizations regarding different building blocks for sustainable multi stakeholder cooperation models. Better participation of sectors is seen as a benefit for stakeholders cooperation.

### **Physical activity**

- Understand the needs of participating stakeholders and timely engagement, like finding benefits (win-win) for every engaged stakeholder, timely engagement, joint knowledge building and networking.
- Joint and realistic agenda setting, joint and sustainable acting, including understanding different agendas, setting realistic common goals and small steps sustainable changes, setting short-, medium- and long-term goals; success-oriented action.

## ANNEXES

### **Annex 1: Invitation letter on third STOP Childhood Obesity Stakeholder Dialogues:**

Dear Sirs/Madams,

The Science & Technology in childhood Obesity Policy (STOP) project, a European Commission-funded Horizon 2020 project, is organising its third Childhood Obesity Stakeholder Dialogues, bringing together key stakeholders to share knowledge and discuss the drivers, challenges, and solutions to improve the obesogenic environment in which children live.

We would like to invite you to **attend the Childhood Obesity Stakeholder Dialogues**, which will be held as part of the STOP & JA Best-ReMaP Joint Conference: "Policy Solutions for Childhood Obesity: FROM SCIENCE TO POLICY IMPLEMENTATION" on **Wednesday, November 17<sup>th</sup>, 2021**.

The second STOP Stakeholders event in 2020 and the second stakeholder web survey were the main activities from which we have built the third dialogues. Based on the obtained information, we plan to organize the dialogues again.

The STOP Stakeholder Dialogues will be focusing on the following three themes:

1. *Food Reformulation*
2. *Food Marketing*
3. *Environments to support physical activity*

You are kindly invited to join us on one of the dialogues described in the upper points. **Would you mind selecting the theme and registering yourself via the following link: <https://anketa.nijz.si/a/127958>**

We look forward to welcoming you to the dialogues. Please make sure you register by **12th November 2021 at the latest**.

Your STOP/Best-ReMaP team

## **Annex 2: Invitation letter of the STOP & JA Best-ReMaP Joint Conference**

**Dear** Sirs/Madams,

We would like to invite you to

**the STOP & JA Best-ReMaP Joint Conference**

**Policy solutions for childhood obesity:**

**FROM SCIENCE TO POLICY IMPLEMENTATION**

**On 17<sup>th</sup> and 18<sup>th</sup> November 2021**

**In Ljubljana, Slovenia and online**

In parallel with the Slovenia presidency 2021, a high-level event on food policy will be organised in Ljubljana between two partner projects, The Science & Technology in childhood Obesity Policy ([STOP](#)) and Joint Action on Best Practices in Nutrition ([JA Best-ReMaP](#)). The conference will support the translation of research knowledge to support policy decision-making. It will leverage the projects innovative and complementary approaches to curb the rise in child and adolescent obesity.

Building on the [second STOP Stakeholder Dialogues Conference](#), the project will host its third Childhood Obesity Stakeholder Dialogue as an avenue to continue better understanding their perspective on project processes and outcomes. JA Best-ReMaP will identify promising policy measures with EU member states and European Commission representatives, leveraging on insights from the STOP stakeholder network.

The outcome of the two-day conference is to make recommendations to national authorities and the European Commission on a sustainable plan for future policy action and stakeholder engagement to address the global childhood obesity epidemic.

The conference will be held as a hybrid conference, meaning that on-site participation as well as virtual participation will be possible.

Your attendance on-site will be greatly appreciated and your presence will do us great honour. However, due to capacity restrictions, the number of on-site participants is limited. Therefore, we would like to kindly ask you to **not share the registration form with others as the on-site invitation is addressed to you personally.**

**For Best-ReMaP Project Partners, the number of on-site participants is as set in the budget. Travel costs can be financed if they are included in the individual budgets of the Project Partner. We kindly ask you to coordinate internally within your institution and fill the registration form accordingly.**



We would kindly like to inform you that due to current government regulations related to COVID-19 pandemic in Slovenia all on-site attendees are required to meet one of the following criteria to enter the conference venue: **vaccinated, tested or recovered**. [Those are also current requirements to enter the Republic of Slovenia.](#)

Please note that due to the rapidly changing situation conditions might change and the number of participants for a physical meeting might be even more limited due to COVID-19 safety strategies. We hope for your understanding, that we need to react flexible on the developments. In case of too many on-site participants we will notify you as soon as possible to discuss further options.

For your convenience hotel rooms will be pre-registered in same venue as the conference will take place that is Grand Hotel Union, Miklošičeva cesta 1, 1000 Ljubljana, Slovenia.

**The participation is free of charge.** The draft agenda will be available in a timely manner.

**To register, please click [here](#).**

**We kindly ask you to register by Wednesday, September 27<sup>th</sup> 2021.**

In case of any questions, please feel free to contact us at [best.remap@nijz.si](mailto:best.remap@nijz.si). We will be happy to support you!

The STOP and Best-ReMaP teams are looking forward to welcoming you in Ljubljana or virtually!

## Annex 3: Agenda of the STOP & JA Best-ReMaP Joint Conference

**DAY 1, 17<sup>th</sup> November 2021 - 1**

**STOP – Science and Technology in childhood Obesity Policy**

**Third Childhood Obesity Stakeholder Conference and Dialogues**

**Morning sessions**

08.30 – 09.00	<b>Registration of participants</b>
09.00 – 09.20	<b>Welcome to the third STOP conference and stakeholders dialogs</b> <ul style="list-style-type: none"> <li>• Alenka Forte, State Secretary, Ministry of Health Slovenia</li> <li>• mag. Aleš Irgolič, State Secretary, Ministry of Agriculture, Forestry and Food</li> </ul>
09.20 – 9.35	<b>Presentation of the STOP project main scientific outcomes</b> <i>Speaker: Franco Sassi, ICL</i>
9.35 – 10.15	<b>STOP state of the art</b> <i>Speakers:</i> <ul style="list-style-type: none"> <li>• Oliver Robinson ICL (STOP WP3)</li> <li>• Gregor Starc, UL-FS (STOP WP7)</li> <li>• Josep A. Tur, University of the Balearic Islands</li> </ul> <i>Moderator: Franco Sassi, ICL</i>
10.15 – 10.45	<b>Food reformulation – scientific STOP outcomes and knowledge transfer recommendations to JA Best-ReMaP</b> <i>Speakers:</i> <ul style="list-style-type: none"> <li>• Mathilde Gressier and Harry Tang, Imperial College London</li> <li>• Stefanie Vandevijvere, Sciensano Belgium</li> </ul> <i>Comments: Jean-Luc Volatier, ANSES (JA Best-ReMaP)</i>
10.45 - 11.15	<i>Coffee break</i>
11.15 – 11.45	<b>Marketing foods to children – scientific STOP outcomes and knowledge transfer recommendations to JA Best-ReMaP</b> <i>Speakers:</i> <ul style="list-style-type: none"> <li>• Karen Watson, ICL</li> </ul> <i>Comments: Ursula O'Dwyer (JA Best-ReMaP)</i>
11.45 – 12.15	<b>Preliminary results of the second STOP stakeholders survey</b> <i>Speakers:</i> <ul style="list-style-type: none"> <li>• Mojca Gabrijelčič, NIJZ</li> <li>• Luka Kronegger, University of Ljubljana, Faculty of Social Sciences</li> </ul>
12.15 – 13.30	<i>Lunch break</i>



**DAY 1, 17<sup>th</sup> November 2021 - 2**

**STOP – Science and Technology in childhood Obesity Policy**

**Third Childhood Obesity Stakeholder Conference and Dialogues**

**Afternoon sessions**

13.30 – 15.00	<p><b>Interactive stakeholder discussion on STOP policies and approaches to address childhood obesity – three dialogues</b></p> <ul style="list-style-type: none"> <li style="display: inline-block; width: 30%; vertical-align: top;">• Food marketing</li> <li style="display: inline-block; width: 30%; vertical-align: top;">• Food reformulation</li> <li style="display: inline-block; width: 30%; vertical-align: top;">• Environments to support physical activity</li> </ul>
15.00 – 15.15	<i>Coffee break</i>
15.15 – 16.00	<p><b>Knowledge transfer processes</b> – relevance in obesity prevention; promotion of policies/measures, supporting healthy nutrition and PA</p> <p><i>Speaker: Diane T. Finegood, SFU</i></p>
16.00 – 16.45	<p><b>Plenary research roundtable: avenues for future cross-collaboration</b></p> <p><i>Speakers:</i></p> <ul style="list-style-type: none"> <li>• Franco Sassi, ICL, STOP scientific coordinator</li> <li>• Knut-Inge Klep, FHI, CO-CREATE scientific coordinator</li> <li>• Wolfgang Ahrens, University of Bremen, PEN scientific coordinator</li> <li>• Mojca Gabrijelčič, NIJZ, JA Best-ReMaP scientific coordinator</li> </ul> <p><i>Moderator: Francesco Branca, WHO HQ</i></p>
16.45 – 17.00	<p><b>Conference wrap-up of Day 1</b></p> <p><i>Franco Sassi, ICL</i> <i>Mojca Gabrijelčič, NIJZ</i></p>

## DAY 2, 18<sup>th</sup> November 2021 - 1

**JA Best-ReMaP** – The Joint Action on implementation of validated **best** practices in nutrition (**R**eformulation, **M**arketing, and public **P**rocurements)

### Mid-term Conference

#### Morning sessions

9.00 – 9.30		<b>Registration of participants</b>
9.30 – 10.00		<b>Strategic speech</b> Speaker: Stefan Schreck, Adviser for Stakeholder Relations and adviser to Director, DG SANTE
10.00 – 10.20	–	<b>Keynote: STOP policy briefs in UN Food Summit and EU perspective</b> Speaker: Francesco Branca, WHO HQ
10.20 – 10.35		<b>Presentation of the JA Best-ReMaP</b> Speaker: Mojca Gabrijelčič, NIJZ
10.35 – 11.20	–	<b>EU harmonised reformulation and processed food monitoring (WP5)</b> Speakers: <ul style="list-style-type: none"> <li>• Karine Vin, ANSES</li> <li>• Wolfgang Ahrens, University of Bremen</li> <li>• Evangelia (Eva) Grammatikaki, JRC</li> <li>• Isabelle Rollier, DG SANTE</li> </ul> Moderation/comments: Stefanie Vandevijvere, Sciensano, STOP project representative
11.20 – 11.45	–	<i>Coffee break</i>
11.45 – 12.30	–	<b>Best practices in reducing marketing of unhealthy food products to children and adolescents (WP6)</b> Speakers: <ul style="list-style-type: none"> <li>• Maria João Gregório, Ministry of Health Portugal</li> <li>• Kremlin Wickramasinghe, WHO Europe</li> <li>• Amandine Garde, University of Liverpool</li> <li>• Lubos Kukliš, European Platform of Regulatory Authorities (EPRA)</li> </ul> Moderation and comments: Karen Watson, ICL, STOP project representative
12.30 – 14.00	–	<i>Lunch break</i>

## DAY 2, 18<sup>th</sup> November 2021 - 2

**JA Best-ReMaP** – The Joint Action on implementation of validated **best** practices in nutrition (**Re**formulation, **Ma**rketing and public **P**rocurements)

### Mid-term Conference

#### Afternoon sessions

14.00 14.45	–	<p><b>Public procurement of food in public institutions – a pilot EU approach (WP7)</b></p> <p><i>Speakers:</i></p> <ul style="list-style-type: none"> <li>• Natalija Rozman, NIJZ</li> <li>• Jana Ramuš, Chamber of Commerce and Industry of Slovenia</li> <li>• Nikolai Pushkarev, EPHA, and Aileen Robertson, Metropolitan University CPH</li> <li>• Maja Marinček, Ministry of Public Administration of Slovenia</li> </ul> <p><i>Moderation and comments: Mojca Gabrijelčič, NIJZ and Betina Bergmann Madsen, Copenhagen Municipality – Public Food procurement</i></p>
14.45 15.00	–	<p><b>You(th): a driving force for change?</b></p> <p><i>Speaker: Knut-Inge Klepp, FHI</i></p>
15:00 15:15	–	<i>Coffee break</i>
15.15 16.45	–	<p><b>JA Best-ReMaP Plenary policy round table</b></p> <p><i>Speakers:</i></p> <ul style="list-style-type: none"> <li>• Stefan Schreck, Adviser for Stakeholder Relations and adviser to Director C, DG SANTE</li> <li>• Raluca Painter, DG REFORM</li> <li>• Daniela Lueth, Policy Officer, DG Research &amp; Innovation, Bioeconomy &amp; Food Systems</li> <li>• Wollgast Jan, DG JRC Joint Research Center</li> <li>• Karin Schindler, Ministry of Health Austria</li> <li>• Sirpa Sarlio, Ministry of Health Finland</li> <li>• Vesna Kerstin Petrič, Director of Public Health Directorate, Ministry of Health Slovenia</li> </ul> <p><i>Moderator: Caroline Costongs, EuroHealthNet</i></p>
16.45 17.00	–	<p><b>Conference wrap-up and conclusions</b></p> <p><i>Vesna Kerstin Petrič, Public Health Directorate, Ministry of Health Slovenia Mojca Gabrijelčič, NIJZ</i></p>