PERSPECTIVES

Banning Advertising Unhealthy Products and Services in Iran: A One-Decade Experience

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Abstract: During the past decade, Iran's health system has attempted to prohibit advertising of unhealthy products and hazardous services. Considerable success has been achieved in the fields of public places and print media advertisements. Conversely, efforts were not effective enough in the fields of TV and radio advertisements. Over the last three years, the Iranian Ministry of Health and Medical Education has published a list of unhealthy products and services on an annual basis. The list has been developed using a criteria-based mechanism, and compared to the previous list that was developed based on the consensus of the main stakeholders. This approach resulted in a significantly shorter list that consisted of three groups: 1) a number of unhealthy food products, 2) some cosmetic products and services, and 3) all tobacco products. We suggest that future strategies should focus on close monitoring of effective implementation; improving inter-sectoral collaboration; making industries more socially accountable; and increasing public demand for protecting children against exposure to hazardous advertisements.

Keywords: public policy, advertising regulation, unhealthy products, nutrition

Introduction

The issue of confronting health-threatening advertisements by several industries and service providers outside the health sector has received considerable critical attention in the past decade.[1] For many years, the World Health Organization (WHO) has been the leading player in working to protect people from the harm caused by commercial advertisements.[2,3] Banning advertisements on Tobacco products was conducted through the Framework Convention on Tobacco Control (FCTC) as WHO's first global treaty.[4] As a second step, a set of recommendations on the marketing of foods and non-alcoholic beverages was endorsed in 2010 by the 63rd World Health Assembly and was then included in the Global Action Plan 2013–2020 for the Prevention and Control of Noncommunicable Diseases.[1] In European Union (EU) countries, broadcast advertising to children was addressed and member states were called to develop codes of conduct regarding inappropriate advertisements.[5] A similar regulation of broadcast media has been implemented to address food and non-alcoholic beverage marketing to children and adolescents in Canada, Hungary, and the United Kingdom.[6–8]

In Iran any type of direct and indirect tobacco advertising has been strictly banned since 2007, based on the Comprehensive National Tobacco Control Law.[9] In 2010, a comprehensive law on banning advertisements of health-threatening products and services was approved by Iran's parliament. Indeed, based on article 37 of the 5th development plan of Iran, the Ministry of Health was responsible for determining and announcing the list of hazardous activities and unhealthy products which were not

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allowed to be advertised for any age groups annually.[10] Fifteen items were listed and announced containing various types of foods with high levels of saturated fat, sugar, salt, and trans-fatty acids; a number of hazardous activities such as displaying high risk behaviors like smoking, some cosmetic services, and illegal medical or counseling services. In 2012, the list was extended and other items such as high fat foods, food additives, and artificial tanning services were added. In 2016, since the approved law (article 37 of the 5th national plan) was time bound, parliament approved a permanent law to ban health-threatening advertisements. Newly-developed laws ban all types of advertisements by all media. The law obliges the Ministry of Health to establish a taskforce including representatives of health, industry, and media sectors to make a decision on listed products.

From 2010 to 2016, the basic mechanism of identifying listed items was consensus building during meetings of taskforce members including representatives from the Ministry of Health, Ministry of Industry, National Standards Organization, and Iran National Broadcasting. In 2017, to be more efficient and provide better communication among different sectors, the taskforce decided to set clear criteria to identify health-threatening products and services. The criteria was determined on the basis of the consensus of taskforce members.

The criteria were as follows:

- Being legally produced or provided (banning advertisement of illegal products does not make sense)
- Being widely consumed by a large number of people
- Existence of high quality evidence on the potential harm of a product or service which outweigh the benefits
- Harm caused by a product is a consequence of usual and common patterns of consumption of the product
- The existence of alternative options for consumers
- Elasticity of demand is greater than one (lower demand in response to higher prices)

The new criteria-based approach resulted in changes based on these listed items. All illegal and unauthorized services were removed. The remaining items could be categorized into the following three groups: 1) hazardous foods, 2) a number of cosmetic products and services, 3) tobacco products. The categories are almost similar to previous ones but the frequency of subgroups was significantly reduced. For further clarification, a national standard code of production for almost all listed health-threatening products was included in the announcements. This action made communication

with industries and media regulatory system far easier. It should be mentioned that in Iran, unique codes are assigned to all categories of products, for example, code for "processed meat products" is 230 and the National Standard Organization defines all necessary standards of formulation of this product related to this code.

Monitoring and Evaluation

Five major settings for the advertisement of goods and services have been defined under Iranian regulations. Therefore, we assessed law enforcement and implementation in five main categories:

1. Advertising in public places, for example billboards: an unpublished report from the Ministry of Health indicated great achievements in that there was no illegal billboard advertising in almost all observed roads and highways in 2018.
2. Iran's National Broadcasting: Little success was achieved. A conducted research in 2013 showed that a large number of hazardous products such as grain snacks, carbonated drinks, and chips were frequently advertised.[11]
3. Print media such as newspapers and journals: There was no high quality evidence regarding the level of the law enforcement. However, observations indicated major success in the prohibition of unhealthy products.
4. Movies: Illegal indirect advertising in released movies was significant. A research on top-grossing movies showed that about 70% of assessed movies displayed at least one portrayal of cigarette using or handling by an actor or actress in 2017.[12]
5. Internet advertisement: In spite of the approval of the law which forbids advertising all types of health-threatening products and services via the Internet, observations indicated a high rate of illegal advertisements by different websites.

In sum, since Iran's National Broadcasting and movie producers financially benefit from advertisements, law enforcement in these areas would be more challenging.

Opportunities and Challenges on Law Implementation

The main opportunities and challenges of the law enforcement are listed below:

- Collaboration with the Ministry of Cultural and Islamic Guidance, and municipalities was productive. Conversely, the Ministry of Health achieved little success in advocating Iran's broadcasting and movie producers. It seems high financial benefits from advertisements on TV and movies is the predominant reason.

- Building intersectoral collaboration and law implementation in subnational level was much easier. For example in Yazd, a central Province with a population of 1.5 million, the heath sector succeeded to convince all provincial media, including local TV broadcasters, to implement the law. In comparison, the success rate was the lowest in the capital city of Tehran. It seems decentralized administration and promoting greater provincial participation would be more effective.

- Using national standard production codes for listed products was useful both in communication with different sectors and in monitoring.

- Replacing unhealthy foods with other products which are not listed, was a strategy adopted by some food producers. It implies current regulation obliges industries to be more accountable and innovative.

- Industry sector, particularly food producers, assume that getting certification for establishing the factory and licenses for production is permission to advertise.

- Some industries replaced product advertisement with logo advertisement. For example, a popular producer of chips and snacks was advertising its brand name and logo only on billboards, instead of its products.

- To effectively evaluate the impacts of the policy, robust surveys in great scale are necessary. Due to limited resources, integration with other national surveys, particularly Noncommunicable Diseases surveys, would be an efficient strategy.

Recommendations

Experience of Iran's health system showed that a long list of forbidden products for advertising makes law enforcement quite challenging. A short list consisting of unhealthy foods, smoking and some cosmetic products is more practical. Explicit legislation and leaving nothing merely implied is critical.

Permission for production of a product is not permission for advertisement. Greater effort is needed to deliver this message to industry sector. Another strategy regarding law enforcement in industries could be noting the issue of "no permission to advertise" when issuing license for production.

To tighten regulations, different strategies are required when approaching various media such as public place ads, TV, Internet and print media. Collaboration with other sectors through meetings, establishing working groups, and holding academic events and making them more socially accountable is a key factor of success.

The experience of Iran's Ministry of Health shows that focusing on all age groups instead of just children made law enforcement more difficult, but monitoring would be more feasible.

Way Forward

Iran's health system has had a unique experience of banning health-threatening advertisements for all age groups, and developing a long list of items, especially in first year of policy development, as well as delegating authority to the Ministry of Health to determine and announce the list.

The following gaps should be considered in future actions in Iran and similar countries:

- Regulatory laws on banning the advertisement of unhealthy products and services have been set for the general population. It seems that certain approaches are required to focus on children as the main high risk group.
- At present, the monitoring and evaluation process is fragmented. It should be more systematic and effective. Integration to present surveillance projects such as a national survey of non-communicable diseases would be an efficient policy.
- It appears that banning advertisements on unhealthy products is not still a public demand. The health sector should communicate more effectively with the public on the risks of advertising health-threatening products on public health, particularly on children.
- In spite of significant activities on intersectoral collaboration, innovative approaches should be developed to achieve more support from other sectors
- More studies are needed to determine whether the focus of regulations should be on children or on all age groups.

Conclusion

Iran's achievements on banning advertising of health-threatening products and services are significant. Banning the advertising of unhealthy products and services is a complex public health intervention and striking a balance between the demands of the health sector and the economic sector would

be challenging. There is continuous conflict between the economic sector which seeks economic growth and the health sector, which wants to protect people's health. Therefore, high quality actions and innovative approaches on legislation, intersectoral collaboration, and community participation are required.

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Author Contributions

All authors made substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; took part in drafting the article or revising it critically for important intellectual content; gave final approval of the version to be published; and agree to be accountable for all aspects of the work.

Disclosure

The authors declare no conflicts of interest in this study.

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