DRAFT

Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing in the Western Pacific: 2020–2030
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<td>BMS</td>
<td>breast-milk substitutes</td>
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<td>Codex</td>
<td>Codex Alimentarius Commission</td>
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<td>CSO</td>
<td>civil society organization</td>
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<td>FNAB</td>
<td>food and non-alcoholic beverages</td>
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<td>MOH</td>
<td>ministry of health</td>
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<tr>
<td>NCD</td>
<td>noncommunicable disease</td>
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<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
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<td>Ofcom</td>
<td>United Kingdom Office of Communications</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WTO</td>
<td>World Trade Organization</td>
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<td>UN</td>
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Executive Summary

All children have the right to a healthy start to life. Good nutrition in the first one thousand days of life and throughout childhood is fundamental to ensure optimal growth and development, and for health and well-being across the life course. However, across the Western Pacific Region, no country is free from malnutrition. Most Member States are facing a double burden of malnutrition where both undernutrition and overnutrition coexist and threaten health, human development, well-being and economic productivity. There has been considerable progress in reducing childhood undernutrition in the Region. Yet, there were still 3.3 million children under 5 years of age who are wasted and 8.3 million stunted in 2017. Meanwhile, childhood obesity has increased significantly in the Region, affecting most Member States, and has become one of the most serious public health challenges of the 21st century. It is estimated that there were more than 6.5 million overweight or obese children under 5 years of age and 84 million children aged 5–19 years who were overweight or obese, with a 43% increase from 2010 to 2016.

Rapid economic growth has changed the food system, delivering cheaper processed foods of lower nutritive value. Data indicate that the majority of food marketing is for products high in saturated fats, trans-fatty acids, free sugars or salt (referred to as “unhealthy” foods). Studies show that exposure of children and caregivers to food marketing results in changes in dietary consumption. Children’s exposure to marketing of unhealthy foods and beverages negatively affects their food knowledge, preferences, purchase requests, behaviours and body weight. In light of these negative impacts, the World Health Assembly endorsed the International Code of Marketing of Breast-milk Substitutes in 1981 (WHA34.22), the Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children in 2010 (WHA63.14), and the Guidance on Ending Inappropriate Promotion of Foods for Infants and Young Children (WHA69.9) in 2016. Despite this, only a few countries in the Region have translated these recommendations into policies and actions. Marketing of breast-milk substitutes, inappropriate promotion of foods for infants and young children, and marketing of unhealthy foods and non-alcoholic beverages continue across a wide range of media and settings in the Western Pacific Region.

Concerned with this slow progress, the 68th session of the Regional Committee for the Western Pacific endorsed a resolution (WPR/RC68.R3) calling for the development of a regional action plan to protect children from the harmful impact of food marketing. In response, this Regional Action Framework to Protect Children from the Harmful Impact of Food Marketing is being developed in consultation with experts, Member States and stakeholders. This Framework complements the existing global guidance and recognizes the varied country policy responses in the Region to reduce the impact on children’s nutrition and health from the marketing of breast-milk substitutes, inappropriate promotion of foods for infants and young children, and marketing of unhealthy foods and non-alcoholic beverages.

This Framework aims to support Member States in their efforts to protect children from the harmful impact of food marketing. It is guided by the principles of government leadership, an evidence-driven approach, a rights-based approach and safeguarding against conflicts of interest. Recommended actions are structured across four pillars:
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<th>Pillar</th>
<th>Summary of Recommended Actions</th>
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<tr>
<td>Pillar 1: Policy framework</td>
<td>- Establish and strengthen legal and regulatory framework</td>
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<td></td>
<td>- Establish/strengthen enforcement mechanisms</td>
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<td>Pillar 2: Multisectoral and multistakeholder</td>
<td>- Ensure policy coherence across government actors</td>
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<td>collaboration</td>
<td>- Multisectoral and multistakeholder actions with clearly defined roles and responsibilities</td>
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<td>Pillar 3: Advocacy and communication</td>
<td>- Advocate for policy action and enforcement</td>
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<td></td>
<td>- Raise public awareness through consumer education and communication</td>
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<td>- Facilitate/galvanize civil society participation</td>
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<td>Pillar 4: Monitoring and evaluation</td>
<td>- Undertake review of situational context</td>
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<td></td>
<td>- Build evidence on policy actions</td>
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<td></td>
<td>- Design and implement monitoring and evaluating framework.</td>
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Member States are encouraged to consider this Regional Action Framework and these recommended actions when they develop or update national plans to protect children from the harmful impact of food marketing. Guided by analyses of the country-specific situation and context, each Member State is encouraged to identify key programmatic areas and issues to be addressed to strengthen their efforts to address the harmful impact of food marketing.
1. BACKGROUND

Every child has the right to a healthy start to life. Good nutrition in childhood is fundamental to ensure optimal growth and development, and for health and well-being across the life-course. Early initiation of breastfeeding within the first hour of life, exclusive breastfeeding for at least the first 6 months, followed by the introduction of appropriate complementary foods while breastfeeding continues until age 2 years or beyond, is associated with reduced frequency and severity of common childhood illnesses (1). Optimal breastfeeding and complementary feeding, together with healthy nutrition during childhood and adolescence, is a significant factor in reducing the risk of obesity, hypertension and type 2 diabetes (2), and contributes to higher performance in school and improved productivity -(3).

Many countries in the Western Pacific Region have experienced rapid economic growth that has brought both great benefits and challenges. Economic growth along with liberalisation of trade has reshaped the way people in many countries produce and consume food (4). Traditional foods and diets are being replaced with inexpensive, highly processed, energy-dense nutrient-poor food products (5), which have become more popular and widely consumed. Marketing plays a major role in the popularity and increased consumption of breast-milk substitutes and foods and beverages high in saturated and trans fatty acids, free sugars and/or salt (referred to as “unhealthy” foods). Food marketing most commonly promotes these unhealthy foods and non-alcoholic beverages (FNAB). Food marketing negatively influences the food environment and influences how children’s dietary patterns evolve (6). There is a recognized link between unhealthy food marketing and childhood obesity (7–9) and marketing restrictions are identified as a critical component in childhood obesity prevention (10–15).

Concerned that food marketing remains widespread in the Region, despite the accumulation of evidence linking marketing with unhealthy diets, the 68th session of the World Health Organization (WHO) Regional Committee for the Western Pacific urged Member States to accelerate multisectoral and multistakeholder action to protect children from the harmful impacts of food marketing and to share best practices. The Regional Committee endorsed a resolution calling for the development of a regional action plan to protect children from the harmful impact of food marketing (16). In response, this Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing has been developed. This Framework aims to support Member States to implement actions that effectively protect children from the marketing of unhealthy foods and protect caregivers from the marketing of breast-milk substitutes (BMS) and inappropriate promotion of food for infants and young children.

1.1. Purpose, scope and structure of the Regional Action Framework

This Regional Action Framework has arisen from the technical meeting and expert consultations conducted in 2013 to 2018 (17–19), which established the evidence on the impact of food marketing on children and their caregivers, and developed regional policy responses. This Framework focuses on recommended actions for Member States to reduce the impact on children’s nutrition and health from the marketing of BMS and unhealthy FNAB. The Regional Action Framework reflects a life-course approach to healthy nutrition, considering the critical periods of growth and development, specifically during infancy, childhood and adolescence. At these times, exposure to unhealthy food environments does more damage to health than at other times (20). Childhood and adolescence are sensitive developmental stages when habits, attitudes and values, including good nutrition, are more easily acquired than at later ages (20). The accumulation of risks across infancy, childhood and adolescence
is likely to lead to cumulative health impacts (21). That is, exposure of caregivers to marketing of BMS and inappropriate promotion of foods for infants and young children leads to poorer health outcomes resulting from suboptimal breastfeeding. These health impacts are compounded by children’s later exposures to marketing of unhealthy FNAB.

This Framework includes recommended actions to implement regulations, policies and programmes that aim to protect children from 0 to 19 years old from the harmful impact of food marketing, including protection, promotion and support for breastfeeding and actions to reduce the impact of food marketing on children. These actions are part of efforts to prevent childhood obesity, as well as double-duty actions that have the potential to simultaneously reduce the risk or burden of both undernutrition and overweight, obesity or diet-related noncommunicable diseases (NCDs) (22).

1.2. Nutrition situation in the Region

Many countries in the Western Pacific Region face a double burden of malnutrition: undernutrition – including wasting, stunting, micronutrient deficiencies or insufficiency and low birth weight – coexisting with childhood, adolescent and adult overweight and obesity, and diet-related NCDs, including type-2 diabetes, cardiovascular disease and some cancers. There has been significant progress in reducing undernutrition in children under the age of 5 years in the Region over the past two decades: the prevalence of stunting decreased from 35.6% in 1990 to 6.9% in 2017 and underweight from 17.5% to 2.3% (23). However, there is still much to be done: as of 2017, 8.3 million children were stunted, 3.3 million wasted, and childhood obesity had increased significantly in the Region. It is estimated that 6.5 million children under 5 years are overweight (23) and 84 million children aged 5–19 years are overweight or obese, with a 43% increase from 2010 to 2016. The proportion of children with overweight and obesity varies across countries within the Region – nearly 60% of adolescents are overweight in some Pacific Island countries and over 20% in some Asian countries (24).

Overweight and obesity is one of the most serious public health challenges of the 21st century. It affects most countries in the Western Pacific Region, which is reflected by the increasing burden of NCDs in the Region. NCDs, principally cardiovascular diseases, cancer, type 2 diabetes and chronic respiratory diseases, are the leading causes of death and disability in the Region, responsible for 80% of all deaths. Total NCD-related deaths are projected to rise to 12.3 million in the Western Pacific Region by 2020. Overweight and obesity, which are risk factors for many NCDs, are increasing in many of the 37 countries and areas in the Region, even those still facing significant burdens of undernutrition (25). Member States with the highest prevalence of overweight and obese children under 5, according to the latest survey data available, are Tonga (17.3%), Papua New Guinea (13.8%), Mongolia (10.5%), Brunei Darussalam (8.3%), Australia (7.7%), Republic of Korea (7.3), Malaysia (7.1%), China (6.6%), Tuvalu (6.3%) and Samoa (6.2%) (23) he estimated prevalence among boys and girls 5–19 years of age is rapidly increasing and becoming a public health issue (Figs. 1 and 2) (26) Expectedly, overweight and obesity prevalence in adult populations is also increasing, with many of the Pacific Island countries and areas having the highest prevalence of overweight and obesity among adults not only in the Region but also in the world (27).
Fig. 1. Prevalence (%) of thinness and overweight among girls 5–19 years old in the Western Pacific Region (26)

Fig. 2. Prevalence (%) of thinness and overweight among boys 5–19 years old in the Western Pacific Region (26)
1.3. Food marketing’s harmful impacts

1.3.1. What is food marketing?

Marketing is defined as any form of commercial communication of message that is designed to, or has the effect of, increasing the recognition, appeal and/or consumption of particular products and services. It comprises anything that acts to advertise or otherwise promote a product or service. It includes advertising, promotion and sponsorship (Table 1) but is not limited to these types, as marketing techniques evolve over time. Marketing messages are pervasive across different settings, such as at home through access to television, radio, Internet; outdoors through billboards, posters, mobile advertisements; in and around schools; and points-of-sale such as supermarkets, kiosks, shopping malls, among others. Cross-media, integrated marketing campaigns that use a range of marketing platforms and techniques at once are commonplace (14). As such, an open definition of the key definition of “marketing” is advisable in policy to avoid loopholes.

Table 1. Three major forms of marketing

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<tr>
<th>Type</th>
<th>Definition</th>
<th>Examples</th>
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<tr>
<td>Advertising</td>
<td>Any form of communication, recommendation or action with the aim, effect or likely effect of advertising food products or their use either directly or indirectly.</td>
<td>Broadcast (television and radio), point-of-sale (e.g. pop-ups and billboards), vending machines, print (brochures, newspapers, comic books and magazines), new media (blogs, news sites, films and media clips watched online, social media such as Facebook, Twitter and Instagram), outdoor billboards, posters; moving vehicles, advergames (downloadable or Internet-based video games that advertise brand-name products by featuring them as part of the game).</td>
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<tr>
<td>Promotion</td>
<td>Any form of recommendation, action or communication of messages designed to effect, persuade or encourage the purchase or consumption of a product or raise awareness of a brand, either directly or indirectly.</td>
<td>Free samples, tie-ins (e.g. toys), purchase incentives (e.g. competitions and collect-all), characters (e.g. brand equity characters), point-of-sale (e.g. buy and win), branding, product placement (in television shows, films, computer games), branded books (e.g. counting books for preschoolers), branded toys (e.g. fast-food store as playhouse), branded computer games, loyalty programmes, celebrity or health professional endorsement, cross-promotion, brand-sharing, brand-stretching and promotion through the health system. Cross-promotion is a form of promotion where customers of one product or service are targeted with promotion of a related product. Cross-promotion includes packaging, branding or labelling of a product to closely resemble that of another. It can also refer to use of a particular promotional activity for one product and/or promotion of that product in a particular setting to promote another product.</td>
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<tr>
<td>Type</td>
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<tr>
<td>Sponsorship</td>
<td>Any form of contribution to any event, activity or individual with the aim, effect or likely effect of promoting food products or their use either directly or indirectly.</td>
<td>Sponsoring of school infrastructure or materials (e.g. sports facilities or books), community or sports or cultural events, training and education programmes, conferences (e.g. for health professionals), sports teams, programmes such as public health campaigns and school breakfast or lunch programmes. Companies often refer to sponsorship as corporate social responsibility. Stakeholder marketing, another form of sponsorship, is commonly used to engage with government or other key stakeholders (by paying for social activities, from meals to participation in events and private functions).</td>
</tr>
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</table>

*Source*: Based on guidelines for implementation of the *WHO Framework Convention on Tobacco Control* (Tobacco advertising, promotion and sponsorship) (28) and *A Framework for Implementing the Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children* (20).

Effective marketing is a function of two main elements: exposure to the marketing message, and the persuasive content or power of that message (7). Exposure relates to the frequency, reach and engagement with the marketing messages, determined by the media platforms used, industry marketing expenditures and media-use behaviours (7, 8). The persuasive power of marketing relates to the creative content and execution of the marketing communications (7). Frequent exposure to powerful messages that result in a change in consumption patterns in favour of the marketed product is one of the critical objectives of marketing campaigns.

1.3.2. Impact of marketing of BMS and inappropriate promotion of foods for infants and young children

Worldwide, marketing of BMS has contributed to an increase in sales of these products, with the Asia and Pacific region accounting for over US$ 20 billion (56%) of the US$ 36 billion growth since 2003 (29). An estimated US$ 4.48 billion was spent globally on milk formula marketing in 2014 (30). A systematic review on the marketing of BMS confirmed that the widespread promotion of these products contributes to suboptimal breastfeeding practices (30). It found strong evidence overall from studies conducted in health-care and community settings that marketing of infant formula negatively affects breastfeeding practices and is therefore harmful to infant health. For example, mothers to whom doctors recommended or gave prescriptions to use infant formula were found to be four times more likely to give their child infant formula (31). Infant formula provided for free in maternity facilities or given in discharge packs has a negative impact on breastfeeding initiation, duration (32) and exclusivity (33, 34). The resulting costs of suboptimal breastfeeding are staggering. A study suggested that every year, over 12 400 child and maternal deaths can be attributed to inadequate breastfeeding in the seven Southeast Asian countries and breastfeeding can prevent 50% of child deaths due to diarrhoea and pneumonia (35). A modelled breastfeeding promotion strategy at national scale in Viet Nam could yield a benefit-cost ratio of $2.39:1 or a return on investment of 139% (35).

The total global market for commercial complementary food was estimated at US$ 14.1 billion in 2015 (36) and is expected to register a compound annual growth rate of 6.7% from 2018 to 2023 (37).
Marketing of commercial complementary foods and beverages is associated with moving away from optimal nutrition by increasing consumption of foods with excessive sugar, salt or fats, or by indirectly encouraging early introduction of complementary foods and BMS, and the displacement of suitable home-prepared complementary food (38). The Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children: Implementation Manual highlighted the negative impact of inappropriate promotion of commercial complementary foods and beverages, such as misleading and confusing caregivers about the nutrition and health-related qualities of these foods and beverages and about their age-appropriate and safe use; and convincing caregivers that family foods are inadequate and creating a dependence on expensive commercial products (39).

1.3.3. Impact of marketing of FNAB high in saturated and trans-fatty acids, free sugars or salt

Across the Region, where data are available, unhealthy FNAB comprise the majority of all foods promoted to children, ranging from 54% to 92% (14, 40–42). Food marketing affects children’s food preferences, purchase behaviours, food choices, requests for parents to buy products, and consumption patterns (43, 44). Exposure to marketing of unhealthy food increases intake of unhealthy foods in children (43) and influences dietary preference in children during or shortly after exposure to advertisements (45). FNAB marketing increases children’s brand awareness and negatively affects their food attitudes and knowledge (46–49). Evidence from the Region suggests that exposure to television advertising for unhealthy FNAB is associated with decreased intake of healthy foods such as fruits and vegetables, and has a possible association with the risk of overweight and obesity (49). These effects most likely occur through a logical, cumulative sequence of cognitive and behavioural responses to marketing exposure (50). Marketing restrictions reduce children’s exposure to the marketing of unhealthy foods. The evidence – such as described in Quebec, Canada (Box 1) – shows that this reduces consumption of unhealthy foods.
1.4. Global guidance and country responses

1.4.1. Global guidance and renewed calls on Member States to strengthen implementation of recommendations to protect children from harmful impact of food marketing

The International Code of Marketing of Breast-milk Substitutes (the Code) and subsequent World Health Assembly resolutions (Annex 1) are the foremost recommendations for protecting, promoting and supporting optimal breastfeeding and complementary feeding practices. The Code prohibits any form of marketing of BMS and related products, and sets out detailed provisions regarding labelling and quality of BMS and related products. The Code calls on all Member States to ensure that effective, objective and independent monitoring systems are set in place to enforce the standards and recommendations provided. The subsequent World Health Assembly resolutions further enforced recommendations relevant to the marketing of BMS and related products, including: that follow-on formula are not necessary (WHA 39.38); that all health workers should engage in the protection, promotion and support of breastfeeding and complementary feeding and should be free from any conflict of interest (WHA58.32); and that health and nutrition claims are prohibited, in line with Codex Alimentarius (WHA58.32). Additionally, the 2018 United Nations General Assembly Resolution 73/132 urges Member States to put into practice an implementation plan that includes measures to control the marketing of BMS.

In 2016, the World Health Assembly accepted, through the adoption of resolution WHA69.9, the Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children Implementation Manual, which provides guidance for Member States on how to eliminate and mitigate the impact of inappropriate promotion of foods for infants and young children. The Guidance covers

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Box 1. Marketing restrictions impact consumption of unhealthy foods: Quebec, Canada

The Canadian province of Quebec has had a prohibition on food advertising directed at children since 1980. The Consumer Protection Act bans any commercial advertising directed at children under the age of 13 on television, the Internet, mobile phones and signage, as well as through the use of promotional items. The ban applies when children constitute more than 15% of the audience and/or the advertised product is directed at or appeals to children. The policy environment in Quebec differs from the rest of Canada, which currently relies predominantly on industry self-regulatory codes to restrict unhealthy food advertising to children. Notably, advertising restrictions do not apply to television channels that are broadcast from outside of Quebec (largely from the United States of America). Investigating households living under these two policy environments provides a unique research opportunity to evaluate the effect of the Quebec regulation.

Household expenditure data suggested that 40,691 fewer French-speaking households in Quebec purchasing fast food per week in 1992, translating to an estimated reduction of fast food purchases of US$ 88 million per year. Furthermore, it is suggested that these effects may have enduring consequences for children who have grown up under the ban: the study found that a French-speaking young adult is 38% less likely to purchase fast food in a given week if he or she lived in Quebec than if he or she lived in Ontario, whereas a comparable English-speaking young adult is 24% more likely to purchase fast food if he or she lived in Quebec.

Sources:
commercially produced food or beverage products (including complementary foods) that are specifically marketed as suitable for feeding infants and children from 6 months up to 36 months of age. Promotion of foods for infants and young children is considered inappropriate if it interferes with breastfeeding, contributes to obesity and NCDs, creates a dependency on commercial products, or is otherwise misleading. The manual recommends that: optimal infant and young child feeding should be promoted based on established WHO guidelines; BMS should not be promoted; established standards and guidelines in promoting foods for infants and young children that are not products that function as BMS should be adhered to; messages used to promote foods for infants and young children should support optimal feeding and inappropriate messages should not be included; cross-promotion of BMS indirectly via the promotion of foods for infants and young children should be avoided; conflicts of interest in health facilities or through health systems should be avoided, including through health workers, health professional associations and nongovernmental organizations (NGOs); and the WHO set of recommendations on the marketing of FNAB to children should be implemented (39).

The Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children was endorsed in 2010 by the World Health Assembly in resolution WHA63.14. The recommendations aim to guide efforts by Member States to design or strengthen existing policies to reduce the impact on children of marketing of unhealthy FNAB. A government-led, comprehensive approach is highlighted as having the greatest potential to reduce children’s exposure to, and power of, marketing of unhealthy foods. Furthermore, it highlights the importance of upholding public interests while avoiding conflicts of interest when working with stakeholder groups. The set of recommendations also highlights the importance of having a monitoring and evaluation framework with clear, well-defined indicators, enforcement mechanisms and sanctions as a critical component of the policy framework. Subsequently, a Framework for Implementing the Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children was developed to support policy-makers to implement the recommendations.

Renewed calls to implement the Code and other recommendations have been made in recent years. In the Sixty-ninth World Health Assembly, the Commission on Ending Childhood Obesity recommended to Member States the regulation of the marketing of unhealthy food as one of the key interventions to protect children from obesity and related NCDs (51). Additionally, the World Health Assembly has endorsed the Global Strategy on Diet, Physical Activity and Health (2004), the Global Strategy for Infant and Young Feeding (2002) and the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition (2014), which further clarify recommendations to promote healthy diets and combat childhood obesity, including implementing restrictions on marketing of unhealthy foods. Most recently, the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases in 2018 reaffirmed the importance of promoting and implementing “policy, legislative and regulatory measures, aiming at minimizing the impact of the main risk factors for noncommunicable diseases, and promote healthy diets and lifestyles” (52). This includes regulatory measures to restrict food marketing.

1.4.2. Country responses

Globally, as of 2017, 136 out of 194 countries had some form of legal measure in place covering all, many or few provisions of the Code for BMS (53). Thirty-five countries had full Code provisions covered in law, while 31 had legal measures with many Code provisions in place; 70 had legal
measures incorporating few Code provisions in law. Fifty-eight countries had no legal measures in place. In the Western Pacific Region, only three countries have full Code provision covered in law (Palau, the Philippines and Viet Nam); three countries have many code provisions covered in law (Cambodia, Fiji, Mongolia); five countries have few provisions in law (China, Lao People’s Democratic Republic, Papua New Guinea, Republic of Korea, Solomon Islands); while the remaining 16 countries have no legal measures in place (53).

The Republic of Korea has implemented statutory regulations to restrict unhealthy FNAB marketing to children. Since 2010, television advertising to children (under 18 years) of unhealthy foods (as determined by Korean Food and Drug Administration nutritional standards) have been prohibited during and after television programmes broadcast between 17:00 and 19:00 and during other children’s programming (54). The restriction also applies to advertising on radio and the Internet that includes gratuitous incentives to purchase (e.g. promotional toys and giveaways) (Box 2). The Special Act on the Safety Management of Children's Dietary Life also regulates the sale and marketing of foods frequently consumed by children in settings where children gather (within and around places of education and restaurants).

Some Member States have taken steps to restrict food marketing to children in school settings, including Brunei Darussalam, Hong Kong (SAR), Japan, Philippines, Republic of Korea, Samoa, Singapore and Vanuatu (21). Other countries in the Region, including Australia, Brunei Darussalam, Malaysia, New Zealand and Singapore, have opted to mostly rely on industry-led pledges for responsible advertising (13). While television remains the main source of food marketing (14,55), the proliferation of digital technologies, including the Internet and mobile devices, has seen a steep increase of food marketing in this “new media” space (47); however, existing regulations across the whole Western Pacific Region are insufficient to address the challenge of marketing on digital media.

In December 2017, the Pacific island countries and areas established a platform called the Pacific Ending Childhood Obesity (ECHO) Network – a collective advocacy network that provides mutual support to countries in implementing actions to tackle obesity-promoting environments. The key priority actions of the Network are the promotion of physical activity, fiscal policies and the restriction of marketing of unhealthy FNAB to children. This Network aims to facilitate collective actions in the Pacific island countries to restrict marketing of unhealthy foods.
1.4.3. Common challenges

Many countries have taken limited actions on recommendations to restrict the marketing of BMS, commercial complementary foods for infants and young children and unhealthy FNAB. Many factors affect the decision of countries to restrict this marketing. Countries may find it easier to implement voluntary actions because these result in less regulatory pressure or require fewer resources, while other countries may act with a limited scope – which serves to render the action ineffective in the long run. Some of the common challenges faced by countries in implementing marketing policies are outlined below. Many of these challenges can be effectively addressed, as legal and technical assistance become increasingly available to countries.

- **Limited government commitment and accountability**
  
  The absence of sustained, high-level political will and accountability is a major limitation to the implementation of policies to protect children from food marketing. This includes the commitment to develop the policy, as well as commitment to operational monitoring and enforcement processes and mechanisms, and limited understanding and capacity among actors responsible for monitoring (53). These challenges were also reported in the recent review on national implementation of the Code (53).

- **Lack of or limited capacity for implementation**
  
  Implementing policies or legal frameworks to protect children from food marketing requires a variety of resources, including human and financial resources, data and research, high-level political will and collaboration, legal support and monitoring, and enforcement mechanisms to ensure compliance. Countries, particularly low- and middle-income countries, may have scarce resources available to develop and implement these policies or legal frameworks. These resource constraints can appear daunting and have prevented countries from comprehensive policy implementation.

- **Limited scope of the policy**

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**Box 2. Example of statutory approach: Republic of Korea**

The Republic of Korea was one of the first Member States in the Western Pacific Region to take direct government action to restrict the marketing of FNAB to children. The *Special Act on the Safety Control of Children’s Dietary Life* was introduced in 2008, but did not come into force until 1 January 2010. The law restricts advertisement of unhealthy foods and beverages to children on television during the peak period when children are watching television from 17:00 to 19:00. Children are defined as those 18 years of age or younger.

Ultimately, research conducted after the restrictions were implemented showed food companies made changes to product formulations to make them healthier and the restrictions exerted positive effects on companies with respect to compliance with food labelling requirements. After the ban was implemented, there has been some evidence that companies moved their advertising to settings that were not restricted, like the Internet or social media. The restrictions were initially subject to a sunset clause, but this was fully removed in 2018, making them permanent legal restrictions.
Definitions adopted in any policy are critical and will influence its scope and impact. A growing body of independent implementation research and learning indicates that existing policies and regulations to protect children from the harmful impact of FNAB marketing are insufficient to address the continuing challenges in this field (13,19,57,58). Policies and regulations tend to use narrow definitions and criteria (they frequently apply to pre-digital media only, to younger children and not to adolescents, and to “child-directed” media, rather than those with the greatest child audiences), and they almost never address the complex challenges of cross-border marketing. Most action focuses on broadcast advertising only, despite clear evidence that children are exposed to marketing through many other communication channels and mechanisms, such as in the digital sphere, via product displays, and through packaging and sponsorships. Particular challenges also arise in defining marketing to children online, as the Internet locations most visited by children are often not those “directed at” or “targeting” them, but those providing access to a wide range of content. Member States therefore need to adopt a more comprehensive approach to FNAB marketing regulation.

**Industry interference and conflicts of interest**

Experience from most global jurisdictions indicates that opposition from the food industry to food marketing restrictions is likely to be robust and will occur across all stages of policy action and implementation. Other sectors may also oppose marketing restrictions, including the advertising and broadcast industries. Opposition may also arise from unexpected sources, including the recipients of food company sponsorship and others with vested interests. Government leadership is critical for managing conflicts of interest and for ensuring that the ensuing policy prioritizes health and not corporate interests. In the early stages of policy development, governments should anticipate and plan for this opposition by understanding the common arguments and lobbying tactics used.

**Cross-border marketing and trade**

Many countries, including those with marketing restrictions in place, are exposed to food marketing within their borders from other jurisdictions. International cooperation is therefore necessary to ensure that the effectiveness of national measures intended to protect children from food marketing is not limited as a result of cross-border marketing, which Member States will find difficult to regulate unilaterally (21, 59–61). Cross-border marketing is exacerbated when countries have close cultural ties and share a common language. The *Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children* recognizes the importance of tackling cross-border marketing to ensure that the effectiveness of national policies is not undermined and urges Member States to collaborate in their implementation of the Recommendations.

Mandatory restrictions on marketing, such as restrictions on trademarked promotional characters, may also raise questions about compliance with international trade law or laws governing protection of trademarks. World Trade Organization (WTO) agreements allow for national regulations that restrict marketing in the interest of population health. The long-standing and robust policy recommendations from WHO and other United Nations (UN) agencies to reduce the impact of food marketing provide a relevant basis for implementing policy measures. These recommendations support comprehensive marketing restrictions across all media and relevant
settings. There are multiple precedents on which to base legal arguments for marketing restrictions under WTO law. Support can be provided to Member States from WHO to navigate these arguments.
2. REGIONAL ACTION FRAMEWORK

The Regional Action Framework complements existing guidance to reduce the harmful impact of food marketing on children. It recognizes the varied policy responses that countries in the Western Pacific Region have taken so far to reduce the impacts of marketing of BMS, inappropriate promotion of foods for infants and young children and unhealthy FNAB on children, while taking into consideration different recommendations based on current evidence and guidelines that can strengthen country responses to protect children from the harmful impact of food marketing. This Framework is intended to be used by policy-makers and programme managers primarily at ministries of health and can be adapted to each country’s context.

This Framework (Fig. 3) draws upon the global and regional commitments of World Health Assembly resolutions (Annex 1) and WHO Regional Committee for the Western Pacific resolution WPR/RC68.R3 (2017). These resolutions urge Member States to accelerate multisectoral and multistakeholder action to protect children from the harmful impacts of food marketing and to share best practices. The resolutions also call for WHO to provide technical support to Member States through advocacy, sharing experiences and the development of a regional action plan on protecting children from the harmful impact of food marketing.

In this Framework, WHO encourages Member States to consider key actions under four recommended pillars:

- Pillar 1: Policy framework, to strengthen leadership, governance and regulation.
- Pillar 2: Multisectoral and multistakeholder collaboration, to support multisectoral and multistakeholder actions.
- Pillar 3: Advocacy and communication, to raise the issue in the regional and national agenda through strengthened advocacy and communication.
- Pillar 4: Monitoring and evaluation, to strengthen national capacity to monitor implementation and evaluate progress, and build evidence.

The following section describes the Framework in detail.
2.1. Goal

The goal of this Framework is to protect children from the harmful impact of food marketing. This will contribute to the vision of ending all forms of malnutrition in the Western Pacific Region. The timeline for implementation is set from 2020 to 2030, reflecting the strategic nature of the Framework, the need for long-term planning, and the Sustainable Development Goal (SDG) target to end all forms of malnutrition by 2030.

2.2. Objectives

The Framework aims to support Member States to:

- eliminate exposure of the general public to marketing of BMS;
- end the inappropriate marketing of complementary foods for infants and young children;
- reduce children’s exposure to marketing of FNAB high in saturated fats, trans-fatty acids, free sugars or salt; and
- minimize the persuasive appeal (power) of marketing of FNAB high in saturated fats, trans-fatty acids, free sugars or salt to children in the Western Pacific Region.

2.3. Guiding principles
The guiding principles guide all priority actions set forth in the Regional Action Framework. These principles are derived from WHO recommendations and mandates to reduce the harmful impact of food marketing on children, including *The International Code of Marketing of Breast-milk Substitutes*, the *Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children* and the *Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children*.

2.3.1. Government leadership
Government leadership is essential to set policy definitions according to public health goals and challenges, and to ensure that the policy is legally enforced. Strong government leadership is essential to help deliver such a comprehensive multisectoral and multistakeholder approach to protect children from the harmful impact of food marketing. Evidence suggests that government-led actions offer much stronger potential than voluntary action to reduce the impact of marketing of unhealthy foods on children (57). Government is the key stakeholder in the development of policy and should provide leadership – through a multisectoral and multistakeholder platform – for implementation, monitoring and evaluation.

2.3.2. Evidence-driven approach
Policy development, implementation and evaluation should be informed by strong evidence and should aim to further build the evidence base through research, monitoring and evaluation of policy outcomes and impacts. This Regional Action Framework draws on decades of global evidence (34, 46, 50, 63–66) of the negative impact that food marketing has on infant and young children’s feeding and older children’s nutrition and diets. Basing the policy on scientific evidence ensures that the policy has a higher chance of attaining the policy goal and optimizes the potential for public health impact. Scientific evidence will not only allow for the development of effective food marketing policies, but can also be used as a defence against legal challenges.

2.3.3. Rights-based approach
Unhealthy and misleading food marketing is recognized as an important children’s rights issue and the Parties to the Convention on the Rights of the Child have a duty to ensure that the right of the child to health and other related rights are effectively protected from harmful industry interference (67-72). Currently, 34 Member States and areas in the Western Pacific Region are Parties to the treaty (72). WHO recommendations and global mandates on food marketing support the Convention on the Rights of the Child to protect children’s rights from harmful business practices (74).
2.3.4. Safeguard against conflicts of interest

The *Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children* highlights the care that should be taken by governments when engaging with stakeholders to protect public interest and avoid conflicts of interest. In general, a conflict arises when there is potential for a secondary or vested interest to influence the outcomes of Member States’ actions. This secondary interest may lead an entity to unduly influence an action to benefit the secondary interest (75). The importance of avoiding all real, potential or perceived conflicts of interest is one of the fundamental principles underpinning the WHO *Global Action Plan on the Prevention of NCDs 2013–2020*, and is now widely accepted. The Commission on Ending Childhood Obesity emphasized the need to identify, assess and manage conflicts of interest of the private sector in a transparent and appropriate manner (51). So too does the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases in 2018 reaffirm giving due regard to managing conflicts of interest when engaging with the private sector (52).

In setting the national policy framework, governments may choose to allocate defined roles to other stakeholders, while protecting the public interest and avoiding conflicts of interest. However, government leadership is critical. Steps on the approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level were presented during the Seventy-first World Health Assembly and noted by Member States.

2.4. Pillars

The pillars describe the key areas to be considered to achieve the goal and objectives of the Regional Action Framework, for which the recommended actions are defined. These include actions related to: developing a policy framework; multisectoral and multistakeholder collaboration; advocacy and communication; and monitoring and evaluation. These pillars and recommended actions are interrelated and should be implemented simultaneously. The following sections describe each pillar, recommended actions under each, and examples from around the world and from within the Region.

2.4.1. Pillar 1: Policy framework

This pillar focuses on the establishment of a policy framework to ensure that marketing restrictions can effectively reduce the harmful impact of food marketing (Box 2). A policy framework is the overall plan created by a country to develop and implement these marketing restrictions. It can incorporate a number of different legal and policy tools. Each country’s policy framework will be unique, based on the legal, political and governance systems that are in place in that country. A policy framework could include statutory approaches, including statutes, legislation, laws, regulations, orders or decrees, or non-statutory approaches like co-regulation, self-regulation, policies or guidelines. This Regional Action Framework considers statutory regulation to be those that are legally binding and enforceable, and non-statutory approaches to be non-legally binding and less enforceable, if at all (20).

- **Establish/strengthen the policy framework**

Policy actions should be based on evidence and knowledge, feasible and responsive to the country’s context, and aligned with international commitments. This action involves a number of components:

- Review country’s existing policies and regulations and the extent that these are in alignment with current WHO guidance and recommendations. *The International Code of Marketing of Breast-milk*
Substitutes, the Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children and the Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children all emphasize that government-led comprehensive policies are likely to be more successful in reducing the impact of this marketing on children. Comparing current actions to best practice recommendations is useful for identifying policy deficiencies and strengthening existing policies.

- Set clear definitions for the key components of the policy framework, thereby allowing for a standard implementation process. WHO recommendations and global mandates emphasize the lead role of governments in establishing the terms and definitions of the policy. This facilitates uniform implementation across industry and safeguards against conflicts of interest. The setting of clear definitions would facilitate uniform implementation, irrespective of the implementing body. This includes, but is not limited to:
  - Definition of marketing to children, technical specifications related to the media platforms, and the age for children.
  - Technical specification of the Restricted Food. Member States can choose to distinguish and classify foods in several ways, for example, by using definitions set by scientific bodies or WHO nutrient profile models or other techniques. These could include products that are both exclusively intended for children and those that have a marked appeal to children.
  - Define the settings. The settings where children gather should be free from all forms of marketing of unhealthy foods. Such settings include schools and other formal and informal educational establishments; community and youth centres; places of worship; events such as music and sporting events; entertainment venues such as cinemas; and restaurants popular with children. They may also appear in communication channels popular with children, such as: television and radio; youth-targeted magazines; the Internet; cellular phones; and outdoor media, such as billboards.

- Establish the policy approach and policy provisions that a country will use, and outline how a country will implement and enforce the new or strengthened policy framework. To achieve the policy aim and objective, Member States may consider different approaches, i.e. stepwise or comprehensive policy to reduce marketing of unhealthy FNAB to children. Comprehensive policies refer to those that limit food advertising, promotions and sponsorships across all media and settings, as well as the persuasive power of marketing communications.

- In the intermediate stages of policy development, the preferred statutory or non-statutory approach should be decided upon. Incorporating regulation into existing legislation and legal frameworks may be easier and more practical, rather than proposing completely new legislation. For BMS (including commercial complementary foods for infants and young children), the World Health Assembly–endorsed recommendation is to embed the Code into enforceable laws and regulations. In the case of FNAB marketing, there are multiple approaches available, all keeping within the recommendation that the policy-making be government-led.

A statutory approach necessitates compliance across the food industry and is legally enforced; it creates a level playing field across industry and facilitates full adoption, for example, in the case of the statutory policy in Chile (Box 3). Non-statutory approaches are generally informative and not
legally binding. Government-led self-regulation refers to industry-led policy implementation of a regulatory framework established by government (i.e. the policy aim and objectives). However, research indicates that self-regulation has not been effective in reducing children’s exposures to unhealthy FNAB marketing (13). Typically, this voluntary regulation has permissive nutrition criteria on which foods may be marketed, which are defined by the companies that are doing the marketing. Self-regulation has also tended to only apply to limited media and settings. Co-regulatory approaches may comprise a combination of statutory and industry self-regulatory policies. Finally, government guidelines or policies are non-statutory approaches that provide information and guidance on what food marketing is considered acceptable or unacceptable, but is not legally binding. Overall, non-statutory approaches may be faster to implement and responsive to changes in the marketing environment (e.g. adapt quickly to apply to new media). However, implementation is likely to be partial at best, given that this approach is not legally binding and tends to lack any effective enforcement mechanisms that have a sufficient deterrent effect. Ultimately, the policy approach taken will also determine the range of sanctions or penalties that are available to penalize noncompliant marketers (20).

### Box 3. Examples of statutory approach: Chile

The National Law of Food Labelling and Advertising was approved by the Chilean Senate in July 2012. Under this regulation, marketing, advertising and sales of unhealthy foods to children under the age of 14 are restricted. The Law was introduced in 2016, to be implemented over a three-year period, and applies to advertising on television programmes or websites directed to children or that have an audience that comprises more than 20% children. Promotional strategies and incentives, such as toys, interactive games, apps, cartoons and animations that have particular appeal to children are also included in the ban, as is the advertising of unhealthy foods in pre-school, primary and secondary schools.

In 2007, a bill was tabled through the Senate Health Committee that was the forerunner to the 2012 law. This bill had support from the President and the Ministry of Health (MOH), but was strongly opposed by the food industry. In response, the Chilean Senate organized two International Health and Nutrition Summits in 2008 and 2011, bringing together global academics and civil society experts to garner support and to build consensus on the need for the legislation. Scientific expert committees were involved in the development of the regulation, drawing on global guidance for definitions and standards. From 2012 to 2015, four drafts of a regulatory code were developed by the MOH with public and expert consultation throughout the development period. Prior to introduction of the Law, the MOH defined a monitoring and enforcement framework with defined standards and indicators by which to measure adherence to the regulation. Compliance monitoring is to be undertaken by regional MOH departments in coordination with an intersectoral network of civil society groups. Expertise from academics and evidence-based civil society advocacy coupled with strong political will were central to the successful adoption of the National Law of Food Labelling and Advertising.


- **Establish or strengthen enforcement mechanisms**

Enforcement mechanisms are important in ensuring the success of any policy action to reduce the harmful impact of food marketing. An effective enforcement mechanism should include a dedicated
and independent agency with adequate resources and capacity to enforce regulations and monitor actions or inactions, sanctions with a sufficient deterrent effect, and reporting mechanisms for violations. Any form of enforcement that is undertaken should be periodic and ongoing, to ensure continued compliance. There are three sub-actions to be undertaken in establishing the enforcement mechanism:

- Identify the government agency responsible for enforcing restrictions on food marketing. This is essential in the case of statutory regulation, but even industry self-regulation may benefit from this by increasing the accountability of those involved in the action.
- Set clear policy definitions against which to measure compliance.
- Establish meaningful sanctions for noncompliance.
- Strengthen capacity to implement and enforce the policy.

Meaningful sanctions may include significant financial penalties or even criminal proceedings. For example, in the Republic of Korea, penalties of up to three years’ imprisonment apply to companies in breach of the Special Act on the Safety Management of Children’s Dietary Life. Examples of non-meaningful penalties include small fines or the potential revocation of a business permit, such as in the Philippines (Box 4). Given that most advertising companies are large multinational corporations, small fines are unlikely to be a significant deterrent. Most marketing campaigns are of short duration and, as such, campaigns may have already finished before a violation is identified.

For more details on recommended steps to consider under this pillar, see Annex 3: Policy Framework.

**Box 4. Example of enforcement mechanism: Philippines**

In 2017, the Philippines passed Department of Education Order No. 13, which created the Policy and Guidelines on Healthy Food and Beverage Choices in Schools and in DepEd Offices. The policy defines unhealthy foods, creates nutrition standards, and regulates the sale and marketing of unhealthy foods in schools. Specifically, unhealthy foods cannot be marketed in schools or at school activities, and cites the three common types of marketing: advertising, sponsorship and promotion.

The Guidelines do allow support from food and beverage manufacturers, as part of the manufacturers’ corporate social responsibility programmes, if there are no associated marketing activities and no brand names or logos used. The Guidelines further encourage school officials to work with local government units to limit the marketing of unhealthy foods within at least a 100-metre radius of a school. The Quezon City Council subsequently passed an ordinance prohibiting the sale or promotion of unhealthy foods and beverages inside schools and within 100 metres of the perimeter of public and private schools in Quezon City. Schools include preparatory schools (including day-care centres) and elementary and high schools. The penalties for violating the ordinance include fines and the potential revocation of a business permit.

**2.4.2. Pillar 2: Multisectoral and multistakeholder collaboration**

The development, implementation and evaluation of policies and actions to protect children from the harmful impact of food marketing involve a wide array of stakeholders and cut across several sectors. Given the number of stakeholders and sectors involved, good governance is imperative for marketing restrictions to be as strong and effective as possible. As part of good governance, government leadership of the development and implementation of the policy framework is recommended. This
leadership includes coordination at the government level, with a focus on health-in-all policies and whole-of-government approaches across portfolios, including health, education, family affairs and child protection, consumer affairs, legal affairs, media and communications, culture and sport, urban planning, trade and finance, and economic development. These sectors may have responsibility for, or support, the regulation of food marketing, or may potentially oppose regulation of food marketing based on economic concerns. Therefore, policy coherence with coordinated actions across government actors should be in place. The lead government ministry may vary across countries or responsibility may be jointly allocated; either way the lead ministry/ies should set the policy agenda, in terms of the policy goal and objectives, and rally and coordinate support from other ministries/departments/agencies.

Additionally, comprehensive approaches to protecting children from the harmful impact of food marketing require consultations and collaboration with stakeholders outside of government, including academia, civil society organizations (CSOs), NGOs, parents, consumer groups and the private sector, while taking care to protect public interest and avoid conflicts of interest. There should be in place widespread communication by governments of policy and actions on protecting children from the harmful impact of food marketing to all stakeholder groups, and – where consistent with attaining policy goals and objectives and guiding principles – collaboration with stakeholders with clearly defined roles and responsibilities.

The recommended actions under this pillar are:

- **Ensure policy coherence across government actors**

  Policy coherence is a process through which governments make efforts to design policies that take account of the interests of other policy communities, minimize conflicts, maximize synergies and avoid unintended incoherence. Policy on food marketing involves many sectors, thus it is necessary to ensure that the policy is coherent across sectors. To achieve coherence, institutional mechanisms often need to be created to ensure collaboration between sectors. In several countries, a national inter-ministerial committee plays this role, fostering coherence across the large number of issues that are affected by the policy.

  The establishment of a cross-ministerial taskforce or working group with a lead government ministry in the early stages of policy development would assist in generating consensus on the need for action and address any disagreements within government. This taskforce or working group may be newly established or may be embedded into existing cross-ministerial taskforces that have been established to progress the health and/or nutrition agenda. Relevant government sectors for the working group may, in addition to health, include: education; consumer affairs; food supply; media and communications; agriculture; trade; finance and economic development; and foreign direct investment. Many countries in the Region have national nutrition plans as well as coordinating bodies that do specific work in public health nutrition policy and programme implementation. The coordinating bodies can thus take on the responsibility of ensuring policy coherence across government actors.

  Existing government policies and actions should be identified that are not aligned, inconsistent, and/or in conflict with the goal of protecting children from the harmful impact of food marketing. This places the government in a better position to mitigate and align policies moving forward.

- **Multisectoral and multistakeholder actions with clearly defined roles and responsibilities**
Implementation, monitoring and evaluation of the policies for food marketing require multisectoral and multistakeholder platforms. The multisectoral and multistakeholder actions include engagement beyond government, such as academia, civil society groups (consumer groups, nongovernmental health organizations, community and religious leaders), professional associations and private sector entities. The actions may include:

- Identifying different sectors and stakeholders groups and analysing the contribution, roles, responsibilities and suitable actions for each group.
- Involving stakeholders in the implementation of national actions.

Civil society, NGOs and academic researchers have the potential to contribute to policy implementation through capacity-building, advocacy and technical expertise. For example, these groups can support the gathering of evidence on the need for policy action and raise public awareness and advocate for food marketing restrictions to policy-makers. The private sector may provide clear, correct and consistent consumer nutrition information and media messages.

### 2.4.3. Pillar 3: Advocacy and communication

Advocacy and communication activities span all stages of policy development, implementation and evaluation. The two essential priority actions across all stages of policy development include: (1) internally building and maintaining political consensus on the need for policy action and (2) engaging civil society and other groups to apply political pressure. Advocacy and communication play a role in pushing for policy action, as well as establishing and enforcing regulations. Thus, it is important to have an advocacy and communication strategy in place that engages actors to act, raises strong consumer awareness of the harms associated with food marketing to children, and encourages active participation of society throughout the policy development cycle. The recommended actions under this pillar are:

- **Advocate for policy action and enforcement**

  Advocacy for establishing consensus on the need for policy action across government portfolios that have an interest in food marketing regulations is paramount to policy success. Consensus can be brokered by developing relationships with internal stakeholders; sharing evidence on local, regional and global food marketing exposures, power and impacts; and revealing congruencies, or otherwise, between country-specific policies and WHO recommendations. Identify policy arguments that will resonate with different internal stakeholders and gather evidence to present a convincing case for action. For example, some stakeholders may value economic arguments for action. In these cases, leverage evidence on the estimated cost-effectiveness of food marketing policies. Policy evaluation should be rigorously conducted and the findings widely communicated to government stakeholders to highlight the effectiveness of the policy and/or limitations that need amendment.

  Advocacy targeted at high-level decision-makers can lead to government commitments that have the potential to improve policy effectiveness and accountability. Through strategic advocacy, communications and lobbying, policy changes are influenced and enforced. For example, advocacy targeted at high-level decision-makers can lead to government commitments that have the potential to improve programming and accountability. Through strategic lobbying, increased resources (financial and otherwise) are allocated to support implementation of the policy.
• **Raise public awareness through consumer education and communication**

Consumer education and communication is important for raising awareness of the harmful impact of food marketing and reinforcing behavioural change to reduce consumption of unhealthy food and to demand for healthy food. The type of consumer education and information may include public education or campaign, nutrition labelling to enable healthy choice, and provision of nutrition and dietary counselling at primary health-care facilities. Policies that inform the public are often met with less resistance than some of the more restrictive interventions.

However, assessment and evaluation of campaigns and education to promote healthy diet, nutrition and physical activity, like those promoting tobacco control, shows that while short-term changes can be achieved, sustained effects are difficult to maintain after campaigns end (77–82). Such campaigns and education are frequently competing with factors, such as pervasive product marketing, powerful social norms, and behaviours driven by addiction or habit. While mass media campaigns and/or public education should be included as key components of comprehensive approaches to improve population health behaviours, changes in health behaviour might be maximized and made more effective by complementary policy actions that support opportunities to change, provide disincentives for not changing, and challenge or restrict competing marketing (83).

Schools are an optimal setting to educate children and adolescents about nutrition and healthy dietary practices. Children can also be encouraged to develop culinary skills through school, which they can later on apply in their daily lives. To improve effectiveness of the nutrition education, it is important to also develop school policies and programmes that encourage children to adopt and maintain a healthy diet.

• **Facilitate/galvanize civil society participation**

Civil society participation is critical in generating and sustaining political will for action, creating demand and ensuring accountability. Civil society and other external groups, including academia and professional associations, are valuable allies – they can legitimize the issue by leveraging their public trust or professional reputation, stimulate public activism through their grassroots or professional networks, and provide necessary counterarguments to opposition to restricting harmful food marketing. The scope and capacity of civil society and other groups vary widely across countries. Capacity-building for these groups on the issue of food marketing advocacy may be required. A national forum on food marketing may be done as part of raising the profile of the issue with external stakeholders. Coalitions of civil society individuals, groups and organizations can also support capacity-building across participants and achieve synergy in policy. Ongoing communications with these groups/coalitions will help to align advocacy messages with the desired policy goal and objectives, and alert groups of any policy windows when advocacy action or political lobbying may be better received.

The roles of CSOs in the implementation of the Code have been prominent (84). CSOs have contributed to diverse functions, such as performing a supplementary role where government institutions have been weak or nonexistent, where there are gaps in funding and resources, or where neglected issues or constituencies require advocacy. Perhaps most visibly, CSOs are accepted as playing a critical watchdog role, ensuring that formally mandated governmental institutions fulfil their responsibilities appropriately, and keeping a watchful eye on corporate actors that exert undue influence or engage in health-harming activities. These functions have been essential to the Code,
where ongoing campaigning and advocacy by CSOs have been critical to achieving policy attention. However, while civil society monitoring and advocacy is necessary for highlighting potential policy breaches or issues, it is not sufficient to ensure policy compliance. Punitive mechanisms for noncompliance are also critically important.

For more details on recommended steps to consider under this pillar, please see Annex 4: Multisectoral and Multistakeholder Collaboration, Advocacy and Communication.
Box 5. United Kingdom regulatory process: role of civil society

The United Kingdom (UK) was one of the first countries in the world to adopt restrictions on the marketing of unhealthy food to children. In November 2004, the Department of Health warned the food industry that it would introduce legislation if it failed to change the nature of its advertising campaigns.\(^a\) Two years later, following an extended period of analysis and consultation, the Office of Communications (Ofcom) announced scheduling restrictions and tightened content rules, introducing:

- a ban on the advertising of unhealthy food in and around programmes made for children (including preschool children), in dedicated children’s channels or in or around programmes likely to be of particular appeal to children aged 4 to 15;\(^b\)
- a ban on the use of advertising techniques which are particularly effective with preschool or primary school children, including promotional offers such as free toys, nutritional and health claims, licensed characters and celebrities.\(^c\)

In July 2010, the Ofcom published a review of the effectiveness of these rules. It concluded that, even if broadcasters were largely “complying with the letter and the spirit of the scheduling restrictions”, the volume of unhealthy food advertising aired throughout the day had increased, and children only saw 1% less unhealthy food advertising overall in “adult” airtime.\(^d\)

Several advocacy groups have urged the UK Government to adopt a 21:00 watershed before which unhealthy food marketing could not be advertised on UK television. In response, on 25 June 2018, the Government published the second chapter of its Childhood Obesity Action Plan in which it announced that it would consult on four sets of measures intended to limit children’s exposure to unhealthy food marketing, and drive food reformulation:

- the introduction of a 21:00 watershed before which the marketing of unhealthy food would be prohibited;
- the introduction of similar protection for children viewing advertisements online;
- the restriction of promotion of unhealthy food at points-of-sale; and
- the prohibition on price promotions, such as “buy one get one free” and multi-buy offers or unlimited refills of unhealthy foods and drinks in the retail and out-of-home sector (10).

Cited sources:


\(^b\) Details can be found on the Ofcom website: http://www.ofcom.org.uk/consult/condocs/foodads_new/. To minimize the impact of these restrictions on business actors, the scheduling restrictions were phased in from 1 April 2007 to 1 January 2009.


Other sources and comments:

- WHO EURO report …
- The Audiovisual Media Services (Product Placement) Regulations 2010 were adopted on 18 March 2010 and entered into force on 16 April 2010. They amend Section 9 of Ofcom Broadcasting Code on commercial references featuring within-television programming. For guidance on these rules, see: http://stakeholders.ofcom.org.uk/broadcasting/broadcast-codes/broadcast-code/commercial-references-television/.
- For a fuller discussion of Ofcom rules, see Amandine Garde, Sue Davies and Jane Landon. The UK rules on unhealthy food marketing to children. Eur J Risk Regul, 2017;8:270–82.
2.4.4. Pillar 4: Monitoring and evaluation

An effective, objective and independent monitoring and evaluation framework is essential as part of any policy to reduce the harmful impact of food marketing on children. Monitoring and evaluation can stimulate and inform policy development, and quantify policy outcomes and impacts to ensure that policy aims are being met. A monitoring and evaluation system should be in place to support the development, implementation and evaluation of actions to protect children from the harmful impact of food marketing. It should be government-led but may be carried out by a government-appointed independent body, taking care to be free from any conflicts of interest.

The recommended actions under this pillar are:

- **Undertake review of situational context**

  Member States are encouraged to review their situational context, in terms of the available evidence, to guide policy discussions on the need for action and for defining the actions to be taken. The following evidence and/or data should be considered as part of the situational analyses:

  - nutrition and health status of the population, including food consumption patterns if available;
  - exposure, power and impact of food marketing to children; and
  - effectiveness or likely effectiveness of policy interventions, including government-led and industry-led interventions locally and in other jurisdictions.

- **Build evidence on policy actions**

  Evidence on the nature and extent of exposure and the impact of food marketing on children and their caregivers is vital throughout the policy development cycle. While country-specific evidence is useful to highlight the extent of the issue locally, this must be considered alongside the large and accumulating global evidence base. A lack of local evidence should not impede policy development, given the global evidence clearly demonstrates that food marketing has a detrimental effect on child health (52). Building evidence on policy actions as they are implemented is important as this can increase political and public support for restrictions on food marketing. Initially this can be done by public health authorities and may be stimulated through funding opportunities for academia and relevant NGOs.

- **Design and implement a monitoring and evaluation framework**

  A rigorous monitoring and evaluation framework that captures the exposure and power of food marketing to children and caregivers and its impact on key outcomes and behaviours is needed to inform the development of the new policy, to monitor and demonstrate the impact of policy implementation, to continue to improve the policy provisions, and to justify the reasons for any lack of policy effect (such as improper implementation). Comparing progress across countries can create incentives for governments to develop sound policies, and provides convincing arguments to modify ineffective and/or unethical practices. Detailed specifications for food marketing policy monitoring and evaluation are provided in Annex 5. These draw on the WHO recommendations and detail the range of activities that should be monitored across different media and settings, giving examples of indicators that would capture the extent of children’s and/or their caregivers’ marketing exposures (reach and frequency of contact) and the persuasive power of marketing messages (creative content and execution). Information generated from monitoring can be used: (i) to support enforcement; (ii)
publicly to document compliance; (iii) to guide policy refinement and improvement; and (iv) to contribute to policy evaluation.

3. THE WAY FORWARD

3.1. The way forward for Member States

Member States are encouraged to develop their own national action plan, based on the above pillars and recommended actions.

- To lead and undertake review, develop or strengthen appropriate multisectoral approaches, policies and regulations to protect children from the harmful impact of food marketing.
- To engage with relevant sectors and stakeholders in implementing the policy and regulation, while ensuring avoidance of potential conflicts of interest.
- To establish a system to monitor, evaluate and enforce the implementation of regulations on marketing of BMS, commercial foods intended for infants and young children and FNAB high in fats, sugars or sodium.

3.2. The way forward for WHO

In line with the actions outlined in this Framework, the WHO Regional Office for the Western Pacific will:

- provide technical support and guidance, on request, to support development, implementation, monitoring and evaluation of comprehensive evidence-based policies and programmes that protect children from the harmful impact of food marketing;
- provide technical assistance and develop and/or disseminate existing tools to enhance capacities to design, implement, monitor and evaluate policies on food marketing;
- provide technical support to the existing regional networks and strengthen regional collaboration to promote and support implementation of policy to protect children from the harmful impact of food marketing by Member States; and
- advocate and facilitate Member States to share lessons learned and good practices in implementing policy to protect children from the harmful impact of food marketing by Member States.
References


25. Overweight and obesity in the Western Pacific Region: an equity perspective. Manila: WHO Regional Office for the Western Pacific; 2017


## Annex 1: World Health Assembly Resolutions 1974–2018

The following is a list of World Health Assembly Resolutions related to the marketing of breast-milk substitutes (BMS), the *International Code of Marketing of Breast-milk Substitutes* and the *Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children*.

<table>
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<th>No</th>
<th>Year</th>
<th>Title</th>
<th>Recommendations to Member Countries/States</th>
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</thead>
</table>
| 1  | 1974 | WHA 27.43 Infant nutrition and breastfeeding | URGES Member Countries to:  
- review sales promotion activities on baby foods; and  
- introduce appropriate remedial measures, including advertisement codes and legislation where necessary. |
| 2  | 1978 | WHA 31.47 The role of the health sector in the development of national and international food and nutrition policies and plans, with special reference to combating malnutrition | RECOMMENDS Member States to:  
- support and promote breastfeeding by educational activities among the general public;  
- legislative and social action to facilitate breastfeeding by working mothers;  
- implementing the necessary promotional and facilitating measures in the health services; and  
regulating inappropriate sales promotion of infant foods that can be used to replace breast milk. |
| 3  | 1980 | WHA 33.32 The role of the health sector in the development of national and international food and nutrition policies and plans, with special reference to combating malnutrition | URGES countries which have not already done so to review and implement resolutions WHA27.43 and WHA32.42. |
| 4  | 1981 | WHA 34.22 Infant nutrition and breastfeeding | URGES all Member States to:  
1. give full and unanimous support to the implementation of the provisions of the International Code in its entirety as an expression of the collective will of the membership of the World Health Organization;  
2. translate the International Code into national legislation, regulations or other suitable measures;  
3. involve all concerned social and economic sectors and all other concerned parties in the implementation of the International Code and in the observance of the provisions thereof; and  
4. monitor the compliance with the Code. |
<p>| 5  | 1982 | WHA 35.26 International Code of Marketing of | URGES Member States to give renewed attention to the need to adopt national legislation, regulations or other suitable |</p>
<table>
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<th>No</th>
<th>Year</th>
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<th>Recommendations to Member Countries/States</th>
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<tbody>
<tr>
<td>6</td>
<td>1984</td>
<td>WHA 37.30 Infant and young child nutrition</td>
<td>URGES continued action by Member States, WHO, nongovernmental organizations and all other interested parties to put into effect measures to improve infant and young child feeding, with particular emphasis on the use of foods of local origin.</td>
</tr>
</tbody>
</table>
| 7  | 1986 | WHA 39.28 Infant and young child feeding | URGES Member States to:  
1. implement the Code if they have not yet done so;  
2. ensure that the practices and procedures of their health-care systems are consistent with the principles and aim of the International Code;  
3. make the fullest use of all concerned parties – health professional bodies, nongovernmental organizations, consumer organizations, manufacturers and distributors – generally, in protecting and promoting breastfeeding and, specifically, in implementing the Code and monitoring its implementation and compliance with its provisions; and  
4. ensure that the small amounts of breast-milk substitutes needed for the minority of infants who require them in maternity wards and hospitals are made available through the normal procurement channels and not through free or subsidized supplies. |
| 8  | 1988 | WHA 41.11 Infant and young child nutrition | URGES Member States: to ensure practices and procedures that are consistent with the aim and principles of the International Code of Marketing of Breast-milk Substitutes, if they have not already done so. |
| 9  | 1990 | WHA 43.3 Protecting promoting and supporting breastfeeding | URGES Member States to:  
1. to protect and promote breastfeeding, as an essential component of their overall food and nutrition policies and programmes on behalf of women and children, so as to enable all infants to be exclusively breastfed during the first 4–6 months of life;  
2. enforce existing, or adopt new, maternity protection legislation or other suitable measures that will promote and facilitate breastfeeding among working women;  
3. ensure that the principles and aim of the International Code of Marketing of Breast-milk Substitutes and the recommendations contained in resolution WHA39.28 are given full expression in national health and nutrition policy |
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<th>No</th>
<th>Year</th>
<th>Title</th>
<th>Recommendations to Member Countries/States</th>
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<tbody>
<tr>
<td>10</td>
<td>1992</td>
<td>WHA 45.34 Infant and young child nutrition and status of implementation of the International Code of Marketing of Breast-milk Substitutes</td>
<td>URGES Member States to:</td>
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<td>1. give full expression at national level to the operational targets contained in the Innocenti Declaration;</td>
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<td>2. encourage and support all public and private health facilities providing maternity services so that they become &quot;baby-friendly&quot;;</td>
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<td>3. take measures appropriate to national circumstances aimed at ending the donation or low-priced sale of supplies of breast-milk substitutes to health-care facilities providing maternity services; and</td>
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<td></td>
<td>4. draw upon the experiences of other Member States in giving effect to the International Code.</td>
</tr>
<tr>
<td>11</td>
<td>1994</td>
<td>WHA 47.5 Infant and young child nutrition</td>
<td>Urges Member States take the following measures to:</td>
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<tr>
<td></td>
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<td></td>
<td>(1) promote sound infant and young child nutrition, in keeping with their commitment to the World Declaration and Plan of Action for Nutrition, through coherent effective intersectoral action, including:</td>
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<tr>
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<td></td>
<td></td>
<td>(a) increasing awareness among health personnel, nongovernmental organizations, communities and the general public of the importance of breastfeeding and its superiority to any other infant feeding method; and</td>
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<td></td>
<td>(b) supporting mothers in their choice to breastfeed by removing obstacles and preventing interference that they may face in health services, the workplace, or the community;</td>
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<td></td>
<td>2. promote sound infant and young child nutrition, including fostering appropriate complementary feeding practices from the age of about 6 months, emphasizing continued breastfeeding and frequent feeding with safe and adequate amounts of local foods;</td>
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<td></td>
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<td></td>
<td>3. ensure that there are no donations of free or subsidized supplies of breast-milk substitutes and other products covered by the International Code of Marketing of Breast-milk Substitutes in any part of the health-care system; and</td>
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<td>4. exercise extreme caution when planning, implementing or</td>
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<td>No</td>
<td>Year</td>
<td>Title</td>
<td>Recommendations to Member Countries/States</td>
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<td>supporting emergency relief operations, by protecting, promoting and supporting breastfeeding for infants, and ensuring that donated supplies of breast-milk substitutes or other products covered by the scope of the International Code are given only if all required conditions are followed.</td>
</tr>
</tbody>
</table>
| 12 | 1996 | WHA 49.15 Infant and young child nutrition | Urges Member States to ensure:  
1. that complementary foods are not marketed for or used in ways that undermine exclusive and sustained breastfeeding;  
2. that the financial support for professionals working in infant and young child health does not create conflicts of interest, especially with regard to the WHO/UNICEF Baby-friendly Hospital Initiative;  
3. that monitoring the application of the International Code and subsequent relevant resolutions is carried out in a transparent, independent manner, free from commercial influence;  
4. that the practices and procedures of their health-care systems are consistent with the principles and aim of the International Code; and  
5. the Director-General is provided with complete and detailed information on the implementation of the Code. |
| 13 | 2001 | WHA 54.2 Infant and young child nutrition | Urges Member States to:  
1. Take necessary measures as States Parties effectively to implement the Convention on the Rights of the Child, in order to ensure every child’s right to the highest attainable standard of health and health care.  
2. Strengthen activities and develop new approaches to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO expert consultation on optimal duration of exclusive breastfeeding, and to provide safe and appropriate complementary foods, with continued breastfeeding for up to 2 years of age or beyond, emphasizing channels of social dissemination of these concepts in order to lead communities to adhere to these practices.  
3. Support the Baby-friendly Hospital Initiative and to create mechanisms, including regulations, legislation or other measures, designed, directly and indirectly, to support periodic reassessment of hospitals, and to ensure |
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<tr>
<td></td>
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<td>maintenance of standards and the Initiative’s long-term sustainability and credibility.</td>
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<td></td>
<td>4. Improve complementary foods and feeding practices by ensuring sound and culture-specific nutrition counselling to mothers of young children, recommending the widest possible use of indigenous nutrient-rich foodstuffs.</td>
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<td>5. Develop, implement or strengthen sustainable measures, including, where appropriate, legislative measures, aimed at reducing all forms of malnutrition in young children and women of reproductive age.</td>
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<tr>
<td></td>
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<td></td>
<td>6. Strengthen national mechanisms to ensure global compliance with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions, with regard to labelling as well as all forms of advertising, and commercial promotion in all types of media.</td>
</tr>
<tr>
<td>14</td>
<td>2002</td>
<td>WHA 55.25 Infant and young child nutrition</td>
<td>ENDORSES the global strategy for infant and young child feeding:</td>
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<tr>
<td></td>
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<td></td>
<td>1. EXHORTS Member States, as a matter of urgency, to adopt and implement the global strategy.</td>
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<td>2. Ensure that the introduction of micronutrient interventions and the marketing of nutritional supplements do not replace, or undermine support for, the sustainable practice of exclusive breastfeeding and optimal complementary feeding.</td>
</tr>
<tr>
<td>15</td>
<td>2005</td>
<td>WHA 58.32 Infant and young child nutrition</td>
<td>Calls on Member States to ensure:</td>
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<tr>
<td></td>
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<td></td>
<td>1. to continue to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO Expert Consultation on optimal duration of exclusive breastfeeding, and to provide for continued breastfeeding up to 2 years of age or beyond, by implementing fully the WHO global strategy on infant and young child feeding that encourages the formulation of a comprehensive national policy;</td>
</tr>
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<td>2. nutrition and health claims are not permitted for breast-milk substitutes, except where specifically provided for in national legislation;</td>
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<td>3. clinicians and other health-care personnel, community health workers and families, parents and other caregivers, are informed that powdered infant formula may contain</td>
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<td>Recommendations to Member Countries/States</td>
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<td>16</td>
<td>2006</td>
<td>WHA 59.21 Infant and young child nutrition 2006</td>
<td>URGES Member States to support activities on this Call for Action and, in particular, to renew their commitment to policies and programmes related to implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions and to revitalization of the Baby-friendly Hospital Initiative to protect, promote and support breastfeeding;</td>
</tr>
</tbody>
</table>
| 17 | 2008 | WHA 61.20 Infant and young child nutrition: biennial progress report   | URGES Member States to:  
1. Strengthen implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions by scaling up efforts to monitor and enforce national measures in order to protect breastfeeding while keeping in mind the resolutions to avoid conflicts of interest.  
2. Implement, through application and wide dissemination, the WHO/FAO guidelines on safe preparation, storage and handling of powdered infant formula in order to minimize the risk of bacterial infection and, in particular, ensure that the labelling of powdered formula conforms with the standards, guidelines and recommendations of the Codex Alimentarius Commission and taking into account resolution WHA58.32. |
| 18 | 2010 | WHA 63.23 Infant and young child nutrition                           | Calls on Member States to:  
1. increase political commitment in order to prevent and reduce malnutrition in all its forms;  
2. increase political commitment in order to prevent and reduce malnutrition in all its forms;  
3. strengthen and expedite the sustainable implementation of the global strategy for infant and young child feeding, including emphasis on giving effect to the aim and principles of the International Code of Marketing of Breast-milk Substitutes, and the implementation of the Baby-friendly Hospital Initiative;  
4. develop and/or strengthen legislative, regulatory and/or other effective measures to control the marketing of breast- |
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<th>Recommendations to Member Countries/States</th>
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</table>
|    | 2012 | WHA 65.6 Maternal, infant and young child nutrition | milk substitutes in order to give effect to the International Code of Marketing of Breast-milk Substitutes and relevant resolutions adopted by the World Health Assembly;  
5. end inappropriate promotion of food for infants and young children, and to ensure that nutrition and health claims shall not be permitted for foods for infants and young children, except where specifically provided for in relevant Codex Alimentarius standards or national legislation; and  
6. ensure that national and international preparedness plans and emergency responses follow the evidence-based Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies, which includes the protection, promotion and support for optimal breastfeeding, and the need to minimize the risks of artificial feeding, by ensuring that any required breast-milk substitutes are purchased, distributed and used according to strict criteria.  
CALLS UPON infant food manufacturers and distributors to comply fully with their responsibilities under the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions. |
| 19 | 2012 | WHA 65.6 Maternal, infant and young child nutrition | Urges Member States to:  
1. put into practice, as appropriate, the comprehensive implementation plan on maternal, infant and young child nutrition, including:  
   • developing or, where necessary, strengthening nutrition policies so that they comprehensively address the double burden of malnutrition and include nutrition actions in overall country health and development policy, and establishing effective intersectoral governance mechanisms in order to expand the implementation of nutrition actions with particular emphasis on the framework of the global strategy on infant and young child feeding;  
   • developing or, where necessary, strengthening legislative, regulatory and/or other effective measures to control the marketing of breast-milk substitutes;  
2. establish a dialogue with relevant national and international parties and form alliances and partnerships to expand nutrition actions with the |
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<th>Recommendations to Member Countries/States</th>
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</table>
|20| 2016 | WHA 69.9 Ending inappropriate promotion of foods for infants and young children | URGES Member States, in accordance with national context:  
1. to take all necessary measures in the interest of public health to end the inappropriate promotion of foods for infants and young children;  
2. to establish a system for monitoring and evaluation of the implementation of the guidance recommendations;  
3. to end inappropriate promotion of food for infants and young children, and to promote policy, social and economic environments that enable parents and caregivers to make well-informed infant and young child feeding decisions; and  
4. to continue to implement the International Code of Marketing of Breast-milk Substitutes and WHO recommendations on the marketing of foods and non-alcoholic beverages to children. |
|21| 2018 | WHA 71.9 Infant and young child feeding | URGES Member States, in accordance with national context and international obligations:  
1. to increase investment in development, implementation, and monitoring and evaluation of laws, policies and programmes aimed at protection, |
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<th>Recommendations to Member Countries/States</th>
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<td>promotion, including education and support of breastfeeding, including through multisectoral approaches and awareness raising;</td>
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<td>2. to implement and/or strengthen national mechanisms for effective implementation of measures aimed at giving effect to the International Code of Marketing of Breast-milk Substitutes, as well as other WHO evidence-based recommendations; and</td>
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<td>3. to continue taking all necessary measures in the interest of public health to implement recommendations to end inappropriate promotion of foods for infants and young children.</td>
</tr>
</tbody>
</table>
Annex 2: Implementation of policies to protect children from the harmful impact of food marketing in the Western Pacific Region

The table below summarizes the implementation of policies to protect children from the harmful impact of food marketing in the Western Pacific Region.

<table>
<thead>
<tr>
<th>Member States and areas</th>
<th>COLUMN 1</th>
<th>COLUMN 2</th>
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<tbody>
<tr>
<td></td>
<td>International Code of Marketing of Breast-milk Substitutes</td>
<td>Marketing of foods for infants and young children covered up to 36 months</td>
<td>Marketing of foods and non-alcoholic beverages to children¹</td>
</tr>
<tr>
<td></td>
<td>Milk products</td>
<td>Complementary foods</td>
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<tr>
<td>American Samoa</td>
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<tr>
<td>Australia</td>
<td>Green</td>
<td></td>
<td>Voluntary</td>
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<tr>
<td>Brunei Darussalam</td>
<td>Green</td>
<td></td>
<td>Voluntary</td>
</tr>
<tr>
<td>Cambodia</td>
<td>Many</td>
<td>(24)</td>
<td></td>
</tr>
<tr>
<td>China</td>
<td>Few</td>
<td>(unspecified)</td>
<td></td>
</tr>
</tbody>
</table>

¹ Sources of information include the policy mapping done by the Nutrition Unit in 2015, updated and verified through the second global nutrition policy review survey in 2016–2017, as well as the NCD Country Capacity Survey. The initial draft of this was presented during the Consultation on the Draft Regional Framework for Health Promotion in the Sustainable Development Goals and Review of Progress on Regional Action Plans on Noncommunicable Diseases, Tobacco Free Initiative and the Double Burden of Malnutrition, 15–19 May 2017, Manila.
<table>
<thead>
<tr>
<th>Member States and areas</th>
<th>COLUMN 1</th>
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<tbody>
<tr>
<td>International Code of Marketing of Breast-milk Substitutes</td>
<td>Marketing of foods for infants and young children covered up to 36 months</td>
<td>Marketing of foods and non-alcoholic beverages to children¹</td>
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<tr>
<td></td>
<td>Milk products</td>
<td>Complementary foods</td>
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</tr>
<tr>
<td>Commonwealth of the Northern Mariana Islands</td>
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<tr>
<td>Cook Islands</td>
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<tr>
<td>Federated States of Micronesia</td>
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<tr>
<td>Fiji</td>
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<td>(24)</td>
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<td>French Polynesia</td>
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<td>Guam</td>
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<td>Hong Kong SAR (China)</td>
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<td>Japan</td>
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<tr>
<td>Kiribati</td>
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<tr>
<td>Lao People’s Democratic Republic</td>
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<td>(24)</td>
<td>(24)</td>
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<tr>
<td>Macao SAR (China)</td>
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</tr>
<tr>
<td>Malaysia</td>
<td>Voluntary</td>
<td></td>
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<tr>
<td>Marshall Islands</td>
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<td></td>
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</tr>
<tr>
<td>Mongolia</td>
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<tr>
<td>Nauru</td>
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<tr>
<td>New Caledonia</td>
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<tr>
<td>New Zealand</td>
<td>Voluntary</td>
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<td>Niue</td>
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<tr>
<td>Palau</td>
<td></td>
<td>(36)</td>
<td>(12)</td>
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<tr>
<td>Papua New Guinea</td>
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<td>(unspecified)</td>
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<tr>
<td>Philippines</td>
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<td>(36)</td>
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<tr>
<td>Pitcairn Islands</td>
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</table>
### Column 1
This column pertains to national adaptation of the *International Code of Marketing of Breast-milk Substitutes* (hereinafter “the Code”) and subsequent relevant World Health Assembly resolutions. Data in this column are obtained from the WHO/UNICEF/IBFAN 2018 status report with regard to the legal measures in place that implement the International Code.

### Column 2
This column pertains to national implementation of World Health Assembly resolution WHA69.9 (85) welcoming the *Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children* (86), which targets all foods and beverages marketed as suitable for feeding infants and young children aged 6–36 months. For the purpose of this table, the implementation of the Guidance is shown separately to highlight the gaps that still exist in full implementation of the Code. The data in this column are obtained from a 2018 status report on Code implementation, or through consultations with Member States. The cells that are coloured indicate that the products are covered by the legal measures. If a reference exists for an age group (in any policy to regulate or restrict marketing of food for infants and young children), this has been noted in the respective cells (in months of age).

### Column 3
This column pertains to national implementation of policies to restrict or regulate marketing of food and non-alcoholic beverages to children, building on the WHO *Set of Recommendations on the*

<table>
<thead>
<tr>
<th>Member States and areas</th>
<th>COLUMN 1</th>
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<tbody>
<tr>
<td></td>
<td>International Code of Marketing of Breast-milk Substitutes</td>
<td>Marketing of foods for infants and young children covered up to 36 months</td>
<td>Marketing of foods and non-alcoholic beverages to children¹</td>
</tr>
<tr>
<td></td>
<td>Milk products</td>
<td>Complementary foods</td>
<td>Legally enforceable measure</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td></td>
<td>(unspecified)</td>
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<tr>
<td>Samoa</td>
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<td>Singapore</td>
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<tr>
<td>Solomon Islands</td>
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<td>Tokelau</td>
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<td>Tonga</td>
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<td>Tuvalu</td>
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<td>Vanuatu</td>
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<td>Viet Nam</td>
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<td>Wallis and Fortuna</td>
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</tbody>
</table>

¹ For the purpose of this table, the implementation of the Guidance is shown separately to highlight the gaps that still exist in full implementation of the Code. If a reference exists for an age group (in any policy to regulate or restrict marketing of food for infants and young children), this has been noted in the respective cells (in months of age).
Marketing of Foods and Non-alcoholic Beverages to Children. Voluntary policies and legally enforceable measures are reflected for some Member States in the Western Pacific Region.
Annex 3: Policy Framework

Policy frameworks – both the instruments of law and policy and the institutions responsible for putting them into effect – are essential to advancing public health and achieving health in the Sustainable Development Goals (SDGs). Law and policy have played a key role in many great public health achievements, including vaccination programmes, motor vehicle safety, reducing smoking, the control of infectious diseases, and food and pharmaceutical safety. However, countries often struggle to develop, implement and evaluate effective policy frameworks to improve public health. While each country differs, there are many shared challenges and opportunities to harness the law effectively to drive health and development.

Throughout this document, the broad term “policy framework” includes both the various instruments of law and policy and the institutions responsible for putting them into effect. Instruments of law may include national constitutions, legislations enacted by parliament, ministerial by-laws or regulations, presidential decrees, agency guidelines, administrative rules and other forms of official order. Depending on the jurisdiction, laws may also include court rulings by judges, as well as interpretations and actions of regulatory bodies or other bureaucratic institutions.

Pillar 1 in the Regional Action Framework is focused on the policy framework. In particular, the main recommendations focus on: (a) establishing or strengthening policy frameworks and (b) establishing or strengthening enforcement mechanisms. Annex 3 is intended to provide further information and detail to assist Member States in creating detailed, concrete action plans for the development and implementation of their policy framework.

Two overarching considerations for the policy framework are: (a) government leadership and (b) whether the policy framework will use a comprehensive or stepwise approach. Government-led frameworks are recommended as they are more likely to be effective in reducing the impact of food marketing. Comprehensive frameworks are frameworks that ensure the policy restrictions capture all marketing and all types of unhealthy foods that are intended to be restricted, preventing gaps and loopholes.

Part 1: Defining the issues

Before any work begins on developing the policy framework, there needs to be a clear understanding of the issues that will be addressed and the purpose of the project. The Regional Action Framework outlines the variety of considerations that must be decided upon before work begins. These include:

- Is the policy framework addressing breast-milk substitutes (“BMS”), commercial complementary foods, or unhealthy foods and beverages marketed to children and youth?
- What is the evidence regarding marketing exposure, power and impact across age segments for children (for food and non-alcoholic beverages [FNAB]) and caregivers (for BMS and commercial complementary foods)?
- What available nutrient-profiling tools can be used in identifying foods that are inappropriate to be marketed?
- What current local evidence is available for the impact of overweight and obesity in children and youth?
• How does the Member State’s regulatory landscape compare to the WHO recommendations for food marketing?
• Do any restrictions on food marketing already exist? If yes, do they need to be strengthened in accordance with WHO recommendations?
• Which agency or group should be responsible for monitoring policy compliance and for enforcement?

If the focus is BMS and commercial complementary foods, the following must be considered:

• Are the recommendations from the Code embedded into statutory government legislation?
• If yes, have the provisions been fully implemented and enforced?
• If no, why have they not been implemented and enforced? If they have been implemented and enforced, how could implementation and enforcement be improved?
• How can the policy framework be adapted or improved to support implementation and enforcement?
• Are restrictions on the marketing of commercial complementary foods in line with WHO Guidance on the inappropriate promotion of foods to infants and young children?

If the focus is on unhealthy foods and beverages targeted to children and youth, the following must be considered:

• How will unhealthy foods and beverages be defined?
• To what ages will the restrictions apply?
• What types of marketing and promotion will be restricted?
• Will there be any specific restrictions placed on specific settings? For example, schools, community centres, athletic centres or play spaces.

Part 2: Setting the scope of the restrictions

Defining the age of a child

The definition of a child included in the policy framework is an important determination. It determines the age group to which marketing restrictions will apply, thereby providing an important parameter for the impact of any policy framework. The definition of age for the marketing restrictions for breast-milk substitutes and commercial complementary foods is not as important, because the majority of this marketing is aimed at the general public, and parents and caregivers in particular. For the marketing of unhealthy FNAB to children, the definition of child in the policy framework is a fundamental consideration.

The United Nations Convention on the Rights of the Child defines a child as “a human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier” (1). Countries that have implemented restrictions on the marketing of these foods to children have used a variety of ages. In Quebec, Canada, the restrictions apply to children who are under the age of 13 and in Chile the definition of child is age 14 years or younger. The Republic of Korea’s restrictions apply to those children under the age of 18 (2).
There is now a growing and significant body of research suggesting that older children are negatively influenced by unhealthy food marketing. Protecting older children extends the period of time that a child is protected from harmful marketing. Member States are encouraged to consider the most recent available evidence and their specific context when defining the age of a child in their policy framework.

**Defining the scope of food marketing restrictions: products and types of marketing covered**

The scope of food marketing restrictions will have to be determined by Member States as suitable to their context. Guidance on the different types of products and the types of marketing covered that should be restricted is available from *The International Code of Marketing of Breast-milk Substitutes* (and subsequent relevant World Health Assembly resolutions); the *Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children* and its implementation; and the *Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children* and its framework for implementation.

Member States may consider specifying the techniques, communication channels and settings where marketing of BMS, commercial complementary foods and unhealthy foods will be restricted. For example, the list may include:

- **channels**: television, radio, print (including outdoor advertising), movies, video games, company-sponsored websites, ads on third-party sites, and other digital advertising, such as email, text messaging and Internet games;
- **techniques**: packaging, point-of-purchase displays and other in-store marketing tools; advertising, sponsorship, product placement and any other form of marketing in movies, videos and video games; premium distribution (such as toys), contests (prize promotions) and sweepstakes; cross-promotions, including character licensing and toy co-branding; celebrity endorsements; educational materials and all indirect forms of marketing in schools; viral marketing; philanthropic activity tied to branding opportunities; brand marketing
- **settings**: health-care facilities, schools, playground, day-care facilities, libraries, recreation facilities, parks, during child-targeted events such as sporting, music and recreation events that attract children.

Member States are encouraged to consider the products below for which marketing may be restricted based on WHO recommendations.

<table>
<thead>
<tr>
<th>WHO Guideline document</th>
<th>Products covered</th>
</tr>
</thead>
</table>
| *The International Code of Marketing of Breast-milk Substitutes* (and subsequent relevant World Health Assembly resolutions) | • Breast-milk substitutes, including infant formula (this should be understood to include any milk or products that could be used to replace milk) that are specifically marketed for feeding infants and young children up to the age of 3 years, including follow-up formula and growing-up milks.  
• Other foods and beverages promoted to be suitable for feeding a baby during the first 6 months of life when... |
exclusive breastfeeding is recommended (this would include baby teas, juices and waters); 
• Feeding bottles and teats.

**Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children**

- Products that function as breast-milk substitutes (see above).
- Foods for infants and young children that are not products that function as breast-milk substitutes if they do not meet all the relevant national, regional and global standards for composition, safety, quality and nutrient levels and are in line with national dietary guidelines.

**Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children**

- Foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars or salt.

The WHO recommendations are clear on what products should be covered by restrictions on marketing of breast-milk substitutes. As for the guidance on foods for infants and young children, and FNAB marketing to children, a more general recommendation is considered in light of the limitations in current standards (for example, the current Codex standards on nutrient values, particularly for added sugars and salt, are inadequate for complementary foods, thereby prompting a recommendation for updating the relevant Codex standards) and the differences in food cultures in different countries. Member States may consider the available nutrient profile models such as the one published by the WHO Regional Office for the Western Pacific. The *WHO Nutrient Profile Model for the Western Pacific Region: A Tool to Protect Children from Food Marketing* was developed by the Western Pacific Regional Office in collaboration with Member States to support efforts of countries in protecting children from marketing of unhealthy FNAB. The model can help countries identify foods for which marketing to children should be prohibited. This model can be adapted by Member States to their context, reflecting their most commonly consumed and advertised foods as well as their specific food cultures.

**Part 3: Required resources**

Adequate resources are imperative for the development and implementation of a policy framework. Resource considerations include financial resources, human resources and political time, engagement and effort, including:

- Financial funding for research and evidence gathering.
- Financial funding for meetings, community engagement, travel, and coordination and planning.
- Financial funding and costing considerations for the implementation of the policy framework and the cost of ongoing monitoring, enforcement and compliance of food companies and marketers.
- Policy staff to assist with gathering information, drafting documents and reports, and assisting with the development of law and policy.
- Public health lawyers to plan legal and policy action and draft policy briefs, legal memorandum and opinions, and develop proposed legislation and policy.
- Ensuring that government leadership have adequate time scheduled to review, debate and consider any proposed legal or policy framework and move the framework forward to enactment and implementation.

Part 4: Legal and conflicts-of-interest issues with engagement and communications

Finally, the team at the lead government agency must determine which external individuals or groups will participate in the process to create the policy framework. The Regional Action Framework recommends that the process and restrictions be government led, but there are a number of potential stakeholders. As discussed in the Regional Action Framework, external stakeholders can be vitally important to provide evidence and input into the restrictions and to counter opposition to any potential policy or legal restriction. A Member State may want to involve some or all of the following, depending upon the country context:

- government leadership and parliamentarians
- civil society groups
- health practitioners and professional associations
- External health regulatory groups
- parents, guardians and caregivers
- academia
- childcare organizations and advocates
- WHO technical advisors
- youth groups and their representatives
- regional intergovernmental organizations (including ASEAN, APEC or OECD, or the Asia-Pacific Parliamentarians Forum on Global Health)
- food companies and their representatives
- media companies and advertising industry and their representatives.

As a part of the assessment of external stakeholder resources and involvement, an engagement, communications and consultation plan should be created to outline how the stakeholders will be consulted about the policy framework and what role the stakeholders will assume as part of the development of the marketing restrictions. Aspects to consider when developing the plan include:

- Vary the type of consultation based on the type of individuals or groups involved. Consultation types include interviews, private meetings, public meetings, telephone discussions, videoconferences, online surveys and requests for written feedback.
- Include consultation across other relevant government agencies and affected stakeholder groups.
- Use consultation methods that are inclusive and match the particular stakeholder groups’ needs.
- Ensure there are opportunities for active, free and meaningful participation, with an emphasis on groups that are socially marginalized and risk being excluded from mainstream efforts.
- Ensure relevant documents are available in formats that are clear and accessible, particularly for target populations (e.g. migrants and others who do not speak the national language,
indigenous people, people with disability) who may need translations or other modified formats.

In addition, the food, marketing and broadcasting industries may attempt to influence or block a policy framework that restricts food marketing. Consideration should be given to the following issues, when creating a consultation plan that involves external stakeholders connected to the food, marketing or broadcasting industries:

- What policies or mechanisms are currently in place to prevent and/or manage conflicts of interest?
- Who are the likely opponents to policy action? What are their arguments and how can these be countered?
- What are the legal tactics that may be used by the food industry to oppose regulation?

Part 5: Drafting and legal considerations

Once all of the background planning and development have been completed, government can move to planning and developing the policy framework that will be used to restrict marketing. Member States across the Western Pacific Region have different legal systems, including civil law, common law, customary law and Sharia law; further, many incorporate a mix of legal systems. The policy framework that is developed must accommodate and address these unique jurisdictional challenges.

The Regional Action Framework discusses the potential for statutory and non-statutory responses. Statutory regulation is legally binding and enforceable laws or regulations, whereas non-statutory approaches span government-led self-regulation, co-regulation, and government guidelines and policies, and are less enforceable than statutory regulation. This Annex focuses on the statutory legal approaches to marketing restrictions, as these are most stringent and most likely to be effective at curbing the impact of marketing. Within their specific jurisdiction, Member States must decide what type or types of statutory or non-statutory instruments to use to create the policy framework.

In addition, consideration should be given to whether the marketing restrictions can be incorporated into existing law or policy, or whether there needs to be new law or policy drafted for the restrictions. Incorporating marketing restrictions into existing law or policy may be simpler, require less time and political engagement, and align the marketing restrictions with other noncommunicable disease prevention work already happening in the Member State. In particular, laws related to food labelling, national nutrition standards, or telecommunications or marketing may be helpful starting points.

Once a Member State has an outline for the types of restrictions that will be used, consideration must be given to the impact of the new marketing restrictions on other existing laws and policies within the Member State. For instance, marketing restrictions targeted at children and youth may impact education law, childcare law, food safety law or communications law, and these impacts must be dealt with to ensure the policy framework for marketing restrictions is effective.

It is best practice to have the drafting of a law or policy led by a lawyer with legislative or policy drafting experience, and if possible, a lawyer with experience in public health or the health system in the Member State. The following are suggestions for creating law and policy, and may be useful to Member States, depending upon their legal or political context:
Develop drafting instructions prior to drafting the law:
  o Include sufficient detail about the proposed restrictions for the drafter to have a full sense of what the law is intended to achieve, but not in the form of an actual bill.
  o Use clear, ordinary language.
  o Explain why the law is needed, what it intends to achieve, and how it will achieve this.

Draft law and policy that translates the policy intention into an enforceable and effective legal instrument:
  o Research the existing law and the likely effect of the new law on the existing law.
  o Prepare required amendments to other legal instruments during the drafting process.
  o Ensure the law is legally effective, complies with constitutional issues and is consistent with the rest of the jurisdiction’s legal frameworks.
  o Provide for other subsidiary legal instruments, including regulations, rules and delegations to be developed as appropriate.
  o Ensure that the proposed legislative scheme is implementable and practical.
  o Provide for appropriate enforcement mechanisms, including penalties, to ensure compliance.

Draft legislation in an organized way with simple and clear language:
  o Organize legislation in a coherent and logical manner, keeping in mind a range of readers, not all of whom will have relevant expertise.
  o Be direct and use the shortest sentences that convey the intended meaning without using unnecessary or complicated words or qualifications.
  o Exclude language and material that has no legal effect.
  o Be consistent in the use of language – that is, do not use the same word(s) to convey different meanings or different word(s) to convey the same meaning.
  o Once a law or policy is drafted, determine if there are any detectable gaps, loopholes or limitations that should be addressed to ensure the framework is as effective as possible.

Part 6: Enactment and implementation

Finally, monitoring and evaluation are critical to the success of the policy framework. Annex 5 outlines a plan for monitoring and evaluation, and any monitoring and evaluation process should incorporate a review and update of any policy framework to ensure that it is accomplishing its goal.

One of the most important implementation issues is the creation of the enforcement mechanisms for the marketing restrictions. The agency or department or group previously tasked with the enforcement will have to be created or trained to ensure that the restrictions put in place are actually enforced. Additionally, if there are penalties for marketers or food companies, these penalties need to be implemented and the administrative processes required to collect fines and enforce penalties must be created. Enforcement mechanisms will also require appropriate labelling, packaging and nutrient information to assist agencies in identifying unhealthy foods. If food companies are not required to label their products with nutrition information, enforcement can be very difficult, as agencies may be unable to determine the nutrient content in a particular product without conducting their own independent testing. Doing this on a large scale would require a great deal of time and resources. Food labelling or identification requirements should be included within a policy framework, and countries can look to other countries or the WHO guidelines for further guidance.
Finally, the marketing tools and techniques that are used by food companies and marketers to increase consumption are constantly changing. Location-based digital marketing, social media, artificial intelligence, new technology platforms and apps, virtual reality and globalization have rapidly changed the way food is marketed in a short period of time. The policy framework put in place now should be evaluated periodically to ensure that it continues to capture as much of the marketing as possible, to make the restrictions as effective as possible.

References


Annex 4: Multisectoral and multistakeholder collaboration, advocacy and communication

The WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 emphasizes that multisectoral and multistakeholder collaboration and coordination are critical to effective policy action (1). This includes coordination at the government level, with a focus on health-in-all police and whole-of-government approaches across portfolios. Partnership with relevant non-government entities will maximize efficiencies and strengthen government efforts to raise the profile of the issue of food marketing to children. The end-goal is for policy coherence with coordinated actions across government actors and to establish multisectoral and multistakeholder actions with clearly defined roles and responsibilities.

In order to achieve these objectives, communication with multiple sectors within government, industry, academia and across civil society is required to draw on diverse expertise and experience, identify feasible and acceptable solutions, generate public awareness and support, and, identify and counter opposition. WHO recommendations and global mandates to reduce the harmful impact of food marketing on children specify the importance of widespread communication by the lead government agency across all stakeholder groups throughout the policy cycle, and highlight the important advocacy role that civil society, nongovernmental organizations and academic researchers can play during policy development, implementation, monitoring and evaluation (2–6). It is essential that consultation with all external stakeholders is carefully navigated to guard against conflicts of interest.

The pillars “Multisectoral and multistakeholder collaboration” and “Advocacy and communication” both involve engagement with internal and external stakeholders, as such, this Annex serves to guide Member States through a series of stages with the purpose of achieving the priority actions that are defined under these two pillars. Specifically, to:

1. Ensure policy coherence across government actors
2. Implement multisectoral actions with clearly defined roles and responsibilities
3. Advocate for policy action
4. Raise awareness through consumer education and communication
5. Facilitate/galvanize civil society participation.

This Annex is structured into three stages that correspond with the initial, intermediate and longer-term time points of policy development and implementation. Stage 1 aims to raise the profile on the need for policy action; Stage 2 aims to propel the policy agenda towards policy implementation; and Stage 3 aims to strengthen current policy actions. Within each stage, the purpose is outlined and a spectrum of different activities are presented that will assist Member States to realize the aforementioned priority actions.

Stage 1: Raise the profile on the need for policy action

Time frame: Initial phase of food marketing policy development (1–2 year time period).

Purpose: In the early stages of policy development a key focus is for Member States to start to build consensus within government on the need for policy action to address the impact of food marketing. While many segments of government hold a stake in the development of these policies, they may not all share the same viewpoint or expertise on the issue. Experience from countries shows that lack of political consensus within government during the construction of the policy increases the likelihood of
its failure. It also heightens government vulnerability to pressure from external stakeholders who oppose such policy development.

Concurrently, Member States should engage with academia and civil society groups that can support the gathering of evidence on the need for policy action (Pillar 4: Monitoring and evaluation) and who can raise public awareness and apply political pressure through advocacy. Early incorporation of potential allies such as academia, civil society groups and professional associations can act as a catalyst for change, counterbalancing the likely strong opposition from industry.

A series of activities to support Member States to achieve the purpose outlined in this stage are detailed in Table 1 as follows:

**Table 1. Stage 1 activities with implementation considerations**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Supporting information and practical considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nominate the lead government ministry</td>
<td>It is most likely that this will be the ministry of health but this may vary across countries or responsibility may be jointly allocated. The lead ministry(ies) should set the policy agenda, in terms of the policy goal and objectives, to be supported by other ministries/departments/agencies.</td>
</tr>
</tbody>
</table>
Identify and develop relationships with and between key civil society groups, including consumer groups and nongovernmental health organizations, that would have an interest in food marketing.

Building relationships with and between these groups early on is important; they can provide governments with a fresh perspective and give informed and coherent policy advice. In addition, they can play an important role in raising societal awareness and understanding of the issue. The reputation and status of professional associations and civil society groups can lend immediate credibility to the issue within government and to the general population. Professional associations, such as those representing the medical profession, nutritionists, dentists and the public health workforce are typically held in high esteem and have extensive reach with health leaders. As with all non-State partners, due diligence should be undertaken to assess the risk of engagement. For example, some professional associations receive sponsorship or funding from the food industry that may have a vested commercial interest in obstructing policies to reduce the impact of food marketing.

Identify and develop relationships with and between the leading country- or regional-specific academics undertaking research on food marketing and/or infant and child nutrition or weight.

Invite local and/or international experts to present evidence on the need for action on food marketing. Include interactive sessions to encourage input from experts and stakeholders. Interactive sessions should focus on the priority actions to progress policy development. This may include discussions on: the local evidence requirements/gaps; recommended policy provisions (e.g. the media platforms or techniques to be restricted, the age definition of children); and next steps for engaging external stakeholders. Invite local media to attend the forum. Desired outcomes from the meeting include establishing a national dialogue on food marketing as a priority policy area and recommended actions to progress policy development.

Convene a national forum on children’s diet and health with experts and key stakeholders to discuss the urgency for action on food marketing.

ministerial taskforce or working group would be to achieve in-principle consensus over the food marketing policy goal and objectives, as established by the lead ministry/ministries.
The development of a long-term integrated communications plan will help ensure that individual communication activities are not implemented in isolation, but as part of a comprehensive policy approach. This delivers the crucial communication support needed at every stage of implementing actions to protect children from the harmful impact of food marketing – from advocacy, to public education, to enforcement of policies – resulting in stronger impact and longer-term health changes.

As part of the planning process, it is important to consider available resources and budgets for communication activities. Scoping out external environment and gathering data on how marketing agencies and companies operate will provide governments the information that they need to develop their communication strategies in consideration of existing opportunities and threats.

**Communication objectives/target outcomes and strategies**

Setting objectives and identifying desired outcomes and strategies are the most essential steps in planning a communications campaign. These drive the selection of tools and activities, as well as the targeting of audience groups. It is important to ensure that the process is consultative and aligned with policy objectives.

The following are examples of communication campaign objectives, outcomes and strategies:

<table>
<thead>
<tr>
<th>Support and encourage professional associations and civil society groups to publicly espouse food marketing policy</th>
<th>The scope and capacity of civil society and other groups varies widely across countries. Capacity-building for these groups on the issue of food marketing advocacy may be required. This may include advocacy training and the provision of evidence on food marketing (Pillar 4; Monitoring and evaluation). Empower civil society groups to take advocacy to publicly champion the food marketing policy goal and objectives. This may be communicated though organizations’ position statements, policy submissions and media advocacy. To facilitate consensus across organizations, the government could prepare and distribute a policy brief for food marketing that includes evidence of the need for policy action and the policy goal and objectives.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct or facilitate mass media campaigns to increase public knowledge and awareness of the adverse impact of food marketing on children</td>
<td>The WHO Global Strategy on Diet, Physical Activity and Health outlines the importance of comprehensive, government-led strategies to build healthy food environments, including the provision of balanced information throughout all levels of society to support children and their caregivers to make healthy choices, and to ensure the availability of health promotion programmes (6). This includes education, communication and public awareness; food literacy and education programmes; and accurate, standardized and comprehensible labelling information. Provide funds and other resources, including public service airspace, to enable consumer and health groups to conduct awareness-raising campaigns. Ensure broad access to information and effective education and public awareness programmes, throughout all levels of society, on the need to improve child health and nutrition, and support parents in the control of children’s environments.</td>
</tr>
</tbody>
</table>
**Objective:** Advocacy support  
**Outcome:** Strengthened commitment and political will by decision-makers in government  
**Strategy:** Cultivate high-level “champions” who will echo key messages, support the advocacy and influence decision-makers.  
**Strategy:** Build partnerships with and increase capacities of media organizations and communications/information staff of ministries to report on issues, capture and share stories, and mainstream the issue of marketing into the broader national communications agenda.

**Objective:** Expand public education  
**Outcome:** Powerful citizen and media-led communication that reflects local ownership of the advocacy, and sustains the impacts of the communications campaign.  
**Strategy:** Create awareness and continuously amplify messaging on the importance and urgency of protecting children and caregivers from inappropriate marketing.

**Objective:** Support implementation and enforcement  
**Outcome:** Food industries, marketing, advertising and media companies are fully aware of strictly enforced government regulations and corresponding sanctions, and are therefore more compliant.  
**Strategy:** Organize forums and dialogue with industries, and develop a package of information products to support awareness and encourage compliance.

---

**a) Identify target audiences**

The process of selecting target audience groups will vary depending on campaign objectives and government priorities. For this specific issue on protecting children from the impacts of inappropriate marketing of food, the following audience groups can be considered:

- Policy-makers/governments  
- General public  
- Schools  
- Parents  
- Food manufacturers/retailers  
- Marketing and advertising companies  
- Media companies and journalists  
- Social media influencers  
- Telecommunication companies.

**b) Examples of key message themes for each audience group**
The key messages delivered to a specific audience group can largely determine the success or failure of a communications campaign. When communication activities and messages are not planned adequately, there is often a mismatch between key messages and target audience. The following examples provide broad themes for the development of key messages.

<table>
<thead>
<tr>
<th>Audience</th>
<th>Key message themes</th>
</tr>
</thead>
</table>
| Government                         | • The urgency of protecting children from harmful impact of food marketing through policy action.  
• Burden to society such as health costs, productivity, long-term effects on national scale (rise of noncommunicable diseases, obesity, malnutrition, etc.). |
| Journalists, media, bloggers, social media influencers | • The necessity of regularly reporting on issues related to the impact of marketing on public health, their role in exposing marketing ploys and violations by companies, supporting public education and creating stronger demand for healthy lifestyles. |
| Food manufacturers/retailers       | • Strong enforcement of regulations/policies, and corresponding sanctions.  
• If available, communicate options to transition to better products, for example, demand for healthy products as an opportunity (families are more educated about healthy eating; therefore, there is increasing demand for healthy products).  
• Promote corporate social responsibility, encouraging companies to innovate, lead the charge to promote health.  
• Cooperating with government for healthy populations will make business sense. |
| Marketing and advertising companies |                                                                                                                                                                                                                                                                                                                                                     |
| General public                     | • Messages on the harmful impact of food marketing and importance of healthy diet.  
• Information on how the food industry communicates to them and its negative affects.  
• Ways to limit children’s exposure to and protect them from inappropriate marketing.  
• What the government is doing about the issue. |
| Parents                            |                                                                                                                                                                                                                                                                                                                                                     |
| Schools                            |                                                                                                                                                                                                                                                                                                                                                     |
| Civic organizations/interest groups|                                                                                                                                                                                                                                                                                                                                                     |

c) Types of communication tools, platforms and activities

The following communication tools and platforms can be matched with the appropriate target audience group, depending on information gathered from the earlier environmental analysis and setting of objectives.
- Traditional media (print, broadcast – television, radio)
- Digital media (social media and web, including social media influencers)
- Events and community platforms, for example, dialogues, town hall meetings, school fairs, capacity-building/training on ethical practices and reporting for media practitioners, advertisers, etc.
- Information, education, communication products (brochures, briefing kits, videos).

**Examples of communication mapping**

<table>
<thead>
<tr>
<th>Objective: Advocacy support</th>
<th>Outcome: Strengthened commitment and political will by decision-makers in government</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy</strong></td>
<td><strong>Target audience</strong></td>
</tr>
<tr>
<td>Cultivate high-level “champions” who will echo key messages, support the advocacy and influence decision-makers</td>
<td>Policy-makers</td>
</tr>
<tr>
<td>Build partnerships with and increase capacities of media organizations and communications/information staff of ministries to report on issues, capture and share stories, and mainstream the issue of marketing into the broader national communications agenda</td>
<td>Media, general public</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective: Expand public education</th>
<th>Outcome: Powerful citizen and media-led communication that reflects local ownership of the advocacy, and sustains the impacts of the communications campaign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create awareness and continuously amplify messaging on the importance and urgency of protecting children and caregivers from inappropriate marketing</td>
<td>Policy-makers</td>
</tr>
<tr>
<td>General public</td>
<td>Create and continuously expand social media presence.</td>
</tr>
<tr>
<td>Policy-makers</td>
<td>Use international and government-led events and observances as a platform to organize and/or facilitate dialogue among government and stakeholders (e.g. World Health Day, World Breastfeeding Week).</td>
</tr>
</tbody>
</table>
Policy-makers, media, general public | Draft and disseminate news and feature stories.
--- | ---
General public | Partner with television and radio stations that can provide air time for public service announcements.
Policy-makers, media, general public | Develop a multimedia and graphics package for social media, broadcast media and web use. Depending on available funding, this could include videos, infographics, posters.

**Objective:** Support implementation and enforcement  
**Outcome:** Food industries, marketing, advertising and media companies are fully aware of strictly enforced government regulations and corresponding sanctions, and are therefore more compliant

**Strategy:** Initiate/facilitate dialogue with industries, create/support awareness and facilitate compliance

| Food manufacturers/retailers | Organize a roundtable discussion or forum.  
Develop a package of information products such as brochures (FAQs) and videos. |
| Marketing and advertising companies |

**Stage 2: Propel towards policy implementation**

**Time frame:** Mid-term phase of food marketing policy development (2–3 years after commencement).

**Purpose:** The purpose of Stage 2 is to continue to build and strengthen knowledge, capacity and consensus with internal and external government stakeholders on the need for policy action in order to propel the policy agenda towards policy implementation.

Ongoing communication with civil society individuals, groups and organizations will help to align advocacy messages with the desired policy goal and objectives and alert groups of any “policy windows” when advocacy action or political lobbying may be better received. The involvement of eminent key external stakeholders from academia, civil society, nongovernmental organizations and professional associations in the policy working group is recommended. These stakeholders can provide critical public health expertise for policy development.

Given the likely opposition of the private sector in pursuing policies to restrict the impact of food marketing, and thus reduced purchase and consumption of their products, the private sector should not be part of the policy development process. Any consultation with the private sector following policy development should be approached with extreme caution.

A series of activities to support Member States to achieve the purpose outlined in this stage are detailed in Table 2 as follows:

**Table 2. Stage 2 activities with implementation considerations**

<p>| Activities | Supporting information and practical considerations |</p>
<table>
<thead>
<tr>
<th>Oversee ongoing policy development through regular meetings of policy working group</th>
<th>Identify clear goals, objectives, roles and responsibilities within the policy working group.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish clear terms and conditions of engagement and a comprehensive conflict-of-interest policy for members of, and those engaging with, the policy working group</td>
<td>Conduct due diligence on any potential partner that will be involved in policy development, implementation, monitoring and evaluation; gather information about any non-State actor and assess the risk of engagement. Make it mandatory that members of the policy working group present an open declaration of interests. This includes any private or personal interests, including, but not limited to, any activity in which one has a pecuniary or other interest and/or that results in a benefit to oneself or one’s family. These declarations should be publicly disclosed. Where a conflict exists, exclusion of the stakeholder from the working group should occur.</td>
</tr>
<tr>
<td>Identify policy arguments that will resonate with different internal stakeholders and gather evidence to present a convincing case for action</td>
<td>Finding a frame or position that resonates with key stakeholders can be critical to attracting political support. For example, some stakeholders may value economic arguments for action. In these cases, leverage evidence on the estimated cost-effectiveness of food marketing policies. Alternatively, emphasizing the issue from a child rights–based angle may shift political attitudes and generate attention and resources. Invite eminent key external stakeholders from academia, civil society, nongovernmental organizations and professional associations to present evidence in this regard to the policy working group. Keep political leaders informed of global policy developments and impacts.</td>
</tr>
<tr>
<td>Disseminate public health nutrition evidence on the effectiveness of policies on food marketing from both economic and health standpoints</td>
<td>Community coalitions provide the frameworks to foster collective action among individuals and groups with shared advocacy interests. Coalitions can build capacity among members and, in turn, can play a key role in awareness raising and galvanizing public support. Demonstration of widespread support among civil society can resonate with and influence political decision-makers to take action.</td>
</tr>
<tr>
<td>Provide financial support to seed or build community-based public health coalitions</td>
<td>Alert civil society groups and coalitions if and when “policy windows” present themselves, that is, when political or societal conditions are such that advocacy opportunities would be particularly favourable. Policy windows may open after the release of new health data are released, if there is a positive shift in political sentiment or after forums (e.g. global United Nations meetings). Encourage civil society leaders to take advantage of these policy windows and to connect with politicians during these periods.</td>
</tr>
<tr>
<td>Keep civil society groups informed of policy developments</td>
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</tbody>
</table>
Stage 3: Strengthen current policy actions

Time frame: Late-term phase of food marketing policy development and implementation (3–5 years after commencement).

Purpose: The purpose of this stage is to continue to strengthen political and societal consensus and current actions such that the policy approach is aligned with WHO recommendations for food marketing and global best practice. Key considerations at this stage are: (1) to strive for regional policy coherence to protect against cross-border marketing; and (2) to maintain within-country political momentum on the need for policy action.

A series of activities to support Member States to achieve the purpose outlined in this stage are detailed in Table 3 as follows:

Table 3. Stage 3 activities with implementation considerations

<table>
<thead>
<tr>
<th>Activities</th>
<th>Supporting information and practical considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify countries at a similar stage of policy development and/or countries with similar policy priorities and needs and establish intergovernmental collaborations</td>
<td>To facilitate dialogue, harness existing regional intergovernmental organizations. Examples include the Association of Southeast Asian Nations (ASEAN), the Asia-Pacific Economic Cooperation (APEC) and the Organisation for Economic Co-operation and Development (OECD) and the Asia-Pacific Parliamentarian Forum on Global Health.</td>
</tr>
<tr>
<td>Develop and establish regional policies and standards to protect against cross-border marketing</td>
<td>In resolution WHA63.14, the World Health Assembly urged Member States to progress the establishment of intergovernmental collaboration in order to reduce the impact of cross-border marketing (4). Addressing cross-border marketing requires that Member States – particularly neighbouring states or those sharing the same language and media – agree on minimum standards that can be effectively enforced using existing or new mechanisms. If countries have an agreement on cross-border marketing, there is greater potential to limit and reduce the impact of in-flowing and out-flowing marketing. Regional policies and standards could be developed and established, similar to the agreed standards set by the European Commission.</td>
</tr>
<tr>
<td>Review membership, goals and objectives of the policy working group</td>
<td>As implementation of policies progress it will be necessary to review the focus of the policy working group. In addition to addressing the issue of cross-border marketing, it is likely that the new agenda will include a focus on policy enforcement and navigating unintended consequences or loopholes within the policy. Regularly review membership of working group and invite new members as required.</td>
</tr>
<tr>
<td>Draw on expertise from academics and civil society groups to keep informed of</td>
<td>Seek input from external experts as needed and as technology develops, for example, digital marketing and digital law experts.</td>
</tr>
<tr>
<td><strong>global and national research developments</strong></td>
<td>Widely communicate policy evaluation findings to government stakeholders to highlight the effectiveness of the policy and/or limitations that need amendment (Pillar 4: Monitoring and evaluation). Publicize global research and evidence where policy adoption and implementation have resulted in improved public health outcomes and/or economic benefits. Give case study examples of other countries taking action on the issue.</td>
</tr>
<tr>
<td><strong>Regularly disseminate findings from policy monitoring and evaluation research to highlight the effectiveness and necessity of the policy</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Maintain communication and engagement with civil society groups</strong></td>
<td>It is important to maintain a “feedback” loop between government and citizens and vice versa. The existence of a feedback loop is necessary to facilitate information sharing to allow all stakeholders to voice and respond to issues. Educate community groups and organizations regarding how they can report policy violations (Pillar 4: Monitoring and evaluation); such an approach serves to engage citizens in policy implementation. Maintaining an inclusive relationship with civil society encourages their continued “ownership” of the issue.</td>
</tr>
</tbody>
</table>

### Useful reference documents:

A useful companion document to refer to is *A Guide for Public Health Advocacy: Tools and Lessons Learned from Successful Infant and Young Child Feeding Advocacy in Southeast Asia*. This Guide offers practical suggestions for advocacy garnered from a multiyear regional nutrition advocacy initiative in Southeast Asia. This initiative focused on improving infant and young child feeding policies; the principles can be applied to efforts to reduce the harmful impact of food marketing on children. The Guide can be found at [https://www.aliveandthrive.org/wp-content/uploads/2018/02/Guide_Infant_Child_Feeding_Advocacy.pdf](https://www.aliveandthrive.org/wp-content/uploads/2018/02/Guide_Infant_Child_Feeding_Advocacy.pdf).

### References

Annex 5: Monitoring and evaluation framework

WHO recommendations and global mandates to reduce the harmful impact of food marketing on children call on Member States to establish effective, objective and independent monitoring systems as a critical component of States’ policy framework (1–3). Monitoring and evaluation evidence can stimulate policy action, inform policy development, and quantify policy outcomes and impacts to ensure that the policy aims are being met. These data will also serve to counter any litigation challenges from the food industry in response to regulation. This monitoring and evaluation framework aims to support Member States to navigate the evidence requirements for policy development, implementation and continued improvement. It should be used as a guide for the development of a detailed country-specific monitoring and evaluation plan. As with all aspects of food marketing policy development and implementation, monitoring and evaluation should be government-led. However, monitoring and evaluation operations may be carried out by a government-appointed independent body. Importantly, the monitoring body must be free from any real or perceived conflicts of interest. However, the food and/or advertising industries may be engaged to provide data for particular indicators, such as marketing expenditure.

There are two major parts to this Framework, including Part 1 – evaluation and assessment and Part 2 – monitoring and enforcement. Part 1 comprises periodic evaluation of the policy relevance, effectiveness and impact. This evaluation occurs at different stages of policy development and implementation, including in the formative stage of policy development and after intermediate and longer-term policy implementation. Part 2 relates to ongoing monitoring to identify compliance with the policy and any violations. Ideally, the country-specific monitoring and evaluation plan would include both parts to allow the assessment of both policy implementation and effectiveness. Where resources are limited, Member States should consider the information on resource requirements detailed below, to minimize costs while still maintaining an acceptable level of assessment.

A summary of the parts and stages is given in Table 1. Detailed information on each of these parts and their stages is outlined below, including: the time frame, purpose, recommended activities, methodological and data considerations, resource requirements, and engagement with stakeholders.

<table>
<thead>
<tr>
<th>Monitoring and evaluation activities</th>
<th>Stage of policy development and implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Policy development</td>
</tr>
<tr>
<td>Part 1: evaluation and assessment</td>
<td>Stage 1: Formative evaluation</td>
</tr>
<tr>
<td>Part 2: monitoring and enforcement</td>
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</tr>
</tbody>
</table>

**Part 1: Periodic evaluation and assessment**

Periodic evaluation should be undertaken at different stages of policy development and implementation. This includes in the formative stages of policy development to gather evidence on the
need for policy action, and in later stages of policy implementation to evaluate the short- and long-term effects of the policy. Periodic evaluation will likely require input from academic institutes or nongovernmental organizations (NGOs), who have experience in planning and conducting empirical research and field assessments.

**Stage 1: Formative evaluation**

**Time frame:** Initial stage of food marketing policy development

**Purpose:** In the early stages of policy development, the focus is on gathering evidence on the nature, extent and impact of food marketing to raise awareness of the need for policy action. This includes synthesizing available global and local evidence and, where local evidence is limited, stimulating the generation of new evidence through funding opportunities for academia and NGOs. Most evidence on the nature, extent and impact of food marketing has been conducted in high-income countries (4). Investing in local research will: assist policy-makers to internalize food marketing as an issue of national importance; allow media advocacy to frame the issue publicly; and support evaluation of future policy intervention through the collection of baseline data.

**Activities:**
- Gather information on the nutrition and health status of the population.
- Gather information on exposure, power and impact of food marketing. Access existing global and local evidence. Where there is a lack of local evidence, generate new evidence on exposure, power and impact of food marketing, focusing on the key media platforms that may be a priority.
- Gather information on the effectiveness or likely effectiveness of policy interventions.
- Access existing evidence on the real and/or estimated impact of government-led policy interventions locally and in other jurisdictions.
- Access existing evidence on the impact of food industry–led policy interventions locally and in other jurisdictions.

**Methodological and data considerations:** Standardized protocols for monitoring exposure and power of marketing for food and non-alcoholic beverages (FNAB) are available through multiple sources, including:
- INFORMAS ((International Network for Food and Obesity / Noncommunicable Diseases [NCDs] Research, Monitoring and Action Support) for television advertising, outdoor advertising around school zones and sport sponsorship (see [http://www.informas.org/resources/](http://www.informas.org/resources/));
Standardized protocols to monitor breast-milk substitutes (BMS) (including foods) marketing have been developed and endorsed by the NetCode (Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and Subsequent relevant World Health Assembly Resolutions) (see https://www.who.int/nutrition/netcode/toolkit/en/). These protocols give comprehensive, step-by-step guidance on how exposure and power of BMS marketing can be monitored.

Exposure can be assessed using indicators such as frequency or rate of promotions across media and different settings. Exposure surveillance should monitor children’s and caregivers’ interactions with these different types of media and settings. Power of food marketing is most commonly evaluated by content analyses of marketing communications, specifically of persuasive techniques deemed to appeal to children and caregivers. For FNAB, the Framework for Implementing the Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children (2) (pages 46–50) provides a range of indicators and surveillance techniques for monitoring and evaluation related to power and exposure.

Substantial global evidence on exposure, power and impact of food marketing exists and these data have been synthesized in published literature, reports and guidance (3–7). These reference documents provide a basis for global evidence syntheses prepared as part of building formative evidence of the need for policy action. A lack of local evidence should not impede policy development, given the global evidence clearly demonstrates that marketing of FNAB that are high in saturated fats, trans-fatty acids, free sugars or salt has a detrimental effect on children’s health (8).

**Resource requirements:** To catalyse local research on food marketing exposure, power and/or impact, invest in seed grants to academia and NGOs. For FNAB marketing, the hierarchy of effects to food promotion model (9) presupposes that exposure to food marketing is linked to a cascade of responses: from changes to brand awareness, to brand preferences, to food purchase and consumption behaviours, and ultimately changes to weight status. Studies that assess the impact of FNAB marketing on more proximal responses (i.e. changes to brand awareness and preferences) are typically less resource intensive and technically simpler, compared to studies examining the impact of marketing on dietary or health outcomes.

**Engagement with stakeholders:** Seek input from the scientific community and civil society groups on available evidence to support policy action. This may include holding a national forum on children’s diet and health, to provide an opportunity to share intelligence and identify local evidence requirements/gaps.

**Stage 2: Output evaluation**

**Time frame:** Baseline measures (pre-implementation) and intermediate-term follow-up (2–3 years post-implementation)

**Purpose:** The purpose of output evaluation is to assess the effect of the policy on the immediate intended purpose. That is, to reduce the exposure and power of marketing. Output evaluation will also serve to illuminate any loopholes in the policy that may result in smaller reductions to exposures than
anticipated. For example, any shift in marketing to less regulated media where a stepwise approach to restrictions has been applied. These data should then be used for continued improvement of the food marketing policy to allow it to achieve its objectives.

**Recommended activities:**
Repeat baseline measures (gathered during formative evaluation) on the nature and extent of food marketing at a local level. Specifically:

- Gather local level evidence on exposure and power of food marketing.

**Methodological and data considerations:** Apply the same standardized approaches for monitoring FNAB and BMS (including foods) marketing exposures and power that were used during Part 1, Stage 1 Formative evaluation. Focus on the key media platforms that are covered by the regulations, while considering any remaining less regulated media. Consider measuring variability in exposures across population sub-groups, including by age, sex, ethnic or cultural groups, and socioeconomic status.

**Resource requirements:** In some countries, commercial data on food marketing exposures may be available for purchase. However, typically these data are expensive and only available for a limited set of media (e.g. television). Alternatively, collecting periodic data on marketing exposure and power, using the suggested standardized protocols listed above can be more cost-effective and comprehensive. Resources are required for capturing the data (e.g. recording television, capturing screen recordings of online media) as well as coding and analysing the data.

**Engagement with stakeholders:** Engage academia and NGOs to undertake evaluation reports of exposure and power of food marketing across key media. Disseminate evaluation findings to government, external stakeholders and the public to highlight the effectiveness and necessity of the policy.

**Stage 3: Outcome evaluation**

**Time frame:** Baseline measures (pre-implementation) and long-term follow-up (3–5 years post-implementation).

**Purpose:** The purpose of the outcome evaluation is to assess the longer-term effects of the marketing policy. For FNAB, this includes changes to children’s cognitive and affective responses to food marketing, food preferences, food intake and obesity prevalence. For BMS (including foods), outcomes to be assessed include infant and young children’s food consumption; breastfeeding rates and caregivers’ purchasing patterns of BMS (including foods) over time.

Together with output evaluation (Stage 2), outcome evaluation will establish where there may be limitations in policy arrangements. For example, in the case for FNAB where a stepwise approach may have been taken, output evaluation may identify regulatory gaps (e.g. lack of coverage for particular media) and outcome evaluation can then confirm the effect that this continued marketing exposure is having on children. Likewise, positive changes in children’s and caregivers’ behavioural responses to food marketing following the introduction of policy will confirm the importance and necessity of such regulation. Highlighting the impact of food marketing policy on children and caregivers will aid in continuing to build consensus on the need for policy action within, and external to, government.
Recommended activities:
Repeat baseline measures (gathered during formative evaluation) on the outcomes of food marketing policy. Specifically:

- Gather information on the outcome of FNAB marketing policy at a local level. This may include: assessing children’s awareness of, and attitudes towards, unhealthy food brands and/or advertisements; children’s intent to purchase advertised food products and/or purchase requests to parents; product sales; children’s purchase behaviours, food consumption, dietary patterns and obesity prevalence.
- Gather information on the outcome of BMS (including foods) marketing policy at a local level. This may include assessing caregivers’ awareness of and attitudes and preferences towards BMS (including foods) brands and/or advertisements; infant and young children’s food consumption, including prevalence of use and age of starting BMS; and breastfeeding rates.

Methodological and data considerations: As outlined in Stage 1: Formative Evaluation, use the proximal behavioural indicators defined from the hierarchy of effects to food promotion model (9) to evaluate the policy outcomes on children (FNAB) and caregivers (BMS, including foods). These data should be collected at a local level using participatory research and surveys using quantitative and qualitative approaches. Primary data collection may involve survey and interview data from children (FNAB) and caregivers (BMS, including foods) within smaller, population sub-groups.

Capturing information on changes to behavioural responses to marketing (purchases and consumption) will predominately rely on quantitative data collection and analyses. Such data may include sample surveys or nationally representative surveys of dietary intakes or breastfeeding rates; surveys of changes in BMS (including foods) or food purchases (e.g. household expenditure data); health surveys; and child nutrition and weight status surveys. Consideration needs to be given to population sub-groups.

It is important to note that changes in some of the more distal behavioural or health-related outcomes may not be seen within the designated time frame. Changes, particularly those relating to childhood obesity prevalence, can only realistically be expected 10–15 years following the introduction of new marketing restriction policy, if not longer (10). Therefore, it is essential that monitoring of these long-term health-related indicators is planned for and sufficient budgetary resources allocated.

Resource requirements: In order to reduce costs, draw on existing annual surveys at a national or regional level (e.g. population health or nutrition surveys) where possible. Collaborations with universities and NGOs will be valuable in collecting the necessary data. Outcome evaluation should not occur until output evaluation identifies sufficient changes to children’s and/or caregivers’ exposures to marketing for FNAB and BMS, respectively. Premature outcome evaluation is a waste of resources.
Engagement with stakeholders: Disseminate evaluation findings to government, external stakeholders and the public to highlight the effectiveness and necessity of the policy.

Part 2: Ongoing monitoring and enforcement

Ongoing monitoring serves to gather information on the extent of compliance with the food marketing policy and facilitate the detection and reporting of violations. Consequently, monitoring will enable relevant enforcement actions to be taken against violators, thereby ensuring accountability. The very presence and visibility (through regular reporting) of an ongoing monitoring system will likely improve compliance as industries seek to avoid sanctions and public disclosure of violations. Ongoing monitoring requires active government involvement, including embedding monitoring activities into existing systems related to the control and regulation of customs, food and advertising laws (11). This will require political commitment, adequate resourcing and appropriately trained government staff.

Time frame: Ongoing following policy implementation.

Purpose: The purpose of ongoing monitoring is to assess the compliance with the food marketing policy. In the case where FNAB food marketing policy is nonbinding (e.g. government-led self-regulation or government guidelines), the extent of implementation should be assessed. This includes the number and proportion of food manufacturing/retailing/service companies who are signatories to the policy. A high frequency of noncompliance may represent a lack of industry understanding of the policy requirements or inadequate penalties or sanctions. Loopholes can also be identified (e.g. relating to the definitions used for marketing to children (for FNAB) or marketing that originates from another country). In addition, measures of public opinion towards the food marketing policy are useful for continuing to apply political pressure and/or to identify further need for public communication on the harmful impact of food marketing on children.

Recommended activities:
- Introduce reporting obligations as part of the food marketing regulations to compel food companies to provide data on marketing activities and expenditure.
- Repeat baseline measures (gathered during formative evaluation) on exposure and power of food marketing.
- For non-statutory policies, require food companies to publicly commit to the policy as signatories.
- Establish a system for public complaints of potential of policy violations.

Methodological and data considerations: The key media platforms and marketing techniques to be monitored will be informed by the policy specifications. Where a comprehensive approach is adopted, priority media to be assessed may be based on marketing expenditures or estimates of children’s or caregivers’ exposures to marketing across different media. Note that a comprehensive approach to marketing restrictions is essential for BMS (including foods) and strongly recommended for FNAB. Where a stepwise approach for FNAB is taken, focus should be on the restricted media, while also observing any shift in marketing to unregulated media. As previously mentioned, the monitoring protocols developed by INFORMAS, WHO Regional Office for Europe and Consumers International (for FNAB) (http://www.informas.org/resources/; http://www.euro.who.int/en/health-topics/disease-

**Resource requirements:** To limit costs involved, scope any opportunities for capturing data on food marketing exposure and power from existing government monitoring and surveillance or auditing of compliance with regulations. For example, through public health inspectors or environmental health officers, and customs and border control. Monitoring that is established at a central level nationally is likely to be more cost-effective as this will reduce duplication of efforts, recording and reporting. However, at least some data collection will be captured at a local level.

Mandatory reporting of marketing activities and expenditure by food companies could be introduced as part of the regulation. This would substantially reduce the resources required for active monitoring of all key media. Rather, industry data could be used to identify the main media platforms used for promotion, shifts in expenditure across media and, depending on available data, the number of children exposed to advertising campaigns. Such a stipulation is being considered as part of the Canadian Government’s new marketing regulations for FNAB (12).

**Engagement with stakeholders:** Engagement of civil society will support the identification of potential policy noncompliance. This includes educating community groups and organizations about how they can report policy violations. Input will be required from the food industry where self-reported information on food marketing activities is used.

**Useful resources:** NetCode has developed two companion documents to facilitate periodic assessment and ongoing monitoring of BMS (and food) regulations (11,13). These are essential resources for Member States in designing and implementing monitoring and evaluation of BMS policies.

Related to FNAB, the WHO Framework for Implementing the Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to children (2) includes detailed information on periodic output and outcome evaluation of FNAB marketing policies.

**References**


