POLICY BRIEF: TAKING MEASURES TO IMPLEMENT THE WHO SET OF RECOMMENDATIONS TO REDUCE THE IMPACT OF THE MARKETING OF UNHEALTHY FOODS AND NON-ALCOHOLIC BEVERAGES TO CHILDREN

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This policy brief is one of five relating to the commitment by Heads of State and Government at the High Level Meeting of the UN General Assembly on the Prevention and Control of Noncommunicable Diseases in September 2011 to call upon the private sector to contribute to the prevention and control of noncommunicable diseases (NCDs). A separate discussion paper summarises lessons learnt to date and possible approaches to support Member States to realize this commitment. All papers are available on the website of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases (GCM/NCD) http://www.who.int/nmh/ncd-coordination-mechanism/en/.

SUMMARY

- Implementation of the WHO recommendations on the marketing of unhealthy foods and non-alcoholic beverages to children has progressed in many high-income countries, although the impact to date is limited.
- There is little progress in low- and middle-income countries in implementing these recommendations and there is a need for significant support for these countries, including capacity building.
- All countries need to ensure that regulatory frameworks to reduce the marketing of unhealthy foods and non-alcoholic beverages to children are underpinned by clear policy objectives.
- Voluntary/self-regulatory approaches alone have been shown to be insufficient to ensure effective implementation of the recommendations and statutory regulation is essential, even if implementation is through a self-regulatory mechanism.
- Governments in all countries can do more to call on the private sector to implement the recommendations.
- Independent monitoring of the implementation of the recommendations is essential and non-governmental organizations and/or academic institutions can play a role in this.

PURPOSE

This policy brief outlines progress made by Member States and non-state actors in realizing the commitment to call upon the private sector to implement the WHO set of recommendations to reduce the impact of the marketing of unhealthy foods and non-alcoholic beverages to children (‘WHO recommendations’). It sets out where we stand today, identifies any barriers and challenges to progress, and summarizes which approaches have best driven the implementation of the WHO recommendations.

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1 See paragraph 44(a) of resolution A/RES/66/2 http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1
2 See also related policy briefs on producing and promoting more food products consistent with a healthy diet, and on reducing the use of salt in the food industry.
BACKGROUND

At the UN General Assembly High Level Meeting in September 2011, Heads of State and Government committed to call upon the private sector, \textit{inter alia}, to take measures to implement the WHO set of recommendations to reduce the impact of the marketing of unhealthy foods and non-alcoholic beverages to children, while taking into account existing national legislation and policies. The importance of this approach was affirmed at the Second International Conference on Nutrition (ICN2) in November 2014,\textsuperscript{3} which recommended that governments regulate the marketing of food and non-alcoholic beverages to children in accordance with the WHO recommendations.

To accelerate national efforts to address NCDs, the World Health Assembly has adopted nine global targets for 2025 and endorsed a set of actions organized around the WHO Global NCD Action Plan 2013-2020 that, when implemented collectively by Member States, international partners and WHO, will help to achieve a global target of a 25\% reduction in premature mortality from NCDs by 2025. These targets will be monitored through 25 indicators. One of the nine targets is to halt the rise in diabetes and obesity, measured by one of the 25 indicators – policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans fatty acids, free sugars, or salt.

\textbf{WHY IS REDUCING THE IMPACT OF MARKETING OF UNHEALTHY FOODS AND NON-ALCOHOLIC BEVERAGES TO CHILDREN IMPORTANT FOR NCD PREVENTION AND CONTROL?}

Overweight and obesity in childhood have increased substantially over the past three decades. An estimated 170 million children (aged less than 18 years) globally are now estimated to be overweight or obese, and the prevalence is increasing in almost all countries.

Overweight and obesity in childhood are associated with significant reductions in quality of life and frequently lead to overweight or obesity in adulthood. Adult obesity has serious health consequences; it is a major risk factor for common NCDs that cause long-term morbidity and premature mortality.

Many factors are contributing to the increase in childhood obesity, including the widespread marketing and availability of unhealthy food and non-alcoholic beverages. Evidence shows that food marketing to children is extensive, largely promotes foods high in salt, sugar or fat, and it influences children’s food preferences and consumption pattern at young ages. In May 2010, at the Sixty-third World Health Assembly, the World Health Organization (WHO) Member States endorsed a set of recommendations on the marketing of foods and non-alcoholic beverages to children, developed in response to a request made by Member States in May 2007. The main purpose of the recommendations is to guide efforts by Member States to help reduce the impact of foods high in saturated fats, trans fatty acids, free sugars and salt.

\textbf{APPROACHES TO EFFECTIVELY IMPLEMENTING THE WHO RECOMMENDATIONS ON THE MARKETING OF UNHEALTHY FOODS AND NON-ALCOHOLIC BEVERAGES TO CHILDREN}

A comprehensive approach is most likely to lead to effective implementation of the WHO

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\textsuperscript{3} ICN2. Conference outcome document: framework for action \url{http://www.fao.org/3/a-mm215e.pdf}

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recommendations on the marketing of unhealthy foods and non-alcoholic beverages to children, although a stepwise approach can also be taken. This may result in restrictions just on certain products (those high in sugar, salt, fat and trans fat) or in certain settings, through to complete bans on commercial advertising of any products directed to children. The process of effectively implementing the recommendations involves policy development, implementation (including enforcement) and monitoring/evaluation. A key decision for countries is the regulatory framework within which this process sits – self-regulation, co-regulation or statutory regulation.

Regardless of the regulatory approach taken, it is essential that the objectives of the WHO recommendations are maintained and a government’s policy goals delivered on. Experience to date supports the need for a statutory basis to the regulatory framework if meaningful progress is to be made, as defined by a government’s policy goals rather than industry-defined targets and outcomes.

WHAT PROGRESS HAS BEEN MADE AND WHAT ARE THE BARRIERS TO PROGRESS?

In July 2014, the UN General Assembly reviewed progress achieved with the prevention and control of NCDs, and acknowledged that limited progress had been made in response to the broader commitment to call on the private sector. As noted in the WHO Director-General’s 2013 progress report on noncommunicable diseases to the UN Secretary General, a small number of private sector entities have started to take measures to implement the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children.

Many high-income countries have well-established mechanisms for regulating and monitoring product advertising and marketing, including food and non-alcoholic beverages. In general, these have been increasingly strengthened over the last decade, largely through government-approved forms of self-regulation, although statutory measures are increasingly being adopted. There are several voluntary initiatives or pledges at the global, regional and country level that large companies participate in within Europe. These include codes covering the general principles of marketing to children, including two that address food and beverage marketing itself.

Self-regulatory bodies report high levels of compliance with voluntary standards and monitoring in a number of developed countries has shown an apparent reduction in exposure of children to marketing of unhealthy food and non-alcoholic beverages. However, more in-depth, independent studies suggest that self-regulation may not be as effective as the self-reported data suggest in reducing exposure of children and youth to unhealthy food and non-alcoholic beverages. The standards applied in voluntary pledges or codes have been shown to leave substantial loopholes, including:

- only applying when children are over 50% of the audience, which in reality occurs infrequently

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6 For example see Dembek et al, referenced below.
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- no standard nutritional criteria, with different manufacturers applying different standards (creating a tendency towards the lowest common denominator)
- allowing advertising of foods that comply with industry-defined levels of sugar or fat, which are set at much higher levels than independent expert opinion would deem appropriate.

A separate review of policies on food and non-alcoholic beverage marketing in the EU concluded that the nature and degree of the restrictions implemented within the EU (and in a number of other high-income countries) differ considerably, which significantly alters the policy impact. In many cases the policy objectives remain poorly articulated, resulting in difficulty in formulating indicators to monitor and assess progress and outcomes.  

WHO has recently reviewed progress on implementation of the WHO recommendations through surveying countries in the Eastern Mediterranean, South-East Asia and African regions. Many of the countries surveyed are low- and middle-income.

In the Eastern Mediterranean Region (EMR), food marketing is ubiquitous and influences eating habits towards high-energy snacks, fast food, sugar carbonated drinks and other high fat/sugar/salt foods. Only a few countries in the EMR have made progress in implementing the WHO recommendations. One clear barrier is the apparent lack of awareness of the WHO recommendations and their importance as part of a comprehensive approach to addressing childhood obesity. To date, no EMR Member State has adopted a comprehensive policy on marketing of HFSS food marketing to children. The Islamic Republic of Iran has the most advanced regulatory framework, which covers both children and adolescents, and is focused on radio and television as the key media and schools and clubs as key settings.

In the South-East Asia Region (SEAR), a number of countries have a statutory and/or self-regulatory framework in place for media advertising. However, the only countries to have implemented some form of regulation of food and non-alcoholic beverage marketing to children specifically are India, Indonesia and Thailand. There are also differences between these three: the frameworks in India and Indonesia are self-regulatory and do not necessarily restrict the exposure of children to marketing of unhealthy food and non-alcoholic beverages; in Thailand, attempts to control TV advertising are more consistent with the WHO’s rationale of limiting the impact and power of marketing on children.

A number of common features have been identified for these three countries that may explain their relative success compared with other SEAR countries:

- All three countries are middle-income
- All have a strong commercial advertising sector, making regulation more necessary
- There is civil society pressure for regulation
- They have both statutory and self-regulation.

The survey of SEAR countries also identified potential barriers/bottlenecks:

- Lack of advocacy/pressure from civil society
- Tension between political democratization and government-led media regulation (which may be perceived as constraining the private sector but not the public sector)
- The need to attract (and not deter) private investment

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7 The Polmark project, referenced below.
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- Limited regulation of advertising in general
- The rapid rise and evolution of new media, which it is difficult for regulatory regimes to keep pace with
- Exposure to cross-border advertising.

The picture in the African region is currently not encouraging. While some countries have advertising regulatory frameworks in place, very few have provisions to address marketing of food and non-alcoholic beverages to children. The majority of countries have not implemented any of the recommendations and key ‘bottlenecks’ are:

- Some countries have no media or advertising regulation at all; some form of regulatory infrastructure is a prerequisite for the implementation of the recommendations
- There is limited awareness of the underlying rationale for the recommendations, with no initiative by any stakeholder (government, industry or civil society) to provoke a discussion on the issues

**WHICH APPROACHES HAVE BEST DRIVEN PROGRESS?**

Addressing food marketing to children effectively requires governments to develop clear statements of their policy objectives, identify the indicators that will be monitored to demonstrate progress and require those responsible to account for progress. Generally, progress has been greatest in countries that have both statutory and self-regulatory components to their regulatory frameworks, regardless of a country’s income level.

Experience suggests that voluntary codes alone may not sufficiently reduce the advertising of foods that undermine healthy diets, or reduce children’s exposure to this advertising and that statutory measures are essential. The particular value of the statutory aspect of a regulatory framework is that governments can explicitly state their policy goals and objectives, and any subsequent self-regulatory processes must deliver on these and be able to report progress. Statutory regulation also allows a government to define relevant standards and targets, rather than relying on what tend to be more permissive (and non-standardised) industry definitions.

The reviews of progress with implementing the WHO recommendations have clearly identified the need for capacity building, particularly in low- and middle-income countries. This needs to include capacity building on policy and regulatory development and implementation, as well as evaluation and monitoring of progress. It seems clear that statutory regulation is a key tool for effective implementation of the WHO recommendations on the marketing of food and non-alcoholic beverages to children. With this in mind, WHO has begun working with the International Development Law Organization (IDLO) with the aim of delivering national capacity building workshops on healthy diet, physical activity and the law.
FOR FURTHER READING


About the WHO global coordination mechanism on noncommunicable diseases (GCM/NCD)

Terms of reference for the establishment of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases were endorsed by the sixty-seventh World Health Assembly in May 2014. The scope and purpose of the WHO GCM/NCD are to facilitate and enhance coordination of activities, multistakeholder engagement and action across sectors in order to contribute to the implementation of the WHO Global NCD Action Plan 2013–2020.

The 2014–2015 work plan of the GCM/NCD has five objectives. Under objective 3, a working group is being established to recommend ways and means of encouraging Member States and non-State actors to realize the commitment included in paragraph 44 of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.

For further information on the GCM/NCD, see http://www.who.int/nmh/ncd-coordination-mechanism/en/

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