

Meeting Report

Biregional Workshop on Restricting the Marketing of Foods and Non-alcoholic Beverages to Children in the Western Pacific and South-East Asia



1–4 December 2015
Kuala Lumpur, Malaysia



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Note

The views expressed in this report are those of the participants of the Biregional Workshop on Restricting the Marketing of Foods and Non-Alcoholic Beverages to Children in the Western Pacific and South-East Asia and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and in the WHO South-East Asia Region, as well as those who participated in the Biregional Workshop on Restricting the Marketing of Foods and Non-Alcoholic Beverages to Children in the Western Pacific and South-East Asia in Kuala Lumpur, Malaysia, from 1 to 4 December 2015.

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Summary

Marketing plays a powerful role in shaping attitudes towards and encouraging consumption of unhealthy foods and non-alcoholic beverages, particularly among children, who are most susceptible to marketing messages. Evidence shows that marketing increases children's awareness of and preference for brands, purchase requests and purchases, and consumption of foods that are often high in fats, sugar and salt. A correlation has been observed between the levels of unhealthy food advertising and the prevalence of overweight. To reduce the impact on children of marketing of foods high in saturated fats, trans-fatty acids, free sugars or salt, the World Health Assembly in May 2010 endorsed a set of recommendations on the marketing of foods and non-alcoholic beverages to children. The main purpose is to guide efforts by Member States in designing new or strengthening existing policies on food marketing communications to children. Since then, numerous global mandates have consistently called for countries to implement the set of recommendations with support from the World Health Organization (WHO); however, progress has been slow.

This biregional workshop for the Western Pacific and South-East Asia Regions was convened to bring together public health officers, regulators, and lawyers within ministries of health and other relevant agencies to assess country progress and strengthen capacities across a wide range of technical and legal issues on the implementation of the set of recommendations. It was hosted by the Ministry of Health, Malaysia, in Kuala Lumpur from 1 to 4 December 2015.

The workshop included sessions on each of the 12 recommendations (on the rationale, exposure and power of marketing, comprehensiveness, clear standards, settings, stakeholders, regulatory frameworks, cross-border issues, enforcement, monitoring, evaluation and research), including presentations, discussions and group work. This was followed by action planning sessions, in which countries identified their stage of implementation of the set of recommendations (prepare, enact, implement or monitor), identified barriers and opportunities for implementation, and developed action plans with priority actions in the short term and medium term.

This report summarizes the outcomes of this four-day workshop. The following are the main conclusions and recommendations:

Conclusions

The objectives of the Biregional Workshop on Restricting the Marketing of Foods and Non-Alcoholic Beverages to Children in the Western Pacific and South-East Asia were met.

1. Unhealthy diet – comprising foods and non-alcoholic beverages (FNAB) high in fat, sugar, and salt – is a major contributor to the increasing rates of obesity and a prime risk factor for noncommunicable diseases in both the Western Pacific and the South-East Asia Regions.
2. While FNAB that are high in fat, sugar, and salt are more readily available, accessible, and affordable than ever, the products are also made attractive through aggressive

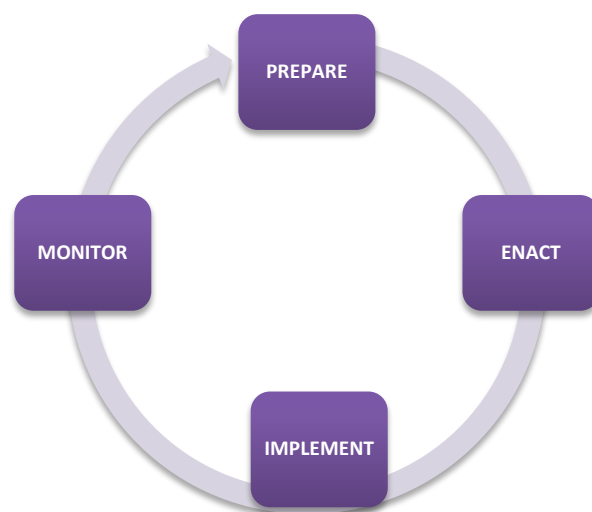
marketing techniques.

3. Targeted by the industry, children are highly exposed to marketing of FNAB, which strongly influences their beliefs, preferences and consumption patterns.
4. Despite the importance and urgency of implementing the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children, overall progress by countries has been slow.
5. Implementation will be most effective through the development of enforceable, proportionate, and coherent legal frameworks, engaging legal officers throughout the process – including the strengthening of existing frameworks, such as regulatory controls on advertising, child and consumer protection, and school food environments.
6. Actions to advance implementation, including support from WHO, will require a multidisciplinary and multisectoral approach tailored to country contexts, addressing as appropriate limited human and financial resources, and limited public awareness and support, while protecting against conflicts of interest and the vested interests of the FNAB industry.
7. Building technical and legal capacity at country level with support from WHO will be essential to sustainable action.
8. Lessons from implementing other global mandates, such as the International Code of Marketing of Breast-Milk Substitutes and the WHO Framework Convention on Tobacco Control, may help to inform the process.

Recommendations

The recommendations are based on the four phases in the policy development cycle (prepare, enact, implement, monitor), as discussed during the workshop (Figure 1).

Figure 1. Phases in the policy development cycle



Recommended actions by Member States for 2016–2017

1. Prepare

- a. Conduct country-specific research on the exposure and power of marketing of FNAB to children, to build the evidence base (Bangladesh, Cambodia, Indonesia, the Lao People's Democratic Republic, the Philippines, Sri Lanka, Viet Nam).
- b. Conduct high-level advocacy on the importance and urgency of implementing the recommendations on marketing of FNAB to children (Bangladesh, Cambodia, Indonesia, the Philippines).
- c. Conduct mapping of policies, including laws, as one of many policy instruments to identify strengths and gaps in the policy framework relating to marketing of FNAB to children and to ensure policy coherence across sectors (the Lao People's Democratic Republic, Mongolia).
- d. Conduct stakeholder mapping to identify champions and other relevant actors to advance implementation of the WHO set of recommendations, while protecting against conflicts of interest and the vested interests of the FNAB industry (China, Mongolia, the Philippines, Viet Nam).

2. Enact

- a. Develop a policy on restricting the marketing of FNAB to children (Mongolia).
- b. Conduct regulatory impact assessments of policy options (Malaysia).
- c. Develop appropriate instruments to implement the policy on restricting the marketing of FNAB to children (the Lao People's Democratic Republic).
- d. Set clear standards for uniform implementation, including the age of children to be protected, the types of marketing to be restricted, and the types of FNAB to be restricted from marketing, through an appropriate nutrient profile model (Indonesia, the Philippines, Sri Lanka).
- e. Convene stakeholder consultations to advocate consensus on the policy response to the marketing of FNAB to children and to engage stakeholders as appropriate (Indonesia, the Philippines).

3. Implement

- a. Build enforcement mechanisms to implement the policy on restricting the marketing of FNAB to children (Fiji, Indonesia, Sri Lanka).
- b. Strengthen collaboration with civil society organizations to support enforcement.

4. Monitor

- a. Establish a monitoring framework, including selection of indicators (process, output, outcome), to evaluate the policy response in restricting the marketing of FNAB to children (Malaysia).
- b. Strengthen collaboration with civil society organizations to support monitoring.

Recommended actions by WHO for 2016–2017

1. Prepare

- a. Develop a research protocol to support countries to assess the power and exposure of marketing, building on pathways to effective action through regulation and legislation (PEARL).
- b. Develop tools for stakeholder analysis, aligned with PEARL.
- c. Provide technical support to countries to conduct policy mapping.

2. Enact

- a. Provide technical and legal support to countries to develop policies and appropriate instruments to restrict the marketing of FNAB to children, including providing legal support to conduct regulatory impact assessments.
- b. Develop a regional nutrient profile model that can be adapted to country contexts.

3. Implement

- a. Provide technical and legal support to Member States to strengthen or develop new enforcement mechanisms.

4. Monitor

- a. Provide technical support to Member States to monitor implementation of policies to restrict marketing of FNAB.

1. Introduction

1.1 Meeting organization

In 2010, the Sixty-third World Health Assembly endorsed the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children. Since then, numerous global mandates have consistently called for countries to implement the recommendations with support from WHO; however, progress has been slow.

The Biregional Workshop on Restricting the Marketing of Foods and Non-Alcoholic Beverages to Children in the Western Pacific and South-East Asia was convened to bring together public health officers, regulators, and lawyers within ministries of health and other relevant agencies to assess country progress, strengthen capacities across a wide range of technical and legal issues, and identify next steps for countries and WHO. It builds on a similar workshop recently held in Amman, Jordan, for Member States of the Eastern Mediterranean Region and the European Region. The event was hosted by the Ministry of Health, Malaysia, in Kuala Lumpur from 1 to 4 December 2015. The full list of participants is available in Annex 1. The meeting programme is available in Annex 2.

1.2 Meeting objectives

The objectives of the meeting were:

1. to assess country progress in implementing the WHO set of recommendations on the marketing of food and non-alcoholic beverages to children;
2. to develop technical and legal capacities for participants on restricting the marketing of FNAB to children;
3. to identify next steps for countries and to recommend support from WHO towards restricting marketing of FNAB to children;
4. to discuss the establishment of a regional network or networks on the marketing of FNAB to children.

2. Proceedings

2.1 Opening session

The workshop was opened by the Honourable Minister of Health of Malaysia, Datuk Seri Dr S. Subramaniam, and Dr Graham Perry Harrison, WHO Representative in Malaysia. The WHO Representative highlighted the major role that marketing plays in shaping children's beliefs that can last a lifetime, the high investment of the food industry in marketing of unhealthy FNAB, and the food industry's use of the same tactics for advertising, promotion and sponsorship that were pioneered by the tobacco and alcohol industries. The Honourable Minister highlighted the importance of addressing unhealthy food consumption as a primary risk factor for noncommunicable diseases (NCDs), and called for workshop outcomes in the form of concrete actions that could be implemented to move forward the agenda of restricting marketing to children.

2.2 Session on recommendation 1 (rationale)

This session set the scene for the NCD and nutrition situation globally and in the Western Pacific and South-East Asia Regions, and provided an overview of the WHO set of recommendations, as well as existing mandates and regional policy options. NCDs and unhealthy diets are a common modifiable risk factor in both Regions. The marketing of FNAB is causing increasing concern about nutrition and health status. Marketing refers to any form of commercial communication or message that is designed to increase, or has the effect of increasing, the recognition, appeal or consumption of particular products and services. The evidence on the effects of marketing is compelling: marketing increases children's awareness and preference for brands, purchase requests and purchases, and food consumption. Furthermore, a correlation between the levels of unhealthy food advertising and the prevalence of overweight has been observed.

Even though countries endorsed the WHO set of recommendations in May 2010, as of 2015 only 27% of WHO Member States had any policies partially implementing the recommendations. Only one country in the Western Pacific Region has implemented marketing restrictions through law (Republic of Korea).¹ Several reasons for slow implementation have been identified:

- a. The recommendations suggest both voluntary and regulatory pathways, but the evidence so far suggests that self-regulation or voluntary measures are not effective.
- b. There is a gap in the involvement of the legal sectors, professional and civil society organizations in policy advocacy, development and implementation.

¹ The term "law" is used as an umbrella term for all types of legally enforceable measures, including for example legislation, regulation, decree, or an order, used by the country's legal system. Enforcement mechanisms may range from inspection and injunction to financial sanctions and criminal penalties. Laws are one of many policy instruments and may be distinguished from other policy instruments, such as strategies, action plans, programmes, codes of ethics or other voluntary instruments, that do not have enforcement mechanisms.

- c. The undermining work by industry to oppose efforts by Member States has been obvious.
- d. There is the need for tools for countries, as well as for enforcement capacity to progress implementation of existing laws and regulations that have been enacted but not enforced.
- e. There is limited awareness on the recommendations amongst policy-makers, health professionals and the general public.

The 2018 reporting to the United Nations General Assembly includes implementation of the set of recommendations as one of the key indicators for Member States to report on. For Member States to deliver on the commitments that heads of State made through the United Nations Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011), it is timely to scale up efforts to implement the set of recommendations.

2.3 Session on recommendation 2 (exposure and power of marketing)

This session addressed the different types of food marketing, which includes three categories: **advertising** (broadcast, such as TV and radio, print, outdoor and point of sale; online, including social media and advergames; and vending machines), **promotion** (loyalty programmes; free samples; brand stretching in other products, including clothing and games; brand sharing; characters; tie-ins; and celebrity endorsements), and **sponsorships** (sports and cultural events; and sponsorships in schools, communities and “science”). All these types of marketing techniques should be restricted on the implementation of the set of recommendations. The discussions highlighted the need for more guidance on how to differentiate when marketing is directed at children. A starting point could be to identify channels targeted at children, children’s TV-viewing times and usage of toys. Children are also attracted to marketing directed at adults or at adult viewing times (for example family TV shows), and this warrants consideration. The difficulty in restricting all types of marketing was acknowledged. The use of company logos (branding and brand sharing) was discussed, falling under the promotion category of marketing. Group work discussed the different techniques used for marketing in the country context.

2.4 Session on recommendation 3 (comprehensiveness)

In this session, five countries (Fiji, Indonesia, Malaysia, the Republic of Korea and Thailand) provided updates on their current situation regarding the marketing of FNAB to children, with examples of voluntary and mandatory measures. Malaysia has since 2013 implemented a self-regulatory industry pledge to reduce marketing to children; the country reported challenges faced, such as unreliable self-monitoring by industries, not enough details in the text of the pledge, lack of nutrition criteria or standards, and the status report by industries covering only those companies who had signed the pledge. In terms of mandatory approaches, Fiji and Malaysia have drafted new food advertisement regulations, which are under discussion. The Republic of Korea has implemented since 2008 a law (Special Act)

prohibiting sales and advertisement of unhealthy foods to children. The country highlighted the existence of clear and regularly updated standards and the role of civil society and academia to support the establishment and implementation of the regulation as key lessons learned. The importance of building political momentum and strong evidence to support restrictions on marketing of FNAB was also acknowledged. Some countries (for example Indonesia and Thailand) mentioned the pressure from the food and beverage industries as a key challenge. Presentations were followed by group work, in which country teams assessed their current progress on implementation of the set of recommendations using a spidergram tool.

2.5 Session on recommendation 4 (clear standards)

The session discussed clear standards to restrict the marketing of FNAB to children, mainly regarding the age of children to be protected and unhealthy foods to be restricted.

Defining age. The definition should be aligned with existing legal and policy frameworks, for example the Convention on the Rights of the Child. The higher the age set, the higher the coverage, and therefore more children are protected. There is growing evidence that adolescents are also affected by marketing, and are more likely to be at risk due to their purchasing power. Children can also be targeted by focusing on settings where children gather (for example schools), and TV programmes at viewing times for children and families. Use of different marketing techniques for different age groups should also be considered.

Defining unhealthy foods. The draft WHO nutrient profile model for the Western Pacific Region was presented as a tool to classify foods according to their nutritional content, helping identify foods that should be restricted for sales or marketing. It can also be used to set standards for taxation, procurement of food for schools and other public institutions, and for health claims. The process for developing the regional model was also presented, including country field-testing and a regional consultation to adapt the European model. Group work invited participants to test the model by classifying sample processed food items provided and determining whether or not they could be marketed. Challenges highlighted included the differences in units used (grams and milligrams, for example), labels not always being clear, and the use of licensing characters.

2.6 Session on recommendation 5 (settings)

This session highlighted the importance of school environments in promoting good nutrition. Schools have the crucial roles of educating future generations and of creating health, but can also be used to spread unhealthy marketing messages to children. Common in-school marketing approaches include vending machines, posters and signs, advertisements on buses, school materials and supplies such as notepads, sports uniforms, cups and containers, and scholarships. Marketing restrictions of FNAB in school settings should include not only school premises, but also areas surrounding schools. Country examples from Mongolia and the Philippines highlighted the density of food advertisement around schools, mostly for non-core, unhealthy foods, fast foods, and sugar-sweetened beverages. Advertisements were

particularly clustered within the immediate vicinity of schools. Group work discussed a case scenario on sponsorship of school activities by food companies and conflicts of interest. Participants indicated that such offers come with strings attached and restrict schools' abilities to create healthy environments for children. Any partnership with companies should have clearly defined conditions, for example no branding. Discussions revealed that overall awareness among school principals on childhood obesity and its causes was low in many countries. Also, they may not be aware of conflicts of interest. Thus, it was suggested that schools would benefit from tools on how to deal with sponsorship offers and actual or perceived conflicts of interest. There was an overall sentiment that governments should invest more in schools to ensure such partnerships are not needed. Companies without conflicts of interest (for example non-food companies) and civil society organizations were identified as alternative sources of funding.

2.7 Session on recommendation 6 (stakeholders)

This session discussed the role of stakeholders and industry pledges and other forms of self-regulation. There is virtually no evaluation of voluntary pledges and no evidence that they work, in addition to evidence on non-compliance with such pledges. Industry self-regulation pledges generally consider three components: restrictions related to the nutritional value of the products marketed; different marketing media; and different marketing tools. Self-regulatory commitments from different organizations, including industry associations, are common practice in several countries, and voluntary industry pledges exist for example in India, Malaysia and Thailand. Some small changes have been observed in marketing practices where voluntary measures are in place, though they are not substantial; additionally, companies that do not sign the pledges are marketing more heavily. The limited existing research shows that studies funded by the food industry generally have results that are favourable to voluntary schemes, while the opposite is found in independently funded studies. Self-regulation diverts attention from other regulatory approaches. During group work, participants performed a stakeholder mapping, identifying actors from different constituencies and placing them on a stakeholder map based on their level of interest and influence in implementing the set of recommendations. Common stakeholders that were considered to have high levels of influence and interest were the ministries of health, food and agriculture, and education, as well as civil society organizations (none specified) and the food and beverage industry. The extent to which such influence is positive or negative was not discussed in detail.

2.8 Session on recommendation 7 (regulatory frameworks)

This session was divided in four major parts:

Law as a tool for NCD prevention. Law should intervene in obesity prevention because obesity should not be regarded exclusively as a question of personal responsibility. However, laws alone are not sufficient, and should be part of a broader mix of policies. Areas of possible regulatory intervention include consumer information, food education in school curricula, marketing restrictions, taxation or other economic measures, product reformulation

and limiting product sizes. Laws should be adequately designed and framed to maximize effectiveness and withstand industry challenges, with support from legal experts and lawyers from the start. They should also be based on evidence of their need, and on an objective, independent and reliable food classification system. Law is context and country specific; therefore, general principles may apply broadly, but details must be seen in context. The main constraints to law include trade restrictions, constitutional arrangements (allocation of powers between the different levels of government), and fundamental rights (for example the right to free speech).

Principle of proportionality. Advertising is a tool that allows consumers to be informed and choose between competing brands and products, but since it brings risks to vulnerable groups such as children, reasonable restrictions are necessary for the protection of health. Nonetheless, measures should not be more restrictive than necessary. The principle of proportionality promotes the need for a balance: a measure must be necessary, and it must not exceed what is required to achieve the objective at hand. Legislators must take into account whether equally effective alternatives are available. A careful balancing exercise is needed on the basis of existing evidence, and should also take into account competing interests (based on impact assessments and consultation to determine competing interests that have been or could be invoked, and to assess the extent they should be taken into account).

Human rights and NCD prevention. Human rights are not only ethical principles, but also legal principles. They have been more commonly invoked by industry operators in the discussion of advertising, for example in arguing for freedom of (commercial) expression. However, a paradigm shift is needed: governments can use the rights to health and food and related human rights instruments, such as the International Covenant on Economic, Social and Cultural Rights and the Convention on the Rights of the Child, to invoke the need for public health measures.

World Trade Organization (WTO) processes and implications for the marketing of FNAB. WTO is the central multilateral mechanism governing international trade, and through that system WTO members have made commitments to abide by rules in respect to regulation to ensure that trade is (in theory) fair – for example regarding taxation and customs duties. There are also other mechanisms at regional level, such as the Association of South-East Asian Nations (ASEAN) and the European Union. There have been no WTO disputes concerning restrictions on marketing of FNAB, but the threat of disputes has been used as a tactic to delay efforts towards more regulation. The core legal principle of proportionality (described above) should be followed, along with the principle of non-discrimination: restrictions on marketing must not be discriminatory in their form and effect, and differential treatment of product categories should be based solely on a legitimate regulatory distinction (for example the nutrient profile model). If these principles are followed, laws can withstand both national and international industry challenges. Outside the WTO system, a number of other instruments, such as state contracts (for example, contracts to host large sports events with predetermined sponsors), are also relevant for marketing of FNAB. The role of civil society in advocacy and pressure for marketing restrictions should not be underestimated.

Countries can also find smart solutions around international trade agreements (for example, Fiji has not prohibited import of turkey tails, but has prohibited their sale).

2.9 Session on recommendations 8 (cross-border issues) and 9 (enforcement)

This session focused on enforcement mechanisms, with examples from country and civil society perspectives. The Republic of Korea presented existing monitoring frameworks and related bodies tasked with monitoring. Enforcement is done by central and local governments, and there is budget allocation from central to local levels. Consumers can report violations through a complaint mechanism online; however, most violations are detected by active monitoring. Penalties are imposed for violations. Academia has been involved throughout the process and research has supported enforcement and monitoring.

The perspective of civil society organizations was presented, indicating their role in raising public awareness and ensuring industry compliance. Consumer organizations can help monitor marketing practices by companies, comparing countries to show which companies are applying double standards. Examples of misconduct by companies were presented. Civil Society Organizations can also support and push for regulatory policies (for example the Fiji Consumer Council, supporting a tax on soft drinks) and help counteract industries' vested interests. A proposal for a global convention to protect and promote healthy diets, similar to the WHO Framework Convention on Tobacco Control, was presented. The efforts of civil society need to be amplified through the support of WHO to effectively monitor compliance by industry.

The example of the WHO European Action Network on reducing marketing pressure on children was also presented. The network has been active since 2008, with 28 country members. It is led by Member States, with the secretariat in Norway. It is voluntary in nature, and the set of recommendations provide their framework for action and guide the topics to be addressed. It has helped with implementation and monitoring, and the development of tools (for example the nutrient profile model for Europe). The network is a forum to discuss new challenges and share experiences (such as the issue of digital media and marketing), and to keep updated with emerging research. There was discussion on a possible network on restricting the marketing of FNAB across the Western Pacific and South-East Asia Regions, or a network using other channels such as ASEAN. Overall, countries supported the idea of a regional network or alliance, and that this should be further explored. Malaysia referred to the regional Alliance for Healthy Cities, which could serve as an example. The network or alliance could be led by a WHO collaborating centre or a resource centre. Intercountry networks can also be explored as a first step.

2.10 Session on recommendations 10 (monitoring), 11 (evaluation) and 12 (research)

This session introduced concepts on monitoring to check compliance with the set of recommendations, and evaluation, including through research, to verify the effectiveness and

impact of measures. To measure exposure to and the power of marketing, the following should be taken into account: platform (for example TV, Internet, magazines); sampling and time period (representative of the target group); data collection (for example commercials); and indicators (for example frequency, rate, rank by type of advert, type of food, time of advert, techniques). Country experiences with evaluating compliance with the International Code of Marketing of Breast-Milk Substitutes can help inform the way forward for the set of recommendations. In Malaysia, for example, the Code is not a regulation, but there is a monitoring system with complaint mechanisms, and a disciplinary committee that evaluates the complaints and decides penalties for the companies. The country has also hired trained monitors to help with monitoring compliance; this is quite effective for the control of direct marketing, but there are issues with indirect marketing of products. In the Philippines, the Department of Health has issued guidelines for monitoring of Code implementation at different levels, there is a website where the general public can report violations, and there are strong civil society groups that watch for violations. However, the burden of proof rests on the whistle-blowers and there is no legal support for them. In Sri Lanka, the food industry must provide scientific evidence to prove their marketing claims, but this process takes time and is not comprehensively adhered to. In Bangladesh, monitoring of the Code of Marketing of Breast-Milk Substitutes in the field is done on a regular basis (monthly) by a committee, but many gaps exist. In Fiji, a health impact assessment on the draft regulations on marketing of food and non-alcoholic beverages is currently taking place and will predict the potential health impacts, costs and benefits of the draft regulations on marketing.

2.11 Next steps: action planning for implementation

Group work on current status

Participants discussed and identified at which stage of the policy cycle (Figure 2) their country was with regard to implementing the set of recommendations. A summary by country is provided in Table 1. This exercise made clear that the process to implement the set of recommendations is not linear. For example, countries such as Malaysia marked both the enact and implement phases, since there is a voluntary pledge that is being implemented and in parallel a draft regulation is being developed. Or, Sri Lanka marked the prepare, enact and implement phases, since they are attempting to accelerate the implementation of marketing regulations and have a current system for assessing the accuracy of health and nutrient claims.

Figure 2. Policy cycle and linkages with the set of recommendations

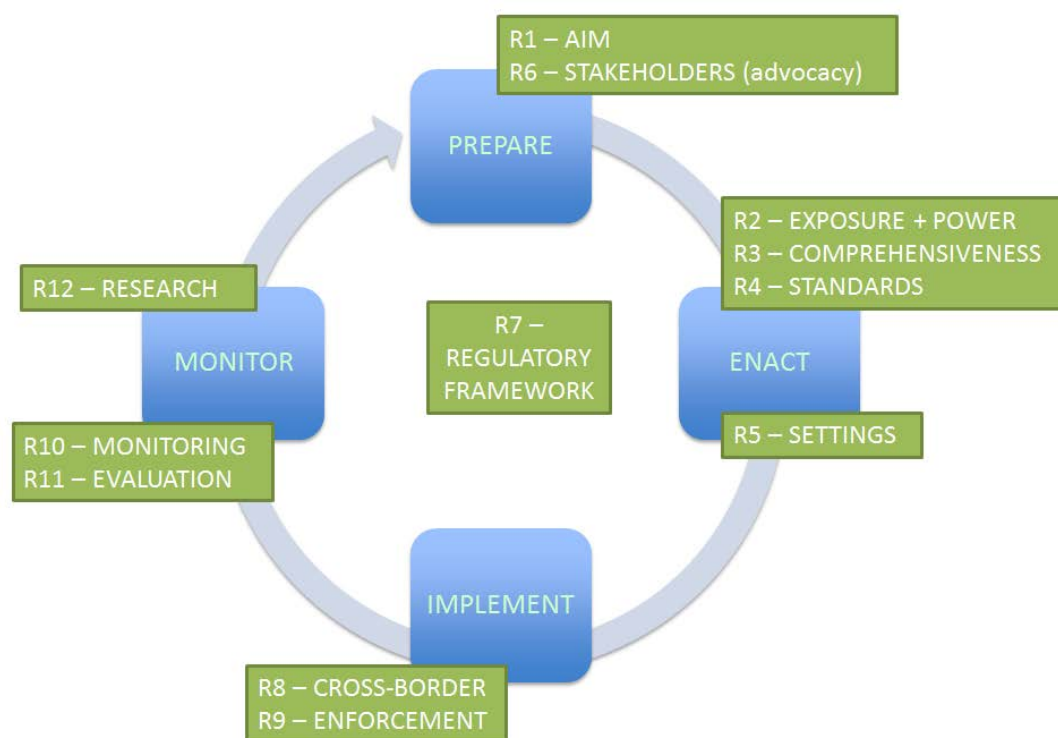


Table 1. Current status by country

Country	Stage			
	Prepare	Enact	Implement	Monitor
Bangladesh	X			
Cambodia	X			
China		X		
Fiji		X	X	
Indonesia	X			
Lao People’s Democratic Republic		X		
Malaysia		X	X	
Mongolia		X		X
Philippines	X			
Sri Lanka	X			
Thailand	X			
Viet Nam	X			X

Group work on identifying barriers and opportunities for advancing implementation

A summary of barriers and opportunities is presented in Table 2. Participants identified barriers and opportunities for advancing implementation of the priority actionable recommendation identified in Table 3.

Table 2. Main barriers and opportunities identified

Barriers	Opportunities
<p>Policy</p> <p>Lack of evidence on marketing of FNAB at baseline to inform policy</p> <p>Lack of clear standards defining unhealthy foods and age of children to be covered</p> <p>Lobby from food and beverage companies and interference in policy-making</p> <p>Weak monitoring capacity and plans</p> <p>Cross-border constraints to landlocked countries (import and advertisement of foods)</p> <p>Political commitment</p> <p>Issue not a political priority in the country</p> <p>Lack of international commitment</p> <p>Partners and stakeholders</p> <p>Exclusivity deals with sponsors, for example for television coverage of sports events</p> <p>Some stakeholders object to restricting the marketing of FNAB</p> <p>Some sectors may need an external trigger to engage in such multisectoral actions</p> <p>Conflict of interest</p> <p>Limited civil society capacity and participation (for example by consumer organizations)</p> <p>Resources</p> <p>Limited human and financial resources</p> <p>Limited capacity and technical expertise</p>	<p>Build technical capacity</p> <p>Technical support from international organizations such as WHO for consultations and meetings and to develop policy papers and research</p> <p>Training of trainers workshops</p> <p>Legal training for development of regulations</p> <p>Policy</p> <p>Some laws and regulations already in place (for example food law, consumer protection law, advertising law) can be amended to cover marketing of FNAB</p> <p>Self-regulatory measures in place</p> <p>Some regulations currently in draft form can be finalized</p> <p>Rural and local levels can regulate in their regions</p> <p>Active political lobbying for support of different sectors at high level</p> <p>Develop monitoring plans, research proposals and standards, such as national nutrient profile models</p> <p>Partners and stakeholders</p> <p>Platform for engagement with stakeholders in place</p> <p>Support from minister of health and consumer groups</p> <p>Work with TV companies to solicit their support</p> <p>Network with international organizations and countries to learn from their experience</p>

Group work on prioritization of actions

Participants discussed and prioritized one actionable recommendation, based on the spidergram exercise from day 1 and the current status of implementation identified in Table 1. The majority of countries identified research as a priority action, followed by stakeholder engagement, setting standards, enforcement, and monitoring and evaluation (see Table 3).

Group work on action planning

The objective of this group work was to draft an action plan for advancing implementation of the selected priority recommendation at country level, with a focus on the next 12 months.

Table 3 shows a summary of prioritized actions by country, and expected outcomes.

Table 3. Prioritized actions and expected outcomes by country

Country	Priority action	Milestone/expected outcome
Bangladesh	Research on exposure and power of marketing of FNAB	Data on exposure and power of FNAB marketing used for advocacy with policy-makers and other stakeholders
Cambodia	Research on exposure and power of marketing of FNAB with dissemination workshop and identification of stakeholders involved	Data on exposure and power of FNAB marketing used for advocacy with policy-makers and other stakeholders; stakeholders involved
China	Stakeholder engagement and advocacy	Establishment of multisectoral cooperation of all stakeholders
Fiji	Enforcement, monitoring and evaluation	Compliance with regulations
Indonesia	Collation of already available data on power and exposure of marketing Adapting nutrient profile model	Policy-makers lobbied to implement existing regulatory measures to prevent or restrict marketing of FNAB to children
Lao People's Democratic Republic	Research on marketing of FNAB (legislation on marketing); support in policy mapping	Draft regulations on food safety and nutrition in schools finished and endorsed
Malaysia	Research (regulatory impact assessment)	Adequate evidence to enact food advertisement regulation
Mongolia	Stakeholder engagement and advocacy; support in policy mapping; support in policy development	Government approval of a law to protect children from marketing of foods and beverages; draft policy available
Philippines	Stakeholder engagement and advocacy; standard setting (nutrient profile model, unhealthy food in schools)	Availability of compelling evidence on power and exposure of marketing to children to support legislative advocacy; issuance of amended department order from Department of Education
Sri Lanka	Collecting data on exposure and power of FNAB marketing Adapting a nutrient profile model Reviewing existing measures for food laws for feasibility of including implementation of marketing restrictions on FNAB	Regulations drafted and endorsed Nutrient profile model developed Existing implementation mechanism strengthened
Thailand	Collation of available evidence on power and exposure of marketing	Thailand could not identify expected outcomes
Viet Nam	Research on exposure and power of marketing of FNAB; stakeholder engagement	Data on exposure and power of FNAB marketing used for advocacy with policy-makers and other stakeholders; connecting of stakeholders

2.12 Closing session

The closing session provided a brief summary of the workshop, and a reminder that no country had yet implemented the set of recommendations comprehensively. The world is looking for a champion country to set the example to others, which could be one of the countries that attended the workshop. The Ministry of Health of Malaysia thanked all for conducting a successful workshop and reminded countries about the challenges associated with protecting children from marketing, including the pressure from industry. However, with political will and the support of civil society, countries can safeguard the health of our future generations by providing a supportive environment for children to adopt healthy diets.

3. Conclusions and recommendations

3.1 Conclusions

The objectives of the Biregional Workshop on Restricting the Marketing of Foods and Non-Alcoholic Beverages to Children in the Western Pacific and South-East Asia were met.

1. While FNAB high in fat, sugar and salt are more readily available, accessible and affordable than ever, the products are also made attractive through aggressive marketing techniques.
2. Targeted by the industry, children are highly exposed to FNAB marketing, which strongly influences their beliefs, preferences and consumption patterns.
3. Despite the importance and urgency of implementing the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children, overall progress has been slow.
4. Implementation will be most effective through the development of enforceable, proportionate and coherent legal frameworks, engaging legal officers throughout the process – including the strengthening of existing frameworks, such as regulatory controls on advertising, child and consumer protection, and school food environments.
5. Actions to advance implementation, including support from WHO, will require a multidisciplinary and multisectoral approach tailored to country context, addressing as appropriate limited human and financial resources, and limited public awareness and support, while protecting against conflicts of interest and the vested interests of the FNAB industry.
6. Building technical and legal capacity at country level with support from WHO will be essential to sustainable action.
7. Lessons from implementing other global mandates, such as the International Code of Marketing of Breast-Milk Substitutes and the WHO Framework Convention on Tobacco Control, may help to inform the process.

The recommendations are based on the four phases in the policy development cycle (prepare, enact, implement, monitor), as discussed during the workshop.

3.2 Recommendations

Recommended actions by Member States for 2016–2017

1. **Prepare**
 - a. Conduct country-specific research on the exposure and power of marketing of FNAB to children, to build the evidence base (Bangladesh, Cambodia, Indonesia, the Lao People's Democratic Republic, the Philippines, Sri Lanka, Viet Nam).

- b. Conduct high-level advocacy on the importance and urgency of implementing the recommendations on marketing of FNAB to children (Bangladesh, Cambodia, Indonesia, the Philippines).
- c. Conduct mapping of policies, including laws, as one of many policy instruments to identify strengths and gaps in the policy framework relating to the marketing of FNAB to children and to ensure policy coherence across sectors (the Lao People's Democratic Republic, Mongolia).
- d. Conduct stakeholder mapping to identify champions and other relevant actors to advance implementation of the WHO set of recommendations, while protecting against conflicts of interest and the vested interests of the FNAB industry (China, Mongolia, the Philippines, Viet Nam).

2. Enact

- a. Develop a policy on restricting the marketing of FNAB to children (Mongolia).
- b. Conduct regulatory impact assessments of policy options (Malaysia).
- c. Develop appropriate instruments to implement the policy on restricting the marketing of FNAB to children (the Lao People's Democratic Republic).
- d. Set clear standards for uniform implementation, including the age of children to be protected, the types of marketing to be restricted, and the types of FNAB to be restricted from marketing, through an appropriate nutrient profile model (Indonesia, the Philippines, Sri Lanka).
- e. Convene stakeholder consultations to advocate consensus on the policy response to the marketing of FNAB to children and to engage stakeholders as appropriate (Indonesia, the Philippines).

3. Implement

- a. Build enforcement mechanisms to implement the policy on restricting the marketing of FNAB to children (Fiji, Indonesia, Sri Lanka).
- b. Strengthen collaboration with civil society organizations to support enforcement.

4. Monitor

- a. Establish a monitoring framework, including selection of indicators (process, output, outcome), to evaluate the policy response in restricting the marketing of FNAB to children (Malaysia).
- b. Strengthen collaboration with civil society organizations to support monitoring.

Recommended actions by WHO for 2016–2017

1. Prepare

- a. Develop a research protocol to support countries to assess the power and exposure of marketing, building on pathways to effective action through regulation and legislation (PEARL).

- b. Develop tools for stakeholder analysis, aligned with PEARL.
- c. Provide technical support to countries to conduct policy mapping.

2. Enact

- a. Provide technical and legal support to countries to develop policies and appropriate instruments to restrict the marketing of FNAB to children, including providing legal support to conduct regulatory impact assessments.
- b. Develop a regional nutrient profile model that can be adapted to country contexts.

3. Implement

- a. Provide technical and legal support to Member States to strengthen or develop new enforcement mechanisms.

4. Monitor

- a. Provide technical support to Member States to monitor implementation of policies to restrict marketing of FNAB.

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Annex 2. Meeting programme

PROVISIONAL PROGRAMME

DAY 1 - Tuesday, 1 December 2015 (Platinum Ballroom)

- 08:30-09:00 Registration
- 09:00-09:15 Opening ceremony (Part I)
- Welcome remarks
 - Overview of workshop objectives and agenda (*Dr Ki-Hyun Hahm*)
 - Nomination of the Chairperson
- 09:15-10:30 Recommendation 1 (rationale)
- Regional burden of diet-related NCDs and policy options (*Dr Angela de Silva and Dr Katrin Engelhardt*)
 - Updates on the progress towards achieving the global NCD targets (*Dr Temo Waqanivalu*)
 - Evidence on the effects of marketing (*Dr Katrin Engelhardt*)
 - Overview of the set of recommendations on the marketing of foods and non-alcoholic beverages to children (*Dr Leo Nederveen*)
- 10:30-11:00 ***Mobility break***
- 11:00-11:30 Opening ceremony (Part II)
- Opening addresses
 - *Dr Shin Young-soo, WHO Regional Director for the Western Pacific (delivered by Dr Graham Harrison, WHO Representative in Malaysia, Brunei Darussalam and Singapore)*
 - *Datuk Seri Dr S. Subramaniam, The Honourable Minister of Health Malaysia*
 - Introductions by participants
- 11:30-11:45 ***Group photo***
- 11:45-12:15 ***Press conference (for invited guests only) (Copper Room)***
- 11:45-13:00 ***Lunch (Qing Zhen Restaurant)***

- 13:00-13:45 Recommendation 2 (exposure and power)
- Review of recommendation 2
 - Introduction to marketing techniques (*Dr Ki-Hyun Hahm*)
 - Group work: country examples (*Dr Ki-Hyun Hahm*)
- 13:45-15:00 Recommendation 3 (comprehensiveness)
- Review of recommendation 3
 - Country reports
 - Fiji
 - Indonesia
 - Malaysia
 - Republic of Korea
 - Thailand
 - Discussion
- 15:00-15:30 ***Mobility break***
- 15:30-17:00 Group work: assessing country progress
- 17:00-19:00 ***Welcome reception hosted by the World Health Organization Regional Office for the Western Pacific (Poolside)***

DAY 2 - Wednesday, 2 December 2015 (Platinum Ballroom)

- 09:00-09:15 Recap of Day 1 + Overview of Day 2 (*Ms Sabrina Granheim*)
- 09:15-10:30 Recommendation 4 (clear standards)
- Review of recommendation 4
 - Defining the age of children (*Dr Ki-Hyun Hahm*)
 - Introduction to the draft Nutrient Profile Model for the Western Pacific (*Dr Katrin Engelhardt*)
 - Group work: testing products on the nutrient profile model (*Dr Katrin Engelhardt*)
 - Discussion
- 10:30-11:00 ***Mobility break***
- 11:00-12:30 Recommendation 5 (settings)

- Review of recommendation 5
 - Protecting children in schools and other settings where children gather
(*Dr Barrie Margetts*)
 - Country presentations
 - Mongolia
 - Philippines
 - Group work: corporate sponsorship and conflict of interest
(*Dr Katrin Engelhardt and Ms Sabrina Granheim*)
 - Discussion
- 12:30-13:30 ***Lunch (Qing Zhen Restaurant)***
- 13:30-14:45 Recommendation 6 (stakeholders)
- Review of recommendation 6
 - Industry pledges and other forms of "self-regulation" (*Dr Barrie Margetts*)
 - Group work: stakeholder mapping (*Dr Ki-Hyun Hahm*)
 - Discussion
- 14:45-15:15 ***Mobility break***
- 15:15-17:30 Recommendation 7 (regulatory frameworks)
- Review of recommendation 7
 - Law and NCD prevention: maximizing opportunities (*Professor Amandine Garde*)
 - Implementing the set of recommendations: the UK case study
(*Professor Amandine Garde*)
 - The relevance of international economic law (*Dr Benn McGrady - via WebEx*)
 - NCDs and fundamental rights: limits on marketing (*Professor Amandine Garde*)
 - Discussion
- 19:00 Departure from Novotel
- 20:00 ***Dinner hosted by the Ministry of Health, Malaysia, (Rebung Restaurant)***

22:30 Tentative arrival at the Novotel Hotel

DAY 3 - Thursday, 3 December 2015 (Platinum Ballroom)

09:00-09:15 Recap of Day 2 + Overview of Day 3 (*Ms Sabrina Granheim*)

09:15-10:45 Recommendations 8 (cross-border), 9 (enforcement) (Part I)

- Review of recommendations 8-9
- Effective implementation through sustainable enforcement mechanisms (*Dr Kim Cho-Il*)
- The role of civil society in raising public awareness and ensuring industry compliance (*Dato Indrani Thuraisingham*)
- Discussion

10:45-11:15 ***Mobility break***

11:15-12:30 Recommendations 10 (monitoring), 11 (evaluation), 12 (research)

- Review of recommendation 10-12
- Monitoring for regulatory impact (*Dr Barrie Margetts*)
- Updates on the status of evidence on the marketing of foods and non-alcoholic beverages in the Western Pacific and South-East Asia (*Dr Ki-Hyun Hahm*)
- Discussion

12:30-13:30 ***Lunch, Qing Zhen Restaurant, Level 1***

13:30-14:00 Recommendations 8 (cross-border), 9 (enforcement) (Part II)

- Exploring the possibility of forming a regional monitoring network: lessons from the European Marketing Network (*Mr Jo Jewell - via WebEx*)

14:00-14:45 Next steps to implementing the Set of recommendations (Part I)

- Group work: identifying a priority recommendation for action (*Dr Katrin Engelhardt*)

14:45-15:15 ***Mobility break***

15:15-16:30 Next steps to implementing the Set of recommendations (Part II)

- Group work: identifying barriers and opportunities (*Dr Padmini Angela de Silva*)

- Discussion

DAY 4 - Friday, 4 December 2015 (Platinum Ballroom)

- 09:00-09:15 Recap of Day 3 + Overview of Day 4 (*Ms Sabrina Granheim*)
- 09:15-10:45 Next steps to implementing the set of recommendations (Part III)
- Group work: developing action plans (*Dr Katrin Engelhardt and Dr Padmini Angela de Silva*)
 - Discussion
- 10:45-11:15 ***Mobility break***
- 11:15-12:30 Closing
- Conclusions
 - Closing remarks
- 12:30-13:30 ***Lunch (Qing Zhen Restaurant)***

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