

Regional Workshop on Regulating the Marketing and Sale of Foods and Non-alcoholic Beverages at Schools



1–3 June 2016
Manila, Philippines



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REGIONAL OFFICE FOR THE WESTERN PACIFIC

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MEETING REPORT

REGIONAL WORKSHOP ON REGULATING THE MARKETING AND SALE OF FOODS
AND NON-ALCOHOLIC BEVERAGES AT SCHOOLS

Convened by:

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NOTE

The views expressed in this report are those of the participants of the Regional Workshop on Regulating the Marketing and Sale of Foods and Non-alcoholic Beverages at Schools 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, as well as those who participated in the Regional Workshop on Regulating the Marketing and Sale of Foods and Non-alcoholic Beverages at Schools in Manila, Philippines from 1 to 3 June 2016.

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Child nutrition / Food / Marketing / School health services

SUMMARY

Promoting a healthy diet by improving the food¹ environment is central to preventing and controlling noncommunicable diseases (NCDs). The school food environment can play an important role in the child's daily choice of foods and beverages. However, foods and beverages sold and marketed in schools are not always consistent with national school food standards (where available). Regulating foods in the school environment is essential to protect, promote and support healthy diets for children. This includes restricting the sale and marketing of products high in sugar, salt and fat, setting school food standards, and increasing the availability and accessibility of healthy options.

Global and regional mandates call upon countries to prioritize action in school settings. WHO-recommended policy options include setting school food standards and restricting marketing and sales of foods and drinks based on identified standards. However, progress in implementing these mandates has been slow across the Region.

This regional workshop on regulating foods and non-alcoholic beverages in and around schools contributed to advancing country-specific adaptation and implementation of these policy options. In relation to the sale of unhealthy FNAB in schools, only one of 10 countries reported being in the monitoring phase (having fully implemented restrictions). Most Member States were currently enacting restrictions (four countries) or attempting to implement them (three countries). Progress in banning the sale of sugar-sweetened beverages (SSB) was a little more advanced, with eight countries already enacting, implementing or monitoring bans on sweetened drinks. During the meeting, every country identified these goals as being important or very important in the future.

It was evident that progress towards restricting the marketing of unhealthy FNAB in and around schools was substantially slower than for food restrictions. Only one country (Samoa) was at the monitoring phase of restrictions across all forms of marketing. Many of the others had not taken any actions to ban branded vending machines (six countries), branded sponsorship (seven countries), promotions and tie-ins (six countries) or branded sponsorship of school events (seven countries).

Most countries had progressed to implementing programmes and policies aimed at promoting healthy FNAB to children in the school environment, for instance by strengthening nutrition curriculum and promotion for the wider school community, and promoting healthy foods and special events. A mapping activity saw countries assess the most impactful (given their most pressing health priorities) and feasible interventions given their capacities and socioeconomic climate, providing a more realistic framework for prioritizing where to direct resources.

All ten countries identified restricting the sale of sugar sweetened beverages as their first priority for action, with seven countries wanting to develop a new (or strengthen an existing) policy to support this action. Nine countries, namely China, Fiji, Lao People's Democratic Republic, Malaysia, Mongolia, Philippines, Samoa, Vanuatu and Viet Nam, identified training of school staff, including teachers and principals, as a necessary next step. Seven countries, namely Cambodia, China, Fiji, Lao People's Democratic Republic, Malaysia, Mongolia and Philippines, identified training of school staff, including teachers and principals,

¹ In this report, "food" includes all food products and non-alcoholic beverages. School food policies refer to policies for food products and non-alcoholic beverages.

as a necessary next step. Seven countries mentioned the need to either develop (or update existing) food standards to support restricting 'unhealthy' and promoting 'healthy' foods in schools namely Cambodia, China, Lao People's Democratic Republic, Malaysia, Mongolia, Philippines and Viet Nam. (Table 4 provides further details on country priorities and actions).

Conclusions

Workshop participants concluded the following.

1. Unhealthy foods and non-alcoholic beverages high in sugars, salt and fat are aggressively marketed and are widely available and accessible to children in and around schools.
2. Policies exist in most countries, but none comprehensively protect children from exposure to unhealthy foods and non-alcoholic beverages in and around schools.
3. Policies commonly focus on the promotion of healthy foods and non-alcoholic beverages, and few address restrictions on the sale and marketing of unhealthy foods and non-alcoholic beverages in and around schools.
4. Lack of capacity (at different levels of the policy development cycle) and sustainable financial resources were identified as key barriers to creating healthy school food environments.
5. Tools for food classification are required to effectively implement strong, clear and enforceable policies, but these are lacking in most countries.
6. Enforcement and monitoring of existing policies were identified as a major challenge.
7. Partnership was recognized as a critical element for policy development, implementation and evaluation. Partnerships should be fostered beyond health and education, with measures being taken to safeguard against conflict of interest and vested interests.

Recommendations for Member States

Member States are encouraged to:

1. review existing policies and, as necessary, develop comprehensive and legally enforceable policies that restrict the marketing and sale of unhealthy foods and non-alcoholic beverages to children, particularly sugar-sweetened beverages, in and around schools:
 - a. all 10 participating countries identified restricting the sale of SSB as a priority action;
2. develop, adapt and apply, as necessary, a food classification system based on WHO guidelines for salt, sugar and fat to ensure consistent enforcement of school food guidelines
 - a. seven of the 10 countries mentioned the need to either develop (or update existing) food standards to support restricting 'unhealthy' and promoting 'healthy' foods in schools including Cambodia, China, Lao People's Democratic Republic, Malaysia, Mongolia, Philippines and Viet Nam;
3. strengthen enforcement and evaluation of school food policies, for example, through increased training of food vendors and providers, incentive systems, linking implementation to school principals' performance monitoring and/or increased engagement of the school community and civil society to monitor infringements
 - a. seven of the 10 countries identified the importance of strengthening enforcement and evaluation of school food policies namely Cambodia, China, Lao People's Democratic Republic, Malaysia, Mongolia, Philippines and Viet Nam;
4. develop mechanisms to safeguard against conflict of interest in the development, implementation and evaluation of school food policies.

Recommendations for WHO Secretariat

The WHO Regional Office for the Western Pacific will prioritize the following:

1. provide technical and legal assistance in the development, implementation and evaluation of school food policies, including foods and non-alcoholic beverages, by reviewing existing tools and, as necessary, developing new tools for enabling effective classification of food and enforcement of school nutrition policies, such as a regional nutrient profile model for school food procurement and advocating to government leaders for strong school food policies;
2. monitoring the marketing and sale of foods and non-alcoholic beverages, including vending in and around schools;
3. support countries to build an evidence base on marketing, including regulatory impact assessments; and
4. enhance technical and legal capacities through in-country workshops, as appropriate, to better develop, implement and evaluate school food policies.

1. INTRODUCTION

1.1 Meeting organization

Regulating foods in school environments includes dietary guidelines for school meals, as well as voluntary and mandatory restrictions on the sale and marketing of products high in sugar, salt and fat, as well as increasing the availability and accessibility of healthy options.

Recognizing that childhood obesity has emerged as one of the greatest threats to health in the 21st century, global mandates endorsed by the World Health Assembly have consistently called upon countries to prioritize action in school settings, with support from WHO, including the Global Strategy on Diet, Physical Activity and Health (2004), WHO School Policy Framework (2008), WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children (2010), and most recently, the Rome Declaration on Nutrition and Framework for Action (2015). Specific policy options recommended by WHO include setting school food standards, and restricting the marketing and sales of foods, where available, based on the school food standards.

At the recent Bi-regional Workshop on Restricting the Marketing of Foods and Non-alcoholic Beverages to Children in the Western Pacific and South-East Asia, countries acknowledged the need to prioritize school settings and requested technical support to advance action, including the development of tools, such as a nutrient profile model for school food procurement (a nutrient profile model for marketing restrictions has already been developed by WHO, and adapted to the Region by the WHO Regional Office for the Western Pacific).

Progress in implementing these mandates, however, has been slow across the Region. Few countries have developed enforceable legal frameworks to restrict the sale and marketing of foods in school environments, or food standards for school canteens. Only four countries in the Region reported having any legal measures on the marketing of foods rich in sugar, salt and fat to children, three of which are voluntary and one mandatory². Twelve restrict sales of selected unhealthy foods and non-alcoholic beverages in schools (10 of which are voluntary and two mandatory³). A total of 17 countries in the Region have any type of guidelines for school meals, and only three⁴ have enforceable standards.

To advance implementation of global and regional mandates and country-specific adaptation of policy options to promote, protect and support healthy diets in school environments, the Noncommunicable Diseases and Health Promotion (NCD) and Nutrition (NUT) units at the WHO Regional Office for the Western Pacific convened a follow-up regional workshop on regulating the marketing and sale of foods and non-alcoholic beverages in and around schools.

1.2 Meeting objectives

The objectives of the workshop were to:

- (1) review country experiences in regulating the sale and marketing of food and non-alcoholic beverages (FNABs) in and around schools, and increase the availability and accessibility of healthier food options;
- (2) identify policy options appropriate to country context to restrict the sale and marketing of FNABs;

² Voluntary: Singapore, Malaysia, Australia; Mandatory: Republic of Korea.

³ Voluntary: Australia, Brunei Darussalam, Fiji, Guam, Hong Kong, Macao, Mongolia, Philippines, Singapore, Samoa; Mandatory: Republic of Korea and Vanuatu.

⁴ Guam, Japan and Republic of Korea.

- (3) share updated guidance and tools to support setting school food standards (including nutrient profiling) and regulating the sale and marketing of FNABs in and around schools; and
- (4) identify next steps for countries and recommend support from WHO towards regulating FNABs in school settings.

2. PROCEEDINGS

2.1 Opening session

The workshop was opened by Dr Susan Mercado, Director, Division of Noncommunicable Diseases and Health through the Life-course (DNH), WHO Regional Office for the Western Pacific, on behalf of Dr Shin Young-soo, WHO Regional Director for the Western Pacific. Dr Mercado initiated the proceedings by reminding participants that childhood obesity is intricately linked to obesity in adulthood, a key risk factor for NCDs which now account for four out of five deaths in the Western Pacific Region.

Children spend many hours at school, and typically eat at least one meal and one other snack there. The types of foods and drinks available in and around schools tend to be unhealthy – high in calories, sugar and salt, and low in nutrients. This is compounded by aggressive marketing of unhealthy foods and drinks to children through various forms of advertising, promotion and sponsorship. Regulating foods in and around the school environment is therefore an essential component of a comprehensive plan to protect, promote and support healthy diets for children. This includes setting dietary guidelines for school meals; restricting the sale and marketing of products high in sugar, salt and fat; and increasing the availability, accessibility and awareness of healthy options. While global mandates endorsed by the World Health Assembly have consistently called upon countries to prioritize action in school settings, progress in implementing these mandates has been slow across the Region. Few countries have developed enforceable legal frameworks to restrict the sale and marketing of foods in school environments, or food standards for school canteens.

This workshop was organized in response to requests to focus on the school food environment made at the recent workshop on restricting marketing efforts aimed at children in WHO's Western Pacific and South-East Asia regions. Dr Mercado confirmed that WHO is committed to supporting Member States in their effort to protect children by promoting health-enabling environments and ultimately curbing the growing NCD epidemic.

2.2 Introduction to workshop and overview

Dr Katrin Engelhardt, Technical Lead, Nutrition, WHO Regional Office for the Western Pacific

A number of recent reviews on progress by countries towards meeting workshop objectives show that while nearly all countries have set in place initiatives to promote healthy food at schools and restrict unhealthy foods, the majority are voluntary restrictions. In relation to restrictions on marketing, three Member States have in place voluntary restrictions on the marketing of unhealthy food and beverages in schools and just one has mandatory restriction. Over 20 Member States have not yet put in place controls around marketing within the school environment.

A key consideration for the WHO Regional Office for the Western Pacific is the diversity of country contexts and situations within schools. Both approaches to restricting the overall exposure of unhealthy foods and beverages to children in this setting, and the support provided to countries by the Regional Office, will need to be suited to these varying contexts.

Dr Engelhardt thanked participants for attending and reminded all that the emphasis of the meeting would be on “regulation”, which includes restricting the sale and marketing of products high in sugar, fat and salt, setting school food standards, and increasing the availability and accessibility of healthier alternatives. Participation in the meeting and group work activities will ideally lead countries closer to advancing action on the strategies being discussed.

2.3 Introduction to the Commission on Ending Childhood Obesity

Dr Temo K Waqanivalu, Surveillance and Population-Based Prevention, WHO headquarters

This session provided an overview of the burden of childhood obesity and the complex problem facing countries in attempting to stem childhood obesity, while simultaneously addressing malnutrition and nutritional deficiencies.

Halting the rise of childhood obesity is one of the six Global Nutrition and NCD Targets. At the Sixty-seventh World Health Assembly the WHO Director-General announced the establishment of a high-level Commission on Ending Childhood Obesity (ECHO) to provide policy recommendations to governments to prevent identify and manage overweight and obesity in infants, children and adolescents.

The report of the commission, *Ending Childhood Obesity* was provided at the Sixty-ninth World Health Assembly in 2016. It included six strategic objectives, including tackling the obesogenic environment and norms through healthy eating and physical activity of children; reducing the risk of obesity by addressing critical elements in the life-course in critical periods, including preconception and pregnancy, infancy and early childhood, older childhood and adolescence; and treating children who are obese to improve their current and future health.

Two strategic objectives are of particular significance to the proceedings of this meeting. Objective 1, to promote intake of healthy foods and reduce the intake of unhealthy foods, would be achieved by promoting healthy food environments with policies targeting key food settings, restricting marketing of unhealthy FNAB, fiscal policies and improved food labelling. This policy objective includes underpinning policies to promote healthy foods with nutrient profiling.

Objective 5 of the report is to implement comprehensive programmes that promote healthy school environments, health and nutrition literacy and physical activity among school-age children and adolescents, including eliminating the provision and/or sale of unhealthy food and beverages to children.

2.4 Introduction to WHO Nutrition Guidelines

Dr Chizuru Nishida, Coordinator, Nutrition Policy and Scientific Advice (NPU), WHO headquarters

This session introduced the work of WHO headquarters to provide ongoing guidance in the face of rapidly changing global contexts and demographic shifts. While the nutrition

transition leading to the double burden of malnutrition continues to challenge health workers and policy managers, there has been increased recognition of the critical role of nutrition in achieving sustainable development. The Sustainable Development Goals adopted in September 2015 include the Global Nutrition Targets (Goal 2, Target 2.2). The United Nations General Assembly proclaimed 2016–2025 the UN Decade of Action on Nutrition in April 2016. The Global Strategy on Diet, Physical Activity and Health (2004) included that recommendations for populations and individuals should be based on the following:

- achieve energy balance and a healthy weight;
- limit energy intake from total fats and shift fat consumption away from saturated fats to unsaturated fats and towards the elimination of trans-fatty acids;
- increase consumption of fruits and vegetables, legumes, and whole grains and nuts;
- limit the intake of free sugars; and
- limit salt (sodium) consumption from all sources and ensure that salt is iodized.

The WHO Nutrition Guidelines Committee was established in 2007 to ensure that all WHO guidelines were consistent with internationally accepted best-practice and evidence. The resulting suite of standardized nutrition guidelines provide the basis for dietary recommendations for sodium, potassium, free sugars, total fat, saturated fatty acids, and trans-fatty acids. These technical guidelines have been translated into a resource “5 keys to a healthy diet”, which calls for individuals to:

- exclusively breastfeed babies for the first six months and continuously breastfeed until two years and beyond;
- energy intake should balance energy expenditure;
- keep total fat intake to less than 30% of total energy intake, with a shift in fat consumption away from saturated fats to unsaturated fats, and towards the elimination of industrial trans fats;
- limit intake of free sugars to less than 10% (or even less than 5%) of total energy intake; and
- keep salt intake to less than 5 g/day and eat at least 400g of fruit and vegetable a day.

WHO guidelines provide the highest quality of evidence around food and nutrition requirements and should be used as a base when developing policies around the marketing, provision and sale of FNAB.

2.5 Restricting the sales of unhealthy foods and beverages in schools

Australia's School Food Guidelines, Dr Kaye Mehta, Senior Lecturer, Nutrition & Dietetics, Faculty of Medicine, Nursing and Health Sciences, Flinders University, Australia

This session introduced national school food guidelines adopted in Australia, where the majority of schools have canteens or “tuckshops” run by parents, canteen workers and volunteers. While most Australian states and territories had introduced school canteen guidelines to improve the standard of food sold to children prior to 2009, these were being implemented with varying success. In response to a call to harmonize school food guidelines across states and territories, the Australian Government Department of Health released *National Healthy School Canteens: Guidelines for healthy foods and drinks supplied in school canteens* in 2014. These were based on a traffic light system of food promotion, and underpinned by a nutrient profiling model to help in determining categorization as green, amber or red. The guidelines included a comprehensive set of guides and monitoring tools and underwent countrywide consultation.

The inbuilt methods and tools for monitoring compliance included process and impact evaluation, measures for training and development, and audits of canteens for compliance to the traffic light system. Dr Mehta noted that monitoring, however, had remained a weakness throughout, and as a result implementation and monitoring of compliance was not as sustainable as hoped. Several studies were introduced showing wide variability in implementation across states and territories, and a drop-off in compliance as time progressed. A further concern was the way in which the food industry was able to manipulate traditionally unhealthy products in order to meet guidelines.

Dr Mehta concluded that the strong focus on healthy eating in canteens from late 1990s was reminiscent of strong government action in health promotion during the late 1990s. Since that time however, government priorities have changed and reduced emphasis was placed on healthy eating in canteens.

Healthy Meals in Singapore Schools, Dr K Vijaya, Director, Youth Preventive Services Division, Health Promotion Board, Singapore

This session provided insight into the ways in which Singapore has been able to implement and sustain a healthy school lunch programme. The meals programme was implemented by creating what Dr Vijaya referred to as a healthy meals ecosystem, which included incorporation of guidelines into existing policy frameworks, extensive training and consultation for canteen vendors and parents, improved access to healthier options both in and around the school and at supermarkets, and empowering students to make healthier choices.

A key achievement in the programme was the way in which it reached out beyond the traditional health and school grounds to the community. Partnerships were created with supermarkets and the food sector with a healthier dining and ingredients initiative.

Nutrient profiling was used under Guideline 7, which states that stalls selling snacks shall only sell home-made snacks, such as salads and sandwiches, or commercially-prepared products with a healthier choice symbol or healthier snack symbol, by providing an upper limit for sugar content in homemade snacks. To promote the production and consumption of drinks and desserts with lower sugar levels in Guideline 8, nutrient thresholds were provided for allowable sugar limits in drinks, including sweetened drinks, teas, juices and Asian dessert drinks, such as bubble tea, pearls, green bean soup and cultured milk beverages.

A noteworthy feature was the use of fiscal incentives to support additional costs associated with healthier food options, awarded to schools and providers following monthly school food audits. Through this and other complementary interventions, compliance has reached 74%.

EatSmart – promoting healthy eating in schools: experiences from Hong Kong, Dr Fung Yu Kei Anne, Assistant Director (Health Promotion), Central Health Education Unit, Department of Health, Hong Kong SAR (China)

Dr Fung gave an overview of the process undertaken in Hong Kong SAR (China) to implement restrictions on the provision of unhealthy foods and beverages in schools and the promotion of healthier options. Promoting healthy eating habit among school children was chosen as a policy initiative of the Government between 2005 and 2006. The implementation of the programme entitled EatSmart@school.hk campaign involved a five pronged-approach under the headings of alliance building, publicity and advocacy, supportive environment,

education and empowerment, and research and evaluation. It included a broad, high-level stakeholder group which provides direction to the overall development of the campaign.

For the provision of school meals, very specific guidance was provided. The exact make-up, quantities and serving sizes were specified and a list of encouraged, limited and strongly discouraged foods provided. Snacks were classified as being allowed, limited or disallowed based on whether they met criteria under a nutrient profiling model, where applicable. Of particular interest was an acknowledgement by Dr Fung that vendors did initially find it difficult to follow the guidance and were worried about their business, however the Government was able to engage and empower the stakeholders by ways of training and discussion.

Compliance has been assessed using an awards scheme based on self-monitoring, school visits and provision of supportive documents, with a comprehensive re-accreditation scheme.

Brunei Darussalam's Healthy School Canteen Programme, Mr Zakaria Kamis, Senior Dietitian/Head of Public Health, Nutrition Unit, Health Promotion Centre, Brunei Darussalam

In 2009, the Ministry of Health in Brunei Darussalam distributed *Guidelines on Healthier Food and Beverage Choices in School Canteens*. Routine monitoring by the Ministry of Education in 2012 found that 56% of schools were selling non-compliant food items to children, prompting the launch of a new and more comprehensive programme. This programme was comprised of broad-reaching training, a curriculum review, and the introduction of a new contractual arrangement for food providers, whereby school principals were empowered with the authority to enforce the canteen guidelines by issuing warnings and terminations for uncompliant canteen vendors.

The canteen guidelines were traffic light-based with a nutrient profiling component specifying allowable sugar content limited for some specific food categories, namely beverages, including dairy and soya drinks, teas and other sweetened beverages.

A canteen grading committee developed a complex grading system to award scores to canteens based on the make-up of green, amber and red foods in their menus. The latest round of monitoring found that 51% of foods being provided were in the amber category and 25% were in the red, demonstrating an ongoing challenge for the country to sustain full implementation of the policy.

2.6 Food classification and defining “healthy” in food policies

Ms Erica Reeve, Global Obesity Centre, Deakin University, Australia

Food classification is the basis of much nutrition promotion, education and policy-making. To implement strong, enforceable policies, countries will need to clearly define which foods are considered to be healthy or unhealthy for that specific policy and target population.

Monitoring and enforcement involves examining which policy parameters are being met, including whether healthier options are being provided or less healthy options restricted.

There are a number of ways to promote or define healthier options in school food policies. The most common way of doing this is by using food-based dietary guidelines, and promoting or restricting foods which are aligned to those. While these allow a simplified interpretation and can be easily communicated to a wide audience, they can be limiting, in that there is a

large diversity in the types of foods and beverages available in each of the food groups and even within food types. Adopting a food-group-based approach often requires applying restrictions or promotions to whole groups, using subjective phrases such as “eat more”, “limit”, and “junk food”. Within food groups being promoted, there is considerable opportunity for traditionally healthy foods to be promoted, even when they have been highly processed or had substantial salt, sugar and trans fat added.

WHO is using nutrient profiling to define healthy and less healthy foods. It is defined as a set of equations or algorithms that “categorize foods for the purpose of health on the basis of their nutritional properties”. Nutrient profiling applies thresholds across a range of different nutrients to generate a single score or grade to indicate which foods are nutritionally better than others. A key benefit is that this provides a clear answer to which foods and beverages will be restricted or promoted, and that the determination of a food’s healthfulness is more transparent and methodological. One limitation identified by Australia is the opportunistic nature of food industry regarding nutrient profiling, in that they will further process and reformulate foods to meet specific thresholds, while compromising other healthful properties of a natural food.

Member States expressed an interest in piloting a nutrient profiling model developed for marketing controls in the school food environment.

2.7 Restricting the sales of unhealthy foods and beverages around schools

Restricting the sales around schools through green food zones: experience from the Republic of Korea

Dr Kwang-il Kwon, Assistant Director, Dietary Life Safety Division, Food Nutrition and Dietary Safety Bureau, Ministry of Food and Drug Safety and Dr Cho-il Kim, Korea Health Industry Development Institute, the Republic of Korea.

In this session representatives from the Republic of Korea introduced a new legal instrument which was enacted in response to concerns that Korean children were consuming excessive amounts of trans fats and sweetened beverages, and that foods being provided to children were unsafe or unhygienic.

The Special Act on the Safety Management of Children’s Dietary Life was enacted in 2008. The Act focuses on these main issues: (1) the designation and management of children’s food safety and protection zones (green food zone); (2) the management of children’s favorite foods including restriction on advertisement; (3) information provision including education at schools and nutrition labelling in restaurants; and (4) establishment and management of children’s meal service support centres. The subjects of the Act can be classified into foods, environment, information provision, and media management. For restrictions around the sale and marketing of unhealthy foods and drinks, the Korean Government created a flowchart underpinned with nutrient thresholds for saturated fat, sugar, sodium, total calories and protein to define which FNAB would not be allowed.

The Government declared that all stores and retailers within a 200 metre radius around of schools were now in what was called a “green food zone”. All small stores, stationary shops and snack bars designated as “exemplary business places” within this zone around schools were prohibited from distributing food and beverages which were deemed to be of low nutritional quality, or prepared using questionable hygiene practices. Stores and businesses willing to comply with the regulations were able to apply for financial support for remodeling

and repairing cooking facilities, display facilities and stands, and provided a sign showing that they had met the accreditation process.

The Government established a monthly monitoring schedule. Coverage achieved by the programme included 10 516 of 11 704 schools nationwide and over 2500 “exemplary business places” for children’s favorite foods. Dedicated managers were designated among consumer food sanitation supervisors under Article 33 (1) of the Food Sanitation Act by the head of local governments. As well, “Safety Sheriffs” (part of Safety SHERIFF for children’s dietary life) were selected from volunteers (children and their mothers) to monitor and report ongoing violations. The violation rate has gradually decreased along with continuous management of the green food zone.

Country presentations: restricting the sales of unhealthy food in schools

- Mr Darryl Pupi from the Ministry of Health and Ms Nimera Taofia from the Ministry of Education presented on work to restrict the provision and sale of unhealthy foods in schools in Samoa. In 2006 a new school food policy in Samoa was championed by a group of parliamentary advocates called the Samoa Parliamentary Advocacy Group for Health (SPAGHL), however implementation of the policy was slow and there were ongoing concerns that foods being provided were not meeting standards. In 2012, new School Nutrition Standards were introduced under the National Food and Nutrition Policy (2012–2018) and likewise supported by SPAGHL. Stipulation of which foods can and cannot be provided is done using a yes/no food list based on a Samoan Dietary Guidelines. A unique feature of Samoa’s approach has been the Ministry of Education adopting new minimum services standards which embrace the Ministry of Health’s School Nutrition Standards. Embedding the school food standards within the performance framework of school principals is a unique compliance mechanism.
- Mr Glenden Ilaisa from the Ministry of Education and Training and Ms Nelly Ham from the Ministry of Health presented on a policy to restrict the sale and marketing of sugar-sweetened beverages to children across the education sector of Vanuatu. The aim of the policy was to reduce the risk of harm associated with the consumption of sweet drinks by children throughout schools and early learning environments, as well as sending a strong message to communities about the negative impact of sweet drink consumption more broadly. In this policy sweet drinks are defined as “drinks which contain sugar, sweetener or flavouring, and have low nutritional value”. This includes carbonated or “fizzy” drinks, cordials, sports drinks, energy drinks, fruit drinks, fruit juices, sugarcane juice, flavoured milks and other drinks with added sugar. Barriers to full implementation of the policy included the absence of any incentives, the lack of classification to define sweetened drinks, challenges in maintaining access to clean drinking water, and the lack of government capacity to communicate, monitor and enforce the policy.
- Dr Yinghua Ma from the Peking University in Beijing, China discussed that while there were no national-level policies being implemented to restrict the sale, marketing and provision of FNAB in schools in China, local and provincial initiatives are being implemented. For example in Beijing, the Government has put in place restrictions on the sale of hamburgers, instant noodles and carbonated beverages in primary and secondary schools. In the Chengdu Municipality sugary drinks were included in "evaluation standard of school health work of primary and secondary schools", with

points being subtracted from schools where more than 10% of students drink sugary beverages.

2.8 Restricting the marketing of unhealthy foods and beverages around schools

Protecting children from marketing practices: Introduction to Pathways for Effective Action through Regulation and Legislation (PEARL), Dr Ki-Hyun Hahm, Technical Officer, Legislation and Regulation, Division of Health Systems, WHO Regional Office for the Western Pacific

This session began with a visual demonstration of the extent and type of marketing being used in the Western Pacific Region to promote unhealthy FNAB to children. In response to the pervasive marketing strategies of companies, PEARL is a new policy tool designed to assist countries by helping them to self-assess the extent of their marketing to children for tobacco, alcohol and FNAB. The tool asks questions about the extent of marketing, advertising and promotion, and then generates a summary report of the extent of marketing. This helps countries to identify which laws they will need to strengthen and improve targeting.

In the Convention on the Rights of the Child, children have the right not to be misled by untrue statements and protected from exposure to unhealthy substances. Policy tools will be strengthened through linkages to existing mandates and international legal frameworks.

Country presentations

- Ms Jovita Raval from Philippines National Nutrition Council presented the finding of 2012 study which aimed to determine the pervasiveness of food advertisements within a 500 metre radius of primary schools in selected sites in Metro Manila and Rizal Province. The findings included that 85.2% of FNAB advertised in that area were for “unhealthy” products, largely SSB, fast foods and ice cream. Density of FNAB marketing was higher closer to schools (<250 m) than it was farther away (250–500 m). The study demonstrated that the Philippines self-regulation code for responsible advertising and the Code of Ethics for Outdoor Advertising may not be having a substantial enough impact on the marketing practices of companies, raising questions about the effectiveness of industry self-regulation.
- Dr Enkmyagmar Dashzeveg from the Public Health Institute in Mongolia presented findings from a similar study undertaken in 2012. Their study likewise found a significantly higher density of branded food advertisements in areas close to schools compared with those further away.

2.9 Promoting healthy foods and beverages in and around schools

History of the school-based Shokuiku Law in Japan, Dr Midori Ishikawa, National Institute of Public Health, Japan

This session provided participants with insight into the implementation of a law by Japan’s federal Cabinet Office called “Shokuiku”. Shokuiku is viewed as the “foundation for living” in Japan, achieved by fostering the acquisition of knowledge related to Shoku, and raising children who learn through experience what it means to acquire and consume healthy foods. The Shokuiku Law was adopted across the entire Government and overseen by a special Shokuiku Promotion Office located within the Cabinet Office. Advocacy for the law from such a high level ensured implementation across a number of significant sectors, including

early childhood, schools, health services, food retailers and other community groups. A component of the Shokuiku included providing children with the experience of growing and preparing foods and a number of nutrition promotion activities to empower children to make better choices.

Dr Ishikawa provided the meeting with insight into the national healthy school lunch programme, which has been closely overseen by trained nutrition specialist teachers or dietitians. School menus were carefully nutritionally balanced in accordance with national dietary guidelines, and with the intention of promoting environmental and cultural protection. One component of this programme is a monthly newsletter to parents to demonstrate the degree to which they are meeting nutritional needs and promoting the consumption of local foods. Another is the training of registered nutrition professionals to be closely involved with nutrition promotion in schools, and the design and monitoring of school meals programmes.

Country presentations

- Ms Soutsaychai Douangsavanh, Country Coordinator for School Health Programme at the Ministry of Education and Sports, in the Lao People's Democratic Republic presented an initiative undertaken in 2013 to promote healthy foods in schools in six pilot schools. The school health policy, designed to improve the quality of foods provided to children, emphasises nutrition training using new educational and curriculum materials. The aim is to expand nationally and ensure that the policy is supported with the enactment of new national food regulations.
- Dr Chavyroth So, Head of Technical Bureau, School Health Department, Ministry of Education, Youth and Sport, Cambodia, presented work to utilize the school setting to implement comprehensive child health programmes, including school feeding. Since 2008 the Government has been working to implement policies to boost the provision of safe, healthy and hygienic food to children. While Cambodia is implementing a wide range of child health initiatives, these largely focus on micronutrient supplementation, breastfeeding promotion, deworming and management of malnutrition. A limitation for Cambodia has been the absence of dietary guidelines for NCD prevention, however, this has recently been addressed and food-based dietary guidelines for children are being developed. It was noted during the session that a host of unhealthy foods and drinks are increasingly appearing in schools, and as a result, new food and beverage guidelines would be developed and nutrition training provided to the school community.
- Ms Ateca Kama from the National Food and Nutrition Centre at the Ministry of Health and Medical Services presented Fiji's comprehensive Health Promoting Schools Program. The programme is a joint initiative of the Ministry of Health and Medical Services and the Ministry of Education and was introduced in 2007 as a strategy of the National Food and Nutrition Policy (2008) and Fiji Plan of Action for Nutrition (2010–2014). The programme operates under a national steering committee and a series of district committees which ensure wide coverage of the programme, which envelops a number of health priorities and includes strategies which involve communities, staff, families and health services. FNAB promotion was based on a traffic-light system to promote and restrict foods, as per the Fijian Dietary Guidelines. The promotion of school canteen guidelines included training school workers, canteen operators and parent groups. Capacity for ongoing training and promotion of the guidelines and an inability to sustain monitoring has hindered coverage of the

programme. An additional barrier noted by Ms. Kama was a failure of the guidelines to trickle down to those requiring it.

2.10 Capacity and tools to aid progress through the policy development cycle

Dr Katrin Engelhardt, Technical Lead, Nutrition, Division of NCD and Health through the Life Course, WHO Regional Office for the Western Pacific

The steps adopted in the WHO Regional Office for the Western Pacific's PEARL tool include Prepare, Enact, Implement and Monitor phases, and stepping through each critical aspect of policy implementation, is likely to require more resources and capacities than can be provided through training workshops. This session examined the policy-making process and introduced the range of capacities, skills, tools and resources that might be required by Member States to achieve full implementation.

In the adoption of marketing regulations for example, countries need human and other resources to build the evidence-base, undertake analysis of stakeholders and the policy context, and undertake advocacy to secure political and public supports. Where monitoring and evaluation capacity is limited, competency-based training opportunities may be needed for members of the policy implementation team, support agencies and/or the management team. In low-capacity settings, committed civil society partners could be empowered with the skills and tools to undertake monitoring and enforcement activities as a mechanism to boost capacity.

The WHO Regional Office has developed a number of resources to aid progress through the policy cycle. These include the PEARL policy tool, the *WHO Nutrient Profile Model for the Western Pacific Region* for food classification, the *Pocket Guide for a Healthy Diet*, the *Be Smart Drink Water* guide for school principals, and the *Healthy Weight in Childhood: a winning goal for life* guide.

2.11 Summary of group work activities

Group work 1:

Countries tested different food classification systems to highlight that defining food as healthy or not healthy is challenging and warrants careful consideration. Groups expressed that nutrient profiling and food-based dietary guidelines were the most useful policy underpinning controls around school food and beverage provision, particularly nutrient profiling, as it formed the most objective measure of healthfulness. Additional feedback included that nutrient profiling will require some capacity to interpret and understand, and is highly dependent on food labelling.

Group work 2-4: Assessing current restrictions around the provision and sale of FNAB in schools

In country groups, participants were asked to consider the guidelines and policies they have in place for restricting the provision and sale of FNAB to children, and how advanced they were in the policy development cycle. Countries were asked to identify and map their progress on a spidergram poster to illustrate their progress in that cycle. This activity prompted countries to consider whether progress should emphasise the completion or enforcement of existing policies, or whether resources should be directed at new ones. A summary of their progress as recorded during the activity is provided in Table 1.

In relation to the sale of unhealthy FNAB in schools, only one country reported being in the monitor phase (having fully implemented restrictions). Four Member States reported that they are currently enacting restrictions and three that they are attempting to implement them. Progress in banning the sale of SSB was a little more advanced, with eight countries already enacting, implementing or monitoring bans against sweetened drinks. Every country identified these goals as being important or very important in the future.

Following more country presentations, country groups emulated the activity above on a separate poster which focused on actions to restrict the marketing of FNAB to children, and a summary of their progress to advance each phase of the policy cycle is captured in Table 2 below.

It was evident during this activity that progress towards restricting the marketing of unhealthy FNAB in and around schools was substantially slower than for food restrictions. Only one country (Samoa) was at the monitoring phase of restrictions across all forms of marketing. Many others had not taken any actions at all to ban branded vending machines (six), branded sponsorship (seven), promotions and tie-ins (six) or branded sponsorship of school events (seven).

Finally, countries undertook the same activity but using a poster showing mechanisms to promote healthy FNAB to children in the school environment. Their work as recorded in this activity can be found in Table 3 below.

Group work 5: Assessing feasibility, impact and risk: countries consider the policy spidergram.

It is acknowledged that not every action is applicable or impactful in every country context or feasible in every setting, given the varying socioeconomic, political and environmental circumstances. This activity provided countries with the opportunity to consider their progress in each of the actions from the activities above, and how likely it would be for them to make further progress given barriers, capacity constraints and political will. Countries mapped out for each action as to whether it was considered important, given their most pressing health priorities, feasible, given their capacities and socioeconomic climate, and/or risky, given possible external interferences in advancing the action. This was a significant activity because it provided a more realistic framework for prioritizing where to direct resources.

Legend for Tables 1–3

Description of assessment criteria	
CS	Current situation (phase of policy development cycle)
0	No action initiated
1	Prepare phase
2	Enact phase
3	Implement phase
4	Monitor phase
I	Importance of fully implementing action
1	Not important and relevant
2	Slightly important and somewhat relevant
3	Important and highly relevant
4	Very important and highly relevant

Table 1. Summary of country assessments: restricting the provision and sales of unhealthy FNABs in and around schools

Country	The sale of unhealthy foods is banned around schools		The sale of SSBs is banned in schools		The sale of unhealthy foods is banned in schools		Unhealthy food is banned during school events		The sale of SSBs is banned around schools (e.g. 100 m)	
	CS	I	CS	I	CS	I	CS	I	CS	I
Cambodia	1	3	2	4	2	4	1	3	1	3
China	0	4	2	4	3	4	0	4	0	4
Fiji	2	4	2	4	2	4	2	4	0	4
Lao PDR	1	3	1	4	1	4	0	4	1	3
Malaysia	3	4	3	4	3	4	0	4	3	4
Mongolia	2	3	2.5	4	2.5	3	0	2	1	4
Philippines	3	4	3	4	3	4	1	4	3	4
Samoa	0	4	4	4	4	4	4	4	0	4
Vanuatu	2	3	3	3.5	2	3	0	3	2	4
Viet Nam	0	2	1	4	0	3	0	2	2	2

Table 2. Summary of country assessments: restricting marketing of unhealthy FNABs in and around schools

Country	Branded vending machines, food stalls and carts are banned in schools		Advertising through signage is banned in schools		Branded sponsorship of sporting equipment, school supplies and other items are banned in schools		Promotion through free samples and tie-ins are banned in schools		Branded sponsorship of school events, such as sports, cultural and other special events are banned		Branded vending machines, food stalls and carts are banned around schools	
	CS	I	CS	I	CS	I	CS	I	CS	I	CS	I
Cambodia	0	2	0	4	0	4	0	3	0	3	0	2
China	3	4	3	4	3	4	3	4	1	4	1	4
Fiji	1	4	1	4	1	4	1	4	1	4	1	4
Lao PDR	0.5	4	1	3	0	2.5	0.5	3	0	3	0	4
Malaysia	0	4	3	4	3	4	3	4	3	4	2	4
Mongolia	0	4	0	1	0	1	0	1	0	2	0	3
Philippines	0	4	2	4	0	4	0	4	0	4	0	4
Samoa	4	4	4	4	0	4	4	4	0	4	0	4
Vanuatu	0	3	2	3	0	2	0	3.5	0	3	0	3
Viet Nam	0	4	0	3	0	3	0	3	0	2	0	3

Table 3. Summary of country assessments: promoting healthy FNABs in and around schools

Country	Healthy FNABs are promoted/ marketed around schools	Healthy FNABs are sold around schools	Healthy food options are available at schools	Safe drinking water is available, accessible and acceptable in schools	Nutrition education is offered to the entire school community	The curriculum includes education on nutrition and healthy diet	Healthy food options are available at school events, such as sports, cultural or other special events
Current status (CS)	CS	CS	CS	CS	CS	CS	CS
Cambodia	0.5	0	0	0	0	1	0.5
China	0	0	2	2	2.5	4	2.5
Fiji	3	3	3	4	3	4	3
Lao PDR	0	1	1	3	2	2	0
Malaysia	0	0	4	4	3	4	0
Mongolia	3	3	3	3	2.5	2.5	3
Philippines	3	3	4	4	4	4	4
Samoa	3	3	4	4	3	4	4
Vanuatu	0	1	3	3.5	2	4	3
Viet Nam	0	0	0	4	1	2	0

Countries were then asked to prioritize two actions from two of the spidergrams, namely: restricting the provision and sale of FNAB to children and restricting the marketing of FNAB to children. (Table 4, below)

Table 4. Identified priorities and actions

Country	Priority 1	Priority 2	Policy	Training	Food classification system	Request for other tools	M&E
Cambodia	The sale of SSBs is banned in schools	Advertising through signage is banned in schools	x		x	x	M
China	The sale of unhealthy foods is banned in schools	Branded vending machines, food stalls and carts are banned in schools	x	x	x	x	M
Fiji	The sale of SSBs is banned in schools	Advertising through signage is banned in schools	x	x			
Lao PDR	The sale of SSBs is banned in schools	Advertising through signage is banned in schools	x	x	x		x
Malaysia	The sale of SSBs is banned in schools	The sale of unhealthy foods is banned in schools		x	x		M
Mongolia	The sale of SSBs is banned in schools	Branded vending machines, food stalls and carts are banned in schools	x	x	x		x
Philippines	Restricting sale and marketing of unhealthy foods and SSBs in schools (including sponsorships)	Restricting marketing and sale around schools	x	x	x		x
Samoa	The sale of SSBs and unhealthy foods is banned in schools			x		x	
Vanuatu	The sale of SSBs is banned in schools			x		x	
Viet Nam	The sale of SSBs is banned in schools		x	x	x		x

Group Work 6: Stakeholder mapping

Participants took time to consider the two actions prioritized by each country, and the types of stakeholders that should be engaged in the process of change. Stakeholders included those in health and education departments, civil society, parent groups and nongovernmental organizations (NGOs). Partnering with existing programmes like WASH and the NGOs supporting school and health programming were also considered. For some countries, private food providers who operate inside and around the school setting were critical stakeholders. In others, government agriculture departments were critical partners in order to ensure stable supply of fruit and vegetables to schools, or promote seed programmes to boost school food supplies.

Group work 7: Capacities needed to drive action (which tools and resources)

After session 2.8 on capacity, countries were asked to consider what skills, resources and tools they would require to progress towards policy goals. Potential capacities identified by

participants included a food classification tool (nutrient profile model), quality evidence which could be used to build political will for action (including policy briefs, evidence summaries, country or issue-specific research), financial resources, buy-in from high-level agencies, skills to develop monitoring and evaluation systems, human resources to implement or undertake monitoring, and Information, Education and Communication (IEC) materials to guide implementation of policies and programmes promoting healthy eating.

Group work 8: Marketplace

Countries presented to one another their selected actions, the mechanisms they would use to achieve these actions, including strengthening existing policy mechanisms. Countries then needed to promote these actions to other participants, in a marketplace scenario. This activity was in lieu of developing action plans as the countries were encouraged to think critically about which stakeholders they require support from, what resources would be required, and how they would source those resources. Countries needed to be clear on how they would achieve the desired outcome, what it would cost to achieve that outcome, and the economic costs of restricting the sale and provision of certain foods. Pitching to stakeholders is a skill that must be learned and developed.

2.12 Closing

Dr Susan Mercado, Director, Division of NCD and Health through the Life-Course, WHO Regional Office for the Western Pacific

Participants and advisors were thanked for travelling to the meeting and actively sharing their strategies and ideas. Dr Mercado asked participants to think back on how people sourced and consumed food in previous times, and reflect on how we have allowed the food industry to determine what foods we consume and when. She highlighted that we cannot continue to permit this, and must ensure that there is an undoing of these forces to restore balance.

Dr Mercado reminded participants that while they may be enthusiastic now, upon their return home they will be faced with competing commitments which may compromise their enthusiasm. Participants should instead harness their enthusiasm and aim to accomplish a few small things each week to achieve progress on some of the commitments made.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

Workshop participants concluded the following.

1. Unhealthy foods and non-alcoholic beverages high in sugars, salt and fat are aggressively marketed and widely available and accessible to children in and around schools.
2. Policies exist in most countries, but none that comprehensively protect children from exposure to unhealthy foods and non-alcoholic beverages in and around schools.
3. Policies commonly focus on the promotion of healthy foods and non-alcoholic beverages, and few address restrictions on the sale and marketing of unhealthy foods and non-alcoholic beverages in and around schools.
4. Lack of capacity (at different levels of the policy development cycle) and sustainable financial resources were identified as key barriers to creating healthy school food environments.

5. Tools for food classification are required to effectively implement strong, clear and enforceable policies, but are lacking in most countries.
6. Enforcement and monitoring of existing policies were identified as a major challenge.
7. Partnership was recognized as a critical element for policy development, implementation and evaluation. Partnerships should be fostered beyond health and education, with measures being taken to safeguard against conflict of interest and vested interests.

3.2 Recommendations

3.2.1 Recommendations for Member States

Member States are encouraged to:

Member States are encouraged to:

5. review existing policies and, as necessary, develop comprehensive and legally enforceable policies that restrict the marketing and sale of unhealthy foods and non-alcoholic beverages to children, particularly sugar-sweetened beverages, in and around schools:
 - a. all 10 participating countries identified restricting the sale of SSB as a priority action;
6. develop, adapt and apply, as necessary, a food classification system based on WHO guidelines for salt, sugar and fat to ensure consistent enforcement of school food guidelines
 - a. seven of the 10 countries mentioned the need to either develop (or update existing) food standards to support restricting 'unhealthy' and promoting 'healthy' foods in schools including Cambodia, China, Lao People's Democratic Republic, Malaysia, Mongolia, Philippines and Viet Nam;
7. strengthen enforcement and evaluation of school food policies, for example, through increased training of food vendors and providers, incentive systems, linking implementation to school principals' performance monitoring and/or increased engagement of the school community and civil society to monitor infringements
 - a. seven of the 10 countries identified the importance of strengthening enforcement and evaluation of school food policies namely Cambodia, China, Lao People's Democratic Republic, Malaysia, Mongolia, Philippines and Viet Nam;
8. develop mechanisms to safeguard against conflict of interest in the development, implementation and evaluation of school food policies.

3.2.2 Recommendations for WHO Secretariat

The WHO Regional Office for the Western Pacific will prioritize action to:

1. provide technical and legal assistance in the development, implementation and evaluation of school food policies;
2. review existing tools and, as necessary, develop new tools for:
 - a. enabling effective classification of food and enforcement of school nutrition policies, such as a regional nutrient profile model for school food procurement;
 - b. advocating to government leaders for strong school food policies;
 - c. monitoring the marketing and sale of foods and non-alcoholic beverages, including vending in and around schools;
3. support countries to build an evidence base on marketing, including regulatory impact assessments; and
4. enhance technical and legal capacities through in-country workshops, as appropriate, to better develop, implement and evaluate school food policies.

**LIST OF PARTICIPANTS, TEMPORARY ADVISERS,
RESOURCE PERSONS, OBSERVERS AND SECRETARIAT**

1. PARTICIPANTS

Dr Chavvyroth SO, Head of Technical Bureau, School Health Department, Ministry of Education, Youth and Sport, 3rd Floor Pornhea Hok Building, St 380 Sangkat Boeng Keng Kang 1, Chamkamorn, Phnom Penh, Cambodia, Tel. No.: 855-12-694-607, E-mail: sochhavy@yahoo.com

Dr Kong SOK, Vice Chief, Noncommunicable Diseases Bureau, Preventive Medicine Department, Ministry of Health, #80 Samdech Penn Nouth Blvd., Sangkat Beoungkat 2, Toul Kork, Phnom Penh, Cambodia, Tel. No.: 855-15-641-954/23-636-97-98, Fax No.: 855-23-426-034, E-mail: kongncd@gmail; kongsok369@yahoo.com

Dr MA Yinghua, Professor, Deputy Director, Institute of Child and Adolescent Health, Peking University, 38 Xueyuan Rd, Haidian District, Beijing, China, Tel. No.: 8610-8280-2861 Fax No.: 8610-8280-1178, E-mail: yinghuama@bjmu.edu.cn

Dr YANG Na, Program Officer, Division of Noncommunicable Diseases Prevention and Control, Bureau of Disease Prevention and Control, National Health and Family Planning Commission, No. 1 South Road Xizhimenwai, Xicheng District, Beijing, China, Tel. No.: 8610-6879-2653, E-mail: yangna@nhfpc.gov.cn

Ms Ateca Vucago KAMA, Manager, Food and Nutrition, National Food and Nutrition Centre, Ministry of Health and Medical Services, 1 Clarke Street, Denison Road, P.O. Box 2450 Government Buildings, Suva, Fiji, Tel. No.: 679-331-3055, E-mail: ateca.kama@yahoo.com

Ms Soutsaychai DOUANGSAVANH, Country Coordinator for School Health Programme, Director of Administrative Division, Ministry of Education and Sports, Room 228 New Building, Lane Xang Avenue, P.O. Box 67, Vientiane, Lao People's Democratic Republic, Tel. No.: 856-020-2222-9168, Fax No.: 856-021-911-494, E-mail: dsoutsaychay@yahoo.com

Dr Viengxay VANSILALOM, Head of Food Control Division, Food and Drug Department, Ministry of Health, Simouang Road, Vientiane, Lao People's Democratic Republic, Tel. No.: 856-2121-4013, E-mail: vvansilalom@yahoo.com

Mr Cyril Christopher SINGHAM, Principal Assistant Director, School Management Division, Ministry of Education, Level 4, Block E2, Ministry of Education, Putrajaya 62604, Malaysia, Tel. No.: 6012-4388-456, Fax No.: 603-8884-9342, E-mail: cyril@moe.gov.my

Ms Noriza ZAKARIA, Senior Principal Assistant Director, Nutrition Division, Ministry of Health, Level 1, Block E3, Complex E, Precinct 1, Federal Government Administrative Office, Putrajaya 62590, Malaysia, Tel. No.: 603-8892-4519, Fax No.: 603-8892-4512, E-mail: norizaz@moh.gov.my

Dr Enkhmyagmar DASHZEVEG, Researcher, Nutrition Centre, Public Health Institute, Ministry of Health and Sports, Peave Avenue 17, Bayanzurhk District, Ulaanbaatar, Mongolia, Tel. No.: 976-9983-0022, E-mail: denmy_2002@hotmail.com

Ms Jargalsuren DORJSUREN, Officer, Division of Secondary Education, Department of Policy Implementation and Regulation, Ministry of Education, Culture and Science, Government Building, 3 Baga-toiruu, 44 Sukhbaatar District, Ulaanbaatar, Mongolia, Tel. No.: 976-51-263-181, Fax No.: 976-323-158, E-mail: jargalsuren@mecs.gov.mn

Ms Jovita RAVAL, Chief, Nutrition Information and Education Division, National Nutrition Council, 2332 Chino Roces Avenue Extension, Taguig City, Philippines, Tel. No.: 632-843-0142, E-mail: jovie.raval@nnc.gov.ph; jovie_raval@yahoo.com

Dr Ella Cecilia NALIPONGUIT, Director III, Department of Education, 4/F Dorm E, Health and Nutrition Centre, DepEd Complex, Meralco Avenue, Pasig City, Philippines, Tel. No.: 632-632-9935, Fax No.: 632-632-9935, E-mail: ella.naliponguit@gmail.com

Mr Darryl Laifai PUPI, Nutritionist, Pre-Schools and School Children, Ministry of Health, Private Mail Bag, Apia, Samoa, Tel. No.: 685-68137, Fax No.: 685-20614, E-mail: darrylp@health.gov.ws

Ms Nimera TAOFIA LOLESIO, Principal Education Officer, School Improvement, Ministry of Education, Sport and Culture, P.O. Box 1869, Malifa, Samoa, Tel. No.: 685-64639, Fax No.: 685-64664, E-mail: n.taofia@mesc.gov.ws

Mr Glenden Sam ILAISA, National Education Program Coordinator, Ministry of Education and Training, Private Mail Bag 028, Port Vila, Vanuatu, Tel. No.: 678-538-0254, E-mail: gilaisa@vanuatu.gov.vu

Ms Nellie Ham MURU, Senior Environmental Health Officer, Public Health Department Ministry of Health, Private Mail Bag 9009, Port Vila, Vanuatu, Tel. No.: 678-225-12, E-mail: nham@vanuatu.gov.ph

Dr LE Van Tuan, Senior Officer, Department of Student Affairs, Ministry of Education and Training, 35, Dai Co Viet Street, Hanoi, Viet Nam, E-mail: lvtuan@moet.edu.vn

Mr HA Huy Toan, Deputy Head, Division of NCD and School Health, General Department of Preventive Medicine and Environment, 135 Alley, Nui Truc Street, Ba Dinh District, Hanoi, Viet Nam, Tel. No.: 844-3846-4415, Fax No.: 844-3736-7853, E-mail: toanytdpvn@gmail.com

2. TEMPORARY ADVISERS

Dr FUNG Yu Kei Anne, Assistant Director (Health Promotion), Central Health Education Unit, Department of Health, 7th Floor Southorn Centre, 130 Hennessy Road, Wan Chai, Hong Kong, Tel. No.: 852-2835-1822, Fax No.: 852-2574-9585, E-mail: anne_fung@dh.gov.hk

Dr Midori ISHIKAWA, Chief Researcher, Department of Health Promotion, National Institute of Public Health, 2-3-6 Minami, Wako, Saitama 351-0197, Japan, E-mail: ishikawa@niph.go.jp

Mr Zakaria KAMIS, Senior Dietitian/Head of Public Health, Nutrition Unit, Health Promotion Centre, Commonwealth Drive, Bandar Seri Begawan BB3910, Brunei Darussalam, Tel. No.: 673-8841-808, E-mail: hjzakaria.hjkamis@moh.gov.bn

Dr K VIJAYA, Director, Youth Preventive Services Division, Health Promotion Board, 3 Second Hospital Avenue, Singapore 168937, Singapore, Tel. No.: 65-6435-3556, Fax No.: 65-6536-8656, E-mail: vijaya_k@hpb.gov.sg

Dr Cho-il KIM, Director General, Korea Health Industry Development Institute, 187 Osongsaengmyeong2(i)-ro, Osong-eup, Cheongju-si, Chungcheongbuk-do, 28159 Republic of Korea Tel. No.: 82-43-713-8611, Fax No.: 82-43-713-8905, E-mail: kimci@khidi.or.kr

Dr Kwang-il KWON, Assistant Director, Dietary Life Safety Division, Food Nutrition and Dietary Safety Bureau, Ministry of Food and Drug Safety, 187 Osongsaengmyeong2(i)-ro, Osong-eup, Cheongwon-gun, Chungcheongbuk-do, 363-700, Republic of Korea, E-mail: kanjang@korea.kr

Dr Kaye MEHTA, Senior Lecturer, Nutrition & Dietetics, Faculty of Medicine, Nursing and Health Sciences, Flinders University, 21 Oliphant Avenue, Oaklands Park, Adelaide SA 5046, Australia, Tel. No.: 6184-1468-3043, E-mail: kaye.mehta@flinders.edu.au

3. RESOURCE PERSON

Ms Erica REEVE, Public Health Specialist, Cross Island Road, Vaoala, Apia, Samoa, Tel. No.: 685-726-0898, E-mail: erica.l.reeve@gmail.com

4. OBSERVERS

Ms Xandra Liza Casambre BISENIO, Officer-In-Charge, Media & Communications Department, IBON Foundation, 114 Timog Avenue, Quezon City, Philippines 1103, Tel. No.: 632-927-6986, E-mail: xlcbisenio@gmail.com

Ms Audrey DE JESUS, Senior Researcher, Media & Communications Department, IBON Foundation, 114 Timog Avenue, Quezon City, Philippines 1103, Tel. No.: 632-927-6986, E-mail: audejesus@gmail.com

Ms Jed Asia DIMAISIP-NABUAB, Senior Research Coordinator, Fit for School Program, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, International Cooperation Company of the German Government, 11/F PDCP Bank Centre, V.A. Rufino corner L.P. Leviste Streets, Salcedo Village, Makati City, Philippines, Tel. No.: 632-651-5173 to 78, Fax No.: 632-753-1441, E-mail: jed.dimaisip@giz.de

Ms Luz B. TAGUNICAR, Supervising Health Program Officer, Family Health Office, Department of Health, San Lazaro Compound, Sta. Cruz, Manila, Philippines, Tel. No.: 632-651-7800 local 1729 E-mail: luztagunicar@yahoo.com

5. SECRETARIAT

Dr Susan MERCADO, Director, Division of NCD and Health through the Life-Course, WHO Regional Office for the Western Pacific, 1000 Manila, Philippines, Tel. No.: 632-528-9852, Fax No.: 632-521-1036, E-mail: mercados@wpro.who.int

Dr Katrin ENGELHARDT (Responsible Officer), Technical Lead, Nutrition, Division of NCD and Health through the Life-Course, WHO Regional Office for the Western Pacific, 1000 Manila, Philippines, Tel. No.: 632-528-9093, Fax No.: 632-521-1036, E-mail: engelhardtk@who.int

Dr Ki-Hyun HAHM, Technical Officer, Legislation and Regulation, Division of Health Systems, WHO Regional Office for the Western Pacific, 1000 Manila, Philippines, Tel. No.: 632-528-9826, Fax No.: 632-521-1036, E-mail: hahmk@wpro.who.int

Dr Katia DE PINHO CAMPOS, Technical Officer, Health Promotion, Division of NCD and Health through the Life-Course, WHO Regional Office for the Western Pacific, 1000 Manila, Philippines, Tel. No.: 632-528-9870, Fax No.: 632-521-1036, E-mail: depinhocamposk@wpro.who.int

Dr Chizuru NISHIDA, Coordinator, Nutrition Policy and Scientific Advise Unit, Department for Nutrition for Health and Development, World Health Organization Avenue Appia 20, CH-1211 Geneva 27, Switzerland, Tel. No.: 41-22-791-3317, E-mail: nishidac@who.int

Dr Temo WAQANIVALU, Programme Officer, Surveillance and Population-based Prevention, Department for Prevention of Noncommunicable Diseases, World Health Organization, Avenue Appia 20, CH-1211 Geneva 27, Switzerland, Tel. No.: 41-22-791-2617 E-mail: waqanivalut@who.int

PROGRAMME OF ACTIVITIES

Wednesday, 1 June 2016

- 09:00–09:30 Opening ceremony
- Welcome Remarks
Dr Susan Mercado, Director, Division of Noncommunicable Diseases and Health Through the Life-Course, on behalf of Dr Shin Young-soo, Regional Director for the Western Pacific
- Introduction by the participants
 Announcements
 Overview of workshop and objectives
- 09:30–10:00 **Group photo/mobility break**
- 10:00–10:15 Report of the WHO Commission on Ending Childhood Obesity: action for schools (Recommendation 5)
Dr Temo Waqanivalu, Programme Officer, Surveillance and Population-based Prevention, Department for Prevention of Noncommunicable Diseases, WHO headquarters
- 10:15–10:30 WHO Guidelines for healthy diets
Dr Chizuru Nishida, Coordinator, Nutrition Policy and Scientific Advice Unit, Department for Nutrition for Health and Development, WHO headquarters
- 10:30–10:40 Question & Answer
- Restricting the sales of unhealthy foods and beverages in schools (Part 1)**
- 10:40–10:55 Australia's School Food Guidelines
Dr Kaye Mehta, Senior Lecturer, Nutrition & Dietetics, Faculty of Medicine, Nursing and Health Sciences, Flinders University, Australia
- 10:55–11:10 Healthy Meals in Singapore Schools
Dr K Vijaya, Director, Youth Preventive Services Division, Health Promotion Board, Singapore
- 11:10–11:25 EatSmart – promoting healthy eating in schools: experience from Hong Kong
Dr Fung Yu Kei Anne, Assistant Director (Health Promotion), Central Health Education Unit, Department of Health, Hong Kong
- 11:25–11:45 Discussion (Q&A)
- 11:45–12:00 Group activity: Ice-breaker – How healthy are foods and non-alcoholic beverages in and around schools
- 12:00–13:00 **Lunch Break**
Lower conference lounge, Regional Office for the Western Pacific

- 13:00–13:30 An introduction to food classification systems to support implementation of school food policies
Ms Erica Reeve, WHO Collaborating Centre for Obesity Prevention, Deakin University, Australia
- 13:30–14:30 **Group work 1:** Applying food classification systems
Discussion (Q&A)
- 14:30–15:00 **Mobility Break**
- Restricting the sales of unhealthy foods and beverages in schools (Part 2)**
- 15:00–15:10 Brunei Darussalam's Healthy School Canteen Programme
Mr Zakaria Kamis, Senior Dietitian/Head of Public Health, Nutrition Unit, Health Promotion Centre, Brunei Darussalam
- 15:20–16:30 **Group work 2:** Assessing the current status of restricting sales in and around schools
- 17:00–18:30 **Welcome reception**
Cafeteria Al fresco dining area, Regional Office for the Western Pacific

Thursday, 2 June 2016

- 09:00–09:10 Recap Day 1
- Restricting the sales of unhealthy foods and beverages around schools**
- 09:10–09:30 Restricting the sales around schools through Greenzones: experience from Republic of Korea
Dr Kwang-il Kwon, Assistant Director, Dietary Life Safety Division, Food Nutrition and Dietary Safety Bureau, Ministry of Food and Drug Safety and Dr Cho-il Kim, Korean Health Industry Development Institute, Republic of Korea
- 09:30–09:40 Discussion (Q&A)
- Restricting the marketing of unhealthy foods and beverages around schools**
- 09:40–09:50 Protecting children from marketing practices: Introduction to Pathways for Effective Action through Regulation and Legislation (PEARL)
Dr Ki-Hyun Hahm, Technical Officer, Legislation and Regulation, Division of Health Systems, WHO Regional Office for the Western Pacific
- 09:50–10:00 Assessment of outdoor marketing to children in Manila, Philippines
Ms Jovita Raval, Chief, Nutrition Information and Education Division, National Nutrition Council, Philippines
- 10:00–10:10 Assessment of outdoor marketing to children in Ulaanbaatar, Mongolia
Dr Enkhmyagmar Dashzeveg, Researcher, Nutrition Centre, Public Health Institute, Ministry of Health and Sports, Mongolia

- 10:10–10:30 Discussion (Q&A)
- 10:30–10:45 **Mobility break**
- Restricting the marketing of unhealthy foods and beverages in schools**
- 10:45–11:00 History of the school-based Shokuiku Law in Japan
Dr Midori Ishikawa, National Institute of Public Health, Japan
- Promoting healthy foods and beverages in and around schools**
- 11:00–11:10 Promoting healthy foods in schools: experience from the Lao People's Democratic Republic
Ms Soutsaychai Douangsavanh, Country Coordinator for School Health Programme, Ministry of Education and Sports, Lao People's Democratic Republic
- 11:10–11:20 Promoting healthy foods in schools: experience from Cambodia
Dr Chavvyroth So, Head of Technical Bureau, School Health Department, Ministry of Education, Youth and Sport, Cambodia
- 11:20–11:30 Promoting healthy foods in schools: experience from Samoa
Mr Darryl Laifai Pupi, Nutritionist, Pre-Schools and School Children, Ministry of Health, Samoa
- 11:30–11:40 Towards creating healthy food environments: Vanuatu's Sweet Drinks Policy
Mr Glenden Ilaisa, Ministry of Education and Training, Vanuatu
- 11:40–11:50 Promoting healthy nutrition among children: experience from China
Dr Yinghua Ma, Professor, Peking University and Dr Yang Na, Program Officer, Bureau of Disease Prevention and Control, National Health and Family Planning Commission, China
- 11:50–12:00 Discussion (Q&A)
- 12:00–13:00 **Lunch break**
Lower conference lounge, Regional Office for the Western Pacific
- 13:00–13:10 Introduction to afternoon group work sessions
Dr Katrin Engelhardt, Technical Lead, Nutrition, Division of Noncommunicable Diseases and Health Through the Life-Course, WHO Regional Office for the Western Pacific
- 13:10–14:00 **Group work 3:** Assessing the current status of restricting marketing in and around schools
- 14:00–15:00 **Group work 4:** Assessing the current status of promoting healthy foods and beverages in and around schools
- 15:00–15:30 **Mobility break**
- 15:30–15:40 Introduction to afternoon group work sessions
Dr Katrin Engelhardt, Technical Lead, Nutrition, Division of Noncommunicable Diseases and Health Through the Life-Course, WHO Regional Office for the Western Pacific

15:40–17:00 **Group work 5:** Prioritizing action to create healthy school food environments
(Selection of 2 priorities to restrict the provision/sale and marketing of unhealthy foods and non-alcoholic beverages in and around schools)

Friday, 3 June 2016

09:00–09:10 Recap Day 2

Creating a healthy school food environment through health promoting schools

09:10–09:30 Health promoting schools in Fiji: a focus on promoting healthy diets
Ms Ateca Kama, Manager, Food and Nutrition, National Food and Nutrition Centre, Fiji

09:30–10:30 **Group work 6:** Stakeholder mapping
Stakeholder mapping for the two priorities and identifying areas for engagement

10:30–10:45 **Mobility break**

10:45–11:00 Capacity and tools to advance in the policy development cycle
Dr Katrin Engelhardt, Technical Lead, Nutrition, Division of Noncommunicable Diseases and Health Through the Life-Course, WHO Regional Office for the Western Pacific

11:00–12:00 **Group work 7:** Identification of resources needed:
- capacity to advance in the policy development cycle
- tools/guidance

12:00–13:00 **Lunch break**
Lower conference lounge, Regional Office for the Western Pacific

13:00–13:10 Introduction to afternoon group work sessions
Dr Katrin Engelhardt, Technical Lead, Nutrition, Division of Noncommunicable Diseases and Health Through the Life-Course, WHO Regional Office for the Western Pacific

13:10–14:30 **Group work 8:** Finalization of country posters
- establishing linkages to health promoting schools
- visualizing priority actions

14:30–15:00 **Mobility Break**

15:00–15:45 **Market place:** Country actions to create healthy food environments

15:45–16:30 Summary and workshop conclusions
Closing

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