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**PROTECTING CHILDREN FROM THE HARMFUL
IMPACT OF FOOD MARKETING**

Every child deserves a healthy start in life. Good nutrition in the early years sets the foundation for optimal growth and development, and for health and well-being throughout life. Rapid economic growth has changed the food system, delivering cheaper processed foods of lower nutritive value. Data indicate that the majority of food marketing is for products high in saturated fats, trans-fatty acids, free sugars or salt. Studies show exposure of children to food marketing results in changes in dietary consumption.

The World Health Assembly (WHA) adopted the *International Code of Marketing of Breast-milk Substitutes* in 1981. Since then, 19 WHA resolutions have further clarified types of marketing, and emphasized monitoring and enforcement of the Code. Still, breast-milk substitutes continue to be widely promoted, contributing to suboptimal infant and young child feeding practices. In 2010, the World Health Assembly endorsed the *Set of recommendations on the marketing of foods and non-alcoholic beverages to children*. Amid growing concern about increased consumption of unhealthy food, some countries have already enacted measures to restrict marketing to children.

This report on *protecting children from the harmful impact of food marketing* summarizes evidence and shares experiences from countries. The Regional Committee for the Western Pacific is requested to note the report and consider a resolution calling for the development of a regional action plan to protect children from the harmful impact of food marketing.

1. CURRENT SITUATION

Countries in the Western Pacific Region have experienced rapid rates of economic growth. Along with great benefits, have come mounting health challenges brought on by rapid development. One such challenge for people is to make healthy and affordable food choices in a fast-paced world.

Many countries struggle to address multiple burdens: undernutrition, childhood, adolescent and adult overweight and obesity, and diet-related noncommunicable diseases (NCDs). Acute and chronic malnutrition threatens health, human development, well-being and economic productivity. The Region has made considerable progress in reducing childhood undernutrition. However, there were still 2.7 million wasted children and 7.5 million stunted children under five years of age in 2014. Meanwhile, there were more than 6.2 million overweight or obese children under five.

Suboptimal breastfeeding practices continue to pose a public health threat in the Western Pacific, contributing to 186 000 deaths a year and increasing the risk of child mortality into the second year of life. The *International Code of Marketing of Breast-milk Substitutes* (the Code) was endorsed by the World Health Assembly in 1981. Since then, 19 World Health Assembly resolutions have further clarified types of marketing and emphasized monitoring and enforcement of the Code.

The WHO Global Strategy for Infant and Young Child Feeding was published in 2002 to protect, promote and support improved infant feeding. The strategy includes legislating, monitoring and evaluating Code implementation along with maternity protection and a Baby Friendly Hospital Initiative. A study found that the IYCF strategy is effective in mitigating the influence of marketing and thereby improving exclusive breastfeeding rates. However, breast-milk substitutes continue to be widely promoted, sometimes by health professionals and through health systems. Marketing to adults has contributed to an increase in sales of breast-milk substitutes from US\$ 1.6 billion (globally) in 1993 to more than US\$ 27 billion in 2017 in the Western Pacific Region alone. The Western Pacific Region accounted for one-third of total sales in 2013.

With the massive economic growth and trade liberalization in the Region, processed foods of lower nutritive value have become cheaper and more available than fresh produce. Marketing of unhealthy food comprises from 53.7% to 92% of total food marketing in nine countries in the Region. Research shows that children, in particular, are extremely susceptible to marketing messages. Between 69% and 90% of all marketing of unhealthy food products targets children. In fact, acute exposure to food advertising was found to increase food intake in children but not in adults.

The *International Code of Marketing of Breast-milk Substitutes* and subsequent World Health Assembly resolutions, the *Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014-2020)*, the *WHO Set of recommendations on the marketing of foods and non-alcoholic beverages to children*, the *Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases 2014-2020* and the *Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region (2015-2020)* recommend effective national measures to protect breastfeeding and restrict food marketing to children. One country in the Region has taken legal measures to protect children from the harmful impact of food marketing, consistent with the *WHO Set of recommendations on the marketing of foods and non-alcoholic beverages to children*.

The report on protecting children from the harmful impact of food marketing was developed in consultation with Member States and technical experts. The report seeks to stimulate discussion on effective approaches to restrict marketing of unhealthy foods by presenting evidence for action on food marketing, options for countries to act and some countries' efforts to protect children.

2. ISSUES

2.1. Despite international commitments to restrict marketing of breast-milk substitutes, marketing of these products continues

Four countries (Fiji, Palau, the Philippines and Viet Nam) are fully implementing the Code. Mongolia recently passed and strengthened a national law on the Code, which protects infants and young children up to the age of 24 months from marketing breast-milk substitutes and regulates the marketing of complementary foods.

The Code has been partially or fully enacted in legislation in 135 countries. Of these, 39 have comprehensive legislation or other legal measures reflecting all or most of the provisions of the Code. However, less than one in four reported having an enforcement mechanism in place, and fewer still were functional. Challenges were noted to include a lack of political will to legislate and enforce the Code, continued interference from manufacturers and distributors in government efforts to initiate or strengthen monitoring and enforcement measures. Despite decades of international commitments, promotion of breast-milk substitutes remains widespread, and sales have increased exponentially.

2.2. There is growing concern among countries about marketing of food and non-alcoholic beverages to children, and measures have been put in place to restrict it

Two WHO regions, namely the European Region and the Americas have established guidance for developing regulatory actions. The European Region established the Code of Marketing Food and Non-alcoholic Beverages to Children. Meanwhile, the Expert Consultation on the Marketing of Food and Non-alcoholic Beverages to Children in the Americas recommended that restrictions on marketing to children be enforced through legal provisions. The Regional Committee for the Eastern Mediterranean endorsed *Food marketing to children and adolescents in the Eastern Mediterranean Region: Implications for public health*. Evaluations were not found on the impact of the regional guidance and resolutions on exposure to marketing.

Chile, Norway, Sweden and the province of Quebec, Canada, have banned different forms of marketing in different channels to children. Advertising of foods high in saturated fats, sugars and salt during children's television programming is prohibited in the United Kingdom of Great Britain and Northern Ireland. The United States limits advertising to children more generally with regard to the length of advertisements and misleading claims.

One country in the Western Pacific Region (the Republic of Korea) has statutory regulations restricting food advertising to children (Special Act of Safety Management of Children's Dietary Life). It regulates the sale and marketing of foods frequently consumed by children in areas where children gather and eat (in and around schools, through a "Green Food Zone" and restaurants), and during programmes children view on television. Since the introduction of the law, the total spent on advertising, including advertising to promote energy-dense and nutrient-poor foods, has decreased, and childhood obesity rates have levelled off.

Other countries such as Australia, Brunei Darussalam, Malaysia, New Zealand and Singapore as well as countries in the European Union have voluntary codes or industry self-regulation. A review of studies in 21 countries or subnational regions found exposure to advertising to be similar before and after self-regulations were implemented.

Pledges were found to have a small or no impact. These were attributed to having weaker criteria and a narrower scope. It was found that unless pledges for self-regulation are subject to stronger government oversight, they are unlikely to be sufficiently comprehensive to have the desired effect. In one country in the Region that uses self-regulation, a study found that nearly half of food marketing in schools was for unhealthy foods. Several countries have also used front-of-package labelling in an effort suggest healthier food choices.

Studies suggest that media literacy does not trump the impact of advertising to children.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to review the report and consider a resolution calling for the development of a regional action plan to protect children from the harmful impact of food marketing.

