MEMBER STATES CONSULTATION ON THE DRAFT REGIONAL ACTION FRAMEWORK ON PROTECTING CHILDREN FROM THE HARMFUL IMPACT OF FOOD MARKETING 2020-2030

26-28 March 2019
Manila Philippines
Member States Consultation on the Draft Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing 2020-2030
March 26-28, 2019
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MEETING REPORT

MEMBER STATES CONSULTATION ON THE DRAFT REGIONAL ACTION FRAMEWORK ON PROTECTING CHILDREN FROM THE HARMFUL IMPACT OF FOOD MARKETING: 2020–2030

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NOTE

The views expressed in this report are those of the participants of the Member States Consultation on the Draft Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing: 2020–2030 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 for those who participated in the Member States Consultation on the Draft Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing: 2020–2030 in Manila, Philippines from 26 to 28 March 2019.
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Keywords

Food / Marketing – standards / Child health / Diet, food, and nutrition / Regional health planning
SUMMARY

Fast-growing economies, globalization and rapid urbanization in the Western Pacific Region have changed the food system in many countries, including the delivery of cheaper processed foods of lower nutritive value. People are consuming more processed foods that are often high in saturated fats, trans-fatty acids, free sugars and/or salt. This “nutrition transition” is causing increases in rates of overweight and obesity and diet-related noncommunicable diseases (NCDs) such as diabetes and heart disease. Spurred by unhealthy diets, childhood overweight and obesity are increasing. More than 6.5 million children under 5 are overweight in the Region. Overweight among adolescents is increasing to alarming rates, reaching almost 60% in some Pacific island countries and areas and over 20% in some Asian countries. It is estimated that there were more than 6.5 million overweight or obese children under 5 years of age and 84 million children aged 5–19 years who were overweight or obese in 2016 – a 43% increase from 2010.

The marketing of unhealthy foods and non-alcoholic beverages (FNABs) to children has significant effects on children’s food preferences and consumption, and is a major contributing factor to overweight and obesity. Protecting children from the harmful impact of marketing is a vital part of a comprehensive package of actions to reduce malnutrition in all its forms. Global and regional action plans have called upon Member States to restrict marketing of breastmilk substitutes and FNABs through implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly endorsements of the Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children and the Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children. Concerned that the harmful effects of food marketing on children’s diet continue to be widespread in the Region despite Member State efforts, the WHO Regional Committee for the Western Pacific endorsed a resolution (WPR/RC68.R3) urging Member States to accelerate multisectoral and multistakeholder action to protect children from the harmful impact of food marketing and to share best practices.

In response to the Regional Committee resolution, WHO developed a draft Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing: 2020–2030. On 3–7 December 2018, an experts consultation was held to inform the development of the draft Regional Action Framework. A Member States consultation was convened on 26–28 March 2019 in Manila, Philippines for Member States in the Region to identify common priorities; build on global, regional and country experiences; and share with each other good practices, implementation issues and how to address them.

Conclusions

The draft Regional Action Framework was well received and its overall structure and focus supported. The participants appreciated the sharing of current recommendations and evidence from WHO and experts, as well as of implementation successes, challenges and lessons learnt from other Member States.

Participants noted that the Regional Action Framework is an important step towards addressing the challenges posed by marketing of breastmilk substitutes, inappropriate promotion of foods for infants and young children and marketing of FNABs to children.
Recommendations for Member States

(1) Participants will brief their country ministers and/or other high-level officials who will attend the seventieth session of the WHO Regional Committee in October 2019 on the process of developing the draft Regional Action Framework, lessons learnt and recommendations from the consultation.

(2) Member States will review the final draft and provide feedback, if any, to the WHO Regional Office by 15 May 2019.

Recommendations for WHO

(1) WHO will revise and finalize the draft in line with the comments, feedback and suggestions received from the participants, including the following amendments and/or additions:

- Highlight the importance of building on existing policy frameworks and the importance of using evidence for development of policy.
- Highlight the interlinkages across pillars and recommended actions.
- Consider inclusion of regional cooperation, platforms and mandates as a way to share information and address cross-border issues of marketing.
- Consider adding more country examples of challenges and lessons learnt from policy development to monitoring and evaluation.
- Consider inclusion of establishing or strengthening nutrition policy management and coordination structures for multisectoral action.
- Highlight the importance of safeguarding against conflicts of interest.

(2) In line with the Regional Committee resolution on protecting children from the harmful impact of food marketing (WPR/RC68.R3) in 2017, WHO will seek the views of relevant stakeholders.
1. INTRODUCTION

1.1 Meeting organization
In 2017, the World Health Organization (WHO) Regional Committee for the Western Pacific endorsed a resolution urging Member States to accelerate multisectoral and multistakeholder action to protect children from the harmful impact of food marketing and share best practices. The resolution also requested that the Regional Director advocate and provide technical support to Member States to protect children from the harmful impact of food marketing; foster collaboration among Member States to share experiences and best practices on mechanisms for measuring and mitigating the harmful impact of food marketing; and develop a regional action plan on protecting children from the harmful impact of food marketing, in consultation with Member States and seeking views from key stakeholders. In response, WHO developed a draft Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing. A virtual consultation with experts was convened in Manila, Philippines from 3 to 7 December 2018 to inform the development of the draft Framework that would be presented and discussed at a Member States consultation. The Member States Consultation on the Draft Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing: 2020–2030 was convened in Manila, Philippines from 26 to 28 March 2019.

1.2 Meeting objectives
The objectives of the meeting were:

1) to analyse and agree on the vision, goals and guiding principles of a draft Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing: 2020–2030;
2) to analyse and agree on priorities, objectives and actions of the draft Regional Action Framework;
3) to consider and agree on monitoring processes for the draft Regional Action Framework;
4) to analyse how global guidance and various policy options and approaches on protecting children from the harmful impact of food marketing can be implemented; and
5) to share experiences and good practices of Member States on mechanisms for measuring and mitigating the harmful impact of food marketing.

2. PROCEEDINGS

2.1 Opening session
The session was opened by Dr Hai-rim Shin, Director, Division of Noncommunicable Diseases and Health through the Life-course (DNH), WHO Regional Office for the Western Pacific, on behalf of Dr Takeshi Kasai, WHO Regional Director for the Western Pacific. Dr Shin reminded everyone that the Region is faced with the double burden of malnutrition. While progress has been made in reducing the number of children who are stunted or wasted, the rise in the prevalence of overweight and obesity among children and adults threatens health across the Region. Dr Shin highlighted the role of food marketing in altering the preferences and consumption patterns of children from infancy through marketing of breastmilk substitutes (BMS) to later in childhood through marketing of food and non-alcoholic beverages (FNABs) that are high in saturated fats, trans-fatty acids, free sugars and/or salt.

While Member States have endorsed global and regional mandates to restrict food marketing to children and caregivers, the implementation of these mandates has been slow. Dr Shin noted that the
consultation is part of WHO’s efforts to help Member States take concrete and sustained actions to improve the Region’s food environment and to respond to the 2017 Regional Committee resolution on protecting children from the harmful impact of food marketing.

Dr Juliawati Untoro, Technical Lead, Nutrition, WHO Regional Office for the Western Pacific, provided an overview of the work done in developing the draft Regional Action Framework and briefed the participants on the objectives, scope and provisional programme of the consultation. The objectives of the Member States consultation were: (1) to analyse and agree on the vision, goals and guiding principles of a draft Regional Action Framework on Protecting Children from the Harmful Impact of Marketing: 2020–2030; (2) to analyse and agree on priorities, objectives and actions of the draft Regional Action Framework; (3) to consider and agree on monitoring processes for the draft Regional Action Framework; (4) to analyse how global guidance and various policy options and approaches on protecting children from the harmful impact of food marketing can be implemented; and (5) to share experiences and good practices of Member States on mechanisms for measuring and mitigating the harmful impact of food marketing.

2.2 WHO recommendations: Marketing of breastmilk substitutes (BMS) and food and non-alcoholic beverages (FNABs) to children

2.2.1 International Code of Marketing of Breast-milk Substitutes and WHO Guidance on Ending Inappropriate Promotion of Food for Infants and Young Children: Global update on implementation status and experiences

Mr Marcus Stahlhofer, Technical Officer, Child Rights, Health and Nutrition, WHO headquarters

Aggressive and inappropriate marketing of BMS and other products that compete with breastfeeding continues unabated and undermines efforts to improve breastfeeding rates. The legal status of the Code in WHO Member States has stagnated, with 136 out of 194 countries reporting to have legal measures in place, 43% of which included complementary foods. In the Western Pacific Region, three countries had full provisions in law, three had many, and five had few, while 16 had no legal measures in 2018. The key challenges for Code and Guidance implementation are lack of political will; interference from manufacturers and distributors; lack of sufficient data and expertise; absence of coordination among actors; and limited resources for legislation, monitoring and enforcement. The key recommendations are to enact comprehensive legislation, strengthen existing legislation and regulations, and build function monitoring and enforcement mechanisms. Building robust and sustainable monitoring and enforcement mechanisms to implement national laws and regulations aimed at eliminating inappropriate marketing practices was emphasized. Such mechanisms need to involve all relevant government agencies, must be adequately funded and sourced with knowledgeable staff, and should allow for public engagement and scrutiny.

2.2.2 Set of recommendations on marketing of FNABs: Global update on implementation status and experiences

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

Progress in implementing unhealthy diet reduction measures (Indicator 7 in the WHO NCD Progress Monitor) has not been optimal. In 2017, only 35% of countries had fully met the criteria for restrictions on marketing FNABs to children. Political bottlenecks identified during the Second Global Nutrition Policy Review included lack of policy coherence, lack of legislative framework, disconnect between national policy priority and regional and provincial-level policy priority, failure of the coordination mechanisms to address existing challenges, pressure and
interference from industry and the private sector, lack of advocacy base, lack of involvement of existing organizations in supporting effective implementation and translation of policies, international trade policies and treaties superseding national policies and legislation, and limited sustainable human and financial resources. Evidence-informed interventions exist, but they are either not implemented fully or not scaled up in many countries. Weak enforcement and monitoring, limited capacity and technical expertise, lack of policy implementation tools, and unavailability of reliable data on diet and diet-related risk factors are technical bottlenecks in many countries.

In the Western Pacific, 10 countries (out of 23 that provided information) are taking actions to regulate marketing of FNABs to children, and eight countries (out of 25 that provided information) are implementing policies and standards to regulate marketing of FNABs in schools. Increasing political impetus, support from parliaments and availability of policy implementation tools could help transform the food environment and are actually helping the transformation for the better. For example, Codex guidelines and standards have started to include obesity and NCD concerns, and many countries are ready to take regulatory actions to improve their food systems and food environment to promote healthy diets.

2.3 Country implementation of food marketing regulation

2.3.1 Special Act on Safety Management of Children’s Dietary Life in the Republic of Korea
Dr Cho-il Kim, Executive Director, Korea Health Industry Development Institute

The Special Act was developed in response to substandard and/or illegal foods being sold in the vicinity of schools, food poisoning outbreaks in school meal programmes, and an increase in childhood obesity. The key provisions of the law cover the following: (1) designation and management of children’s food safety and protection zones in the vicinity of schools – so-called Green Food Zones; (2) management of businesses that cook and sell children’s favourite foods (energy-dense, nutrient-poor [EDNP] foods and of advertising EDNP foods; (3) use of nutrition labelling on children’s favourite foods and nutrition education in schools; (4) designation of centres for children’s food service management; and (5) a safety management system to calculate children’s dietary life safety index. Since the law was enacted, the television advertisements for EDNP foods have decreased, as well as the energy, sodium and fat content per servings of these foods. Almost all schools (99%) in the Republic of Korea have designated Green Food Zones, and a third of local governments have one or more centres for children’s food service management. However, some challenges need to be addressed, such as evolving media and marketing techniques, changes in the food environment, changes in settings where children gather, as well as cross-border marketing.

2.3.2 Marketing and food labelling in Chile – updates, impact, challenges and lessons
Dr Lorena Rodriguez Osiac, Academic of Public Health Institute, University of Chile

The National Law of Food and Advertising (N° 20.606), which addresses the nutritional composition of foods and their advertising, came into force in June 2016. Under this regulation, marketing and advertising of unhealthy foods directed to children under the age of 14 years are restricted, and sale of unhealthy foods is restricted in schools. A warning on front-of-package labels is mandatory for unhealthy foods. Recent evaluation results show a 46–62% decrease in children’s exposure to television advertising; a 5–10% decrease in the sodium content of cheeses and sausages; a 20–25% decrease in the sugar content of beverages, dairy products and cereals; more than 90% of mothers recognize and understand the warning logos and 40–50% of them used the logos to choose healthier products; and decreases in purchases for cereals (down 14%) and
beverages (down 25%). Industry opposition to the law was a key challenge in the proposal stage and in getting the law passed in Parliament. Having champions in government and academia helped in forwarding the cause. Additionally, scientific evidence published by recognized international organizations on the extent of the problem – especially among children – increased the need for action. Dr Rodriguez Osiac emphasized the importance of mapping the stakeholders (both the supporters and the opposition) and the role of civil society and academic groups in gathering support for the law among the different political and technical sectors, such as industry, academe, consumers, and other government sectors, such as agriculture, trade, treasury, economic and foreign affairs. She also highlighted the importance of establishing technical definitions, in which WHO, the Food and Agriculture Organization (FAO) of the United Nations and other groups of experts play a critical role.

2.3.3 Implementing the Milk Code in the Philippines: Lessons learnt
Ms Luz Tagunicar, Supervising Health Program Officer, Designated – National Nutrition Program Manager, Department of Health, Philippines

The National Code of Marketing of Breastmilk Substitutes, Breastmilk Supplements and Related Products (or Milk Code) was signed into law in 1986 and its implementing rules and regulations revised in 2006. The Milk Code aims to provide safe and adequate nutrition for infants through the protection and promotion of breastfeeding, and appropriate marketing and distribution of BMS and breastmilk supplements. Among its prohibitions are: participation of BMS companies in any activities related to promotion of and education on breastfeeding; promotions enticing consumers to buy BMS through special displays, discount coupons, premium/rebates, special sales and bonus tie-in sales; dissemination of wrong information about the superiority of BMS over breastmilk; use of health workers to prescribe and promote the use of BMS; and retail sale of BMS. An interagency committee composed of the departments of Health, Trade and Industry, Social Welfare and Development, Justice and the Food and Drugs Authority are in charge of implementing, monitoring and enforcing the provisions of the Milk Code. One of the challenges faced by the Philippines was strong lobbying from milk companies in the form of legal challenges to the revised implementing rules and regulation and a push for a bill to water down the Milk Code. Breastfeeding promotion reaches a limited number of mothers and caregivers in comparison to the aggressive marketing of follow-on milk formula by companies. Milk companies continue to sponsor activities of health professional organizations and local governments for continuing education. The interagency committee is hampered by lack of human resources to monitor compliance and act on reports of violations in a timely manner. In the years since the law was passed, the interagency committee has learnt the importance of strong coordination among advocates from government and nongovernmental agencies, of having champions particularly from government and other sectors, of being vigilant and alert and keeping everyone updated and of top-level support to sustain gains. Opportunities to strengthen policies to restrict food marketing come in the passage of the law on the First 1000 Days, which has provisions of no advertising of milk formula for children up to 3 years old and strengthening the implementation of the Milk Code and World Health Assembly resolution WHA69.9.

2.3.4 Pacific Ending Childhood Obesity (ECHO) Network
Ms Ateca Kama, Manager, Food and Nutrition Security, National Food and Nutrition Centre, Ministry of Health and Medical Services, Fiji

The Pacific ECHO Network was formed following the Fifth Regional Workshop on Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD) in Saitama, Japan in 2017. It is a voluntary and free network open to Pacific island countries and areas, technical and implementing partners, civil society organizations and academia who are involved in efforts to
prevent and manage childhood obesity. The strategic priorities of the Network are: (1) physical activity – propose a regional physical activity campaign particularly focused on children; (2) fiscal policy – development of Pacific materials to promote healthy diets and nutrient profiling (excise taxes on specific beverages, Pacific materials for promotion of healthy diet, develop monitoring tool to evaluate impact of taxes); (3) obesity surveillance; and (4) restriction of marketing of foods and beverages to children. Activities planned for marketing restrictions on FNABs will focus on civil society advocacy and mobilization to assist in-country efforts, linkage with NCD Alliance, and identification of source of funding to establish a nongovernmental organization (NGO) and advocate for Fiji’s model legislation to be endorsed by 2019. Five countries were assisted to conduct a situational analysis of the environment around the marketing of food to determine how unhealthy the food marketing environments are and develop appropriate action plans to address the increasing prevalence of overweight and obesity in the Region.

2.3.5 Monitoring childhood obesity and risks in the Pacific islands

Dr Wendy Snowdon, Team Coordinator, Pacific NCD and Health through the Life-course, WHO South Pacific/Division of Pacific Support

Childhood obesity and the double burden of malnutrition are significant health concerns in Pacific island countries. The Healthy Islands vision was developed in response not only to this issue, but also to other public health challenges that Pacific island countries are facing. The Healthy Islands Monitoring Framework was developed to monitor progress towards the Healthy Islands vision, which is reported every two years at the Pacific Health Ministers Meeting, and towards global targets and Sustainable Development Goals (SDG) indicators. The Monitoring Framework includes indicators for exclusive breastfeeding, inadequate physical activity in adolescents, overweight in children and obesity in adolescents. Under-5 monitoring at country level is done in maternal and child health clinics, where growth monitoring takes place, and through the Demographic Health Survey. In some Pacific island countries, preschools and kindergartens monitor growth. For school-age children, some countries monitor through the Global School Health Survey, which monitors body mass index (BMI), while others monitor BMI annually as part of school health activities. The Pacific Monitoring Alliance for NCD Action (MANA) has developed a dashboard that monitors progress against key Pacific commitments using a “traffic light” colour scheme. Red means no policy present, yellow means policy under development and green means policy in place. Under health systems, marketing of BMS and marketing of FNABs are mostly coloured in red. It is hoped that countries will use the dashboard as a mechanism for mutual accountability to tackle the problem. In terms of monitoring the extent of monitoring of advertising, an approach based on the International Network for Food and Obesity/NCDs Research, Monitoring and Action Support (INFORMAS) is being developed. It is meant to be straightforward and suitable for student use. It considers television, radio, outdoor advertising and sponsored events, and recommends use of a nutrient profiling system. Support has been provided for some Pacific island countries to use the approach.

2.4 Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing: 2020–2030

2.4.1 Overview of the Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing: 2020–2030

Dr Juliawati Untoro, Technical Lead, Nutrition, WHO Regional Office for the Western Pacific

Dr Untoro provided an overview of the Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing: 2020–2030, which was developed in response to Regional
Committee resolution WPR/RC68.R3. The resolution urged Member States to accelerate multisectoral and multistakeholder actions to protect children from the harmful impact of food marketing and share best practices; it also requested WHO to develop a regional action plan in consultation with Member States and seeking views of key stakeholders. The Regional Action Framework will contribute to the vision of ending all forms of malnutrition in the Region, and aims to support Member States to: (1) eliminate exposure of the general public to marketing of BMS; (2) end the inappropriate marketing of foods for infants and young children; (3) reduce children’s exposure to marketing of FNABs that are high in saturated fats, trans-fatty acids, free sugars or salt; and (4) minimize the persuasive appeal (power) of marketing of FNABs. The guiding principles are government leadership, evidence-driven approach, rights-based approach, and safeguard against conflicts of interest. In developing or strengthening policies and actions to restrict food marketing, Member States may consider the Framework’s four pillars, namely: (1) policy framework; (2) multisectoral and multistakeholder collaboration; (3) advocacy and communication; and (4) monitoring and evaluation, and the recommended actions under them. The Framework provides options for countries to act. Policy actions should be evidence-based, feasible and responsive to the country’s context. The pillars and recommended actions are interrelated and may be implemented simultaneously. Member States may integrate policies into existing relevant national multisectoral plans with clearly defined actions, indicators and timelines. Operational tools and manuals are available to support implementation of country actions.

2.4.2 Developing and implementing a policy framework

Dr Ki-hyun Hahn, Technical Officer, Health, Law and Ethics, WHO Regional Office for the Western Pacific

Protecting children from the harmful impact of food marketing requires a strong policy response. For each Member State, the policy approach will be determined by the country’s needs, capacities or priorities, and the policy framework will be shaped by the country’s unique legal, social and political context. The process is inherently dynamic, complex and iterative. Initial considerations in developing and implementing a policy framework include nutritional status of the population, impact of marketing across age groups and other contributing factors, which are also the final considerations in evaluating the impact of policies on food marketing. The first step in establishing or strengthening a legal and regulatory framework is to review the country’s existing policy framework. This step includes looking at existing programmes, policies and laws; identifying the responsible institutions; and determining whether or not there is alignment with national needs, capacities and priorities, and with international mandates, commitments or obligations. The next step is to decide on the policy approach. For this step, Member States must consider the following: statutory regulations or voluntary measures; comprehensive or stepwise policy; legal, policy, programmatic or administrative measures; and at what level of government. The third step is to set standards and in setting standards, Member States must articulate the types and techniques of marketing to be regulated, the channels and settings in which marketing will be restricted, the standards for the types of food and beverages to be restricted, and the definition of protected age. In drafting the policy, one size does not fit all: every Member State has a different legal system, political system, tradition and process, and should be wary of legal transplantation. Clear drafting instructions that reflect policy objectives, definitional scope, powers and duties should always be taken into account. Beyond enactment, consider feasibility of implementation, including institutions responsible for enforcement and ongoing resource needs, because unimplemented law undermines the rule of law. Give laws teeth – ensure that sanctions are in place for noncompliance.
2.4.3 Evidence, monitoring and evaluation for policy action
Dr Bridget Kelly, Associate Professor, University of Wollongong, Australia

Evidence, monitoring and evaluation form a central tenet of the Regional Action Framework, and one of the guiding principles is an evidence-driven approach. Evidence is needed to support all recommended actions across the four pillars and at all stages of policy development and implementation. It is necessary for: (1) establishing the policy framework and technical specifications; (2) building the case for policy action; (3) garnering political and public support for action; (4) monitoring compliance with the policy; (5) evaluating the effect of the policy on intended outcomes; and (6) identifying opportunities for improvements over time. Evidence inputs needed in policy frameworks include the real and/or estimated impact of government-led versus industry-led policy interventions locally and in other jurisdictions, and recommendations for technical provisions such as media platforms, settings and persuasive techniques to be covered, classifications of foods that are inappropriate to be marketed, age of children and definition of marketing. Evidence is needed in multisectoral and multistakeholder collaboration on how civil society, NGOs and academic groups can contribute to policy implementation through capacity-building and technical expertise. These groups can also support the gathering of evidence on the need for policy action and identify potential breaches in compliance. Evidence is essential in crafting messages to the general public, policy-makers and food industry. The inputs needed include local, regional and global food marketing exposures, power and impacts; evidence on the cost-effectiveness of policy actions; and ongoing and periodic monitoring and evaluation.

Monitoring and evaluation activities vary at different stages of the policy development cycle. Formative evaluation focuses on review of situational context and is typically done during policy development. Output evaluation repeats baseline measures (gathered during formative evaluation) on the nature and extent of food marketing at the local level and is done during the policy implementation stage. Outcome evaluation considers baseline measures and long-term, follow-up post-implementation, the purpose of which is to assess the longer-term effects of the marketing policy. Monitoring compliance is an ongoing process that can be done by introducing reporting obligations as part of the food marketing regulations to compel food companies to provide data on marketing activities and expenditure; repeating baseline measures on exposure and power of food marketing; for non-statutory policies, requiring food companies to publicly commit to the policy as signatories, and establishing a system for public complaints of potential violations.

2.5 Panel discussion on policies and actions to protect children from the harmful impact of food marketing

2.5.1 Country sharing on policies and actions to restrict marketing of breastmilk substitutes and end inappropriate promotion of foods for infants and young children

Cambodia
Professor Oum Samol, Undersecretary of State for Health, and Mr Aing Hoksrun, Chief of Food Safety Bureau, Ministry of Health

National legislation on BMS regulations include Sub-decree 133 on marketing of products for infant and young child feeding and Inter-Ministerial Prakas No. 061. Sub-decree 133 was endorsed in 2005 and regulates promotions, advertisements, labelling and packaging, samples, donations, gifts and sponsorships of BMS and food for children up to 24 months of age. The Inter-Ministerial Prakas No. 061, endorsed in 2007, identifies four line ministries responsible for the implementation of
Sub-decree 133. A monitoring and enforcement mechanism was established in 2014 with an oversight board composed of the ministries of Health, Commerce, Industry and Handicrafts, and Information. A control committee reviews, screens and approves the content of advertising, promotional materials and requests related to subjects covered by Sub-decree 133, while an executive working group monitors the implementation of the sub-decree, reviews and screens reports of violation cases to determine if they are indeed violations, and ensures enforcement of the BMS monitoring system. Implementation of the pilot BMS monitoring system began in 2017, and the NetCode Toolkit was adopted. The challenges include: difficulty in integrating Sub-decree 133 monitoring into the ongoing work of each line ministry because of limited capacity and increased workload; limited resources at subnational level to conduct monitoring and inspection; limited training content, process, methods and materials; and pilot of BMS monitoring limited to only four provinces. Support is needed in establishing and revising inspection and monitoring tools and regulations, increasing the frequency of inspection and monitoring, expanding the pilot zones, training the inspectors in line ministries, disseminating information to and training BMS product business operators, and sharing information and solutions on BMS issues among Member States.

**Fiji**

*Mrs Ateca Kama, Manager, Food and Nutrition Security, National Food and Nutrition Centre, Ministry of Health and Medical Services*

In Fiji, the marketing of BMS is regulated by Marketing Controls (Foods for Infants and Young Children) Regulations 2010. The regulations aim to ensure safe and adequate nutrition for infants and children under 5. Consultations with government ministries, relevant faith-based organizations, civil society organizations and NGOs, food industries and the private sector began in the early 2000s. It was an uphill battle with food industries. Technical support and guidance from international and regional partners and agencies were helpful in passing the regulations in 2010. One of the good practices in Fiji is the joint statement of support signed by Ministers for Health and Medical Services, Minister for Disaster Management, WHO and UNICEF for infant and young child feeding. Challenges include monitoring and designating who is in charge, as well as limited capacity. Regulatory monitoring is usually conducted by one unit, which is resistant to other people doing it. Changes in political leadership are also a challenge as they can set back regulations. In addition, endorsement by the Cabinet of any new regulation is a lengthy process. In passing and implementing these regulations, it became apparent that consultations with relevant partners are important, community mobilization is vital and continuous follow-up is needed. Moving forward, technical expertise from partners is needed to ensure that the regulations are strengthened and kept in place.

**Mongolia**

*Dr Baasaikhuu Byambatogtokh, Officer-in-charge for Nutrition and Food Safety, Ministry of Health and Ms Lkhaasuren Gerelmaa, State Senior Inspector, General Agency for Specialized Inspection*

Children’s food in Mongolia is governed by the Food Law (2012), Law on Food Product Safety (2012), Law on Food for Infants and Young Children (2017) and Law on Food Fortification (2018) and the National Nutrition Programme (2016–). Breastfeeding rates have somewhat improved in recent years, with exclusive breastfeeding rising from 47% in 2015 to 58.3% in 2017, and early initiation increasing from 71.1% to 83.3%. However, continued breastfeeding fell from 53% to 47.3 in the same time period.

The goal of the Law on Food for Infants and Young Children is to support breastfeeding and supply of healthy and safe food for infants and young children. It covers infant formula for infants up to
6 months of age, follow-up formula for children older than 6 months, drinks and feeding utensils. The regulation prohibits the following: misrepresentation of the composition of the product as identical to the nutritional value of breastmilk; claims that the product suits every child; graphic representation other than manufacturer logo and symbol; any health or nutritional claim; the distribution of under-priced products or free samples (on their own or in a set with other products) to health establishments, health workers and consumers; and sale of products within maternity and child health emergency clinics. In terms of marketing, the law prohibits the advertisement of infant formula, formula for special medical purposes, baby drinks and feeding utensils. It also prohibits involvement of children in advertisements of foods containing sugar, salt, trans-fatty acids and saturated fats. The Government has conducted meetings to introduce the law to relevant stakeholders, promoted the celebration of World Breastfeeding Week in 2017 and 2018, and approved guidelines for infant and child feeding and a checklist for enforcement of the law. Guidelines on the 10 steps to successful breastfeeding have been revised, and guidelines for packaging and labelling will soon be approved. In terms of advocacy and communication, short videos have been broadcast on television and other media channels, and promotional materials and posters have been distributed and posted in the lobby of health facilities. Challenges remain and they include: strong influence of formula companies on the decision-making of health-care providers; uncontrolled advertising and selling of formula on social media; lack of a supportive work environment for breastfeeding employees; increased rates of birth by caesarean section; absence of breastmilk bank at maternity houses; and importers’ lack of understanding of the law. Creating intersectoral collaboration to support working mothers and to promote breastfeeding-friendly environments is important. Training is also very important and should include training for all health workers, not just those in maternity hospitals, regular training for mothers so they understand the importance of breastfeeding for healthy growing, as well as for their own health, and training for importers and traders should also be conducted.

**Viet Nam**

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Several laws regulate nutritional products for infants and young children, including: Decree No 100/2014, international law, laws on protection, care and education for children, advertising law, and food safety law. Decree 100 covers nutritional products for infants and young children, including BMS, formula, complementary foods, bottles and teats. It includes regulations on information, education, communication and advertising and on responsibilities in trading and use of nutritional products for infants and young children (including responsibilities for manufacturers, retail business, health facilities and health workers). The decree has clear definitions, detailed articles, concrete responsibilities and implementation considerations covering products, communication materials and methods, responsibilities and punishment for noncompliance.

Examples of good practices in Viet Nam include the Baby-friendly Hospital Initiative, the Alive and Thrive Project, celebration of Breastfeeding Week and Nutrition and Development Week, and membership in the International Network for Food and Obesity/NCDs Research, Monitoring and Action Support (INFORMAS). Challenges include: limited information, education and communication on breastfeeding; limited guidelines for breastfeeding (first 4 months only); and disregard by infant formula companies for the law. Many companies still disseminate information and communication materials on their products in hospitals, and they continue to sponsor gifts, products, samples, free products and other benefits. The Ministry of Labour, Invalids and Social Affairs, the Ministry of Health and the Ministry of Education and Training must work together to enact the law. Social associations can be involved in disseminating information about the law. School education
programmes and an international statement to Government supporting the laws and surveys for monitoring and evaluation are needed.

2.5.2 Country sharing on policies and actions to protect children from food and non-alcoholic beverages marketing

**Brunei Darussalam**  
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Brunei Darussalam is developing a Code of Irresponsible Advertisement of Food and Beverages to Children. The process started in 2016 with the gathering of evidence on irresponsible advertisement of food and beverages to children. A situational analysis revealed the following: in newspapers, more than 38% of advertisements were for cheap fast food; in mini-markets, 48.7% of posters displayed unhealthy beverages and 38.5% displayed unhealthy food; on radio, 58% of food advertisements were for fast food and 71% were for sugary beverages; 50% of billboards advertised fast-food restaurants and more than half of food advertisements were for unhealthy food and beverages; and in schools, 37% advertised unhealthy food and beverages through leaflets/flyers and posters. In 2017, a comprehensive review and mapping of the current regulatory instrument in Brunei Darussalam was done along with a review of similar policies from other countries on implementation of policy. A policy was drafted in 2018, and dialogue and further discussions with relevant stakeholders were conducted. In 2019, a public survey about the initiative is ongoing, socialization of policy among the target audience is also being done, and endorsement by a multisectoral task force on health and the Minister of Health is planned. Stakeholders that have been engaged in the process include ministries of Energy and Industry, Primary Resources and Tourism, Home Affairs, Education, Religious Affairs, and Transport and Infocommunication; Radio Television Brunei and Kristal FM of the Prime Minister’s Office; food and beverage business owners; media agencies; advertising agencies; school communities; and NGOs. Planned activities for monitoring and evaluation include: adding questions about marketing to the national nutritional and health survey to obtain baseline information; conducting periodic research on children’s exposure to and impact of food advertisements; engaging the public in collecting feedback on the impact of policy; setting up a committee to monitor the implementation of policy; and writing a warning letter for noncompliance with policy.

Support from the highest level of government has been helpful. Food marketing is identified as one of the action items under the high-level multisectoral task force on health. Positive responses and support from other ministries during the policy development process was also helpful, as well as support from the academic sector in carrying out short surveys relevant to the initiative. Challenges include: limited capacity, including human and financial resources; limited expertise in data collection and research; and competing priorities among different government sectors. Satisfying the wants of the different ministries may delay the progress of policy development and pose challenges in monitoring policy implementation. Lessons learnt include: conduct proper research to review the situational context (ideally prior to policy development); engage relevant stakeholders early on in the process; and identify more than one person from each of the other sectors as key personnel involved in and committed to policy development, implementation and monitoring. Moving forward, WHO is requested to: assist in reviewing the situational context in Brunei Darussalam in terms of measuring exposure, power and impact of food marketing to Bruneian children; provide technical support and guidance on the development of policy towards regulating it by law; support the conduct of research on the effectiveness of policy intervention; assist in establishing a monitoring and evaluation system; and facilitate any regional activities to address cross-border issues on marketing of unhealthy food and beverages to infants and young children.
Cook Islands

Ms Teina Ringi, Policy Officer and Mr Howard Ioane Tangimetua, Communications and Public Relations Officer

Food Regulation 2014: Part 7 governs marketing of FNABs to infants and children in Cook Islands. This is part of a broader policy framework that also includes advocacy and communications, tax on soft drinks, school healthy food policy, and best buys on tackling NCDs. Partners at the regional level include WHO, the Pacific Community (SPC) and FAO, while at the national level, partners include Ministry of Education, Ministry of Agriculture, sports codes signatories, community groups (NGOs) and the private sector. Television executives took it upon themselves to sanction commercials from 17:00 to 21:00. In the meantime, school policies have to be strengthened; for example, schools prohibit sale of soft drinks, but marketing of FNABs needs to be restricted around schools. Good practices include water promotion for sports code, restriction of the sale and advertisement of selected products during education events, and strong social responsibility of the private sector. Product placement in stores – for example, at eye level or at the checkout kiosk – is a challenge, and restriction criteria are still to be developed. Television programming comes in by satellite, so there is limited control over content. Coca-Cola is the main and sometimes only sponsor of sports events, but was successful in promoting water. Social media is a popular source of information for people in smaller areas and is used as one of the main communication tools in those areas. Building relationships is important if you want to restrict marketing. Failure to restrict FNABs has to do with lack of surveillance. There is a desire to push for plain packaging because current packaging is very attractive to children. There is a need for a food marketing framework since Cook Islands has limited capacity. Technical support from WHO and other partners is very much appreciated.

Philippines

The Department of Education (DepEd) issued DepEd Order 13, S. 2017 – Policy and Guidelines on Healthy Food and Beverage Choices in Schools and DepEd Offices in March 2017, in line with its policy to implement comprehensive programmes that promote healthy school environments, nutrition literacy and physical activity among school-aged children and adolescents. The policy is about increasing the availability of healthy foods, leading to increasing consumption and positive eating behaviour, setting food guidelines, learning how to read information from nutrition labels and using it to evaluate whether the food is beneficial to health or not, and regulating the sale and marketing of unhealthy food and beverages in and around schools. The policy adopts a traffic light rating system to classify foods that should always be on the canteen menu (green), selected carefully (orange) or not recommended (red). Food products with nutrition facts on their label can be classified using cut-off values set by DepEd for saturated fat, trans-fatty acids, sugar/total carbohydrates and sodium, while a list of food products without nutrition facts has been categorized for reference. The policy applies to all public elementary and secondary schools, learning centres, and DepEd offices in the central, regional and division levels, while private schools are encouraged to adopt these guidelines. Local governments are encouraged to establish a 250-metre perimeter around schools where sale and marketing of unhealthy foods and beverages will be prohibited. Challenges to implementation of this policy include the food industry questioning the mandate of DepEd to develop nutrition policies; complexity of food labelling and nutrition facts – canteen owners and managers may not be able to understand or interpret them correctly; development of smaller serving sizes and/or packages to circumvent established standards per serving; high cost of fruits and vegetables and low cost of processed foods; need to give teeth to regulation to influence school administrators, particularly on regulation of marketing, advertisements and sponsorships; massive need for capacity-building on interpreting food labels and coding food; need for development of an effective monitoring and
evaluation tool; need for more advocacy and awareness for adoption of policy and more information and education campaign materials; and quality enforcement and implementation. The framework policy was adopted by the National Nutrition Council as a nutrition-sensitive intervention to address the industry challenge. The need for coordination with the Food and Drug Administration (FDA) for simpler front-of-pack labelling and green-for-school logos is highlighted to address the problem of complex food labels. The initial implementation phase has also taught DepEd of the need to provide and/or develop affordable healthier food options, and the stronger roles of true regulatory offices such as local government, FDA, and Trade and Industry. Support is needed for the development of a monitoring and evaluation tool; printing and distribution of advocacy materials; piloting of nutrition green zones around schools in some supportive local government units; advocacy for front-of-pack labelling and colour-coding labelled foods for schools; and advocacy for healthier food formulations in Philippines.

Singapore
Mr Chong Shi Hao, Deputy Director (Noncommunicable Diseases), Ministry of Health

Singapore’s policy framework on FNAB marketing to children is a hybrid of voluntary and regulatory measures. The Government engages with industry to develop guidelines for self-regulation via: Singapore Code of Advertising Practice (SCAP), which governs all advertisements in Singapore and is administered by the Advertising Standards Authority of Singapore (ASAS); Children’s Code for Advertising Food and Beverage Products; and Sale of Infant Food Ethics Committee (SIFECS) and Code. ASAS provides advice and guidance on the acceptability of advertisements. It is not intended to be a clearinghouse for approval of all advertising. Instead, it handles feedback on advertising content and is empowered to ask advertisers and media owners to withdraw any advertisement that contravenes SCAP. The objectives of the Children’s Code for Advertising Food and Beverage Products are to reduce exposure of children to food marketing and encourage product reformulation. It is a culmination of work by private-public-consumer partnership led by the Ministry of Health. It was incorporated into SCAP and has been in effect since 2015. Under this Code, food and beverage products must meet Common Nutrition Criteria (CNC) before they can be marketed to children. CNC sets macronutrient limits for 10 categories of food and beverages that can be marketed to children. ASAS handles complaints and monitors compliance on all media covered by the Code, including television, print, Internet and outdoor advertising. ASAS officers conduct periodic spot checks on samples of marketing communications and maintain a database of complaints received and adjudications made in relation to the Code. Sanctions under SCAP include withholding advertising space or time from advertisers and adverse publicity.

SIFECS’s primary objective is to protect and promote the practice of breastfeeding by ensuring the proper and safe use of infant formula for optimal early childhood nutrition. It is industry self-regulated without any regulatory measure to enforce compliance. Enforcement of the SIFECS Code, including advertising restrictions, is conducted by the SIFECS Committee and the Health Promotion Board (HPB). The SIFECS Code was revised this year – it has been strengthened, with regulatory backing for infant formula labels through SFA’s Food Regulation. The scope of the SIFECS Code has been expanded from current 0–6 months to 0–12 months. Clear responsibilities are outlined for all stakeholders (industry, hospitals and doctors). Penalties have been introduced for violators to strengthen compliance, including: written warnings to company and governing bodies; publication of violations on HPB website; companies to be banned from advertising if SCAP violated; companies to be delisted from hospital milk rotations and government tenders; and legal penalties if food regulations are violated. Full compliance is expected to be achieved by January 2020; by then all maternity hospitals in Singapore will no longer receive sponsorships from infant formula companies.
The major lesson learnt in this process is that partnership and a collaborative approach is useful, depending on the country situation and policy environment. This can be part of a gradual approach towards stronger regulation. Such an approach has worked for BMS, but the situation is more complex for FNAB. The challenges include: addressing cross-border advertisements and monitoring and enforcement of online marketing, especially social media. Support is needed is to perform a multicountry comparison of the effectiveness of various approaches, with WHO facilitating implementation in Member States and sharing of evidence-based approaches and latest research studies.

2.6 Group work discussion on the Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing

The Framework was welcomed by participants as a useful guide in tackling the harmful impact of food marketing to children in the Region. Many participants appreciated that the broad goal and objectives allow for countries to tailor actions to their context. Suggestions on how to improve the wording of the goal include adding the phrase “optimal nutrition of children” and revising the goal to either “promote and support optimal nutrition and health of children (through responsible food marketing)” or “protect children from the harmful impact of food marketing and promote optimal nutrition of children”. For the objectives, several clarifications were sought, including on the meaning of the terms “inappropriate”, “eliminate”, “end”, “reduce” and “minimize”, and what distinguishes one from the other. A few participants highlighted that the definition of “marketing” is too narrow, that the current focus is on advertising but it needs to include product design, placement and price strategies. As for the guiding principles, a few additions were suggested, including: cost-effectiveness and best buys, complementary to other effective interventions, empowerment and community engagement. It was also suggested to articulate the rights-based approach and integrate its application into the recommendations, include roles and responsibilities of other government partners such as trade and education, and clarify the sources of conflicts of interest from. There was also a suggestion to modify the diagram of the framework to highlight the linkages between the pillars. Feedback and suggestions on the pillars and recommended actions are described in the following sections.

Pillar 1: Policy framework

The use of evidence needs to be immediately reflected in Pillar 1 as well as other pillars. Building on existing policy frameworks is important in developing any policy framework to protect children from the harmful impact of food marketing. Regional responsibility as a guiding principle, which can be applied by using platforms/mandates/shred priorities to share information and address cross-border marketing should be added. Challenges in building a policy framework include: recognizing different implications for small and large countries, importers/exporters – one size does not fit all; implementation/enforcement in light of industry interference versus corporate responsibility; and building political will – how to translate evidence into policy. Community and stakeholder engagement, communications and education facilitate enforcement and help people to understand scope of regulation. The group highlighted the examples of the Republic of Korea and Singapore on the different approaches countries could take in developing their policy framework on food marketing restrictions. The group recognized the importance of a repository or toolkit of resources, publications and guidelines to operationalize policies on food marketing, and requested WHO to support specific, practical and preparatory steps such as drafting policy papers.
Pillar 2: Multisectoral and multistakeholder collaboration

Suggested amendments and changes to Pillar 2 include: establishing or strengthening management and coordination structures for multisectoral actions (includes mapping of stakeholders); strengthening health in all policies – engaging all relevant stakeholders, including legislators, politicians and media; and enhancing the content on safeguarding against conflicts of interest. Among the good practices highlighted during the discussion, many countries have existing coordinating mechanisms and structures for multisectoral actions, high-level commitment to regulating food marketing (national leadership support) in many countries, and strong civil society engagement, especially for BMS. According to the group, the key roles of government under this pillar are leading, coordinating, enforcing and implementing, monitoring and evaluating, providing resources (technical and financial) and building capacity (enabler). Technical and legal support, including capacity-building, funding from government, international organizations and development partners, and national leadership are needed. In addition, sharing country examples and experiences, elaborating on key roles of development partners and other stakeholders, including private sector and industry, and including glossary and definitions would improve the Framework.

Pillar 3: Advocacy and communication

The group suggested doing more to specify target populations for advocacy and communication and to identify who is responsible for messages. There is also a need to clarify the first action point (advocate for policy action) as it refers to building internal government support. Additions that could improve this pillar include lessons from failure, additional good practices from the Region and a list of “dos and don’ts” in developing advocacy and communication agendas and strategies. Champion mapping is needed, as well as identifying strengths and potential conflicts of interest. It is important to emphasize anticipating opposition arguments and strategizing accordingly, including use of date (health and economic investment) and infographics. Technical support is needed to prepare training materials for capacity-building and to develop normative guidance on international trade rules. The group recognized that external support is needed but warned against donor-dictated guidance and funding – emphasized the need for government leadership. According to the group, WHO should advocate at the global level to address cross-border marketing. Lastly, the Framework needs to clarify the role of industry and set limits for its engagement.

Pillar 4: Monitoring and evaluation

For monitoring and evaluation, the time frame could be more flexible and more examples could be included. Inclusion of examples of indicators and how to develop them, real-world examples of monitoring and evaluation systems, and examples of good enforcement practice would be useful. The role and involvement of public health lawyers in the process to manage risks was emphasized. More tools for monitoring and evaluation for FNAB were requested. Financial and technical support on evaluation, enforcement, impact assessment and cost-effectiveness are needed by countries. Seeking support from institutions such as academe was highlighted, as well as the help needed to raise the profile of the issue of unhealthy food marketing with senior leaders.

2.7 Summary and recommendations

During the two and a half days of consultation, the participants discussed the goal, objectives, guiding principles, pillars and recommended actions of the draft Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing. It was noted that the Framework is an important step towards addressing the challenges in improving the nutritional status of children in the Region. Over the course of this consultation, staff from WHO headquarters presented current recommendations on restricting the marketing of breastmilk substitutes and foods for infants and
young children and unhealthy foods and beverages for children. Different approaches from different countries on how to protect children from the harmful impact of food marketing were discussed, and participants learnt of the common challenges faced in implementation, monitoring and evaluation.

The group discussions provided ample opportunity to examine the different but interrelated pillars of the Regional Action Framework, namely, policy framework; multisectoral and multistakeholder collaboration; advocacy and communication; and monitoring and evaluation. There was a lively exchange of ideas and experiences, which hopefully will enrich the revision of the draft Regional Action Framework. WHO has noted all comments, feedback and suggestions and will revise and finalize the Framework. In line with the 2017 Regional Committee resolution, WHO will seek views of relevant stakeholders. Participants of this consultation will brief their minister or other high-level officials who will attend the Regional Committee meeting. Member States will review the final draft of the Framework and provide feedback, if any, before the Regional Committee meeting in October 2019.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

The draft Regional Action Framework was well received and its overall structure and focus supported. The participants appreciated the sharing of current recommendations and evidence from WHO and experts, as well as of implementation successes, challenges and lessons learnt from other Member States.

Participants noted that the Regional Action Framework is an important step towards addressing the challenges posed by marketing of breastmilk substitutes, inappropriate promotion of foods for infants and young children and marketing of FNABs to children.

3.2 Recommendations

3.2.1 Recommendations for Member States

(1) Participants will brief their country ministers and/or other high-level officials who will attend the seventieth session of the WHO Regional Committee in October 2019 on the process of developing the draft Regional Action Framework, lessons learnt and recommendations from the Consultation.

(2) Member States will review the final draft and provide feedback, if any, to the WHO Regional Office by 15 May 2019.

3.2.2 Recommendations for WHO

(1) WHO will revise and finalize the draft in line with the comments, feedback and suggestions received from the participants, including the following amendments and/or additions:

- Highlight the importance of building on existing policy frameworks and the importance of using evidence for development of policy.
- Highlight the interlinkages across pillars and recommended actions.
- Consider inclusion of regional cooperation, platforms and mandates as a way to share information and address cross-border issues of marketing.
- Consider adding more country examples of challenges and lessons learnt from policy development to monitoring and evaluation.
• Consider inclusion of establishing or strengthening nutrition policy management and coordination structures for multisectoral action.
• Highlight the importance of safeguarding against conflicts of interest.

(2) In line with the Regional Committee resolution on protecting children from the harmful impact of food marketing (WPR/RC68.R3) in 2017, WHO will seek the views of relevant stakeholders.
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MR MARCUS STAHLHOFER, Technical Officer, Child Rights, Health and Nutrition, Department for Maternal, Newborn, Child and Adolescent Health, Department of Nutrition and Healthy Development, Avenue Appia 20, CH-1211 Geneva 27, Switzerland, Tel. No.: 41-22-791-2909, E-mail: stahlhoferm@who.int
ANNEX 2. MEETING PROGRAMME

Day 1, 26 March 2019, Tuesday

08:30 – 09:00  Registration

09:00 – 09:30  Opening ceremony

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter/Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00</td>
<td>Welcome remarks</td>
<td>Dr Juliawati Untoro</td>
</tr>
<tr>
<td></td>
<td><strong>Technical Lead, Nutrition, Division of NCD and Health through the Life-Course WHO WPRO</strong></td>
<td></td>
</tr>
<tr>
<td>09:15</td>
<td>Opening address</td>
<td>Dr Hai-Rim Shin</td>
</tr>
<tr>
<td></td>
<td><strong>Director, Division of NCD and Health through the Life-Course, WHO WPRO</strong></td>
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<tr>
<td></td>
<td>Group photo</td>
<td>Lawn</td>
</tr>
</tbody>
</table>

09:30 – 10:00  Coffee break

10:00 – 10:15  Overview and objectives of the consultation

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter/Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:15</td>
<td>WHO recommendations on marketing on BMS and FNAB to children</td>
<td>Mr Marcus Stahlhofer, WHO HQ</td>
</tr>
<tr>
<td>10:15</td>
<td>International Code of Marketing of Breast-milk Substitutes and WHO Guidance on Ending Inappropriate Promotion of Food for Infant and Young Child: Global Update on Implementation Status and Experiences</td>
<td></td>
</tr>
<tr>
<td>11:00</td>
<td>Set of recommendations on marketing of food and non-alcoholic beverages: Global Update on Implementation Status and Experiences</td>
<td>Dr Chizuru Nishida, WHO HQ</td>
</tr>
<tr>
<td>11:30</td>
<td>Discussion/Q&amp;A</td>
<td></td>
</tr>
<tr>
<td>12:00</td>
<td>An interactive session highlighting food marketing forms, exposure, and current actions within countries to restrict marketing of unhealthy food and beverages.</td>
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</tr>
<tr>
<td>12:15</td>
<td>Lunch break</td>
<td>Lower Conference Lounge</td>
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<tr>
<td>12:15</td>
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<td>12:15</td>
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</table>
### Session 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker/Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>13:15 – 13:45</td>
<td>Special Act on the Safety Management of Children's Dietary Life in the Republic of Korea</td>
<td><em>Dr Cho-il Kim, Korea Health Industry Development Institute</em></td>
</tr>
<tr>
<td>13:45 – 14:10</td>
<td>Marketing and food labelling in Chile – updates, impact, challenges and lessons learned</td>
<td><em>Dr Lorena Rodriguez Osiac, University of Chile</em></td>
</tr>
<tr>
<td>14:10 – 14:30</td>
<td>Implementing the Milk Code in Philippines: lessons learned</td>
<td><em>Ms Luz Tagunicar, Department of Health, Philippines</em></td>
</tr>
<tr>
<td>14:30 – 15:00</td>
<td>Discussion/Q&amp;A</td>
<td></td>
</tr>
<tr>
<td>15:00 – 15:30</td>
<td><strong>Coffee break</strong></td>
<td><em>Lower Conference Lounge</em></td>
</tr>
<tr>
<td>15:30 – 15:50</td>
<td>Pacific Ending Childhood Obesity (ECHO) Network</td>
<td><em>Ms Ateca Kama, Ministry of Health and Medical Services, Fiji</em></td>
</tr>
<tr>
<td>15:50 – 16:10</td>
<td>Monitoring childhood obesity and risks in the Pacific islands</td>
<td><em>Dr Wendy Snowdon, WHO Division of Pacific Technical Support</em></td>
</tr>
<tr>
<td>16:10 – 16:40</td>
<td>Discussion/Q&amp;A</td>
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<tr>
<td>16:40 – 16:50</td>
<td>Day 1 wrap up</td>
<td></td>
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<tr>
<td>17:00</td>
<td>Welcome Reception</td>
<td><em>Al Fresco Dining, WHO Cafeteria</em></td>
</tr>
</tbody>
</table>

### Day 2, 27 March 2019, Wednesday

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker/Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30 – 08:40</td>
<td>Summary of day 1 and overview of day 2</td>
<td></td>
</tr>
<tr>
<td>08:40 – 09:05</td>
<td>Overview of Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing</td>
<td><em>Dr Juliawati Untoro, WHO WPRO</em></td>
</tr>
<tr>
<td>09:05 – 09:30</td>
<td>Developing and implementing policy framework</td>
<td><em>Dr Ki-hyun Hahm, WHO WPRO</em></td>
</tr>
<tr>
<td>09:30 – 09:55</td>
<td>Evidence, monitoring and evaluation for policy action</td>
<td><em>Dr Bridget Kelly, University of Wollongong</em></td>
</tr>
<tr>
<td>09:55 – 10:30</td>
<td>Discussion/Q&amp;A</td>
<td></td>
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<tr>
<td>10:30 – 11:00</td>
<td><strong>Coffee break</strong></td>
<td><em>Lower Conference Lounge</em></td>
</tr>
<tr>
<td>Session 4</td>
<td>Panel discussion on policies and actions</td>
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</tr>
<tr>
<td>11:00 – 12:30</td>
<td>Panel discussion: Restricting marketing of breast-milk substitutes and ending the inappropriate promotion of foods for infants and young children</td>
<td>Representatives from Cambodia, Fiji, Mongolia, New Zealand, Viet Nam</td>
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<tr>
<td></td>
<td></td>
<td>Moderator: Mr Marcus Stahlhofer, WHO HQ</td>
</tr>
<tr>
<td>12:30 – 13:30</td>
<td><strong>Lunch break</strong></td>
<td>Lower Conference Lounge</td>
</tr>
<tr>
<td>13:30 – 15:00</td>
<td>Panel discussion: Protecting children from food and non-alcoholic beverages marketing</td>
<td>Representatives from Brunei Darussalam, Cook Islands, Philippines, Singapore</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moderator: Dr Ki-hyun Hahm, WHO WPRO</td>
</tr>
<tr>
<td>15:00 – 15:30</td>
<td><strong>Coffee break</strong></td>
<td>Lower Conference Lounge</td>
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<thead>
<tr>
<th>Session 5</th>
<th>Group work discussion on the Regional Action Framework</th>
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</thead>
<tbody>
<tr>
<td>15:30 – 16:30</td>
<td>Group Work 1: Review and feedback on Goals, Objectives, Guiding Principles and Pillars</td>
</tr>
<tr>
<td>16:30 – 16:45</td>
<td>Day 2 wrap up</td>
</tr>
</tbody>
</table>

**Day 3, 28 March 2019, Thursday**

| 08:30 – 08:40             | Summary of day 2 and overview of day 3                                                                  |
| 08:40 – 10:10             | Group Work 2: Recommended Actions                                                                      |
| 10:10 – 10:40             | **Coffee break**                                                                                        | Lower Conference Lounge               |
| 10:40 – 12:00             | Presentations and Discussions                                                                          |
| 12:00 – 12:30             | **Closing**                                                                                             |
|                           | Summary and Recommendations                                                                            | Rapporteur                            |
|                           | Next steps                                                                                              | Dr Juliawati Untoro, WHO WPRO         |
|                           | Closing remarks                                                                                        | Dr Hai-Rim Shin                       |
|                           |                                                                                                          | Director, Division of NCD and Health through the Life-Course, WHO WPRO |
| 12:30 – 13:30             | **Lunch break**                                                                                        | Lower Conference Lounge               |