Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing in the Western Pacific
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World Health Organization
Western Pacific Region
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<th>Acronym</th>
<th>Description</th>
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<tr>
<td>BMS</td>
<td>breast-milk substitutes</td>
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<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>CSO</td>
<td>civil society organization</td>
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<td>ECHO</td>
<td>Ending Childhood Obesity</td>
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<td>NCD</td>
<td>noncommunicable disease</td>
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<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
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<tr>
<td>PICs</td>
<td>Pacific island countries and areas</td>
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<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WTO</td>
<td>World Trade Organization</td>
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Decades of rapid economic growth, urbanization and globalization have led to tremendous changes in the food environment, especially in low- and middle-income countries. Processed foods with little nutritional value but high in fat, sugar and salt are now readily available and heavily marketed, especially to children. This unhealthy food environment negatively influences child dietary patterns, driving increases in childhood overweight and obesity in the Region.

Member States expressed deep concern over the harmful impact of food marketing to children during the 2017 session of the World Health Organization (WHO) Regional Committee for the Western Pacific. They decided that action must be taken to foster healthy food environments for children, starting with addressing the harmful impact of widespread marketing of breast-milk substitutes and food high in saturated fats, trans-fatty acids, free sugars or salt. This commitment to the health of the Region’s children carried through the Member State consultations to develop For the Future: Towards the Healthiest and Safest Region – the Region’s vision for health and WHO’s work in the coming years.

To help guide the actions on food marketing, the Regional Committee endorsed the Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing in the Western Pacific in October 2019. This Framework is the product of extensive consultations with Member States, key stakeholders and other experts, and reflects their valuable experiences and insights.

The Framework is comprised of four pillars for action – a policy framework, multisectoral and multi-stakeholder collaboration, advocacy and communication, and monitoring and evaluation – and 10 recommended actions. In this way, Member States can tailor actions to suit their needs and priorities.

Moving forward, we are committed to leverage all levels of WHO – from country and regional offices to headquarters – to support country-specific actions to improve the food environment for children through multisectoral and multi-stakeholder collaboration. Our goal of making the Western Pacific the world’s healthiest and safest region starts with making children healthier and safer. Protecting them from the harmful impact of food marketing is an important step in that direction.

Thank you for helping us to reach this goal.

Takeshi Kasai, MD, Ph.D.
Regional Director
EXECUTIVE SUMMARY

Rapid economic growth, urbanization and globalization have changed the food system in the World Health Organization (WHO) Western Pacific Region, making inexpensive processed foods more available and accessible. Now more than ever, children are being exposed to potential harm from the marketing\(^1\) of breast-milk substitutes (BMS) and food\(^2\) high in saturated fats, trans-fatty acids, free sugars or salt.

Evidence shows that marketing of BMS\(^1\) and food high in saturated fats, trans-fatty acids, free sugars or salt influences children’s food preferences, requests and consumption, and is a major contributor to overweight and obesity, which is rising in the Region and affecting most Member States. There has been considerable progress in reducing childhood under-nutrition in the Region. Yet, there were still 2.6 million children under 5 years of age who were wasted and 7.7 million who were stunted in the Region in 2018. The proportion of exclusive breastfeeding in the Region remains low, at or below 30% over the past 10 years, with two out of three infants under 6 months of age not receiving the protective benefits of exclusive breastfeeding. Meanwhile, childhood obesity has increased significantly in the Region, affecting most Member States, to become a serious public health challenge in the 21st century. It is estimated that more than 7.2 million children aged under 5 years were overweight in 2018, and 84 million children aged 5–19 years were overweight or obese in 2016 – a 43% increase for children aged 5–19 years in just six years, ending in 2016.

Despite Member States’ efforts, marketing of BMS, inappropriate promotion of foods for infants and young children, and marketing of food high in saturated fats, trans-fatty acids, free sugars or salt are widespread across the Western Pacific Region. Concerned with this situation and the rising threat of overweight and obesity, the WHO Regional Committee for the Western Pacific in 2017 endorsed resolution WPR/RC68.R3 calling for the development of a regional action plan to protect children from the harmful impact of food marketing. In response, this Regiona l Action Framework on Protecting Children from the Harmful Impact of Food Marketing has been developed in consultation with experts, Member States and key stakeholders.

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1. Countries may have different definitions of marketing according to their national context. WHO defines marketing as “any form of commercial communication or message that is designed to, or has the effect of, increasing the recognition, appeal and/or consumption of particular products and services. It comprises anything that acts to advertise or otherwise promote a product or service” (16).

2. The term “food” is used to refer to foods and non-alcoholic beverages (16).

3. The International Code of Marketing of Breast-milk Substitutes defines breast-milk substitute as “food being marketed or otherwise presented as a partial or total replacement for breast milk, whether or not suitable for that purpose” (70).
The Framework is in line with the existing global guidance and recognizes the varied country policy responses in the Region to reduce the harmful impact on children’s nutrition and health from the marketing of BMS, inappropriate promotion of foods for infants and young children, and the marketing of food high in saturated fats, trans-fatty acids, free sugars or salt.

This Framework aims to support Member States in their efforts to protect children from the harmful impact of food marketing, as appropriate to national contexts. It is guided by the principles of government leadership, evidence-driven and rights-based approaches, equity, and ensuring safeguards against conflicts of interest.

Recommended actions for Member States to adapt the guidance to their national contexts are structured across four pillars

<table>
<thead>
<tr>
<th>PILLAR</th>
<th>Summary of recommended actions</th>
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<tbody>
<tr>
<td>A. Policy framework</td>
<td>1. Establish or strengthen legal and regulatory framework&lt;br&gt;2. Establish or strengthen enforcement or compliance mechanisms</td>
</tr>
<tr>
<td>B. Multisectoral and multi-stakeholder collaboration</td>
<td>1. Ensure policy coherence across government actors&lt;br&gt;2. Multisectoral and multi-stakeholder actions with clearly defined roles and responsibilities</td>
</tr>
<tr>
<td>C. Advocacy and communication</td>
<td>1. Advocate for policy action and enforcement&lt;br&gt;2. Raise public awareness through consumer education and communication&lt;br&gt;3. Facilitate or galvanize civil society participation</td>
</tr>
<tr>
<td>D. Monitoring and evaluation</td>
<td>1. Undertake review of situational context&lt;br&gt;2. Build evidence on the effectiveness of policy actions&lt;br&gt;3. Design and implement a monitoring and evaluation framework</td>
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Member States are encouraged to consider this Regional Action Framework and the recommended actions, as appropriate to their national context, when they develop or update national plans to protect children from the harmful impact of food marketing.

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4. Policy coherence is defined as a process through which governments make efforts to design policies that take account of the interests of other policy communities, minimize conflicts, maximize synergies and avoid unintended incoherence.
1. BACKGROUND

Every child deserves a healthy start in life. Good nutrition in childhood is fundamental to ensure optimal growth and development, and for health and well-being across the life-course. Early initiation of breastfeeding within the first hour of life and exclusive breastfeeding for at least the first six months, followed by the introduction of appropriate complementary foods while breastfeeding up to age 2 years or beyond, are associated with reduced frequency and severity of common childhood illnesses (1).

Optimal breastfeeding and complementary feeding, together with a healthy diet during childhood, are significant factors in reducing the risk of obesity, hypertension and type 2 diabetes, and they contribute to higher performance in school and improved productivity (2–4).

Most Member States are facing a double burden of malnutrition with both under-nutrition and overweight 5 and obesity 6 or diet-related noncommunicable diseases (NCDs) coexisting and threatening health, human development, well-being and economic productivity. There has been considerable progress in reducing childhood undernutrition in the Western Pacific. Yet, there were still 2.6 million children under 5 years of age who were wasted and 7.7 million who were stunted in 2018 (5).

5. WHO classifies a child 0–5 years as overweight when their weight-for-height is more than two standard deviations above the WHO Child Growth Standards median. For children 5–19 years, a child is classified as overweight when their body-mass-index-for-age is more than one standard deviation above the WHO growth reference median.

6. WHO classifies a child 0–5 years as obese when their weight-for-height is more than three standard deviations above the WHO Child Growth Standards median. For children 5–19 years, a child is classified as obese when their body-mass-index-for-age is more than two standard deviations above the WHO growth reference median.
Meanwhile, childhood obesity has increased significantly in the Region, affecting most Member States, and has become a serious public health challenge of the 21st century. It is estimated that there were more than 7.2 million overweight or obese children under 5 years of age in 2018 (6), and 84 million children aged 5–19 years who were overweight or obese in 2016 – a 43% increase from 2010 (7).

Many countries in the Western Pacific Region have experienced rapid economic growth that has brought both great benefits and challenges. Economic growth and globalization have changed the food system and reshaped the way people in many countries produce and consume food (8). Traditional foods and diets are being replaced with inexpensive, highly processed, energy-dense and nutrient-poor food products (9), which have become more popular and widely available and consumed. Marketing plays a major role in the popularity and increased consumption of BMS and food high in saturated fats, trans-fatty acids, free sugars or salt. Food marketing most commonly promotes food high in saturated fats, trans-fatty acids, free sugars or salt, and negatively influences the food environment and children’s dietary patterns (10, 11). There is a recognized link between the marketing of these foods and childhood obesity (12–14), and restricting marketing of food high in saturated fats, trans-fatty acids, free sugars or salt is identified as a critical component in childhood obesity prevention (15–19).

Concerned that harmful effects of marketing of food high in saturated fats, trans-fatty acids, free sugars or salt on the diet and health of children continue to be widespread in the Region, despite Member States’ efforts, the Regional Committee for the Western Pacific endorsed resolution WPR/RC68.R3 calling for the development of a regional action plan to protect children from the harmful impact of food marketing (20).

1.1 GLOBAL GUIDANCE AND RECOMMENDATIONS TO PROTECT CHILDREN FROM HARMFUL IMPACT OF FOOD MARKETING

In 1981, the World Health Assembly adopted the International Code of Marketing of Breast-milk Substitutes to protect, promote and support optimal breastfeeding and infant and young child feeding. The Code calls on all Member States to ensure that effective, objective and independent monitoring systems are in place to enforce the Code’s standards and recommendations. Subsequent World Health Assembly resolutions’ further enhanced recommendations relevant to the marketing of BMS and related products. The 2018 United Nations General Assembly adopted resolution A/RES/73/132 that urges Member States to put into practice, as appropriate, a comprehensive implementation plan on maternal, infant and young child nutrition that includes measures to control the marketing of BMS.

In 2018, the World Health Assembly urged Member States to “continue taking all necessary measures in the interest of public health to implement recommendations to end inappropriate promotion of foods for infants and young children” (WHA71.9).

The Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children was endorsed in 2010 by the World Health Assembly (WHA63.14) (16). The recommendations aim to guide efforts by Member States to design or strengthen existing policies to reduce the impact on children of marketing of food high in saturated fats, trans-fatty acids, free sugars or salt. Subsequently, a Framework for Implementing the Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children was developed to support policy-makers to implement the recommendations (21). Most recently, the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases in 2018 reaffirmed the importance of promoting and implementing “policy, legislative and regulatory measures,... aiming at minimizing the impact of the main risk factors for non-communicable diseases, and promote healthy diets and lifestyles”. This includes a call to reduce the exposure of children to and impact on them of the marketing of food high in saturated fats, trans-fatty acids, free sugars or salt, consistent with national legislation, where applicable.

1.2 COUNTRY RESPONSES

Globally, as of 2017, 136 out of 194 countries had some form of a legal measure in place covering all, many or few provisions of the BMS Code (22). Thirty-five countries had full Code provisions covered in law, while 31 had legal measures with many Code provisions in place; 70 had legal measures incorporating few Code provisions in law. In the Western Pacific Region, only three countries have full Code provisions covered in law (Palau, the Philippines and Viet Nam); three countries have many code provisions covered in law (Cambodia, Fiji and Mongolia); and five countries have few provisions of the Code in their law (China, the Lao People’s Democratic Republic, Papua New Guinea, the Republic of Korea and Solomon Islands) (22).

Various Member States have taken steps to restrict food marketing to children in school settings, including Brunei Darussalam, China, Hong Kong SAR (China), the Philippines, the Republic of Korea, Singapore and Vanuatu (23, 24). The Republic of Korea has implemented statutory regulations to restrict the marketing of “unhealthy food and non-alcoholic beverages” to children on television and in settings where children gather. The Department of Education in the Philippines has issued a policy to regulate marketing of food and beverages in schools. Some others, including Australia, Brunei Darussalam,
Malaysia, New Zealand and Singapore, have opted to rely largely on industry-led pledges for responsible advertising (see Annex). While television remains the main source of food marketing (12,25), the proliferation of digital technologies, including the Internet and mobile devices, has seen a steep increase of food marketing in this “new media” space (14,26,27); however, existing regulations across the Western Pacific Region are insufficient to address the challenges of marketing of BMS and food high in saturated fats, trans-fatty acids, free sugars or salt.

Actions at the regional or subregional level are an emerging modality by which a number of Member States have sought to restrict cross-border marketing of food high in saturated fats, trans-fatty acids, free sugars or salt, such as in Pacific island countries and areas (PICs). An example of such a subregional initiative is the Pacific Ending Childhood Obesity (ECHO) Network, which was established in 2017 to provide a platform for PICs to share experiences, learn from common challenges and provide mutual support for implementing actions to tackle obesity-promoting environments. The network aims to ensure that Pacific health ministers and ministries of health are provided with evidence-based information to help inform decision-making. One of the four priority areas of the Pacific ECHO Network is the restriction of marketing of food high in saturated fats, trans-fatty acids, free sugars or salt. As an initial action, a situational analysis was conducted by several countries in the Pacific to describe the food environment and how it connects with the perceived causes of overweight and obesity, existing policy and institutional frameworks, and health promotion activities.

1.3 COMMON CHALLENGES

There have been limited actions to restrict the marketing of BMS and food high in saturated fats, trans-fatty acids, free sugars or salt in the Western Pacific Region. Many factors affect the decision of countries to restrict this marketing for particular products in certain settings. Some countries have introduced statutory regulations that ban advertising and/or regulate food marketing in schools, and other countries have implemented nonstatutory guidelines and self-regulations. Countries may find it easier to implement voluntary actions because these result in less regulatory pressure and require fewer resources, while other countries may act with a limited scope – which serves to render the action ineffective in the long run. Some of the common challenges faced by countries in implementing policies on BMS and food high in saturated fats, trans-fatty acids, free sugars or salt are outlined below. Many of these challenges can be effectively addressed as legal and technical assistance become increasingly available to countries.
1. BACKGROUND

1.3.1 Limited political commitment and industry accountability

The absence of sustained, high-level political will and accountability is a major limitation in the implementation of policies to protect children from food marketing. This includes the commitment to develop and implement policy, as well as commitment to operational monitoring and evaluation processes and mechanisms, as well as limited understanding, capacity and resources among actors responsible for monitoring (28). This lack of commitment could be due to competing priorities within the health system or lack of technical expertise in developing policies to protect children from food marketing. Sustaining political commitment is also challenging in the face of heavy opposition from manufacturers and distributors of foods and beverages whose marketing are restricted. This highlights the need for sustained, high-level political will and public advocacy in maintaining the strength of adopted laws.

Limited industry accountability can be a challenge in settings where voluntary or self-regulatory measures are applied. For example, a study found that “commitments and nutritional criteria of companies that signed the European Union pledge for responsible marketing of foods and non-alcoholic beverages to children lacked transparency and varied considerably” (29). The available evidence suggests that voluntary commitments of the food industry through the European Union pledge programme do not prevent the marketing of “unhealthy foods” to children (30). For such self-regulation schemes to work effectively and appropriately, precise definitions of items to be regulated, transparent monitoring schemes and the development of appropriate sanctions in cases of noncompliance are, however, required (31).

1.3.2 Lack of or limited capacity for implementation and enforcement

Implementing policy frameworks to protect children requires a variety of resources, including human and financial resources, data and research, legal support and monitoring, and enforcement mechanisms to ensure compliance. Countries, particularly low-income and lower-middle-income countries, may have scarce human resources available to develop and implement these policies or legal frameworks, as well as low capacity to enforce adopted regulations. These resource constraints can appear daunting and have prevented countries from comprehensive policy implementation. The need for capacity-building, especially for new laws that are meant to strengthen earlier regulations, can be demonstrated by examining the case of Mongolia. In 2017, Mongolia adopted new legal measures, through the Law on Food for the Infant and Young Child, to strengthen implementation and monitoring of the Code. The new law increases the technical requirements of BMS and complementary foods according to international standards. It also defines the responsibilities of health-care professionals in protecting breastfeeding and avoiding conflicts of interest. While the improved provisions are positive, there is a need to build capacity for more effective monitoring and enforcement of violations.
1.3.3 Limited scope of the policy

Definitions adopted in any policy are critical and will influence its scope and impact. A growing body of independent implementation research and learning indicates that existing policies and regulations to protect children from the harmful impact of food marketing are insufficient to address the continuing challenges in this field (19, 23, 32–34). Policies and regulations tend to use narrow definitions and criteria: they frequently apply to predigital media only, to younger children and not to adolescents, and to “child-directed” media, rather than those with the greatest children audiences; and they almost never address the complex challenges of cross-border marketing. Most actions focus on broadcast advertising only, despite clear evidence that children are exposed to marketing through many other communication channels and mechanisms, such as in the digital sphere, via product displays, and through packaging and sponsorships. Particular challenges also arise in defining marketing to children online, as the Internet locations most visited by children are often not those “directed at” or “targeting” them, but those providing access to a wide range of content. Member States, therefore, need to adopt a comprehensive approach to regulate marketing of food high in saturated fats, trans-fatty acids, free sugars or salt, to reduce and mitigate impacts on children.

1.3.4 Industry involvement and managing conflicts of interest

Stakeholders share responsibility and can contribute to creating an environment conducive for the implementation of comprehensive food and nutrition policies. There is a recognized need to bring together civil society and the private sector, as appropriate, for the implementation of national programmes. Policy on food marketing to children involves a wide range of stakeholders and cuts across several policy sectors. Governments are in the best position to set the direction and overall strategy to achieve population-wide public health goals. When governments involve other stakeholders, care should be taken to protect the public interest and manage conflicts of interest of all concerned.

Conflicts of interest can occur when the core business of the external actor is related to goods that contribute to unhealthy diet (non-aligned with public health nutrition goals) (35, 36). There must be recognition of the real challenges on the ground. Interference from other sectors – which do not have the same concerns in relation to a particular topic – can occur (37). Managing conflicts of interest in all its forms does not necessarily mean that improper action has occurred, but rather that there is risk of improper action occurring with regard to conflicts of interest (38). Not all conflicts of interest can be prevented via divestment, screening, recusal or prohibition. When they cannot be prevented, other methodologies and tools exist for managing conflicts of interest (37).
1.3.5 Cross-border marketing and trade

Many countries, including those with marketing restrictions in place, are exposed to food marketing within their borders that originates in other jurisdictions. International cooperation is necessary to ensure that the effectiveness of national measures intended to protect children from food marketing is not limited as a result of cross-border marketing. Member States can have difficulty unilaterally regulating such marketing, especially among countries with close cultural ties and a common language. The Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children recognizes the importance of tackling cross-border marketing to ensure that the effectiveness of national policies is not undermined, and urges Member States to collaborate in their implementation of the recommendations.

Mandatory restrictions on marketing, such as restrictions on trademarked promotional characters, may also raise questions about compliance with international trade law or laws governing protection of trademarks. While certain World Trade Organization (WTO) agreements contain obligations that may cover these types of measures, they also provide space for WTO Members to enact national regulations that restrict marketing in the interest of public health. The long-standing and robust policy recommendations from WHO to reduce the harmful impact of food marketing provide a relevant basis for implementing policy measures. These recommendations support comprehensive marketing restrictions across all media and relevant settings. There are multiple precedents on which to base legal arguments for marketing restrictions under WTO law. WHO can provide support to Member States to navigate these issues.

1.4 PURPOSE AND SCOPE OF THE REGIONAL ACTION FRAMEWORK

Concerned that marketing of BMS and food high in saturated fats, trans-fatty acids, free sugars or salt remains widespread in the Region, despite the accumulation of evidence linking marketing with unhealthy diets, the sixty-eighth session of the WHO Regional Committee for the Western Pacific in 2017 urged Member States to accelerate multisectoral and multi-stakeholder action to protect children from the harmful impact of food marketing and to share best practices. The Regional Committee endorsed a resolution calling for the development of a regional action plan to protect children from the harmful impact of food marketing (20). In response, this Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing has been developed. The Framework aims to support Member States to implement actions that effectively
protect children from the marketing of food high in saturated fats, trans-fatty acids, free sugars or salt, and protect caregivers from the marketing of BMS and inappropriate promotion of foods for infants and young children.

This Regional Action Framework was developed based on a series of technical meetings and consultations with experts, Member States and stakeholders conducted between 2016 and 2019 (23, 24, 41, 42), which established the evidence on the harmful impact of food marketing on children and their caregivers, and informed the development of this Regional Action Framework. This Framework is intended to support Member States to systematically and progressively strengthen their efforts to protect children from the harmful impact of food marketing. It takes a life-course approach, specifically during infancy, childhood and adolescence as critical developmental stages when habits, attitudes and values – including healthy eating habits – are more easily acquired than at later ages (21). This Framework includes recommended actions structured across four pillars that aim to protect children\(^8\) from the harmful impact of food marketing.

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8. A child is a person 18 years or younger, unless national law defines a person to be an adult at an earlier/later age.
2. REGIONAL ACTION FRAMEWORK

The Regional Action Framework complements existing guidance and tools to reduce the harmful impact of food marketing on children. It recognizes the varied policy responses that countries in the Western Pacific Region have taken to reduce the harmful impact of marketing of BMS and the inappropriate promotion of foods for infants and young children, as well as food high in saturated fats, trans-fatty acids, free sugars, or salt, while taking into consideration various recommendations based on existing evidence and guidelines that can strengthen country responses to protect children from the harmful impact of food marketing.

This Framework is intended to be used by policy-makers and programme managers in ministries of health, legislators, public health workers, and other sectors and stakeholders such as the food industry, mass media and nongovernmental organizations (NGOs), and can be adapted to each country’s context.

This Framework draws upon the global and regional commitments of World Health Assembly resolutions⁹ and WHO Regional Committee for the Western Pacific resolution WPR/RC68.R3 (20).

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The WHO Regional Committee resolution urges Member States to accelerate multisectoral and multi-stakeholder action to protect children from the harmful impact of food marketing and to share best practices. The resolution also calls for WHO to provide technical support to Member States through advocacy, the sharing of experiences and the development of a regional action plan on protecting children from the harmful impact of food marketing.

In this Framework (Fig. 1), WHO encourages Member States to consider key actions under the following four pillars, as appropriate to their national context:

- **Policy framework**: to strengthen leadership, governance and regulation;
- **Multisectoral and multi-stakeholder collaboration**: to support multisectoral and multi-stakeholder actions;
- **Advocacy and communication**: to raise the issue on the regional and national agendas through strengthened advocacy and communication; and
- **Monitoring and evaluation**: to strengthen national capacity to monitor implementation and evaluate progress, and build evidence.

The following section describes the Framework in detail. It is important to note that the pillars and recommended actions are not linear. The recommended action in each pillar may be implemented simultaneously or at different times, depending on the national context and needs. For example, the review of the situational context referenced in the monitoring and evaluation pillar will occur early in the process, prior to any work under the policy development pillar, and is distinct from evaluation of the effectiveness of whatever policy framework is implemented by a Member State.

### 2.1 GOAL

The goal of this Framework is to protect children from the harmful impact of food marketing. The timeline for implementation is from 2020 to 2030, reflecting the strategic nature of the Framework, the need for long-term planning, and the Sustainable Development Goal (SDG) targets to end all forms of malnutrition and reduce premature mortality from NCDs by 2030.\footnote{See https://sustainabledevelopment.un.org/topics/sustainabledevelopmentgoals (accessed 7 Dec. 2019).}
FIG. 1  Framework for protecting children from the harmful impact of food marketing

GOAL:
PROTECT CHILDREN FROM THE HARMFUL IMPACT OF FOOD MARKETING

The Framework aims to support Member States to:

- Eliminate exposure of the general public to marketing of breast-milk substitutes
- End the inappropriate promotion of foods for infants and young children
- Reduce children’s total exposure to marketing of food high in saturated fats, trans-fatty acids, free sugars or salt
- Minimize the persuasive appeal (power) of marketing of food high in saturated fats, trans-fatty acids, free sugars or salt to children in the Western Pacific Region

GUIDING PRINCIPLES
Government leadership  •  Evidence driven  •  Rights based
Equity  •  Safeguard against conflicts of interest

PILLARS

<table>
<thead>
<tr>
<th>Policy framework</th>
<th>Multisectoral and multi-stakeholder collaboration</th>
<th>Advocacy and communication</th>
<th>Monitoring and evaluation</th>
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RECOMMENDED ACTIONS

- Establish or strengthen legal and regulatory framework
- Establish or strengthen enforcement or compliance mechanisms
- Ensure policy coherence across government actors
- Multisectoral and multi-stakeholder actions with clearly defined roles and responsibilities
- Advocate for policy action and enforcement
- Raise public awareness through consumer education and communication
- Facilitate or galvanize civil society participation
- Undertake review of situational context
- Build evidence on the effectiveness of policy action
- Design and implement a monitoring and evaluation framework

Note:
The pillars and recommended actions are not linear or sequential. The recommended action(s) may be interrelated and implemented simultaneously or at different times, and can be encompassed across the four pillars depending on the national context.
2.2 OBJECTIVES

The Framework aims to support Member States, as appropriate to the national context:
— to eliminate exposure of the general public to marketing of BMS;
— to end the inappropriate promotion of foods for infants and young children;
— to reduce children’s exposure to marketing of food high in saturated fats, trans-fatty acids, free sugars or salt; and
— to minimize the persuasive appeal (power) of marketing of food high in saturated fats, trans-fatty acids, free sugars or salt to children.

2.3 GUIDING PRINCIPLES

These principles guide all recommended actions set forth in the Regional Action Framework for consideration by Member States in accordance with their national context.

2.3.1 Government leadership

Government leadership is essential to set policies to address public health goals and challenges, and to ensure that relevant policy is properly implemented. Strong government leadership is important to help deliver a comprehensive multisectoral and multi-stakeholder approach to protect children from the harmful impact of food marketing. Evidence suggests that government-led actions offer much stronger potential than voluntary action to reduce the impact of marketing of BMS and food high in saturated fats, trans-fatty acids, free sugars or salt (22, 28). The government is the key stakeholder in the development of policy and should provide leadership – through a multisectoral and multi-stakeholder platform – for implementation, monitoring and evaluation.

2.3.2 Evidence-driven approach

Policy development, implementation and evaluation should be informed by strong evidence and should aim to further build the evidence base through research, monitoring and evaluation of policy outcomes and impacts. This Regional Action Framework draws on decades of global evidence of the negative impact of food marketing on children’s food preferences, purchase requests and consumption patterns (14, 17, 22, 28, 43–47).
Basing the policy on scientific evidence ensures that the policy has a higher chance of attaining the policy goal and optimizes the potential for public health impact. Scientific evidence will not only allow for the development of effective policies to restrict food marketing, but can also be used as a defence against legal challenges.

2.3.3 Rights-based approach

The United Nations Universal Declaration of Human Rights along with the Convention on the Rights of the Child (CRC) provide the foundation for a child rights-based approach towards protecting children from the harmful impact of food marketing (48–52). Currently, 34 Member States and areas in the Western Pacific Region are parties to the CRC treaty (52). The WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children supports the protection of children from the harmful impact of food marketing. A recent legal analysis by the United Nations Children’s Fund (UNICEF) on a child rights-based approach to food marketing suggested linking the WHO Set of Recommendations within a human rights framework (53). The CRC, together with the United Nations framework entitled Protect, Respect and Remedy, which addresses human rights and the obligations of corporations and businesses, and General Comment No. 16 on State Obligations Regarding the Impact of the Business Sector on Children’s Rights, recognizes the importance of having policies that are consistent with human rights (52). As stated in the General Comment No. 16, Member States are therefore encouraged to “ensure that marketing and advertising do not have adverse impacts on children’s rights by adopting appropriate regulation and encouraging business enterprises to adhere to codes of conduct and use clear and accurate product labelling and information that allow parents and children to make informed consumer decisions” (54).

2.3.4 Equity

Equity and equality are important aspects in food and nutrition. There is unequivocal evidence that the marketing of food high in saturated fats, trans-fatty acids, free sugars or salt is linked to preferences, consumption of unhealthy diets, and, therefore, to childhood obesity (55). From the perspective of health inequity, not only do children tend to be exposed to marketing more than adults (12, 56), but children from lower socioeconomic families tend to be exposed to a greater degree of marketing than children with higher socioeconomic status through a broad range of media, including television (57, 58), magazines (59), outdoor advertising (58) and the placement of fast-food outlets (60). Children’s particular susceptibility to marketing of food high in saturated fats, trans-fatty acids, free sugars or salt is heightened for those from a lower socioeconomic group, including children from low- and middle-income countries (18).
2.3.5 Safeguard against conflicts of interest

Given the need to engage with actors beyond the health sector to address the impacts of food marketing, there are ways to manage potential conflicts of interest that may arise. The Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children highlights the care that should be taken by governments when engaging with stakeholders to protect public interest and avoid conflicts of interest. In general, a conflict may arise when there is potential for a secondary or vested interest to influence the outcomes of Member States’ actions. This secondary interest may lead an entity to unduly influence an action to benefit the secondary interest (38). The importance of managing conflicts of interest is a fundamental principle underpinning the WHO Global Action Plan for the Prevention of Control of Noncommunicable Diseases 2013–2020 and the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition. The Commission on Ending Childhood Obesity emphasized the need to identify, assess and manage conflicts of interest of the private sector in a transparent and appropriate manner (15), as does the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases in 2018, which reaffirmed the importance of engagement with the private sector, in order to reach SDG target 3.4 on NCDs, while giving due regard to managing conflicts of interest (61). Steps on the approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at the country level were presented during the Seventy-first World Health Assembly and noted by Member States for further discussion and ongoing refinement.

2.4 PILLARS AND RECOMMENDED ACTIONS

The pillars describe the key areas to be considered to achieve the goal and objectives of the Regional Action Framework, for which recommended actions are defined. These include actions related to: 1) policy framework; 2) multisectoral and multi-stakeholder collaboration; 3) advocacy and communication; and 4) monitoring and evaluation. These pillars and recommended actions are interrelated but are not linear or sequential. They may be implemented simultaneously or at different times depending on the national context. The following sections describe each pillar, recommended actions under each, and examples within and outside the Region.
A. POLICY FRAMEWORK

A policy framework is the overall plan created by a country to develop and implement effective marketing restrictions to reduce the harmful impact of food marketing. It can incorporate a number of different legal and policy tools. Each country’s policy framework will be unique, based on the legal, political and governance systems that are in place in that country. Policy frameworks – both the instruments of law and policy and the institutions responsible for putting them into effect – are essential to advancing public health and achieving health in the SDGs. Law and policy have played a key role in many great public health achievements; however, countries often struggle to develop, implement and evaluate effective policy frameworks to improve public health. While each country is different, there are many shared challenges and opportunities to harness the law effectively to drive health and development.

Throughout this document, the broad term “policy framework” includes both the various instruments of law and policy and the institutions responsible for putting them into effect. Instruments of law may include national constitutions, legislation enacted by parliaments, ministerial by-laws or regulations, presidential decrees, agency guidelines, administrative rules and other forms of official order. Depending on the jurisdiction, laws may also include court rulings by judges, as well as interpretations and actions of regulatory bodies or other bureaucratic institutions.

In particular, the focus of the main recommendations is: (a) to establish or strengthen legal and regulatory frameworks; and (b) to establish or strengthen enforcement or compliance mechanisms. Two overarching considerations for the policy framework are: (i) government leadership; and (ii) whether the policy framework will use a comprehensive or stepwise approach. Government-led frameworks are recommended as they are more likely to be effective in reducing the impact of food marketing. Comprehensive frameworks are frameworks that ensure the policy restrictions capture the marketing of BMS and food high in saturated fats, trans-fatty acids, free sugars or salt that are intended to be restricted, preventing gaps and loopholes. Member States may consider these recommended actions, as appropriate to their national context.

1. Establish or strengthen legal and regulatory framework

In the early stages of developing the policy framework, Member States should define the preferred approach, in other words: (i) statutory; (ii) voluntary, either led by the government or by industry; or (iii) coregulatory mechanisms, comprising statutory and/or voluntary approaches. Incorporating regulation into existing legislation and legal frameworks may be easier and more practical, rather than proposing completely new legislation. For BMS, the World Health Assembly urged Member States to implement
and/or strengthen national mechanisms for effective implementation of measures aimed at giving effect to the *International Code of Marketing of Breast-milk Substitutes*, as well as other WHO evidence-based recommendations (WHA71.9). In the case of food high in saturated fats, trans-fatty acids, free sugars or salt, there are multiple approaches available, all keeping within the recommendation that the policy-making be led by government (16).

A statutory approach necessitates compliance across the food industry and is legally enforced, and it also has the greatest potential to achieve the intended or desired policy impact (19, 45, 62–64). Examples of statutory approaches in Chile (Box 1) and the Republic of Korea (Box 2) are described below.

**BOX 1  An example of statutory approach: Chile**

The National Law of Food Labelling and Advertising was approved by the Chilean Senate in July 2012. Under this regulation, marketing, advertising and sales of unhealthy foods to children under the age of 14 years are restricted. The law was to be implemented over a three-year period, beginning in 2016, and applies to advertising on television programmes or websites directed to children or that have an audience that comprises more than 20% children. Promotional strategies and incentives, such as toys, interactive games, software and mobile apps, cartoons and animations that have particular appeal to children are also included in the ban, as is the advertising of unhealthy foods in preschool, primary and secondary schools.

In 2007, a bill was tabled through the Senate Health Committee which was the forerunner to the 2012 law. This bill had support from the President and the Ministry of Health, but was strongly opposed by the food industry. In response, the Chilean Senate organized two International Health and Nutrition Summits in 2008 and 2011, bringing together global academics and civil society experts to garner support and to build consensus on the need for the legislation. Scientific expert committees were involved in the development of the regulation, drawing on global guidance for definitions and standards. From 2012 to 2015, four drafts of a regulatory code were developed by the Ministry of Health with public and expert consultation throughout the development period. Prior to introduction of the law, the Ministry of Health defined a monitoring and enforcement framework with defined standards and indicators by which to measure adherence to the regulation. Compliance monitoring is to be undertaken by Ministry of Health regional departments in coordination with an intersectoral network of civil society groups. Expertise from academics and evidence-based civil society advocacy, coupled with strong political will, were central to the successful adoption of the National Law of Food Labelling and Advertising.

2. REGIONAL ACTION FRAMEWORK

BOX 2  An example of statutory approach: Republic of Korea

The Republic of Korea was one of the first Member States in the Western Pacific Region to take direct government action to restrict the marketing of high-calorie, low-nutrient foods or high caffeine-containing foods to children. The Special Act on the Safety Control of Children's Dietary Life was introduced in 2008 and came into force in 2010. The law restricts advertisement of “unhealthy foods and beverages” to children on television during the peak period when children are watching television from 17:00 to 19:00. Children are defined as those 18 years of age or younger. The restrictions were initially subject to a sunset clause, but this was fully removed in 2018, making them permanent legal restrictions.

Ultimately, research conducted after the restrictions were implemented, showed food companies made changes to product formulations to make them healthier, and the restrictions exerted positive effects on companies with respect to compliance with food labelling requirements.

Voluntary approaches are generally informative and not legally binding. This includes government- and industry-led self-regulation. However, research indicates that self-regulation has not been effective in reducing children’s exposure to marketing of food high in saturated fats, trans-fatty acids, free sugars or salt (13, 19, 30, 65–68). Compared with an industry-led approach, the cost of policy development and compliance monitoring and enforcement can be lower for governments. Voluntary approaches may be faster to develop and may also be adapted more quickly to changes in the marketing environment. However, it can be difficult to gain agreement across industry groups and sectors to ensure that key definitions of the policy are broad enough to achieve high effectiveness (21). Self-regulation has also tended to only apply to limited media and limited settings. Studies on industry self-regulatory marketing vary in terms of analytic units and methods applied, but they generally suggested that self-regulation schemes are less effective than statutory schemes (31). Ultimately, the policy approach taken will also determine the range of sanctions or penalties that are available to penalize noncompliant marketers (21).

An example of self-regulation is New Zealand’s model as described in Box 3.

BOX 3  An example of self-regulation: New Zealand’s model of advertising self-regulation

Advertising in New Zealand is regulated by the Advertising Standards Authority (ASA) through its Advertising Codes of Practice and its complaints process. The Children and Young People’s Advertising Code covers rules on food and beverage advertisements. Advertising and advertisements are defined as “any message, the content of which is controlled directly or indirectly by the advertiser, expressed in any language and communicated in any medium with the intent to influence the choice, opinion or behaviour of those to whom it is addressed”. “Children” in this code means all people below the age of 14 years, while “young people” means all people at least 14 years but under 18 years.
Industry bodies that play a role in this system are the Commercial Approvals Bureau (CAB), which approves all advertisements prior to their running, and ThinkTV, which has set voluntary codes for advertising to children on behalf of the major free-to-air television broadcasters. A range of consumer protection legislation influences the self-regulation regime in effect, including the Broadcasting Act. Complaints may be lodged by any individual who considers that there has been a breach of advertising codes with the Advertising Standards Complaints Board (ASCB). The ASCB is made up of industry representatives as nominated by the ASA and five public representatives with no connection to media or advertising groups. Advertisements found in breach of any codes are requested to be withdrawn voluntarily, and it appears these requests have always been followed, but there are no penalties for companies involved.

Sources:

Member States may consider the following components and practical considerations in establishing or strengthening their policy frameworks, as appropriate to the national context (Table 1).

### TABLE 1 Practical considerations for establishing or strengthening legal and regulatory frameworks, as appropriate to the national context

<table>
<thead>
<tr>
<th>Component</th>
<th>Practical considerations</th>
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| Define the issues | » Before developing the policy framework, there needs to be a clear understanding of the issues that will be addressed and the purpose of the programme. A situational analysis on marketing and the policy environment is needed. This includes, but is not limited to:  
  • evidence regarding marketing exposure, power and impact across age segments for children (for food high in saturated fats, trans-fatty acids, free sugars or salt) and caregivers (for BMS);  
  • current local evidence available for the harmful impact of food marketing on overweight and obesity in children;  
  • regulatory landscape analysis (including existing food marketing restrictions) and how it compares to the WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children; and  
  • a responsible agency or group for monitoring policy and compliance for enforcement.  
  See also the recommended action “Undertake review of situational context” in the Monitoring and Evaluation Pillar. |
**2. REGIONAL ACTION FRAMEWORK**

Component: **Set the scope of the framework**

**Practical considerations**

**Defining the age of the child**

» There is no one globally agreed definition of the notion of a “child”. For this Framework, a child is defined as a person 18 years or younger, unless national law defines a person to be an adult, as stated in Article 1 of the United Nations Convention on the Rights of the Child (69). Countries may use their own definition of a child.

» Defining the age should also take into consideration a growing and significant body of research indicating that adolescents are also negatively influenced by marketing of food high in saturated fats, trans-fatty acids, free sugars or salt.

**Defining the scope of food marketing restrictions: products and types of marketing covered**

» The definition and scope of food marketing restrictions will have to be determined by Member States as suitable to their national context. For example, whether the policy covers: (i) marketing targeted to children; and/or (ii) marketing of “child-targeted foods” to caregivers or the entire family, but the child may also be exposed.

» Marketing in this Framework is defined as follows:

- for BMS: marketing means product promotion, distribution, selling, advertising; product public relations; and information services (70); and

- for food high in saturated fats, trans-fatty acids, free sugars or salt: marketing refers to any form of commercial communication of messages that are designed to, or have the effect of, increasing the recognition, appeal and/or consumption of particular products and services. It comprises anything that acts to advertise or otherwise promote a product or service (16).

» Depending on the national context, guidance on the different types of products and the types of marketing covered that should be restricted is available from the International Code of Marketing of Breast-milk Substitutes as well as other WHO evidence-based recommendations and from the Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children and its framework for implementation.

» Member States may consider specifying the technique, communication channels and settings where marketing of BMS and food high in saturated fats, trans-fatty acids, free sugars or salt will be restricted.

- When addressing exposure, consideration should be given to when, where, to whom and for what products marketing will, or will not, be permitted.

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- When addressing exposure, consideration should be given to when, where, to whom and for what products marketing will, or will not, be permitted. |
When addressing power, consideration should be given to restricting the use of marketing techniques that have a particularly powerful effect. For example, if a stepwise approach is chosen, attention should be given to the marketing to which children have greatest exposure, and to the marketing messages that have greatest power. The techniques may include packaging, point-of-purchase displays and other in-store marketing tools, advertising, etc.

- The types of settings where children gather may vary significantly among Member States. It is suggested that, when assessing whether a setting qualifies as a “setting where children gather”, Member States aim to include places of education and places where child welfare is a primary concern, such as paediatric wards or primary health-care settings, schools, playgrounds, day-care facilities, and child-targeted events such as sporting, music and recreation events that attract children, etc.

- There is a wide range of communication techniques and channels. This includes, but is not limited to, broadcast (television, radio, etc.), product placement and branding (video games, food stores, games, etc.), sponsorship (television, events, etc.) and at points of sale (free samples, testing, special offer, etc.).

- Member States may choose to distinguish and classify foods and beverages in several ways; for example, by using national dietary guidelines, definitions set by a scientific body, or a nutrient profile model, as appropriate to their national context. Member States may consider the available WHO Nutrient Profile Model for the Western Pacific Region: A Tool to Protect Children from Food Marketing that was developed by WHO in the Region to support efforts of countries in protecting children from food high in saturated fats, trans-fatty acids, free sugars or salt (71). This model can be adapted by Member States to their context, reflecting their most commonly consumed and advertised foods, as well as their specific food cultures.

Member States must decide what type or types of statutory or voluntary instruments to use based on their national context.

- Statutory regulation is legally binding and enforceable.
- Voluntary approaches can include self-regulation led by government or industry, and can be independent of government regulation. This approach may still be mandated by government in some form, such as the setting of targets and monitoring implementation using key indicators.

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<td>Draft policy and legal considerations</td>
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**Draft policy and legal considerations (continued)**

- Other approaches include various coregulatory mechanisms, comprising statutory requirements, self-regulation and/or voluntary industry initiatives that either exist within the framework of a government mandate or are not formally linked. Governments or mandated bodies can also issue or implement guidelines.

  » To achieve the policy that aims to regulate food high in saturated fats, trans-fatty acids, free sugars or salt, Member States may consider different approaches, such as stepwise or comprehensive approaches. A comprehensive approach has the highest potential to achieve the desired impact.

  » Consideration should be given as to whether the marketing restrictions can be incorporated into existing law or policy, or a new law or policy is needed. Incorporating marketing restrictions into existing law or policy may be simpler, requires less time and political engagement, and aligns the marketing restrictions with other existing relevant actions such as prevention and control of malnutrition or NCDs.

**Allocate resources**

- Resource considerations include financial resources, human resources, and political commitment, engagement and effort, such as:
  
  - funding for research and evidence gathering, meetings, community engagement, travel for coordination and planning;
  
  - funding and costing considerations for the implementation of the policy framework and the cost of ongoing monitoring, enforcement and compliance of food companies and marketers;
  
  - policy staff to assist with gathering information, drafting documents and reports, and assisting with the development of laws and policies; and
  
  - public health lawyers to plan legal and policy action and draft policy briefs, legal memorandums and opinions, and develop proposed legislation and policies.

**Establish or strengthen mechanisms to prevent and manage conflicts of interest**

- This Framework recommends that the process be government-led, but there are a number of potential stakeholders depending on the national context. External stakeholders can be vitally important to provide evidence and input into the restrictions and to counter opposition to any potential policy or legal restriction.

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**TABLE 1** Practical considerations for establishing or strengthening legal and regulatory frameworks, as appropriate to the national context (continued)
Consideration should be given to the following issues, when creating a consultation plan that involves external stakeholders connected to the food, marketing or broadcasting industries:

- What policies or mechanisms are currently in place to prevent and/or manage conflicts of interest?
- Who are the likely opponents to policy action? What are their arguments and how can these be countered?
- What are the legal tactics that may be used to oppose regulation?

### Notes:

a. Packaging, point-of-purchase displays and other in-store marketing tools; advertising, sponsorship, product placement, and any other form of marketing in movies, videos and video games; distribution of premiums (such as toys), contests (prize promotions) and sweepstakes; cross-promotions, including character licensing and toy co-branding; celebrity endorsements; educational materials and all indirect forms of marketing in schools; viral marketing; philanthropic activity tied to branding opportunities; and brand marketing.

b. Television, radio, print (including outdoor advertising), movies, video games, company-sponsored websites, ads on third-party sites, and other digital advertising, such as email, text messaging and Internet games.

c. Health-care facilities, schools, playgrounds, day-care facilities, libraries, recreation facilities, parks, and during child-targeted events such as sporting, music and recreation events that attract children.

d. A method of classifying or ranking foods according to their nutritional composition for reasons related to preventing disease and promoting health.

### 2. Establish or strengthen enforcement or compliance mechanisms

One of the most important implementation issues is the creation and implementation of the enforcement or compliance mechanisms for the marketing restrictions. Member States may need to identify the agency to monitor and ensure compliance with policies, define meaningful sanctions and ensure capacity for enforcement (Table 2).
## TABLE 2  Practical considerations for establishing or strengthening enforcement or compliance mechanisms, as appropriate to the national context

<table>
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<th>Component</th>
<th>Practical considerations</th>
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| Identify the agency                      | » The parties entrusted with policy enforcement vary and depend largely on the implementation of a national policy. The agency, department or group tasked may have to be created or trained to ensure that the policy is enforced.  
» Any form of enforcement that is undertaken should be periodic and ongoing in order to ensure continued compliance. |
| Define meaningful sanctions               | » Meaningful sanctions will vary depending on the national context. For example, in the Republic of Korea, penalties of up to three years’ imprisonment apply to companies in breach of the Special Act on the Safety Control of Children’s Dietary Life. Examples of non-meaningful penalties include small fines. Given that most advertising companies are large multinational corporations, small fines are unlikely to be a significant deterrent. Most marketing campaigns are of short duration and, as such, campaigns may have already finished before a violation is identified (45). |
| Capacity for compliance monitoring and enforcement | » The entity tasked for monitoring compliance and enforcement needs to have adequate resources and capacity to enforce regulations and monitor actions or inactions, sanctions with a sufficient deterrent effect, and reporting mechanisms for violations. This is essential in the case of statutory regulation, but even voluntary regulation may benefit from this by increasing the accountability of those involved in the action.  
» The capacity for enforcement and monitoring the compliance may need to be strengthened.  
» Enforcement or compliance mechanisms will vary considerably among Member States, as these are closely linked to countries’ individual legal systems. Appropriate labelling, packaging and nutrient information may also be necessary to assist agencies in identifying food high in saturated fats, trans-fatty acids, free sugars or salt. If food companies are not required to label their products with nutrition information, enforcement can be very difficult, as agencies may be unable to determine the nutrient content in a particular product without conducting their own independent testing. Food labelling or identification requirements should be included within a policy framework, and countries can check from other countries or WHO and Codex Alimentarius guidelines for further guidance. |
Box 4 describes enforcement mechanisms for policies to regulate food marketing to children in the Philippines at the national and local levels.

**Box 4 An example of enforcement mechanisms: Philippines**

The Philippines regulates the marketing of BMS through the Milk Code of 1986, and it regulates the marketing of foods with a high content of saturated fats, trans-fatty acids, free sugars or salt through Department of Education Order No. 13. The Milk Code and its Revised Implementing Rules and Regulations of 2006 aim to provide safe and adequate nutrition for infants through the protection and promotion of breastfeeding and the appropriate marketing and distribution of BMS. Order No. 13 created the Policy and Guidelines on Healthy Food and Beverage Choices in Schools and in Department of Education Offices, which defines unhealthy foods, creates nutrition standards, and regulates the sale and marketing of unhealthy foods in schools. Under the policy, unhealthy foods cannot be marketed in schools or at school activities, and the policy cites the three common types of marketing: advertising, sponsorship and promotion.

Enforcement mechanisms have been established to ensure compliance with the above policies. For BMS, an Administrative Order was enacted in 2017 in the Philippines to establish an interagency committee (IAC) for monitoring the compliance of the Milk Code. The IAC is chaired by the Department of Health, and members include the Department of Trade and Industry, the Department of Social Welfare and Development, and the Department of Justice. Functions of the IAC include, but are not limited to, reviewing all marketing materials within the scope of the Code and determining whether donations given by companies will be accepted. The Food and Drug Administration (FDA) acts as the secretariat to the IAC and can investigate and verify reports of violations. The FDA also applies administrative sanctions and/or files criminal complaints against violators. In addition to government members of the IAC, assistance may also come from NGOs, civil society organizations and international agencies in order to better monitor the implementation of the rules. As part of the efforts to strengthen ongoing monitoring of the Milk Code, the Department of Health has developed new innovative reporting channels for the public to report violations through website, mobile application and texting (SMS) mechanisms in partnership with World Vision.

Similarly, the Department of Education monitors compliance in all public schools in the country. The guidelines that it established allow support from food and beverage manufacturers, as part of the manufacturers’ corporate social responsibility programmes, as long as there are no associated marketing activities and no brand names or logos used. The guidelines further encourage school officials to work with local government units to limit the marketing of unhealthy foods within at least a 100-metre radius of a school. The Quezon City Council subsequently passed an ordinance prohibiting the sale or promotion of unhealthy foods and beverages inside schools and within 100 metres of the perimeter of public and private schools in Quezon City. Schools include preparatory schools, including day-care centres and elementary and high schools. The penalties for violating the ordinance include fines and the potential revocation of a business permit.
B. MULTISECTORAL AND MULTI-STAKEHOLDER COLLABORATION

The development, implementation, and monitoring and evaluation of policies and actions to protect children from the harmful impact of food marketing involve a wide array of stakeholders and cut across several sectors. Given the number of stakeholders and sectors involved, government leadership and good governance are imperative for marketing restrictions to be as strong and effective as possible. This leadership includes coordination at the government level, with a focus on Health in All Policies and whole-of-government approaches across sectors.

There are two recommended actions under this pillar: (a) ensure policy coherence across government actors; and (b) multisectoral and multi-stakeholder actions with clearly defined roles and responsibilities. Member States may consider these recommended actions, as appropriate to their national context.

1. **Ensure policy coherence across government actors**

Policy coherence is a process through which governments make efforts to design policies that take account of the interests of other policy communities, minimize conflicts, maximize synergies and avoid unintended incoherence. Policy to restrict food marketing involves many sectors, thus it is necessary to ensure that the policy is coherent across sectors. To achieve coherence, institutional mechanisms often need to be created to ensure collaboration between sectors. In several countries, a national cross-ministerial committee plays this role, fostering coherence across the large number of issues that are affected by the policy.

Many countries in the Region have national nutrition plans as well as coordinating bodies that do specific work in public health nutrition policy and programme implementation. The coordinating bodies can thus take on the responsibility of ensuring policy coherence across government actors by examining existing government policies and identifying whether they are aligned, inconsistent and/or in conflict with the goal of protecting children from the harmful impact of food marketing. This puts the government in a better position to mitigate and align policies moving forward. How such coordination has worked in Cambodia is described in Box 5.
BOX 5  An example of cross-ministerial task forces: Cambodia BMS regulations

The Sub-Decree on Marketing of Products for Infant and Young Child Feeding (Sub-Decree 133) was endorsed by the Government of Cambodia in 2005. The decree regulates the promotion and advertisement of milk products for children up to the age of 2 years and complementary foods, as well as the restriction of samples, donations, gifts, labelling and packaging of these products. The subsequent Inter-Ministerial Prakas (No. 061) was endorsed in 2007, which identified four ministries responsible for the implementation of the decree. This cross-ministerial task force, known as the Oversight Board, involves the ministries of health, commerce, industry and handicrafts, and information. These agencies collectively worked together to better understand and build consensus on current and future responsibilities in the implementation, monitoring and enforcement of the law.

Member States may consider the following activities and practical considerations to ensure policy coherence across government actors at different stages of policy development and implementation (Table 3).

<table>
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<th>Component</th>
<th>Practical considerations</th>
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| Nominate the lead government agency | » The ministry of health is the most likely government agency to lead policy development and implementation, but this may vary across countries, or responsibility may be jointly allocated.  
» The lead government agency should set the policy agenda, in terms of the policy goal and objectives, to be coordinated and supported by other ministries. |
| Map cross-ministry perspective and bring these government agencies together to start a dialogue | » The issue of food marketing to children and caregivers spans multiple government agencies, such as health, education, industry, trade, social welfare, consumer affairs, media and communications, agriculture, food safety, finance and economic development. The lead agency should consider:  
• regulating marketing of BMS and food high in saturated fats, trans-fatty acids, free sugars or salt as a unified priority policy issue across government agencies;  
• building relationships with branches of government most amenable to policy development and then with other government agencies; and  
• disseminating evidence and information gathered as part of monitoring and evaluation to government stakeholders, which will assist in building the case for policy action. |
2. REGIONAL ACTION FRAMEWORK

TABLE 3  Practical considerations to ensure policy coherence across government actors, as appropriate to the national context (continued)

<table>
<thead>
<tr>
<th>Component</th>
<th>Practical considerations</th>
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</table>
| Establish or embed a cross-ministerial task force or working group         | » Establishing or embedding a cross-ministerial task force or working group into an existing coordination body would assist in generating consensus on the need for action and address any disagreements within government, as well as serve as a platform for continuing engagement and internal debate.  
» Establishing a separate task force may require resources and additional efforts to build commitment.  
» This cross-ministerial task force or working group should aim to achieve consensus and coherence over the policy goals and objectives and relevant policy framework across ministries. |
| Oversee ongoing policy development and implementation                      | » The lead agency in coordination with the cross-ministerial task force or working group should:  
• identify clear goals, objectives, roles and responsibilities within the policy working group; and  
• monitor and oversee implementation of the relevant policies through regular meetings of the working group.                                                                                                        |
| Establish clear terms and conditions of engagement and a comprehensive conflict-of-interest policy for members of and those engaging with the policy working group | » Conduct due diligence on any potential partner that will be involved in policy implementation, monitoring and evaluation; gather information about any non-state actor and assess the risk of engagement.  
» Make it mandatory that members of the policy working group present a declaration of interests. This includes any private or personal interests, including, but not limited to, any activity in which one has a pecuniary or other interest and/or that results in a benefit to oneself or one’s family (72). These declarations should be publicly disclosed. Where a conflict exists, steps should be taken to appropriately manage it. |

2. Multisectoral and multi-stakeholder actions with clearly defined roles and responsibilities

The Seventy-third United Nations General Assembly, in its action on the prevention and control of NCDs, acknowledged that stakeholders also share responsibility and can contribute in creating an environment conducive to preventing and controlling NCDs. It recognized the need to bring together civil society and the private sector to mobilize all available resources, as appropriate, for the implementation of national responses for the prevention and control of NCDs while giving due regard to managing conflicts of interest (61).
Box 6 illustrates an example from Australia on multisectoral and multi-stakeholder collaboration to limit the impact of “unhealthy food and drinks” on children.

**BOX 6** An example of multisectoral and multi-stakeholder collaboration to limit the impact of unhealthy food and drinks on children in Australia

In 2016, Australian health ministers endorsed five action areas to limit the impact of unhealthy food and drinks on children. Multiple ministerial committees oversee the outcomes of the work, and broad engagement across multiple sectors and stakeholders – including all levels of the Australian Government, stakeholder organizations and the public in consultations – has informed the development of actions that are feasible for implementation in key settings within Australian communities. It is expected that implementation of activities under the five action areas will boost delivery of Australia’s state and territory initiatives and achieve outcomes within both the short and long term. The five action areas are:

**Action 1 – Schools:** Build on and strengthen efforts to encourage and promote healthy eating at school.
**Action 2 – Sport and recreation:** Improve food and drinks associated with children’s sport and recreation.
**Action 3 – Food regulation:** Strengthen food regulation related to obesity prevention.
**Action 4 – Food promotion:** Develop a scheme to determine foods that are suitable to promote to children.
**Action 5 – Healthier food and drink supply** in health-care facilities.

Member States may consider the following activities and practical considerations to enable multisectoral and multi-stakeholder collaboration to protect children from the harmful impact of food marketing, as appropriate in their context (Table 4).

**TABLE 4** Practical considerations to multisectoral and multi-stakeholder actions, as appropriate to the national context

<table>
<thead>
<tr>
<th>Component</th>
<th>Practical considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify and engage different sectors and stakeholder groups and analyse the contribution, roles, responsibilities and suitable actions for each group</td>
<td>» Building relationships with non-state actors, including academia, civil society organizations (CSOs), parents, consumer groups and the private sector/industry, requires clearly defined roles and responsibilities. They can provide governments with a different perspective and strengthen implementation of the policy while taking care to protect public interest and manage conflicts of interest.</td>
</tr>
<tr>
<td></td>
<td>» Stakeholders can play a role in raising societal awareness and understanding of the issue and in supporting the identification of potential policy noncompliance. Thus, the lead agency should consider the following:</td>
</tr>
</tbody>
</table>
2. REGIONAL ACTION FRAMEWORK

TABLE 4  Practical considerations to multisectoral and multi-stakeholder actions, as appropriate to the national context (continued)

<table>
<thead>
<tr>
<th>Component</th>
<th>Practical considerations</th>
</tr>
</thead>
</table>
| Identify and engage different sectors and stakeholder groups and analyse the contribution, roles, responsibilities and suitable actions for each group (continued) | • Identify and develop relationships with and among relevant key civil society groups, consumer groups, nongovernmental health organizations, industry, academics and professional associations.  
• Identify and develop relationships with and between the leading country- or region-specific academics undertaking relevant research. |
| Involve stakeholders in the implementation of national actions | • Considering resources, benefits and burdens of all stakeholders involved, countries should consider the most effective approach to involve key stakeholders as part of the implementation of policy framework.  
• The private sector – for example, the food industry – can increase commitment and implement marketing restrictions, and the advertising industry may see value in reorienting towards advertising healthier options (for example, if incentives are provided to advertising industries that focus on healthier food products) and support the government action.  
• The academia and researchers can help to generate (local) evidence on the need for actions on food marketing.  
• CSOs can play an oversight role and may assist in public education. |
| Intergovernmental collaboration to protect against cross-border marketing | • In resolution WHA63.14, the World Health Assembly urged Member States to advance the establishment of intergovernmental collaboration in order to reduce the impact of cross-border marketing (21). To address cross-border marketing, Member States:  
• must agree on minimum standards that can be effectively enforced using existing or new mechanisms; and  
• harness existing regional intergovernmental organizations to facilitate dialogue. |

a. Civil society includes charities, development NGOs, community groups, women’s organizations, faith-based organizations, professional associations, trade unions, social movements, coalitions and advocacy groups.
Advocacy and communication activities span all stages of policy development, implementation and evaluation. WHO recommendations to reduce the harmful impact of food marketing on children specify the importance of widespread communication by the lead government agency across all stakeholder groups throughout the policy cycle, and highlight the important advocacy role that CSOs and academic researchers can play during policy development, implementation, and monitoring and evaluation (16). It is essential that consultations with all external stakeholders are carefully navigated to guard against conflicts of interest. Advocacy and communication play a role in pushing for policy action, as well as establishing and enforcing regulations. There are three recommended actions under this pillar: (a) advocate for policy action and enforcement; (b) raise public awareness through consumer education and communication; and (c) facilitate or galvanize civil society participation. Member States may consider these recommended actions, as appropriate to their national context.

1. Advocate for policy action and enforcement

Advocacy for establishing consensus on the need for policy action across government portfolios that have an interest in food marketing regulations is paramount to policy success. Advocacy can be done through engagement with other government agencies, as well as sharing evidence on local, regional and global food marketing exposure, power and impacts. Advocacy can also be enhanced by identifying policy arguments that will resonate with different sectors and gathering evidence to present a convincing case for action. For example, other sectors like the finance ministry may value economic arguments, such as evidence on the estimated cost-effectiveness of food marketing policies. Some components that may be considered by Member States in order to advocate for policy action are described in Table 5.

**TABLE 5**  
Practical considerations on advocacy for policy action and enforcement, as appropriate to the national context

<table>
<thead>
<tr>
<th>Component</th>
<th>Practical considerations</th>
</tr>
</thead>
</table>
| Identify policy frame or position | » Find a frame or position that resonates with key sectors to attract political support as well as with various sectors/internal stakeholders.  
» Gather evidence to present a convincing case for action. |
| Advocate using public health nutrition evidence | » Invite eminent key external stakeholders from the academia, civil society, NGOs and professional associations to present evidence on effectiveness of policies on food marketing to the policy working group.  
» Keep political leaders informed of global policy developments and impacts. |
Box 7 describes the role of advocacy coalitions and how they have been effective in sustaining political pressure in Australia.

**BOX 7  The role of advocacy coalitions in Australia**

There have been almost two decades of sustained political activism within Australia urging governments to protect children from the harmful effects of marketing of unhealthy food. A national advocacy group, the Coalition on Food Advertising to Children (CFAC), was formed in 2002 and included representatives from prominent health organizations, NGOs and academia (73). The overarching goal of CFAC was to improve the diets and overall health of Australian children through a marked reduction in the promotion of foods and beverages to children. Awareness raising and education were a key focus of CFAC, conducted through conference presentations, media articles and government submissions.

In 2007, in response to the review by the Australian Communications and Media Authority (ACMA) of the Children’s Television Standards, CFAC ran an advocacy campaign called Pull the Plug, whereby concerned community members could register their support for stricter food advertising regulations to children by signing a postcard (74). Over 20,000 members of the public signed postcards, pledging their support for the CFAC campaign. This overwhelming show of public support was acknowledged by ACMA in their response to the review.

In 2009, CFAC launched a further online advocacy campaign called Shamburger (75). This featured a video clip that enabled concerned community members to email the Federal Minister for Health to call for a ban on unhealthy TV food advertising during children’s viewing times. More recently a Victoria-based public health coalition, the Obesity Policy Coalition (OPC), was formed that actively advocates at a national level for improved regulatory controls to reduce children's exposure to harmful food advertising (76). OPC has written numerous policy briefs, reports and government submissions. In 2017, OPC produced the *Tipping the Scales* report that identified eight evidence-based actions that the Australian Government could take to address the rates of obesity in the country, including increased restrictions on advertising unhealthy food to children (77). OPC also plays a vital role in monitoring the marketing of unhealthy food by food and beverage companies. Since 2011, OPC has lodged over 30 complaints to advertising administrators with concerns of breaches to advertising codes or regulations.
2. **Raise public awareness through consumer education and communication**

Consumer education and communication are important for raising awareness of the harmful impact of food marketing and reinforcing behavioural change to reduce consumption of food high in saturated fats, trans-fatty acids, free sugars or salt, and to increase demand for healthy food. The type of consumer education and information may include a public education campaign, nutrition labelling to ensure healthier choices are aligned with the Codex Alimentarius guidelines, and the provision of nutrition and dietary counselling at primary health-care facilities. Policies that inform the public are often met with less resistance than those with more restrictive interventions. However, assessments and evaluations of campaigns and education efforts to promote healthy diet, nutrition and physical activity show that, while short-term changes can be achieved, sustained effects are difficult to maintain after campaigns end (78, 79). While mass media campaigns and public education are a key component of comprehensive approaches to improve population health behaviours, they might be maximized and made more effective by complementary policy actions that support opportunities to change, provide disincentives for not changing, and challenge or restrict competing marketing (80). Table 6 describes some components to raise the general public’s awareness that Member States may consider based on their national context.

<table>
<thead>
<tr>
<th>TABLE 6</th>
<th>Practical considerations for raising public awareness through consumer education and communication, as appropriate to the national context</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Component</strong></td>
<td><strong>Practical considerations</strong></td>
</tr>
<tr>
<td>Conduct or facilitate culturally appropriate mass media campaigns to increase public knowledge and awareness of the harmful impact of food marketing on children</td>
<td>» Provide support to enable consumer and health groups to conduct awareness-raising campaigns.</td>
</tr>
<tr>
<td></td>
<td>» Ensure broad access to information and effective education and public awareness programmes, throughout all levels of society, on the need to improve child health and nutrition, and support parents in the control of children’s environments. This includes education, communication and public awareness; food literacy and education programmes; and accurate, standardized and comprehensible labelling information.</td>
</tr>
<tr>
<td></td>
<td>» Schools are an optimal setting to educate children and adolescents about nutrition and healthy dietary practices. Children can also be encouraged to develop culinary skills through school, which they can later apply in their daily lives. To improve effectiveness of the nutrition education, it is important to also develop school policies and programmes that encourage children to adopt and maintain a healthy diet.</td>
</tr>
</tbody>
</table>
2. REGIONAL ACTION FRAMEWORK

Component: Develop a long-term integrated communications plan

The development of a long-term integrated communications plan will help ensure that individual communications activities are not implemented in isolation but as part of a comprehensive policy approach. This delivers the crucial communications support needed to implement actions to protect children from the harmful impact of food marketing.

- In developing a communications plan, consider available resources and budgets for communications activities as part of the planning process.
- Scope out the external environment and gather data on how marketing agencies and companies operate to provide governments the information that they need to develop their communications strategies in consideration of existing opportunities and threats.

Component: Regularly disseminate findings from policy monitoring and evaluation research to highlight the effectiveness and necessity of the policy

- Communicate widely policy monitoring and evaluation findings to government stakeholders to highlight the effectiveness of the policy and/or limitations that need amendment (see the Monitoring and Evaluation Pillar).
- Publicize global research and evidence where policy adoption and implementation have resulted in improved public health outcomes and/or economic benefits.
- Give case study examples of other countries taking action on the issue.

3. Facilitate or galvanize civil society participation

Civil society participation is critical in generating and sustaining political will for action, creating demand, and ensuring accountability. Civil society and other external groups – including academia and professional associations – are valuable allies, as they can legitimize the issue by leveraging their public trust or professional reputation, stimulate public support for the policy through their grassroots or professional networks, and provide necessary evidence-based counterarguments to opposition to protecting children from the harmful impact of food marketing. The scope and capacity of civil society and other groups vary widely across countries. When governments are engaging with other stakeholders, care should be taken to protect the public interest and manage conflicts of interest of all concerned (16, 38).

Some components and practical considerations that can be considered by Member States to facilitate/galvanize civil society participation are described in Table 7.
<table>
<thead>
<tr>
<th>Component</th>
<th>Practical considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support and encourage professional associations and civil society groups</strong></td>
<td>» The scope and capacity of civil society groups and other groups vary widely across countries. Capacity-building for these groups on the issue of food marketing advocacy may be required for them to support the implementation of the policy.</td>
</tr>
<tr>
<td><strong>Engage civil society in the policy dialogues and/or working group</strong></td>
<td>» Empower civil society groups to take up advocacy to publicly champion the food marketing policy goal and objectives. This may be communicated through organizations' position statements, policy submissions and media advocacy.</td>
</tr>
<tr>
<td><strong>Engage academics and civil society groups to keep informed of global and national research developments</strong></td>
<td>» To facilitate consensus across sectors, the government could prepare and distribute a policy brief for food marketing that includes evidence of the need for policy actions and the policy goals and objectives.</td>
</tr>
<tr>
<td><strong>Maintain communication and engagement with civil society groups</strong></td>
<td>» As implementation of policy progress, it is likely that the priority actions will include a focus on policy enforcement and navigating unintended consequences or loopholes within the policy.</td>
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<tr>
<td></td>
<td>» CSOs have prominent roles in the implementation of policy, such as where neglected issues or constituencies require advocacy (81).</td>
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<tr>
<td></td>
<td>» While civil society monitoring and advocacy are beneficial, punitive mechanisms for noncompliance are also critically important.</td>
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<td></td>
<td>» Seek input from external experts as needed and as technology develops; for example, monitor the situation of digital marketing and consult with digital law experts (82).</td>
</tr>
<tr>
<td></td>
<td>» Coalitions of civil society individuals, groups and organizations can also support further dissemination of information across participants. Public education may be required.</td>
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<tr>
<td></td>
<td>» Ongoing communications with these groups/coalitions may align advocacy messages with the desired policy goals and objectives, and alert groups of policy windows when advocacy action may be better received.</td>
</tr>
<tr>
<td></td>
<td>» Maintain a feedback loop between government and citizens to facilitate information sharing and allow all stakeholders to voice and respond to issues.</td>
</tr>
<tr>
<td></td>
<td>» Educate community groups and organizations on how they can report policy violations (see the Monitoring and Evaluation Pillar) and serve to engage citizens in policy implementation. Maintaining an inclusive relationship with civil society encourages their continued “ownership” of the issue.</td>
</tr>
</tbody>
</table>
An example of the role of civil society in the regulatory process in the United Kingdom of Great Britain and Northern Ireland is presented in Box 8.

### BOX 8 United Kingdom regulatory process: role of civil society

The United Kingdom of Great Britain and Northern Ireland was one of the first countries in the world to adopt restrictions on the marketing of unhealthy food to children. In November 2004, the Department of Health warned the food industry that it would introduce legislation if it failed to change the nature of its advertising campaigns. Two years later, following an extended period of analysis and consultation, the Office of Communications announced scheduling restrictions and tightened content rules, introducing:

- a ban on the advertising of unhealthy food in and around programmes made for children (including preschool children), in dedicated children’s channels, or in or around programmes likely to be of particular appeal to children aged 4–15 years; and
- a ban on the use of advertising techniques that are particularly effective with preschool or primary school children, including promotional offers such as free toys, nutritional and health claims, and licensed characters and celebrities.

In July 2010, the Office of Communications published a review of the effectiveness of these rules. It concluded that, even if broadcasters were largely “complying with the letter and the spirit of the scheduling restrictions”, the volume of unhealthy food advertising aired throughout the day had increased, and children only saw 1% less unhealthy food advertising overall in “adult” airtime.

Several advocacy groups have urged the Government to adopt a 21:00 watershed before which unhealthy food marketing could not be advertised on television in the country. In response, on 25 June 2018, the Government published the second chapter of its *Childhood Obesity Action Plan* in which it announced that it would consult on four sets of measures intended to limit children’s exposure to unhealthy food marketing, and that drive food reformulation. The measures included:

- the introduction of a 21:00 watershed before which the marketing of unhealthy food would be prohibited;
- the introduction of similar protection for children viewing advertisements online;
- the restriction of promotion of unhealthy food at points of sale; and
- the prohibition on price promotions, such as “buy one, get one free” and multi-buy offers or unlimited refills of unhealthy foods and drinks in the retail and out-of-home sector.

**Sources:**


D. MONITORING AND EVALUATION

Monitoring and evaluation is essential to improve performance and achieve results from policies. It can stimulate and inform policy development or revision through review of the situational context, and quantify policy outcomes and impacts to ensure that policy aims are being met. It should be government-led but may be carried out by a government-appointed independent body, taking care to be free from conflicts of interest. There are three major recommended actions under this pillar: (a) undertake a review of the situational context; (b) build evidence on policy actions; and (c) design and implement a monitoring and evaluation framework. Member States may consider these recommended actions, as appropriate to their national context.

1. Undertake review of situational context

Member States are encouraged to review their situational context, in terms of the available data/evidence, to guide policy discussions on the need for action and defining the actions to be taken and to inform the development of policy. The data can be gathered through a primary data collection/survey or secondary data. Some components that may be considered by Member States to undertake a review of the situational context are described in Table 8.

<table>
<thead>
<tr>
<th>Component</th>
<th>Practical considerations</th>
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<tbody>
<tr>
<td>Establish the purpose of the assessment and synthesize available global and local evidence</td>
<td>» Formative assessment is usually done in the initial stages of policy development, focusing on gathering evidence on the nature, extent and impact of policies. Local assessment can be used to assist policymakers to internalize the policy as an issue of national importance; allow media advocacy to frame the issue publicly; and support evaluation of future policy intervention through the collection of baseline data.</td>
</tr>
</tbody>
</table>
| Identify the information to be gathered | » The information to be gathered includes:  
- nutrition and health status of the population;  
- exposure, power and impact of food marketing; and  
- where there is a lack of local evidence, new evidence focusing on media platforms commonly used by the targeted audience. |
TABLE 8  Practical considerations to undertake a review of the situational context, as appropriate to the national context (continued)

<table>
<thead>
<tr>
<th>Component</th>
<th>Practical considerations</th>
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</table>
| Consider standardized protocols | » Standardized protocols for monitoring exposure and power of marketing are available, such as:  
• the WHO standardized protocols to monitor BMS marketing, which have been developed and endorsed by the Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes (83, 84); and  
• the tool for monitoring food and beverage marketing to children via television and the Internet (82). |
| Define the key indicators for food marketing | » Exposure can be assessed using indicators such as frequency or rate of promotions across media and various settings. Exposure surveillance should monitor children’s and caregivers’ interactions with these different types of media and settings.  
» Power of food marketing is most commonly evaluated by content analyses of marketing communications, specifically of persuasive techniques deemed to appeal to children and caregivers. |
| Consider resource requirements and dissemination of findings | » To catalyse local research on food marketing exposure, power and/or impact, invest in seed grants to academia and CSOs.  
» Seek input from the scientific community and CSOs on available evidence to support policy action. |

2. **Build evidence on the effectiveness of policy actions**

Evidence on the nature and extent of exposure, as well as the impact of food marketing, on children and their caregivers is vital throughout the policy cycle. Building evidence to inform policy development and actions as they are implemented is important as doing so can increase political and public support for restrictions on food marketing. This may include evidence generated through monitoring and evaluation systems and/or research or studies such as the effectiveness of specific policy interventions, including government- and industry-led interventions locally and in other jurisdictions. While country-specific evidence is useful to highlight the extent of the issue locally, this must be considered over the large and accumulating global evidence base. Some practical considerations for building evidence to inform policy actions are described in Table 9.
### TABLE 9 Practical considerations to build evidence to inform policy actions, as appropriate to the national context

<table>
<thead>
<tr>
<th>Component</th>
<th>Practical considerations</th>
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</table>
| **Research** | » Identify existing information and further research related to the extent, nature and effects of marketing of BMS and food high in saturated fats, trans-fatty acids, free sugars or salt.  
» Support research focused on implementation and evaluation of policies to reduce the impact on children of marketing of food high in saturated fats, trans-fatty acids, free sugars or salt.  
» If no current national data are available, consider investing in research programmes to collect evidence and data related to these areas. |
| **Capacity for generating evidence** | » Research skills available to policy-makers may include academic specialist research units, consumer and public health advocacy organizations, and commercial market research organizations.  
» Secure funding opportunities for academia and research institutions to generate evidence while managing conflicts of interest. |
| **Evaluate the impact and effectiveness of the policy** | » An outcome evaluation will provide evidence on the effectiveness of the policy. For example, in the case of food high in saturated fats, trans-fatty acids, free sugars or salt, where a stepwise approach may have been taken, an output evaluation may identify regulatory gaps (for example, the lack of coverage for particular media) and an outcome evaluation can then confirm the effect that this continued marketing exposure is having on children.  
» Highlighting the impact of food marketing policy on children and caregivers will aid in continuing to build consensus on the need for policy action within and beyond government. |
| **Compare progress across countries** | » Comparing progress across countries can create incentives for governments to develop sound policies, as well as provide convincing arguments to modify ineffective and/or unethical practices. |
| **Engage with stakeholders in developing and dissemination of evidence** | » Engage academia and CSOs to undertake research and/or evaluation reports of exposure and power of food marketing across key media while managing conflicts of interest.  
» Disseminate research and/or evaluation findings to other relevant stakeholders and the public to highlight the effectiveness of the policy. |
A lack of local evidence should not impede policy development, given that the global evidence clearly demonstrates that marketing of BMS and food high in saturated fats, trans-fatty acids, free sugars or salt has a detrimental effect on child health (85).

It is important to note that changes in some of the more distal behavioural or health-related outcomes may not occur within the designated time frame. For example, changes in childhood obesity prevalence may be expected 10 years following the introduction of new marketing restriction policies (85). Therefore, monitoring of long-term health-related indicators needs to be planned for and sufficiently budgeted.

3. **Design and implement a monitoring and evaluation framework**

A comprehensive multisectoral monitoring and evaluation framework can be used to: (i) support enforcement; (ii) publicly document compliance; (iii) guide policy refinement and improvement; and (iv) contribute to policy evaluation.

The *Healthy Islands Monitoring Framework* (Box 9) is an example of an approach to building an evidence base to monitor progress and inform policy-making.

**BOX 9 Building an evidence base: Healthy Islands Monitoring Framework**

Since 1995, the vision of Healthy Islands has remained the unifying vision for health protection and promotion in the Pacific. The *Healthy Islands Monitoring Framework* was developed to monitor progress towards the Healthy Islands vision. The Framework aims to align with the SDG indicators, the SDG Pacific Headline Indicators and the Pacific Monitoring Alliance for NCD Action Dashboard. It comprises 48 mandatory indicators – including the exclusive breastfeeding rate, inadequate physical activity in adolescents, and overweight and obesity in children and adolescents – that must be reported every two years to determine trends and progress against the vision. Both national data and global and regional estimates are used for the *Healthy Islands Monitoring Framework* progress report.

Some practical considerations for developing a monitoring and evaluation framework are described in Table 10.
TABLE 10  Practical considerations for developing and implementing a monitoring and evaluation framework, as appropriate to the national context

<table>
<thead>
<tr>
<th>Component</th>
<th>Practical considerations</th>
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</table>
| Introduce reporting obligations        | » Mandatory reporting of marketing activities and expenditures by food companies could be introduced as part of the policy. This would substantially reduce the resources required for active monitoring of all key media.  
 « Industry data could be used to identify the main media platforms used for promotion, shifts in expenditure across media, and, depending on available data, the number of children exposed to advertising campaigns. |
| Resource requirements                  | » It is essential that monitoring of the long-term health-related indicators is planned for and sufficient budgetary resources are allocated.                                                                                   
 « In some countries, commercial data on food marketing exposure may be available for purchase. Typically, these data are expensive and only available for a limited set of media (for example, television). Alternatively, collecting periodic data on marketing exposure and power can be more cost-effective and comprehensive.  
 « To reduce costs, draw on existing annual surveys at a national or regional level (for example, population health or nutrition surveys), where possible. Collaborate with universities and CSOs in collecting the necessary data.  
 « To limit costs involved, scope any opportunities for capturing data on food marketing exposure and power from existing government monitoring and surveillance or auditing of compliance with regulations; for example, through public health inspectors or environmental health officers, and customs and border control.  
 « Monitoring that is established at a central level nationally is likely to be more cost-effective as this will reduce duplication of efforts, recording and reporting. |
| Output evaluation                      | » An output evaluation aims to assess the effect of the policy on the immediate intended purpose, that is, to reduce the exposure and power of marketing. It is usually done two to three years after implementation.  
 « It serves to illuminate loopholes in the policy that may result in smaller reductions to exposure than anticipated; for example, any shift in marketing to less regulated media. These data should then be used for continued improvement of the policy to allow it to achieve its objectives. |
| Outcome evaluation                     | » An outcome evaluation aims to assess the impact and effectiveness of the policy on the overall aim, using clearly defined indicators. It can be done three to five years after implementation.  
 • Information to be collected may repeat the baseline measures on the outcome of policies on food high in saturated fats, trans-fatty |
### TABLE 10  Practical considerations for developing and implementing a monitoring and evaluation framework, as appropriate to the national context (continued)

<table>
<thead>
<tr>
<th>Component</th>
<th>Practical considerations</th>
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<tbody>
<tr>
<td>Outcome evaluation (continued)</td>
<td>acids, free sugars or salt, such as children’s awareness of, and attitudes towards, brands and/or advertisements; children’s intent to purchase advertised food products and/or purchase requests to parents; product sales; and children’s purchase behaviours, food consumption, dietary patterns and obesity prevalence.</td>
</tr>
<tr>
<td>• Information may also include the outcome of policies on marketing of BMS, such as caregivers’ awareness of and attitudes and preferences towards brands and/or advertisements; infant and young children’s food consumption, including prevalence of use and age of starting BMS; and breastfeeding rates.</td>
<td></td>
</tr>
<tr>
<td>• Apply the same standardized approaches for monitoring food high in saturated fats, trans-fatty acids, free sugars or salt and BMS marketing exposure and power that were used during the baseline/formative assessment in the initial stage of the policy development.</td>
<td></td>
</tr>
<tr>
<td>» Focus on the key media platforms that are covered by the regulations, while considering any remaining less regulated media. Consider measuring variability in exposure across population subgroups, including by age, sex, ethnic or cultural groups, and socioeconomic status.</td>
<td></td>
</tr>
<tr>
<td>Ongoing and regular monitoring to assess the compliance</td>
<td>» Ongoing and regular monitoring serves to gather information on the extent of compliance with the policy, facilitate the detection and reporting of violations, and assess the effectiveness of the policies. Monitoring will enable relevant enforcement actions to be taken against violators, thereby ensuring accountability.</td>
</tr>
<tr>
<td></td>
<td>» Ongoing and regular monitoring requires active government involvement, including embedding monitoring activities into existing systems related to the control and regulation of customs, food and advertising laws (85, 86). This will require political commitment, adequate resourcing and appropriately trained government staff.</td>
</tr>
<tr>
<td></td>
<td>» In cases where the policy is non-binding (for example, government-led, self-regulation or government guidelines), assess the extent of implementation. This includes the number and proportion of food manufacturing/retail/service companies that are signatories to the policy. A high rate of noncompliance may represent a lack of industry understanding of the policy requirements or inadequate penalties or sanctions.</td>
</tr>
<tr>
<td></td>
<td>» Identify possible loopholes (for example, relating to the definitions used for marketing to children or marketing that originates from another country).</td>
</tr>
<tr>
<td></td>
<td>» In addition, measures of public opinion towards the food marketing policy are useful for continuing to apply political pressure and/or to identify further the need for public communication on the harmful impact of food marketing on children.</td>
</tr>
</tbody>
</table>
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28. Evaluating implementation of the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children. Progress, challenges and guidance for next steps in the WHO European Region. Copenhagen: World Health Organization Regional Office for Europe; 2018.


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41. Biregional workshop on restricting the marketing of foods and non-alcoholic beverages to children in the Western Pacific and South-East Asia [meeting report]. Manila: WHO Regional Office for the Western Pacific; 2016.


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GLOSSARY

**Adolescent**
A person in the 10–19 years age group

**Advertising**
A type of marketing. Any form of communication, recommendation or action with the aim, effect or likely effect of advertising food products or their use either directly or indirectly.

**Brand equity characters**
Characters or mascots associated with a particular brand.

**Branding**
A marketing feature that provides a name or symbol that legally identifies a company, a single product or a product line to differentiate it from other companies and products in the marketplace.

**Breast-milk substitutes (BMS)**
According to the International Code of Marketing of Breast-milk Substitutes, breast-milk substitutes is defined as “food being marketed or otherwise presented as a partial or total replacement for breast milk, whether or not suitable for that purpose”.

**Child**
The United Nations Convention on the Rights of the Child defines a child as “a human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier”.

For the purpose of this document a child is a person 18 years or younger, unless national law defines a person to be an adult at an earlier/later age.

**Civil society organizations (CSOs)**
Civil society organizations include charities, development nongovernmental organizations (NGOs), community groups, women’s organizations, faith-based organizations, professional associations, trade unions, social movements, coalitions and advocacy groups.

**Co-branding**
A marketing technique where two companies partner to create one product. It is used to reach new customers and to extend a company’s name and trademark to new areas of the consumer market.
Commercial complementary food
Complementary food and drink products that are manufactured, packaged and sold commercially. These products are marketed as suitable for feeding children up to 3 years of age. This age definition is in line with the relevant Codex Alimentarius guidelines and standards on foods for infants and young children that refer to young children up to the age of 3 years.

Cross-border marketing
Marketing that crosses national borders. Examples include broadcast media, Internet-based marketing, print media – such as magazines or comic books, originating in one country and sold in another, and even sponsorship of events and programmes.

Cross-promotion
A consumer sales promotion technique in which the manufacturer attempts to sell the consumer new or other products related to a product the consumer already uses or which the marketer has available.

Double burden of malnutrition
The double burden of malnutrition is characterized by the coexistence of undernutrition along with overweight and obesity or diet-related noncommunicable diseases, within individuals, households and populations, and across the life course.

Exposure
The reach, frequency and media impact of the message.

Follow-up formula
Also referred to as follow-up milk or follow-on milk, this includes milk or milk-like formulation commonly marketed for babies from 6 months of age. The upper age indication on the product label varies from country to country but is usually between 12 and 24 months.

Free sugars
All monosaccharides and disaccharides added to foods by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups, fruit juices and fruit concentrates. The definition does not cover intrinsic sugars in, for example, fruits and vegetables.

Infant
A person not more than 12 months of age.

Infant formula
A breast-milk substitute specially manufactured to satisfy, by itself, the nutritional requirements of infants during the first months of life up to the introduction of appropriate complementary feeding (CODEX STAN 72-1981).
**Malnutrition**

Refers to deficiencies, excesses or imbalances in a person’s intake of energy and/or nutrients. The term covers two broad groups of conditions: One is undernutrition, which includes stunting (low height-for-age), wasting (low weight-for-height), underweight (low weight-for-age) and micronutrient deficiencies or insufficiencies (a lack of important vitamins and minerals). The other is overweight, obesity and diet-related noncommunicable diseases (such as heart disease, stroke, diabetes and cancer).

**Marketing**

For the *International Code of Marketing of Breast-milk Substitutes*, marketing means product promotion, distribution, selling, advertising, product public relations, and information services.

For the *Set of Recommendation on the Marketing of Foods and Non-alcoholic Beverages to Children*, marketing refers to any form of commercial communication of message that is designed to, or has the effect of, increasing the recognition, appeal and/or consumption of particular products and services. It comprises anything that acts to advertise or otherwise promote a product or service.

**Noncommunicable diseases (NCDs)**

Also known as chronic diseases, noncommunicable diseases tend to be of long duration and generally slow progression. The four main types of NCDs are cardiovascular diseases (for example, heart disease), cancers, chronic respiratory diseases (for example, asthma and chronic obstructive pulmonary disease) and diabetes. Tobacco use, physical inactivity, unhealthy diets, the harmful use of alcohol and environmental pollution are the major risk factors for most NCDs.

**Non-state actors**

An entity that falls into one of the following four groups: nongovernmental organizations (NGOs); private sector entities, including international business associations; philanthropic foundations; and academic institutions.

**Nutrient profiling**

The method of classifying or ranking foods according to their nutritional composition for reasons related to preventing disease and promoting health.

**Obesity**

Obesity is indicated by high weight-for-height. WHO classifies a child 0–5 years as obese when their weight-for-height is more than three standard deviations above the WHO Child Growth Standards median. For children 5–19 years, a child is classified as obese when their body mass index (BMI)-for-age is more than two standard deviations above the WHO growth reference median.
Overweight
Overweight is indicated by high weight-for-height. WHO classifies a child 0–5 years as overweight when their weight-for-height is more than two standard deviations above the WHO Child Growth Standards median. For children 5–19 years, a child is classified as overweight when their BMI-for-age is more than one standard deviation above the WHO growth reference median.

Power
The extent to which a message achieves its communications objectives.

Promotion
A type of marketing. Any form of recommendation, action or communication of messages designed to effect, persuade or encourage the purchase or consumption of a product or raise awareness of a brand, either directly or indirectly.

Sponsorship
A type of marketing. Any form of contribution to an event, activity or individual with the aim, effect or likely effect of promoting food products or their use, either directly or indirectly.

Stunting
Children are defined as stunted if their height-for-age is more than two standard deviations below the WHO Child Growth Standards median.

Wasting
Children are defined as wasted if their weight-for-height is more than two standard deviations below the WHO Child Growth Standards median.
ANNEX

Policies related to protecting children from the harmful impact of food marketing in the Western Pacific Region

The table below summarizes the implementation of policies to protect children from the harmful impact of food marketing in the Western Pacific Region.

<table>
<thead>
<tr>
<th>Country or area</th>
<th>International Code of Marketing of Breast-milk Substitutes*</th>
<th>Marketing of food and non-alcoholic beverages to children</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Samoa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>Voluntary</td>
<td>Voluntary</td>
</tr>
<tr>
<td>Brunei Darussalam</td>
<td>Voluntary</td>
<td>Voluntary</td>
</tr>
<tr>
<td>Cambodia</td>
<td>Many provisions in law</td>
<td>No policy action</td>
</tr>
<tr>
<td>China</td>
<td>Few provisions in law</td>
<td>School policy only</td>
</tr>
<tr>
<td>Cook Islands</td>
<td>Voluntary</td>
<td>Statutory regulation</td>
</tr>
<tr>
<td>Fiji</td>
<td>Many provisions in law</td>
<td></td>
</tr>
<tr>
<td>French Polynesia</td>
<td>No legal measures</td>
<td>School policy only</td>
</tr>
<tr>
<td>Guam</td>
<td>No legal measures</td>
<td>No policy action</td>
</tr>
<tr>
<td>Hong Kong SAR (China)</td>
<td>Voluntary</td>
<td>School policy only</td>
</tr>
<tr>
<td>Japan</td>
<td>Voluntary</td>
<td>No policy action</td>
</tr>
<tr>
<td>Kiribati</td>
<td>Voluntary</td>
<td>Statutory regulation</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>Few provisions in law</td>
<td>No policy action</td>
</tr>
<tr>
<td>Macao SAR (China)</td>
<td>Voluntary</td>
<td>No policy action</td>
</tr>
<tr>
<td>Malaysia</td>
<td>Voluntary</td>
<td>Voluntary</td>
</tr>
<tr>
<td>Marshall Islands</td>
<td>Voluntary</td>
<td>No policy action</td>
</tr>
<tr>
<td>Micronesia</td>
<td>No legal measures</td>
<td>No policy action</td>
</tr>
<tr>
<td>Mongolia</td>
<td>Many provisions in law</td>
<td>No policy action</td>
</tr>
<tr>
<td>Nauru</td>
<td>No legal measures</td>
<td>No policy action</td>
</tr>
<tr>
<td>New Caledonia</td>
<td>No legal measures</td>
<td>No policy action</td>
</tr>
<tr>
<td>New Zealand</td>
<td>Voluntary</td>
<td>Voluntary</td>
</tr>
<tr>
<td>Niue</td>
<td>No legal measures</td>
<td>No policy action</td>
</tr>
<tr>
<td>Northern Mariana Islands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palau</td>
<td>Full provisions in law</td>
<td>No policy action</td>
</tr>
</tbody>
</table>
## International Code of Marketing of Breast-milk Substitutes

This column pertains to national adaptation of the *International Code of Marketing of Breast-milk Substitutes* (hereinafter “the Code”) (70) and subsequent relevant World Health Assembly resolutions. Data in this column are obtained from the WHO/UNICEF/IBFAN 2018 status report (22) and Member States with regard to the measures in place that implement the Code.

Categorization of this column is as follows:

- **Full provisions in law**: Countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing all or nearly all provisions of the Code and subsequent World Health Assembly resolutions.

- **Many provisions in law**: Countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing many provisions of the Code and subsequent World Health Assembly resolutions.

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<table>
<thead>
<tr>
<th>Country or area</th>
<th>International Code of Marketing of Breast-milk Substitutes*</th>
<th>Marketing of food and non-alcoholic beverages to children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Papua New Guinea</td>
<td>Few provisions in law</td>
<td>No policy action</td>
</tr>
<tr>
<td>Philippines</td>
<td>Full provisions in law</td>
<td>School policy only</td>
</tr>
<tr>
<td>Pitcairn Islands</td>
<td>Full provisions in law</td>
<td></td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>Few provisions in law</td>
<td>Statutory regulation</td>
</tr>
<tr>
<td>Samoa</td>
<td>Voluntary</td>
<td>School policy only</td>
</tr>
<tr>
<td>Singapore</td>
<td>Voluntary</td>
<td>Voluntary</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>Few provisions in law</td>
<td>No policy action</td>
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<tr>
<td>Tokelau</td>
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<td></td>
</tr>
<tr>
<td>Tonga</td>
<td>Voluntary</td>
<td>No policy action</td>
</tr>
<tr>
<td>Tuvalu</td>
<td>No legal measures</td>
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<td>Vanuatu</td>
<td>Voluntary</td>
<td>Statutory regulation</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>Full provisions in law</td>
<td>No policy action</td>
</tr>
<tr>
<td>Wallis and Fortuna</td>
<td>No legal measures</td>
<td>No policy action</td>
</tr>
</tbody>
</table>

Lao PDR: Lao People's Democratic Republic; Micronesia: Federated States of Micronesia; Northern Mariana Islands: Commonwealth of the Northern Mariana Islands


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• **Few provisions in law**: Countries have enacted legislation or adopted regulations, directives, decrees or other legally binding measures covering only few of the provisions of the Code or subsequent World Health Assembly resolutions.

• **Voluntary actions**: Countries have implemented the Code through voluntary agreements or other non-legal measures.

• **No legal measures**: Countries have taken no action or have drafted legislation but not enacted it.

• **Blank**: There is no information on the status of the implementation of the Code.

### Marketing of food and non-alcoholic beverages to children

This column pertains to national implementation of policies to restrict or regulate marketing of foods and non-alcoholic beverages to children, building on the WHO *Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children* (16). Voluntary policies and legally enforceable measures are reflected for Member States in the Western Pacific Region. Sources of information include the policy mapping done by the WHO Western Pacific Regional Office Nutrition Unit in 2015, updated and verified through the *Global Nutrition Policy Review 2016–2017* (86), as well as the NCD Country Capacity Survey (87). This policy status was shared with Member States for verification during the Member States consultation process of this draft Framework.

Categorization of this column is as follows:

• **Statutory regulation**: Countries have enacted legislation or adopted regulations, decrees or other legally binding measures to regulate marketing of foods and non-alcoholic beverages to children.

• **Voluntary**: Countries have implemented policy on marketing of foods and non-alcoholic beverages to children through voluntary agreements or other non-legal measures.

• **No policy action**: Countries have taken no policy action on marketing of foods and non-alcoholic beverages to children.

• **School policy only**: Countries have implemented policy on marketing of foods and non-alcoholic beverages to children specifically in school settings only.

• **Blank**: There is no information on the status of the policy on marketing of foods and non-alcoholic beverages to children.