

## **Joint submission to the call for comments on the Draft WHO Guideline: Policies to protect children from the harmful impact of food marketing**

July 2022

1. **NCD Alliance, NCD Child, The George Institute for Global Health, World Cancer Research Fund International, World Heart Federation and World Obesity Federation** welcome the recognition by the World Health Organization (WHO) that progress to restrict marketing of unhealthy food products has been slow, and that Member States may benefit from further guidance to assist with establishing or strengthening policies to protect children from the harmful impact of food marketing. We appreciate the consultation opportunity and wish to contribute with some comments for your consideration.

### **Comments on overall clarity of the Guideline**

2. **The document must be shorter and concise.** The length and repetition of content in the Guideline can lead to confusion and undermine the purpose of this document: to provide clear policy guidance to Member States. We urge WHO to have a shorter, concise and well-structured version of this Guideline, with its recommendations brought to the forefront; background information including on the development of the Guideline in Annexes or a complementary discussion paper; and an executive summary that is limited to a few pages. The intended audience (Member States) must easily find the recommendations to achieve the Guideline's purpose, and clarity will ensure that points made within the Guideline are not taken out of context in a way that undermines the overarching goal.
3. **The document must explain the added value and evidence of its recommendations.** The aim and added value that this document brings compared to previous WHO resources on restricting marketing of unhealthy food products to children is unclear. The current draft often appears unconvincing in its recommendations and argument for the need for action due to its length and tone. We therefore urge WHO to better articulate the need for this Guideline, including by drawing up examples of convincing evidence from outset.
4. **The document must be clearer regarding the fact that, despite the current state of the evidence, the judgment of benefit from the policy recommendations is favorable.** As it stands, the Guideline recommendations are caveated as being "conditional" to very low certainty evidence, which can be seen as contradictory, and risks diluting the importance of having marketing restrictions. To accurately strengthen the recommendations, we urge WHO to refer under the recommendations to the heterogeneity and limitations of current research, and to the level of judgment under specific areas: desirable effects of these policies (moderate), undesirable effects (trivial), cost-effectiveness (favors the intervention), human rights (increased), feasibility (yes). These conclusions are currently only accessible under Annex 6 (the very last section of the document), which risks diluting the perception of the beneficial impact that such restrictions can have.

5. **The document must have a stronger and clearer policy message by presenting one, comprehensive recommendation which addresses how the power of marketing can be restricted.** Currently, the Guideline presents two recommendations that are complementary and with similar “conditional” quality consideration by the Guideline development group. For a stronger and clearer policy message, we urge WHO to consider **only one recommendation** that would include all aspects Member States should consider for policy design, ensuring that the policy specifics required for efficacy are not lost in two recommendations. As is the case in relation to exposure to marketing, it is important that the recommendation explains how the power of marketing can be addressed through policy. For instance, the suggested single recommendation for this Guideline could read:

*“WHO recommends the implementation of mandatory policies restricting food marketing to which children (aged 0-18 years) are exposed to (1) by defining a nutrient profile model to classify foods to be restricted from marketing; (2) by defining a comprehensive policy approach to minimize the risk of migration of marketing to other channels, to other spaces within the same channel or to other age groups; and (3) by restricting a comprehensive range of marketing strategies aimed at persuading children directly or indirectly via caregivers and other responsible adults to consume certain products.”*

In addition, clarity on the full range of different marketing techniques to be covered would be helpful to aid effective implementation of the recommendation.

6. **The document must specify that its primary audience is Member States.** Considering that the recommendations are intended to strengthen marketing restrictions by Member States, rather than, for instance, self-regulated voluntary restrictions by food companies, we urge WHO to divide the target audience of this Guideline into two groups to make it clear what role different actors play. The primary target audience includes Member States actors (national and local policy-makers and food regulators, and implementers and managers of national and local health and nutrition programmes); and the secondary target audience includes other actors (NGOs, professional societies, health professionals, scientists and other academic actors, and representatives of the food industry, marketing/advertising agencies).
7. **The document must define children.** Although for the scope of the review, children were defined under footnote 4 (page 9), we urge WHO to include a definition of “children” in the glossary section as a core concept for the Guideline. As a UN body, we suggest that WHO uses the definition in Art. 1 of the Convention on the Rights of the Child: “[...] a child means every human being below the age of eighteen years [...]” (aged 0-18 years). This will help Member States, especially those who have ratified the Convention on the Rights to Child, to frame the recommendations within their legal frameworks. Otherwise, we urge WHO to clarify the rationale behind including as children the age group of 0-19 years. The definition of children should also be reflected in the Guideline recommendation as suggested above, and a footnote can be added specifying that a country may adapt the targeted age range to their own definition of children.

### Comments on context and setting specific issues that have not yet been captured in the Guideline

8. **The document must include the impacts of food marketing on caregivers and health professionals (including pediatricians) as part of the remit of policies to protect children from the harmful impact of food marketing.** The review and recommendations of the Guideline do not include the way marketing affects parents and/or caregivers' decisions on children's diets in many cases undermining their efforts to guarantee nutritious foods to their children. This must be acknowledged either as a research gap and/or a future research question if it is considered that such information is not currently available. To adequately protect children from unhealthy food marketing, parents and/or caregivers should also be protected against misleading information and marketing strategies, such as featuring unhealthy food products surrounded by healthy food options. Moreover, health professionals can also be targeted (e.g., including, through conference marketing) which may have an impact on the nutritional advice they might provide to families. The Guideline scope should be extended to include food marketing impact on caregivers and health professionals and its policy implications to fully protect children's right to health, adequate nutrition, and information.<sup>1</sup> As they are the first intermediaries between unhealthy food marketing and a young child's intake, the Guideline must acknowledge this or explain the rationale behind such an exclusion.
9. **The document must acknowledge the vulnerabilities of children in resource-poor settings to unhealthy food marketing.** We welcome the focus on equity, and reference to policies that protect children from the harmful impact of food marketing being expected to reduce health inequities. This is crucial for downstream public health policy development and improvements in health outcomes for communities experiencing inequity. However, the Guideline should include explicit reference to the vulnerabilities of children in resource-poor settings, and marketing being particularly exploitative in these settings.

### Comments on considerations and implications for adaptation and implementation of the Guideline

10. **The document must reflect the need to include monitoring and enforcement mechanisms in the Guideline recommendation(s).** Under implementation considerations, reference is made to the role that monitoring and enforcement mechanisms can have in increasing the effectiveness of policies, and that evidence on policy effectiveness is limited, due to some extent to the lack of standardized monitoring. We urge WHO to consider adding under the Guideline recommendation(s) the establishment of monitoring and enforcement mechanisms as another element that policies to restrict food marketing should have.
11. **The document must reinforce the need to address industry opposition as part of policy implementation.** Under implementation considerations, reference is made to the expected industry opposition to marketing restrictions (including by pushing for self-regulatory policies instead, which evidence shows are ineffective) and the need for Member States to learn from

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<sup>1</sup> Art. 24(e) of the Convention on the Rights to the Child: "To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;"

countries that have overcome such opposition. However, protection from industry interference is not part of the review process for the Guideline and considerations on undue influence from the food industry must be broadened out, given that one of the main barriers to policy implementation is industry lobbying and the wider commercial determinants of health. If this would be out of the Guideline scope, we ask WHO to reference existing documents and guidance on managing industry interference.

12. **The document must add further evidence on the ineffectiveness of self-regulation to restrict food marketing.** This will make the recommendation for mandatory marketing restrictions very clear, minimizing misinterpretation. Robust, clear and evidence-based mandatory restrictions are the most effective way to restrict marketing aimed at children and adequately protect them from exposure. Independent evaluations of policy effectiveness of both government-led voluntary regulation and industry-led self-regulation, as well as the extent of implementation of industry commitments, indicate that their impact on the food environment has been very limited (see bibliography). This message needs to come across more clearly and evidence needs to be provided to Member States, to build their case for policy implementation.
13. **The document must specify the challenges of cross-border marketing in managing children's exposure to marketing.** While the Guideline recommendations mention the need for policies to be broad enough to minimize the risk of migration of marketing to other channels, spaces or age groups, we urge WHO to specify under implementation considerations the challenges and legal capacity required to reduce exposure to unhealthy food marketing in the context of cross-border marketing, as this may fall under other jurisdictions.

#### General comments

14. **The document raises important points that are unfortunately diluted within the current draft due to its length and repetition of content.** The Guideline has many strengths, such as recommending a mandatory approach to marketing restrictions based on evidence, the use of existing regional nutrition profile systems (page 56), and also by highlighting the need for further research and regulation of brand marketing (and not just product marketing). The current draft also calls on Member States to prepare to respond to industry opposition ahead of implementing these policies, and it makes the case for including provisions for industry to share data, which would help to further assess the impact of marketing restrictions. These are all important points in the Guideline that could be better highlighted by processing the above comments and making the document shorter and concise.
15. **The document needs to be clearer on the main policy recommendation and added value it brings to the current WHO knowledge base and the recommendations for countries.** Member States need practical, easy-to-read guidance, providing case studies of good practice and overcoming frequent obstacles to the successful implementation of marketing restrictions, such as the recent WHO-UNICEF-STOP Policy Brief on *Protecting children from the harmful impact of food marketing* (see bibliography). By clearly presenting the main policy recommendation and added value of this Guideline, this document will be strengthened and can become a good reference for the future development of the Guidelines on school food and nutrition policies, nutrition labeling policies, and fiscal policies.

## **Bibliography of other key resources on the harmful impact of food marketing and policy effectiveness**

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- World Cancer Research Fund International (2020). Building Momentum: lessons on implementing robust restrictions of food and non-alcoholic beverage marketing to children. Available at: <https://www.wcrf.org/wp-content/uploads/2021/01/PPA-Building-Momentum-3-WEB-3.pdf>
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