



Launch of the public consultation on the draft WHO guideline on policies to protect children from the harmful impact of food marketing



Opening remarks Dr Francesco Branca

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Background

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Strengthened evidence-informed guideline development: WHO Nutrition Guidance Expert Advisory Group (NUGAG)

Work of the Subgroup on Diet & Health

Guidelines updated:

- ☐ Sodium (2012)
- ☐ Potassium (2012)
- ☐ Free sugars (2015)

Draft guidelines completed :

- ☐ SFA
- ☐ TFA
- ☐ Total fat

Draft guidelines under preparation:

- ☐ Use of Non-sugar sweeteners
- ☐ Use of low sodium salt substitute
- ☐ CHO (incl. vegs & fruits)
- ☐ PUFA
- ☐ Dietary patterns



Work on the Subgroup on Policy Actions

- ☐ Develop policy guidelines for promoting healthy diet and nutrition and prevent obesity and diet-related NCDs through changing food environment
- ☐ Starting with priority policy measures:
 - Policies to restrict food marketing
 - Fiscal policies to promote healthy diets
 - Nutrition labelling policies
 - School food and nutrition policies
 - Menu labelling policies (starting in 2022 – 2023)

Rationale for developing guidelines on policy actions

In April 2016, the UN General Assembly (UNGA) declared:

UN Decade of Action on Nutrition (2016 – 2025)

- commitment by Member States to undertake 10 years of sustained and coherent implementation of policies programmes and increased investments to eliminate malnutrition in all its forms

The objective of the Decade is to:

- ❑ Increase actions at the national, regional and global levels **to implement the recommended actions of the ICN2 Framework for Action**

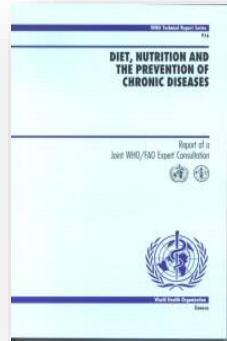


Provides ***a set of policy options and strategies*** which governments may incorporate into their national sectoral or development/investment policies and plans.

Global Strategy on Diet, Physical Activity and Health (WHA 57.17, 2004)

2002 Joint WHO/FAO Expert Consultation (TRS 916) recommendations:

- Served as the scientific basis for **DPAS**
- Provided policy principles for developing **DPAS**



Ranges of population nutrient intake goals

Dietary factor	Goal (% of total energy, unless otherwise stated)
Total fat	15-30%
Saturated fatty acids	<10%
Polyunsaturated fatty acids (PUFAs)	6-10%
n-6 Polyunsaturated fatty acids (PUFAs)	5-8%
n-3 Polyunsaturated fatty acids (PUFAs)	1-2%
Trans fatty acids	<1%
Monounsaturated fatty acids (MUFAs)	By difference ^a
Total carbohydrate	55-75% ^b
Free sugars ^c	<10%
Protein	10-15% ^d
Cholesterol	<300 mg per day
Sodium chloride (sodium) ^e	<5 g per day (<2 g per day)
Fruits and vegetables	> 400 g per day
Total dietary fibre	From foods ^f
Non-starch polysaccharides (NSP)	From foods ^f

The recommendations for diet for populations and individuals contained in **Paragraph 22** of the Global Strategy are:

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



Member States

40. Governments should provide accurate and balanced information.

(3) Marketing, advertising, sponsorship and promotion ..Governments should ... **develop appropriate multisectoral approaches to deal with the marketing of food to children**, and to deal with such issues as sponsorship, promotion and advertising.

59. International standards .. Areas for further development could include: labelling to allow consumers to be better informed about the benefits and content of foods; **measures to minimize the impact of marketing on unhealthy dietary patterns**

Private sector

61. ... Specific recommendations to the food industry and sporting-goods manufacturers include the following:

- **practise responsible marketing** that supports the Strategy, particularly with regard to the promotion and marketing of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt, especially to children

Global Strategy on Prevention and Control of NCDs

(WHA 60.23, 2007)

WHA60.23 Prevention and control of noncommunicable diseases: implementation of the global strategy

The Sixtieth World Health Assembly,

Having considered the report on prevention and control of noncommunicable diseases: implementation of the global strategy;¹

Recalling resolutions WHA53.17 on prevention and control of noncommunicable diseases, WHA54.18 on transparency in tobacco control process, WHA56.1 on the WHO Framework Convention on Tobacco Control, WHA57.17 on the Global Strategy on Diet, Physical Activity and Health, WHA57.16 on health promotion and healthy lifestyles, WHA58.22 on cancer prevention and control, and WHA58.26 on public-health problems caused by harmful use of alcohol, and the many related regional committee resolutions, including on mental health;

Deeply concerned that in 2005 noncommunicable diseases caused an estimated 35 million deaths (60% of all deaths globally), that 80% of these deaths occurred in low- and middle-income countries, and that about 16 million deaths occurred among people under 70 years of age;

The Director-General was requested:

“... to **promote responsible marketing** including the **development of a set of recommendations on the marketing of foods and non-alcoholic beverages to children** in order to reduce the impact of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt, in dialogue with all relevant stakeholders, including private-sector parties, while ensuring avoidance of potential conflict of interest”.

The WHO set of recommendations on marketing food and non-alcoholic beverages to children



Endorsed by 63rd WHA in May 2010 (WHA63.14)

(Eighth plenary meeting, 21 May 2010 –
Committee A, fourth report)

WHA63.14 Marketing of food and non-alcoholic beverages to children¹

The Sixty-third World Health Assembly,

Having considered the report on prevention and control of noncommunicable diseases: implementation of the global strategy and its annexed set of recommendations on the marketing of foods and non-alcoholic beverages to children;²

Recalling resolutions WHA53.17 on the prevention and control of noncommunicable diseases and WHA60.23 on the prevention and control of noncommunicable diseases: implementation of the global strategy;

Reaffirming its commitment to acting on two of the main risk factors for noncommunicable diseases, namely, unhealthy diet and physical inactivity, through the implementation of the Global strategy on diet, physical activity and health, endorsed by the Health Assembly in 2004



Main purpose is to:

"guide efforts by Member States in designing new and/or strengthening existing **policies** on food marketing communications to children in order **to reduce the impact on children of marketing of foods** high in saturated fats, trans-fatty acids, free sugars, or salt."

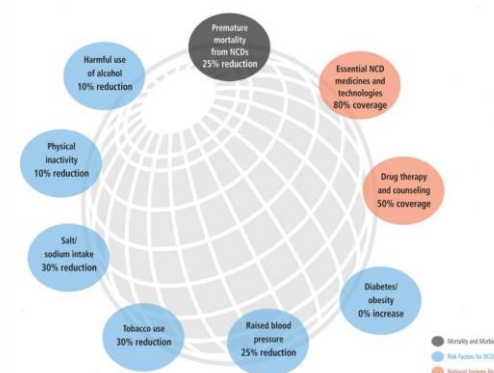
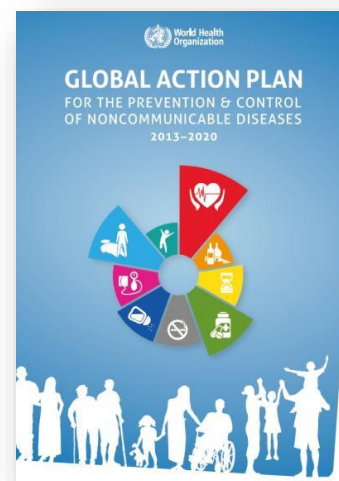
Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020

(adopted by the 66th WHA in May 2013 together with 9 voluntary NCD Global Targets 2025)

Objective 3 on promoting healthy diets:

Member States should:

- ❑ consider developing or strengthening national food and nutrition policies and action plans and **implementation** of related global strategies including the global strategy on diet, physical activity and health, the global strategy for infant and young child feeding, the comprehensive implementation plan on maternal, infant and young child nutrition and **WHO's set of recommendations on the marketing of foods and non-alcoholic beverages to children**



2nd International Conference on Nutrition (2014)

ICN2 Declaration

We reaffirm that: ...f) improvements in diet and nutrition require relevant legislative frameworks for food safety and quality...while avoiding **inappropriate marketing and publicity of foods and non-alcoholic beverages to children**, as recommended by resolution WHA63.14;

We recognize that: ...i) governments **should protect consumers, especially children, from inappropriate marketing and publicity of food**



ICN2 Framework for Action

Actions to promote healthy diets

Recommendation 15: Explore regulatory and voluntary instruments – such as **marketing**, publicity and labelling policies, economic incentives or disincentives in accordance with Codex Alimentarius and World Trade Organization rules – to promote healthy diets.

Actions to address childhood overweight/obesity

Recommendation 39: Improve child nutritional status and growth, particularly by addressing maternal exposure to the availability and marketing of complementary foods, and by improving supplementary feeding programmes for infants and young children.

Recommendation 40: Regulate the **marketing** of food and non-alcoholic beverages to children in accordance with WHO recommendations.



Report of the Commission on Ending Childhood Obesity

(WHO Director-General to transmit to the 69th WHA in May 2016)

Recommendation 1: Implement comprehensive programmes that promote the intake of healthy foods and reduce the intake of unhealthy foods and sugar-sweetened beverages by children and adolescents

1.3 Implement the Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children to *reduce the exposure* of children and adolescents to, and the power of, *the marketing* of unhealthy foods

1.5 Establish cooperation between Member States to *reduce the impact of cross-border marketing* of unhealthy foods and beverages.

Recommendation 4: Provide guidance on, and support for, healthy diet, sleep and physical activity in early childhood to ensure children grow appropriately and develop healthy habits

4.1 Enforce regulatory measures such as the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions

4.5 *Develop regulations on the marketing* of complementary foods and beverages, in line with WHO recommendations, to limit the consumption of foods and beverages high in fat, sugar and salt by infants and young children



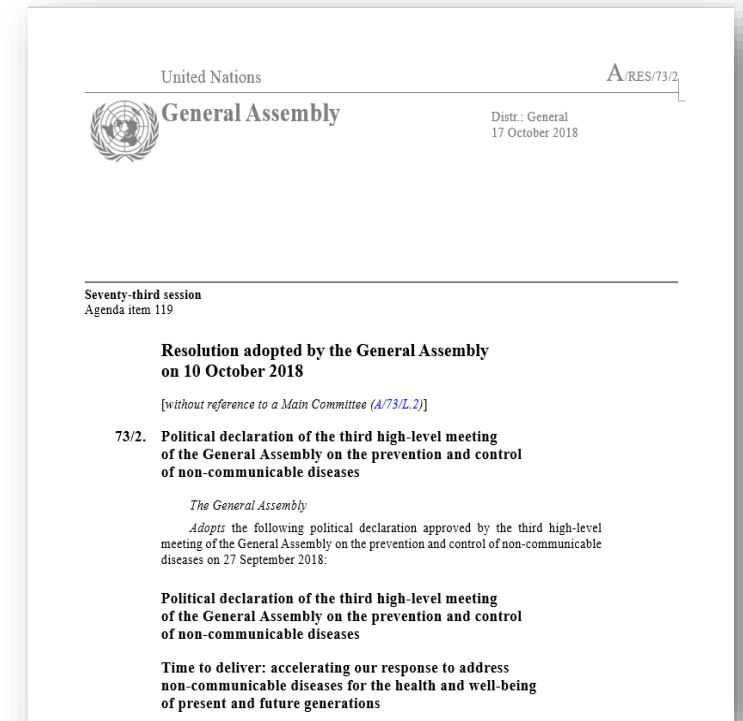
Political Declaration of the 3rd High Level Meeting on NCDs

(A/RES/73/2, 2018)

44 (New). Invite the private sector to strengthen its commitment and contribution to the implementation of national responses to prevent, control and treat non-communicable diseases to reach health and development objectives by:

(c) Taking concrete steps, where relevant, towards **eliminating the marketing, advertising** and sale of alcoholic products to minors;

(e) Committing to further reduce the **exposure of children to and impact on them of the marketing of foods and beverages** high in fats, in particular saturated fats and trans-fats, sugars or salt, consistent with national legislation, where applicable



13th General Programme of Work (2019 – 2023)

Healthier populations – 1 billion more people enjoying better health and well-being

Platform 2: Accelerating action on preventing noncommunicable diseases and promoting mental health.

70.....when there is evidence of harmful practices, WHO will speak out against them. Evidence-based WHO guidance will support countries to reduce the use of salt and sugar; to eliminate artificial *trans*-fats and reduce antibiotics in food; to reformulate products to make them conducive to a healthy diet; to reduce tobacco use and the harmful use of alcohol; to **stop the marketing of unhealthy foods and beverages to children**; and to reduce the prevalence of physical inactivity. ...

Draft thirteenth general programme of work,
2019–2023

Promote health, keep the world safe, serve the vulnerable

"We should get sick or die just because they are poor, or services they need." – Dr Tedros

SEVENTY-FIRST WORLD HEALTH ASSEMBLY
Agenda item 11.1

Thirteenth General Programme of Work

The Seventy-first World Health Assembly,
Having considered the draft thirteenth general programme of work, welcoming its ambitious vision as expressed by the aspirational "triple billion",
Noting that approval of the Thirteenth General Programme of Work, 2019–2023, is contained in document EB142/3 Add.2,
1. APPROVES the Thirteenth General Programme of Work, 2019–2023;
2. URGES Member States to support work towards achievement of the Thirteenth General Programme of Work, 2019–2023;
3. REQUESTS the Director-General:
(1) to use the Thirteenth General Programme of Work as the basis of planning, monitoring and evaluation of WHO's work during the period 2019–2023, and to develop programme budgets in consultation with Member States, taking into account the assessment of income and WHO's capacity;
(2) to take into consideration the changing state of global health in developing the Thirteenth General Programme of Work, and to keep Member States informed of implementation through regular updates to the governing bodies;
(3) to provide guidance and support to regional and country offices in implementing the Thirteenth General Programme of Work, taking into account differences in health systems and priorities;
(4) to provide a report to the Seventy-fifth World Health Assembly on the implementation of the Thirteenth General Programme of Work in the wider United Nations planning cycle.

THIRTEENTH GENERAL PROGRAMME OF WORK 2019–2023

**PROMOTE
HEALTH
KEEP THE WORLD
SAFE
SERVE THE
VULNERABLE**



Rationale for developing this guideline

- ❑ Numerous calls to action at global & regional levels
- ❑ Availability of policy implementation tools
 - Regional [nutrient profile model](#) for regulating the marketing of foods and non-alcoholic beverages to children: EURO (2013 - 2015), EMRO (2014 - 2015), AMRO/PAHO (2015), WPRO (2015 - 2015), SEARO (2016 - 2017), AFRO (2018 – 2019)
- ❑ But limited country implementation of policies to restrict food marketing
 - As of May 2022, only 60 countries have adopted policies that restrict food marketing – Of these only one third have mandatory policies
- ❑ Children are continued to be exposed to the harmful impacts of food marketing
- ❑ Since the endorsement of the WHO Set of Recommendations on the marketing of foods and non-alcoholic beverages in 2010, the evidence base has grown both on:
 - 1) the extent, nature and impact of food marketing on children
 - 2) the impact of policies to protect children from the harmful impact of food marketing.

WHO began the process of developing this guideline, taking new evidence into consideration

To strengthen the support for Member States in developing and implementing new, or strengthening/updating existing, public policies to protect children from the harmful impact of food marketing



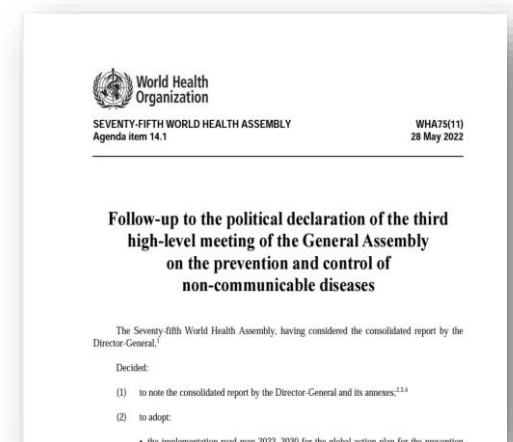
Achieving Healthier populations

1 billion more people enjoying better health and well-being

- ❑ This guideline builds on the 2010 WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children and takes new evidence into consideration
 - The 2012 WHO framework for implementing the set of recommendations continues to be a useful resource for policy-makers and relevant actors when initiating and developing policies to protect children from the harmful impact of food marketing
 - Additional implementation tool is also being developed jointly with UNICEF
- ❑ The overarching objective of the guideline is to **contribute to the achievement of healthier populations**, in line with the WHO's 13th General Programme of Work (2019–2023)

“Evidence-based WHO guidance will support countries to stop the marketing of unhealthy foods and beverages to children”

- ❑ The guideline will also contribute to the implementation of the **“Acceleration Plan to Stop Obesity”** (adopted at WHA75 in May 2022) and the achievement of global obesity targets





Guideline development process

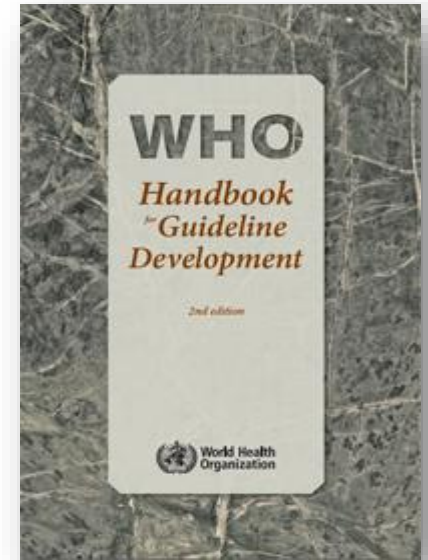
Dr Katrin Engelhardt

Scientist

Safe, Healthy and Sustainable Diet Unit
Department of Nutrition and Food Safety
World Health Organization

WHO guideline development process: contributors

- Responsible department, unit and technical officer
- WHO Internal Steering Group
- External multidisciplinary guideline development group (WHO Nutrition Guidance Expert Advisory Group, NUGAG: Subgroup on policy actions)
- Methods expert
- Evidence review team
- Peer reviewers
- Reviewers contributing to the public consultation



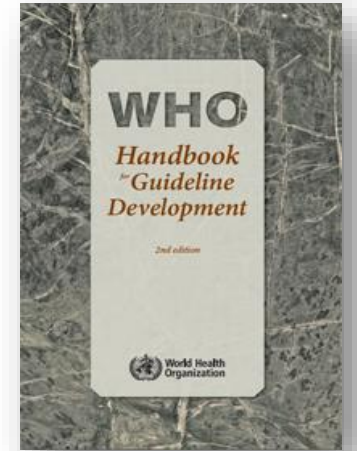
Scope of the NUGAG Subgroup on Policy Actions

To advise WHO on:

1. The scope of the guidelines and priority questions (PICO) that will guide the undertaking of systematic reviews
2. The selection and prioritization of important outcomes for decision-making and developing recommendations
3. The assessment and interpretation of the evidence with consideration of the overall balance of risks and benefits
4. The formulation of recommendations, taking into consideration the certainty of evidence, diverse values and preferences, balance of benefits and harms, resource implications, equity and human rights, acceptability and feasibility
5. The identification of research gaps

Management of conflict of interest

- All contributors to the guideline development process declare any conflicts of interest by completing a “declaration of interest” form
- The WHO Secretariat:
 - reviews submitted DOI forms
 - prepares a summary of the analysis of the declared interest and proposed action,
 - meets with the Office of Compliance, Risk Management and Ethics (CRE) to review the analysis of declared interests of each contributor and proposed action in order to determine the final decision

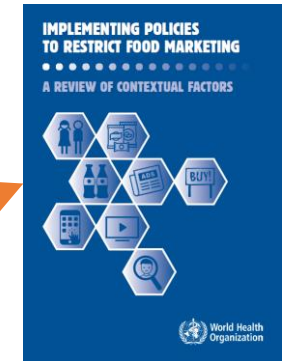


When publishing the guidelines:

- Lists contributors and their declared interests and the analysis and decisions made, if any

WHO guideline development process: activities

- Scoping review
- Meeting of the NUGAG Subgroup on Policy Actions to review and finalize the scope of the guideline, formulate questions to guide the systematic review and define priority outcomes
- Conducting of literature reviews: review of contextual factors narrative and systematic reviews
- Meeting of the NUGAG Subgroup on Policy Actions to review the outcomes of the final evidence reviews and formulate the recommendations
- Peer review process
- Public consultation
- Finalization and review by the WHO Guideline Review Committee



WHO guideline development process: from evidence to recommendations

Recommendation were formulated by the NUGAG, based on:

- transparent process for evaluating the quality of evidence and the strength of recommendations – through the GRADE approach (Grading of Recommendations, Assessment, Development and Evaluation)
- consideration of contextual factors, narrative review and systematic reviews on the impact of marketing and the effectiveness of policies to restrict marketing, and expert opinion
- Best practice statement was formulated by NUGAG, based on:
 - Consideration of contextual factors, narrative review, systematic review on the impact of marketing and expert opinion taking a risk- and rights-based approach

WHO guideline development process: from evidence to recommendations

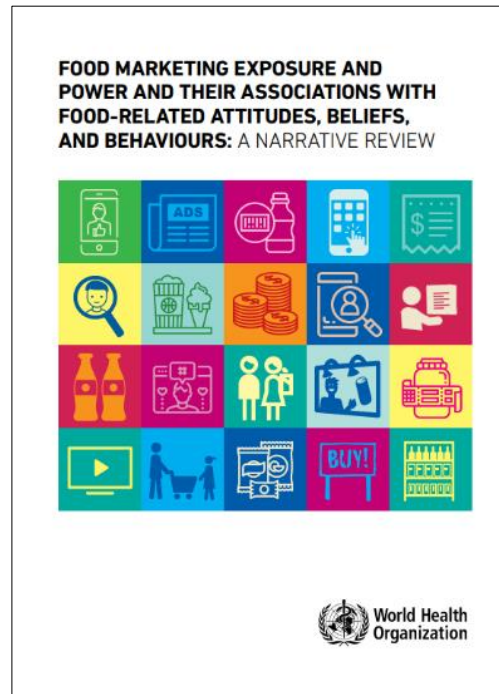
GRADE element	Judgements							
Desirable effect	Trivial	Small	Moderate	Large	Varies	Don't know		
Undesirable effect	Large	Moderate	Trivial	Small	Varies	DK		
Certainty of evidence	Very low	Low	Moderate	High	No studies (NS)			
Values	Important variability	Possibly important variability (V)	Prob. no important V	No important variability	-	-		
Balance of benefits and harms	Favors the C	Probably favors the C	Does not favor either the I or the	Probably favors	Favors the I	Varies	DK	
		Judgement, discussion, consensus -> recommendation formulation and strength of the recommendation						
Resource implications	Large costs						DK	
Cost-effectiveness	Favors the comparison						NS	
Acceptability	No	Probably no	Probably yes	Yes	Varies	DK		
Feasibility	No	Probably no	Probably yes	Yes	Varies	DK		
Equity	Reduced	Probably reduced	Probably no impact	Probably increased	Increased	Varies	DK	
Human rights	Reduced	Probably reduced	Probably no impact	Probably increased	Increased	Varies	DK	



Summary of evidence of the narrative review and systematic reviews

Professor Emma Boyland
Chair of Food Marketing and Child Health
Department of Psychology
University of Liverpool
United Kingdom of Great Britain and Northern Ireland

Commissioned series of reviews



Narrative:
Supplement other reviews



Systematic:
Evidence of impact on eating behaviours and health



Systematic:
Evidence of effectiveness of restrictive policies

Narrative review

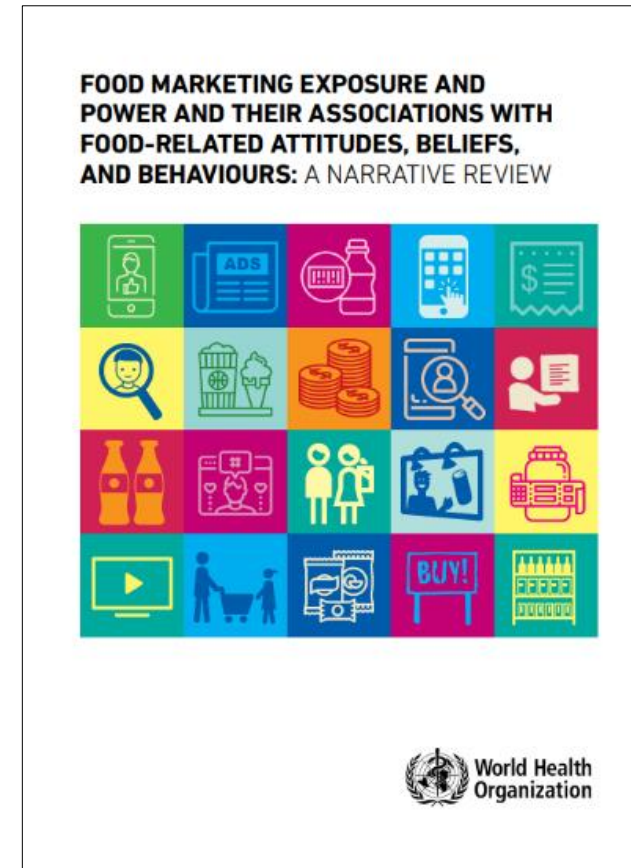
- Update previous WHO descriptive review on **extent** and **nature** of food marketing (Cairns et al., 2009).
- Supplement the 2 x WHO-commissioned reviews, relevant **associative and qualitative studies**.

Content analyses – exposure and power

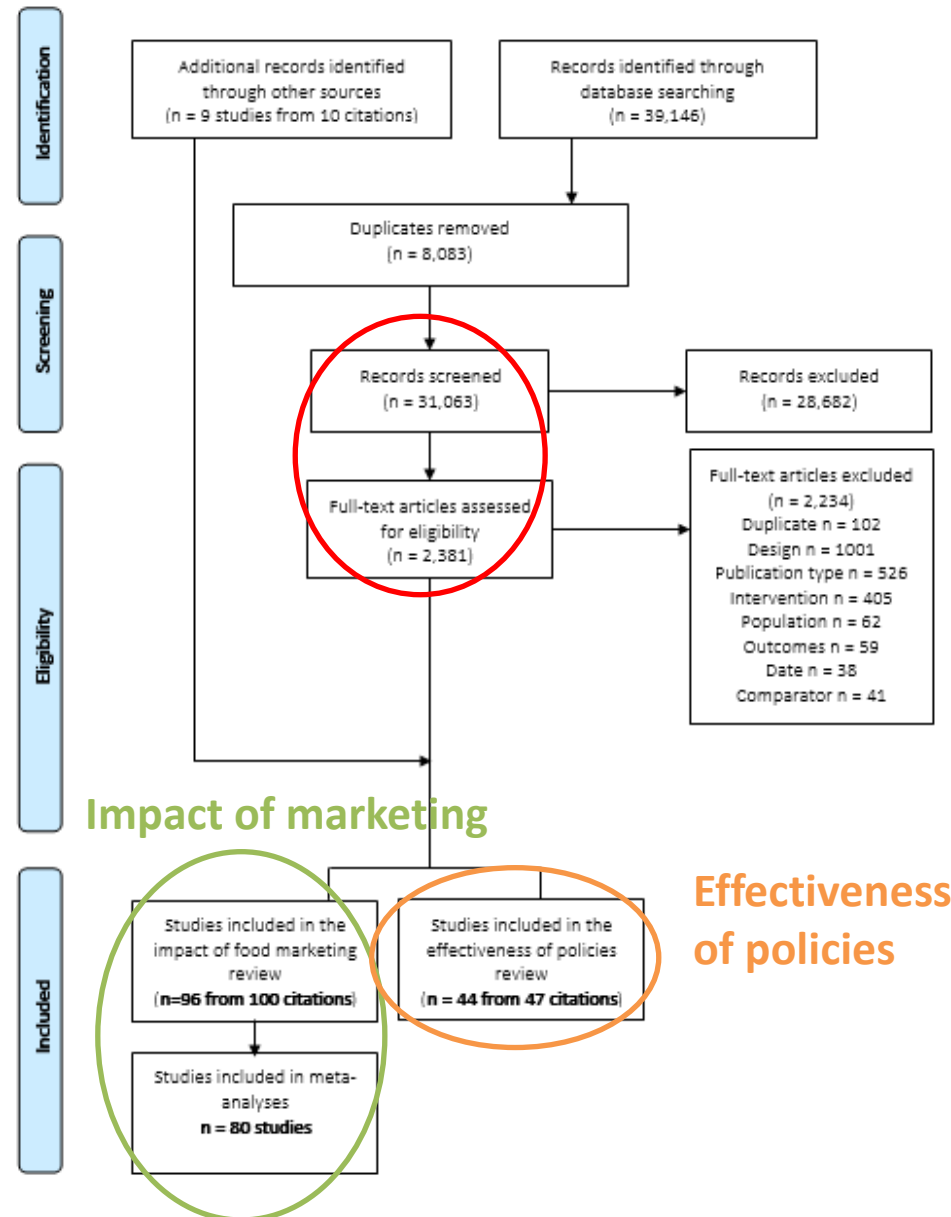
Consumer research – beliefs, attitudes, perceptions, insight into behavioural responses

Conclusions:

1. Evidence that **food marketing remains prevalent globally**.
2. **Strengthens rationale for restrictions**.
3. Need **more monitoring** and evidence from LMICs.



Combined search and study selection process for two systematic reviews



Impact of marketing review (update from 2009)

Review question:
What is the effect in **children** on the **outcomes of interest** of exposure to **marketing for foods and non-alcoholic beverages**, compared to **no marketing**?

Critical Outcomes

- Intake n=46
- Choice n=37
- Preference n=20
- Purchasing n=5

Important Outcomes

- Purchase requests n=6
- Dental caries n=2
- Body weight n=1
- *Diet-related NCDs n=0*

Impact review: Findings

CRITICAL OUTCOMES

- Food marketing associated with **significant increases** in the following:
 - **Intake** (SMD 0.25; 95% CI, 0.15-0.35; $P < .001$).
 - **Choice** (Odds ratio 1.77; 95% CI, 1.26-2.50; $P < .001$).
 - **Preference** (SMD 0.30; 95% CI, 0.12-0.49; $P = .001$).
 - However, *no clear evidence* for association of marketing with **purchasing**.

IMPORTANT OUTCOMES

- Combinations of p values for **purchase requests** was **significant**.
- Data on **dental health** or **body weight** outcomes was scarce.
- No studies with **diet-related NCD** outcomes.

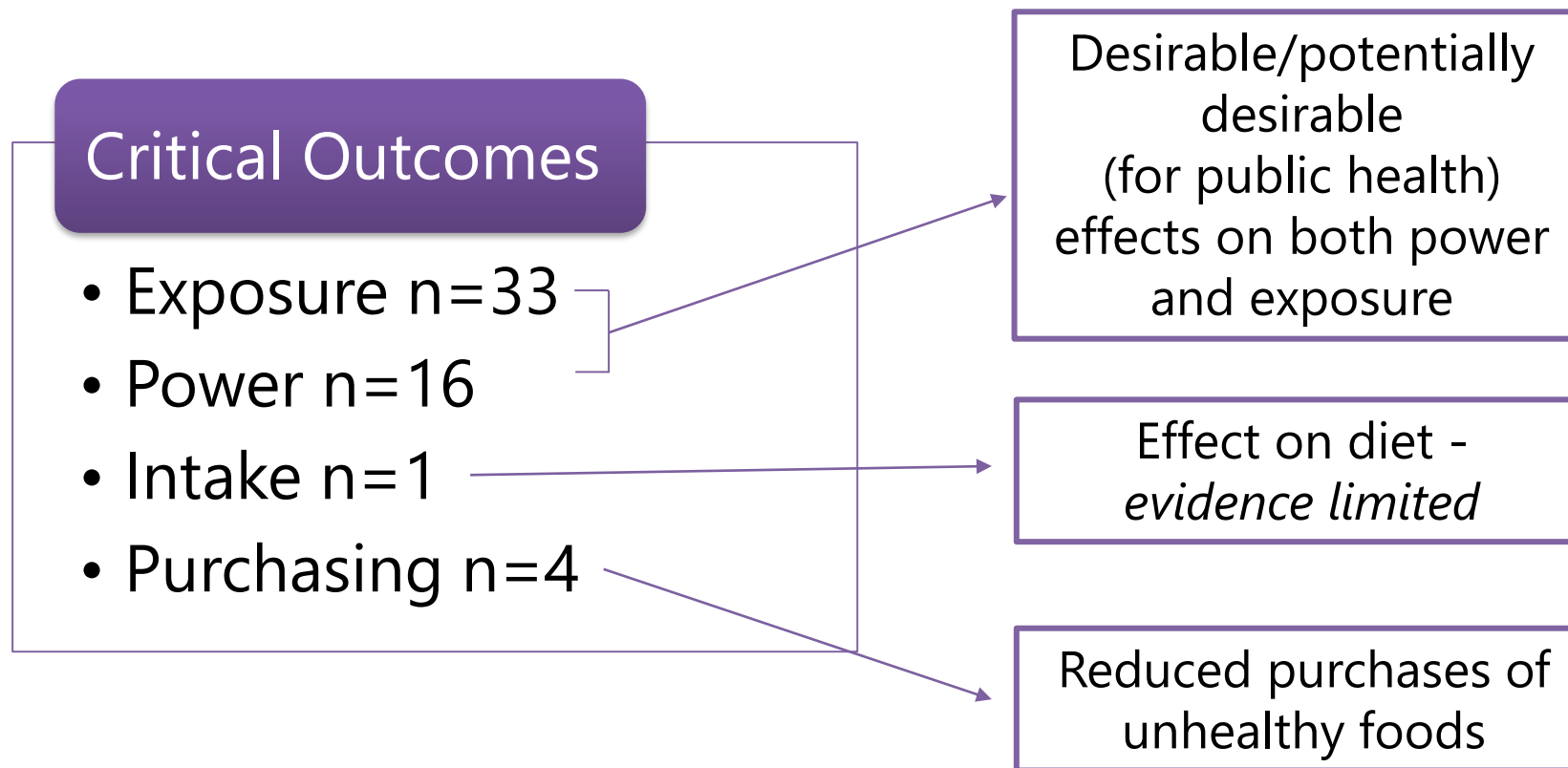
Comparisons

Comparison	N
1. Any policy vs. no policy	N=39 studies
2. Mandatory policy vs. no policy	N=10 studies (also in comparison 1)
3. Voluntary measures vs. no measure	N=29 (also in comparison 1)
4. Mandatory policy vs. voluntary measure	N=4
5. Mandatory policy (full implementation) vs. mandatory policy (partial implementation)	N=1

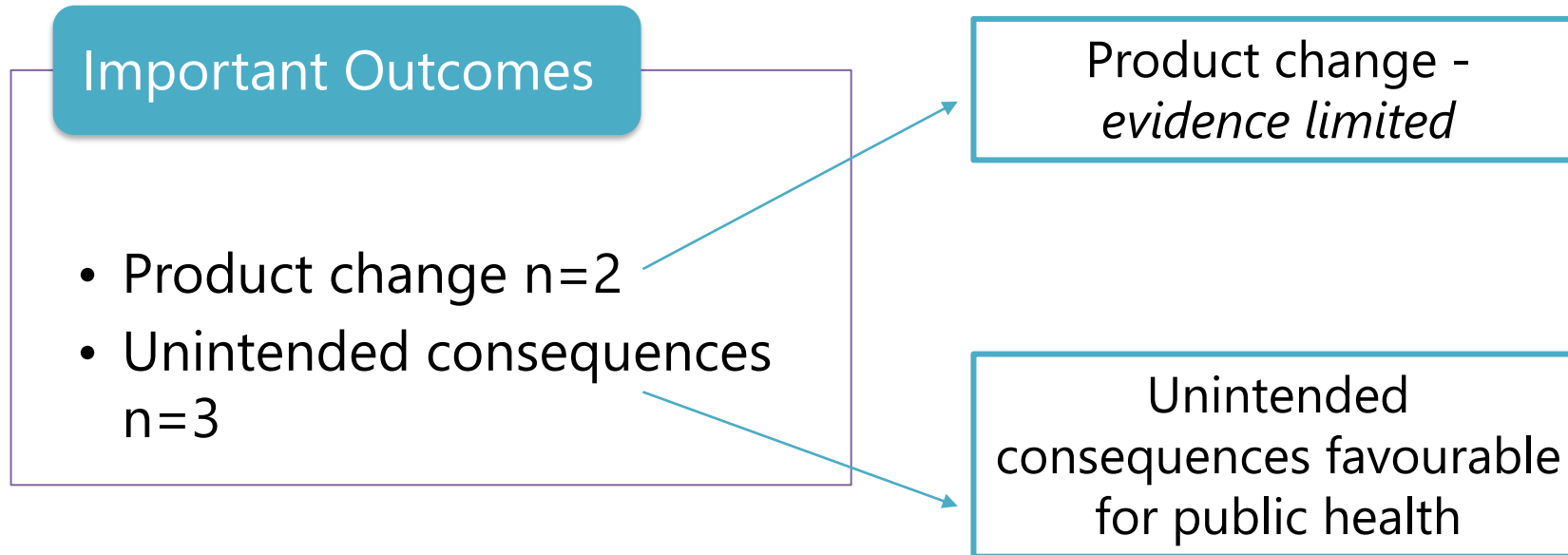
Subgroups

Outcome	Policy design element	Comparison 1	Comparison 2	Comparison 3
Exposure	Definition of a child in the policy	X		X
	Marketing medium	X	X	X
	Approach to classify foods	X	X	X
	Marketing techniques			
Power	Definition of a child in the policy	X		
	Marketing medium	X	X	X
	Approach to classify foods			
	Marketing techniques	X	X	X

Policy review: Findings (1)



Policy review: Findings (2)



Subgroup analyses: Policy elements

mandatory policies

significantly fewer studies of voluntary measures showed desirable effects than effects in other categories, not the case for mandatory policies

policies designed to restrict food marketing to children > 12 years

policies using a nutrient profile model

policies restricting TV advertising

> number of studies, 'easier' to regulate than digital

Harvest plots

Comparison 1: Any policy v no policy

Critical outcome	Clear effect favouring the intervention	Unclear effect potentially favouring the intervention	No difference	Unclear effect potentially favouring the control	Clear effect favouring the control
Exposure	<div><div>7</div><div>16</div><div>22</div></div>	<div><div>6</div><div>10</div><div>15</div><div>17</div><div>19</div><div>23</div><div>26</div><div>27</div><div>36</div><div>37</div></div>	<div><div>1</div><div>2</div><div>8</div><div>10</div><div>25</div><div>33</div></div>	<div><div>3</div><div>4</div><div>12</div><div>13</div><div>14</div><div>21</div><div>25</div><div>38</div><div>40</div><div>42</div><div>43</div></div>	<div><div>9</div><div>30</div><div>34</div></div>
Power	<div><div>20</div><div>23</div></div>	<div><div>26</div><div>27</div></div>	<div><div>32</div></div>	<div><div>3</div><div>12</div><div>18</div><div>33</div><div>41</div><div>42</div></div>	<div><div>9</div><div>11</div><div>25</div><div>30</div><div>43</div></div>
Purchasing	<div><div>16</div><div>19</div><div>22</div></div>				<div><div>28</div></div>
Diet	<div><div>22</div></div>				
Important outcome					
Product change			<div><div>5</div></div>		<div><div>41</div></div>
Unintended cons.	<div><div>38</div></div>	<div><div>17</div><div>26</div></div>			

Comparison 3: Voluntary measure vs no measure



Draft best practice statement, recommendations and remarks

Dr Barbara Schneeman
Chair of the NUGAG Subgroup on Policy Actions
Professor Emerita
Departments of Nutrition/Food Science and
Technology, University of California at Davis
United States of America

Best practice statement

- Children should be protected from the harmful impact of food marketing

Rational for the best practice statement

- Food marketing continues to be prevalent, including on packaging and in settings where children gather (e.g. schools, sports clubs), during children's viewing times and on children's channels, in youth magazines, and on social media, and uses many techniques appealing to or resonating with young audiences
- Digital food marketing facilitates engagement, which can amplify the marketing message and the overall impact of marketing
- Food marketing is mostly for foods that are inconsistent with healthy diets. Across studies, the most frequently marketed food categories were "fast food", sugar-sweetened beverages, chocolate and confectionery, salty/savoury snacks, sweet bakery items and snacks, breakfast cereals and desserts
- Food marketing has a harmful impact on children's food choice and their dietary intake (moderate certainty of evidence)
- Food marketing affects children's purchase requests to adults for marketed foods (moderate certainty of evidence), and influences the development of children's norms about food consumption

Rational for the best practice statement

- Enabling children to achieve their full developmental potential is a human right and a critical foundation for sustainable development.
- Countries that have ratified the Convention on the Rights of the Child have a legal obligation to realize children's right to the highest attainable standard of health. According to the Convention "In all actions concerning children, whether undertaken by public or private social welfare institutions ... the best interests of the child shall be a primary consideration".
- Furthermore, countries that have ratified the Convention on the Rights of the Child should ensure that marketing does not have adverse impacts on children's rights by adopting appropriate regulation and should "make the best interests of the child a primary consideration when regulating advertising and marketing addressed to and accessible to children".

From evidence to recommendations: summary of judgements

GRADE element	Judgement
Desirable effect	Moderate
Undesirable effect	Trivial
Certainty of evidence	Very low
Values	Probably no important variability
Balance of benefits and harms	Probably favours the intervention
Resource implications	Moderate costs
Cost-effectiveness	Favours the intervention
Acceptability	Varies
Feasibility	Yes
Equity	Probably increased
Human rights	Increased

Conditional recommendations – very low certainty of evidence

The recommendation is conditional because the guideline development group was less certain about the desirable effects of implementing the intervention, as these depend on policy design elements and contextual factors. However, no undesirable effects of restricting food marketing were identified.

Recommendations

Recommendation 1:

- WHO suggests implementation of policies to restrict food marketing to which children are exposed.

Recommendation 2:

- To maximize effectiveness of food marketing restrictions, WHO suggests that policies:
 - be mandatory;
 - protect children of all ages, including those older than 12 years;
 - use a nutrient profile model to classify foods to be restricted from marketing;
 - be broad enough to minimize the risk of migration of marketing to other channels, to other spaces within the same channel or to other age groups; and
 - restrict the power of food marketing to persuade.

Remarks

- Regarding policy design elements, evidence indicates that voluntary measures are more likely to show undesirable effects than desirable effects for exposure to, and power of, marketing.
- Most policies currently restrict marketing to young children and define a child as less than 12 years of age. However, evidence indicates that policies designed to restrict food marketing to children that included children older than 12 years were more likely to report desirable effects.
- Policies using a nutrient profile model to classify restricted foods were more likely to show desirable effects than policies that use company-specific nutritional criteria or category-specific uniform nutritional criteria.
- Given that the impact of marketing is a function of both exposure to marketing and power of marketing, policies should address children's exposure to food marketing, irrespective of timing, venue or intended audience, and should therefore go beyond children's media
- The power of food marketing to persuade relates to techniques appealing to and resonating with children, including promotional characters and celebrity endorsements; these techniques impact dietary intake



Public consultation process

Public consultation

- Open from: 30 June (17h CEST) – 31 July 2022 (23:59 CEST)
- The public consultation is open to all, However, a completed and signed Declaration of Interest (DOI) form **must accompany any comments**.
- All comments appreciated, in particular on:
 - overall clarity
 - considerations and implications for adaptation and implementation of the guideline
 - context and setting-specific issues that have not yet been captured, and
 - any errors of fact or missing data.





Closing Francesco Branca



Public consultation link

Director
Department of Nutrition and Food Safety
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