

SUBMISSION TO THE CONSULTATION ON WORLD HEALTH ORGANIZATION DRAFT GUIDELINE ON POLICIES TO PROTECT CHILDREN FROM THE HARMFUL IMPACT OF FOOD MARKETING JULY 2022

About this submission

The George Institute for Global Health is pleased to contribute to the public consultation on the World Health Organization (WHO) draft guideline on policies to protect children from the harmful impact of food marketing.

Research produced by The George Institute for Global Health and other world-leading health and medical research institutes across the world indicates that the marketing of unhealthy products to children is a powerful tool used by food manufacturers to increase unhealthy food consumption, alter preferences, stimulate purchase requests, and ultimately adversely impact human health. Marketing limits the uptake of healthy and sustainable diets and is associated with increased rates of diet-related non-communicable diseases (NCDs), including overweight and obesity, dental caries, diabetes, and some cancers. Based on this work and the broader evidence base, we strongly recommend that the marketing of unhealthy products to children is restricted to ensure the healthiest start in life, particularly among communities experiencing greatest vulnerability.

We congratulate the WHO on the development of the Guideline and stand ready to collaborate to address research gaps and considerations identified through the systematic reviews, the narrative review, and the review of contextual factors conducted by the WHO. We welcome the opportunity to further engage on this important issue.

The George Institute has supported a complementary, joint submission developed with the NCD Alliance, NCD Child, World Cancer Research Fund International and the World Obesity Federation.

About The George Institute for Global Health

The George Institute is a leading independent global medical research institute established in Sydney, with additional major centres in China, India, and the UK, and an international network of experts and collaborators. Our mission is to improve the health of millions of people worldwide by using innovative approaches to prevent and treat the world's biggest killers: non-communicable diseases (NCDs) and injury.

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Our work aims to generate effective, evidence-based, and affordable solutions to the world's biggest health challenges. We research the chronic and critical conditions that cause the greatest loss of life and quality of life and the most substantial economic burden, particularly in resource-poor settings.

Our food policy team works to reduce death and disease caused by diets high in salt, harmful fats, added sugars, and excess energy. The team conducts multi-disciplinary research with a focus on generating outputs that will help governments and industry deliver a healthier food environment for all.

The George Institute also owns and manages FoodSwitch, a mobile app that empowers consumers to make better food choices by providing simple nutrition information on a scanned product and suggesting healthier alternatives to 'switch' to. FoodSwitch collects nutrition information from annual in-store supermarket visits and crowd-sourcing images of new products through consumers who use the app. The data collected informs our research and advocacy work to improve food environments.

Acknowledgement of Country

The George Institute acknowledges the Gadigal People of the Eora Nation as the Traditional Custodians of the land on which our Australia office is built, and this submission was written.

We pay our respect to Elders past, present and emerging.

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Overall clarity of the Guideline

The structure and overall clarity of the Guideline could be much improved as follows:

- **Overall:** The Guideline should be set out more clearly for ease of readability and navigation. Overall, it is long, and the Member States would benefit from a shorter, more concise document. For example, it would be helpful if the document could more clearly delineate the degree to which the Member States should consider elements and/or act on them (see also the recommendation below on presenting the previous set of recommendations with these guidelines to serve as a point of comparison (ToR 2, page 51)).
- **Page 14 (and subsequent references):** The Best Practice Statement should be able to be read without reference to various definitions within the document; for example, by explicitly referring to all forms of marketing and the relevant category of food (i.e., unhealthy food). We propose the following adjusted wording: “Children should be protected from the harmful impact of all forms of marketing of unhealthy foods and beverages”.
- **Page 15 (and subsequent references):** The language in recommendations 1 and 2 should be stronger. “WHO suggests” is very weak as a recommendation, even though we appreciate the modest strength of the evidence outlined. We suggest replacing “suggests” with “recommends” in both cases.
- **Page 48:** The definition of children should be clearer in the good practice statement and recommendations beyond. References simply “to children” and “including those older than 12 years” should refer to, and be defined by, Article 1 of the United Nations Convention on the Rights of the Child (UNCRC) - “a child means every human being below the age of eighteen years unless, under the law applicable to the child, the majority is attained earlier.”

Adaptation and implementation of the Guideline

The implementation considerations of the Guideline could be further strengthened as follows:

- **Page 51:** The Guideline should more clearly outline how it updates the previous WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children, and what the implications are for Member States seeking to act on WHO guidance in this area. Some of the recommendations that supersede and/or depart from the original set are well highlighted in the ‘Implementation Considerations’ section, but it is unclear whether this is a comprehensive list or only a subset. Generally, this could be much more clearly explained.
- **Page 54:** The Guideline should highlight evidence related to industry opposition to government-led restrictions, and the tactic of offering voluntary self-regulatory policies as an alternative to mandatory regulation or as a delaying tactic. Currently, self-regulation is the most common form of marketing restriction, usually supported by stakeholders with a profit motive. The evidence shows that regulations such as voluntary pledges and other non-obligatory measures are ineffective.¹ The Guideline

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must add further evidence on the ineffectiveness of self-regulation to make the recommendation for mandatory marketing restrictions very clear, minimising misinterpretation. Robust, clear, and evidence-based mandatory restrictions are the most effective way to restrict marketing aimed at children and adequately protect them from exposureⁱⁱ.

- Additional suggested resources for inclusion:
 - Implementing policies to restrict food marketing: a review of contextual factors. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO
 - Pettigrew, S., Coyle, D., McKenzie, B., Vu, D., Lim, S., Berasi, K., Poowanastien, A., Suya, I. and Kowal, P., 2022. A review of front-of-pack nutrition labelling in Southeast Asia: Industry interference, lessons learned, and future directions. *The Lancet Regional Health - Southeast Asia*, p.100017.
 - World Health Organization. 2022. Protecting children from the harmful impact of food marketing: policy brief. [online] Available at: <<https://www.who.int/publications-detail-redirect/9789240051348>> [Accessed 19 July 2022].
 - Fisher, L., Dahal, M., Hawkes, S., Puri, M., & Buse, K. (2021). Barriers and opportunities to restricting marketing of unhealthy foods and beverages to children in Nepal: a policy analysis. *BMC Public Health*, 21(1). doi:10.1186/s12889-021-11257-y

Context and setting-specific issues that have not yet been captured

The George Institute has identified several gaps concerning context-specific issues and makes the following recommendations to strengthen the Guideline.

- **Overall:** The Guideline should explicitly highlight the vulnerabilities of children in resource-poor settings, as marketing is particularly exploitative in these contexts.
- **Overall:** The Guideline should explicitly include the recognition of a systems approach to reducing diet-related diseases in children as a facilitator to improved health outcomes throughout the life course. Restricting all marketing to which children are exposed will also reduce the unhealthy marketing to which parents and guardians of children are exposed.ⁱⁱⁱ
- **Page 6:** The term “Nutrient Profile Model” should be added to the glossary and clearly defined, in order to distinguish between nutrient profile models and food category-based classifications. The Guideline should also advise Member States to define a nutrient profile model to classify foods to be restricted from marketing. This should be aligned with national dietary guidelines and expectations of the nutritional quality of foods. Testing and monitoring of the criteria are required to avoid anomalies in classifications.
- **Page 7:** The Executive Summary should be amended to differentiate “marketing” more clearly from “marketing of unhealthy products”. Marketing healthy products can be educational for consumers and increase the consumption of such products. This

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distinction should be consistent throughout the Guideline, but particularly in the Executive Summary where the industry may criticise WHO's critique of all marketing.

- **Page 8:** The Objectives, Rationale and Purpose section should make stronger reference to the application of the UNCRC, stressing that the Guideline's recommendations support State Parties' obligations to protect children's rights under the convention (such as children's right to health, food, information, and privacy)^{iv}. (Most Member States are a party to the Convention^v, but many have not met their legal obligation to protect children's rights.)
- **Page 8:** In addition, reference should be made to all elements of the UNCRC that are relevant to marketing foods to children. Beyond the right to health (Article 24), a range of other rights are relevant, including privacy rights (Article 16), protection from economic exploitation (Article 32), and rights to reliable information and the media (Article 17)^{vi}. Highlighting the relevance of the UNCRC here provides further impetus for countries that have ratified the Convention to implement marketing restrictions.
- **Page 8:** The Guideline's recommendations should explicitly call for mandatory policy action. With the current wording, 'policies' might be considered to include voluntary policies, which evidence has shown to be ineffective.
- **Page 16:** Recommendation 2 should be revised to specify that policies must consider cross-border marketing. In some countries and regions, cross-border marketing constitutes a large part of the marketing to which children are exposed (e.g., via radio, TV, online) and therefore could be a substantial gap in any regulatory scheme. While the document acknowledges cross-border marketing as an area in which action is necessary as part of the Implementation Considerations, the potential reach of borderless digital media is such that more guidance within the Guideline itself or the supporting text is needed. Member States should also be made aware of Resolution 63.14 from the World Health Assembly, which stresses the need "to take active steps to establish intergovernmental collaboration to reduce the impact of cross-border marketing"^{vii}.

Any errors of fact or missing data

The George Institute believes the WHO has thoroughly analysed the data to develop an evidence-based Guideline document. However, we believe the document could be further strengthened as follows:

- **Page 25:** The Guideline should clearly define what is meant by 'policy implementers'. "Target Audience" at 1.4 is defined as "representatives of the food industry, marketing/advertising agencies and related associations involved in *implementing* marketing policies". If, as the Guideline suggests, countries implement mandatory restrictions on food marketing, it will be governments who are responsible for designing and implementing restrictions on food marketing. In these cases, the industry is not the implementer, but rather they are complying with the policy set by the government. This distinction is crucial, as entities with a conflict of interest could use this justification to be involved in policy development, potentially resulting in a

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regulatory environment that runs contrary to the needs of public health priorities. The definition of ‘target audience’ should be changed to “*representatives of the food industry, marketing/advertising agencies and related associations involved in complying with (in the case of mandatory restrictions as recommended) marketing policies*”.

- **Page 48:** More detail should be provided on the increasing prevalence of digital food marketing as one of the “rationale” points for the good-practice statement. This should go beyond simply noting that it “facilitates engagement, which can amplify the marketing message and the overall impact of marketing”.
- **Page 55:** A number of other useful publications that provide global guidance and tools should be included in Box 1. For example:
 - Provide more detail on factors that support or hinder implementing restrictions on food marketing - [Implementing policies to restrict food marketing: a review of contextual factors. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.](#)
 - Provide detail on policy elements to consider when implementing a comprehensive policy and examples of common arguments from opponents and counterarguments: [Protecting children from the harmful impact of food marketing: policy brief: World Health Organization, 2022.](#)
 - Offer a legal analysis that links the WHO Recommendations with the UNCRC and states’ obligations under the convention: [A Child Rights-Based Approach To Food Marketing: A Guide For Policy Makers: UNICEF, 2018.](#)

Other comments

The George Institute for Global Health is pleased to contribute to the public consultation on the draft guideline on policies to protect children from the harmful impact of food marketing. We congratulate the WHO on its commitment to regularly updating the Guideline based on new data and information.

Beyond the comments made above, we would like to reiterate our support for the following elements in particular:

- We welcome the processes established within the development of the Guideline to manage conflict of interest in external peer reviews and this public consultation process. This is crucial to the integrity of such guidelines and the optimisation of their downstream impacts on public health.
- We welcome reference to the need for policies to “be broad enough to minimise the risk of migration of marketing to other channels, to other spaces within the same channel or other age groups” in Recommendation 2.
- We recognise inequity as a significant contributor to ill health for specific populations. We welcome the focus on equity and statements regarding policies that protect children from the harmful impact of unhealthy food marketing and its potential to reduce health inequities. This is crucial for downstream public health policy development and improvements in health outcomes for communities experiencing inequity.

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- We support the Guideline protecting children of all ages.
- We endorse the specific reference to digital marketing and its implications for the well-being of children. Given the lack of feasible methods of limiting and monitoring such marketing, consideration should be given to providing firmer recommendations about appropriate restrictions.
- We welcome the inclusion of brand marketing in the definition of marketing.

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References

ⁱ Kelly B, Vandevijvere S, Ng S, Adams J, Allemandi L, Bahena-Espina L, Barquera S, Boyland E, Calleja P, Carmona-Garcés IC, Castronuovo L, Cauchi D, Correa T, Corvalán C, Cosenza-Quintana EL, Fernández-Escobar C, González-Zapata LI, Halford J, Jaichuen N, Jensen ML, Karupaiah T, Kaur A, Kroker-Lobos MF, Mchiza Z, Miklavc K, Parker WA, Potvin Kent M, Pravst I, Ramírez-Zea M, Reiff S, Reyes M, Royo-Bordonada MÁ, Rueangsom P, Scarborough P, Tiscornia MV, Tolentino-Mayo L, Wate J, White M, Zamora-Corrales I, Zeng L, Swinburn B. Global benchmarking of children's exposure to television advertising of unhealthy foods and beverages across 22 countries. *Obes Rev.* 2019 Nov;20 Suppl 2(Suppl 2):116-128. doi: 10.1111/obr.12840. Epub 2019 Apr 11. PMID: 30977265; PMCID: PMC6988129.

ⁱⁱ [Two references] Romero-Fernández MM, Royo-Bordonada MÁ, RodríguezArtalejo F. Compliance with self-regulation of television food and beverage advertising aimed at children in Spain. *Public Health Nutr.* 2010;13(07):1013-1021. doi:10.1017/S1368980009991984
Kraak VI, Story M. An accountability evaluation for the industry's responsible use of brand mascots and licensed media characters to market a healthy diet to American children. *Obes Rev.* 2015;16(6):433-453. doi:10.1111/obr.12279

ⁱⁱⁱ UNICEF East Asia & Pacific, UNICEF Thailand, Deakin University, Auckland University. Controls on the marketing of food and non-alcoholic beverages to children in Thailand: legislative options and regulatory design. Nov 2021. Available at: <https://www.unicef.org/eap/reports/controls-marketing-food-and-non-alcoholic-beverages-children-thailand>

^{iv} Garde A, Byrne S, Gokani N, Murphy B. (2018). A Child Rights-Based Approach to Food Marketing: A Guide for Policy Makers. Available at: https://sites.unicef.org/csr/files/A_Child_Rights-Based_Approach_to_Food_Marketing_Report.pdf

^v United Nations Human Rights Office of the High Commissioner. Status of Ratification Interactive Dashboard. [Internet] 2014 [Accessed 7 July 2022]; Available at: <https://indicators.ohchr.org/>.

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^{vi} World Cancer Research Fund International (2020). Building Momentum: lessons on implementing robust restrictions of food and non-alcoholic beverage marketing to children. Available at: wcrf.org/buildingmomentum.

^{vii} World Health Assembly, 63. (2010). Marketing of food and non-alcoholic beverages to children. World Health Organization. <https://apps.who.int/iris/handle/10665/3088>.

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