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« MARKETING OF FOODS AND NON-ALCOHOLIC BEVERAGES TO CHILDREN »

WHO RESOLUTION · WHA63.14

Intro

Marketing of food to children

A key objective of the International Fruit and vegetable Alliance is one that should be simple enough – to encourage effort to increase the consumption of fruit and vegetables. Each of the IFAVA members tackles this differently, with campaigns tailored to meet the needs of each individual country.

A common area of activity among members is that of promoting the nutritional value of fruit and vegetables to children. The battle in many countries is two-fold; not only to promote healthy eating in a way that encourages behavioural change but also to do this is an environment where unhealthy food choices are promoted extensively.

The decision this year by the WHO to endorse recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children is a welcome step forward in this battle. The recommendations will assist greatly in the fight to reduce the impact of foods high in saturated fats, trans-fatty acids, sugars and salt.

In a world where marketing dollars are seen by many to contribute undue influence, action by WHO member states to comply with these recommendations will assist in bringing about real and lasting policy change in the way food is marketed to children.

Reading through the reports in this newsletter again highlights that the scientific evidence supports the need to address nutrition inequality and promote healthy diets in order to reduce the impact of death and disease.

IFAVA supports the efforts of WHO to work cooperatively with its members and promote international collaboration in this area of activity. After all, improved public policy and strong partnerships can deliver improved global health outcomes, with a strong emphasis on increased consumption of fruit and vegetables.

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IFAVA Co-Chairs

Editorial

Reducing marketing pressure on children

Available literature demonstrates that food marketing targeting children is highly prevalent. This child directed marketing consists both of 'traditional' advertising, use of new electronic media, and point-of-purchase strategies and packaging. The marketed diet differs from the recommended one. Children recognize, enjoy and engage with the food promotion, and it is clear that food marketing is having an effect, particularly on children's preferences, their purchase behaviour and consumption (i.e. increased intake of sugar sweetened soft drinks, sweet breakfast cereals, sweets and fast food). This effect operates at both brand and category level. As a consequence, current marketing of foods to children contribute to poorer nutrition and eating habits consistent with increased overweight rates.

Articles in this issue of the newsletter presents how this problem is played out in different parts of the world, such as the Eastern Mediterranean region, and the concerted action taken by WHO. The set of recommendations on the marketing of foods and non-alcoholic beverages to children endorsed by the World Health Assembly last May is clearly an important milestone in this effort.

There is broad agreement regarding the need to reduce the overall exposure of marketing of unhealthy food and drinks to children, and to limit the use of particular persuasive marketing strategies. The challenge ahead is to secure intergovernmental collaboration to reduce the impact of cross-boarder marketing, to identify suitable policy approaches within countries, and to establish a system for monitoring and evaluation of the implementation of the recommendations. The European Network on Reducing Marketing Pressure on Children has developed a code on marketing food and non-alcoholic beverages to children which may serve as a useful example for how to substantiate the recommendations.

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WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children - strengthened efforts to prevent noncommunicable diseases

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Noncommunicable diseases (NCDs) today represent a leading global threat to health and socioeconomic development. NCDs cause an estimated 35 million deaths each year, 80% of which occur in low- and middle-income countries[1]. As one of the key risk factors for NCDs, unhealthy diets contribute to increased NCD prevalence in populations by contributing to obesity, raised blood pressure, raised blood glucose, and abnormal blood lipids. While deaths from NCDs primarily occur in adulthood, the risk factors associated with them begin in early childhood. It is estimated that in 2010 more than 42 million children under the age of five years are overweight or obese, of whom nearly 35 million are living in developing countries[2]. Promoting healthy diets is a key component of the World Health Organization's (WHO) NCD prevention efforts.

A significant step forward for global efforts to promote healthy diets was reached on 21 May 2010, during the Sixty-third World Health Assembly, when the 193 Member States of the WHO endorsed a set of recommendations on the marketing of foods and non-alcoholic beverages to children[3]. These recommendations were a result of a comprehensive development process following the Sixtieth World Health Assembly, when the WHO Member States requested the WHO Director-General "[...] 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" (resolution WHA60.23)[4].

The first step in the process was the appointment by the Director-General of members of an ad-hoc expert group on marketing of foods and non-alcoholic beverages to children. The ad-hoc expert group was asked to provide technical advice to WHO on appropriate policy objectives, policy options and monitoring and evaluation mechanisms. Prior to the meeting by the ad-hoc expert group in December 2008, two dialogue meetings were held with relevant stakeholders, one dialogue was conducted with representatives of civil society and nongovernmental organizations, and the other dialogue with representatives of the global food and non-alcoholic beverage industries and advertising industry. These dialogue meetings provided information to the Secretariat of relevant work being undertaken by relevant stakeholders. Reports of the dialogue meetings were presented by the Secretariat to the ad-hoc expert group meeting.

From February to May 2009, the Secretariat developed a working paper for consultation with Member States. The aim of the consultation was to provide the Secretariat with the views of Member States on the marketing of foods and non-alcoholic beverages to children. Consultations were facilitated by the WHO regional offices between June and August 2009 and in total 66 Member States submitted a response. Additional input on the working paper was provided by the global food and non-alcoholic beverage industries and advertising industry and international nongovernmental organizations through a second round of dialogue meetings in August and September 2009.

Following the above described process, a draft set of recommendations on marketing of foods and non-alcoholic beverages to children was prepared by the Secretariat. The draft set of recommendations was presented to, and noted by, the 126th session of the Executive Board in January 2010 and passed on to the Sixty-third World Health Assembly in May 2010. With the adoption of resolution WHA63.14 on Marketing of food and non-alcoholic beverages to children[5], proposed by the delegation of Norway and co-sponsored by around 30 other Member States, the set of recommendations was endorsed by the Sixty-third World Health Assembly.

The main purpose of the recommendations 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. The 12 recommendations are structured under the following five sub-headings: rationale, policy development, policy implementation, policy monitoring and evaluation, and research. The recommendations recognize that most of the available evidence to date comes from high-income countries and that many Member States do not have national data and research that enable them to identify the extent, nature and effects of food marketing to children. Further research is therefore recommended, especially related to implementation and evaluation of policies.

The recommendations encourage Member States to take action — at national level and/or through international collaboration — and they provide a framework to facilitate such action. WHO will provide technical support to Member States, upon request, in implementing the set of recommendations.

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WHO European Region recert developments in nutrition, physical activity and obesity

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The double burden of disease associated with poor nutrition (malnutrition to obesity) continues to grow on a global scale. Poor diet, overweight and obesity contribute to a large proportion of noncommunicable diseases, including cardiovascular diseases and cancer. National surveys in most countries indicate excessive fat intake, low fruit and vegetable intake and an increasing problem of obesity.

Obesity is one of the greatest public health challenges of the 21st century. Its prevalence has tripled in many countries since the 1980s and the numbers affected continue to rise at an alarming rate, particularly children. Paradoxically undernutrition is now combined with an escalating global epidemic of overweight and obesity – "globesity" – which is increasing in many parts of the world. If immediate action is not taken, millions will suffer from an array of serious health disorders.

Most Member States in the WHO European Region now have government-approved policies dealing with nutrition and food safety and policy developments indicate that nutrition and food safety span different government sectors and involve both public and private actors. Both societies and governments need to act to curb the epidemic.

WHO has adopted several strategic documents to implement an effective strategy for change such as the Global Strategy on Diet, Physical Activity and Health (2004), the Charter on Counteracting Obesity (2006) and the WHO European Action Plan on Food and Nutrition Policy (2007–2012). A WHO policy framework guides and supports Member States in taking action to reduce the double disease burden at population level.

In 2008, the WHO Regional Office for Europe and the European Commission Directorate-General for Health and consumers set up a collaborative project on monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union (EU). The monitoring is related to the implementation of the WHO policy framework on nutrition: "Charter on counteracting obesity and the WHO Action Pan on Food and Nutrition Policy". The project includes different work packages such as surveillance, policy, regional and local initiatives and the integrated web-based database on nutrition and physical activity data which brings together all the policies and projects in the 53 Member States of the WHO European Region related to nutrition and physical activity. This new database will be able to show the progress of the implementation of the European Charter on Counteracting Obesity.

Action Networks in Europe

To support the implementation of the WHO Action Plan on Food and Nutrition Policy, action networks, consisting of groups of countries committed to implementing specific actions, have been set up to cover the following areas.

Reducing marketing pressure on children

The European network on reducing marketing pressure on children consists of countries in the WHO European Region that want to work together to find ways to reduce the marketing pressure on children of energy-dense, micronutrient-poor foods and beverages. This Action network is lead by Norway.

Reducing salt intake in the population

The aim of the European network on salt is to share experiences between the member countries regarding salt reduction efforts and monitoring of salt intake in the population, provide background information and material and act as a resource for technical expertise. The UK is the leading country of this network.

WHO European Childhood Obesity Surveillance Initiative (COSI)

The network is supported by Portugal and Italy and the results of the first round of data collection will be presented in late September 2010.

Nutrition-Friendly Schools Initiative (NFSI)

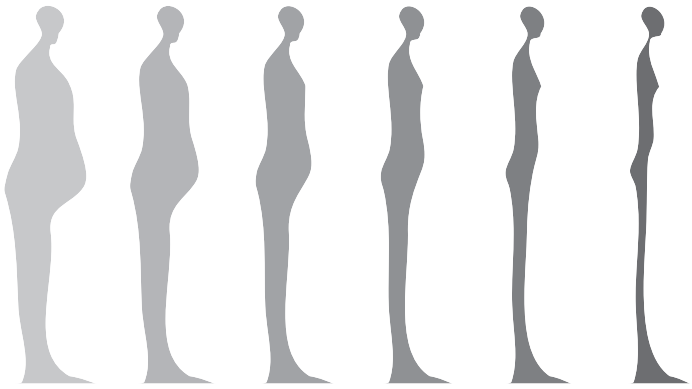
This initiative started as a global initiative and the WHO Regional Office for Europe has assisted in its development through the participation in the pilot-testing by 11 European countries. The Netherlands is the leading country.

Hospital nutrition

Recently several Member States addressed this issue and WHO is exploring how to prioritize action. Israel has offered to be the leading country.

Nutrition and Health Inequalities

WHO Member States decided to set up a new action network in the area of nutrition and health inequalities. Due to the political and public health priorities surrounding inequalities, Member States agreed on the importance of acting within nutrition. Portugal will lead the network.



Marketing of food and its impact on child and adolescent health

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A complex combination of dietary practices, environmental, social and economic factors in countries of the Eastern Mediterranean Region have resulted in the persistence of what is described as the double-burden of malnutrition, where under-nutrition among young children and women in the child-bearing age group co-exist with nutrition of excess demonstrated by increasing rates of overweight, obesity and chronic diseases.

Evidence from the WHO StepWise surveillance system and the Global School-based Student Health Survey (GSHS) indicates an increasing prevalence of noncommunicable diseases and the risk factors related to overweight and obesity. In the EM countries, the prevalence of overweight among adult population ranges from 37% to 74% for male and 39% to 77% for female with a Regional average of 56.4%[1].

The GSHS data confirm the overweight and obesity trend among adolescents with a percentage of students aged between 13-15 years old who are at risk of becoming overweight or are currently overweight or obese. This rate can reach 39% in some countries of the Region[2]. Obviously, these will have detrimental health consequences as about 60% of obese children before puberty will stay obese during adulthood with high risk of developing noncommunicable disease.

While the World health report 2002 highlights the role of behavioural factors, including unhealthy eating habits, the environment in which children live in is a great source of danger. Aggressive marketing campaigns and quasi-inexistent legislations protecting consumers and weak presence of consumers associations are factors facilitating unhealthy behaviors. It is widely known that many fast food commercials are targeting children and offer meals featuring characters for kid with prizes that are highly advantages with low nutrition benefits and high on sugar and carbohydrate. The techniques used to promote food high in fat, salt and sugar are very creative, and many of them hold appeal for children. Modern media and mass communication are key influencing tools in contemporary life determining our way of life. In the EMR, children are spending long hours watching TV or using the Internet with a percentage of children aged 13-15 years spending 3 or more hours per typical or usual day sitting and watching TV[2]. Clearly this increases exposure to marketing of snacks or other unhealthy drinks. According to a study by Mindshare's Communications Channels Survey 79% of Arab females in the UAE said they were affected by soft drink ads and 82% by chocolate ads, 77% of Arab males in the UAE said they are impacted by car ads; 71.5% of them perceive TV to be the most effective medium for soft drinks. The same study found that 68% of Arab consumers in the UAE are influenced by ads on TV, 29% by outdoor advertising, 30% by newspapers, 18% by radio and 22.5% by indoor ads[3].

In response, several global and regional instruments were developed to tackle issues of the endemic of NCDs and related risks behaviors such as the WHA resolutions on Prevention and control of noncommunicable diseases[4] and implementation of the global strategy on diet, physical activity and health. Regionally, at the fifty fourth session, the EM Regional Committee, was the first Region to pass a resolution on Food marketing to children and adolescents.

The resolution urged member states to:

1. Develop appropriate multisectoral approaches and regulations to deal with the marketing of food and beverages directed at children and adolescents, including such issues as sponsorship, promotion, and advertising to involve celebrities in promoting healthy food habits;
2. Require the food industry to provide clear, correct and consistent consumer nutrition information and media messages and to comply with the dietary guidelines regarding the nutritional quality and portion sizes;
3. Formulate or further strengthen school health policies that support healthy diets and eliminate the availability in schools of products high in salt, sugar and fats, including sweetened carbonated drinks, and require daily physical activity in schools;
4. Further strengthen nutrition and food safety education, including the introduction of media literacy education in schools, particularly in the health-promoting schools and the nutrition friendly schools initiatives;
5. Establish a multisectoral mechanism to monitor the implementation of regulations regarding the marketing of food and beverages directed at children and adolescents;
6. Provide consumers with accurate and clear information to enable them make healthier food choices, including supporting the efforts of consumer associations and groups.

Member States of the EMR realized the need for protecting children from aggressive marketing actions through the promotion of healthy public policies including legislation on food marketing, tax system to control ads of unhealthy food during sports events and policies related to food display in shops have become an area of concerns. In addition, several countries are attempting to limit street vendors around schools and reviewing the canteen dietary guidelines to encourage the consumption of fruits and vegetables. In 2009, Dubai Health Authority, in collaboration with UNICEF and WHO, launched the Childhood Obesity Awareness Campaign, "the FAT truth", to bring the issue of child obesity at the forefront of social concern by making it a top political priority. In Tunisia, the local project of Hammam Sousse Health Study, which is a partnership project involving the municipality, hospital Sahloul and the community concerned about the rise of NCDs, conducted several health education activities to educate mothers and children about the need to consume sufficient vegetables and fruits daily. In 2010, the Saudi Ministry of health in collaboration with the Ministry of Education launched an obesity-control campaign as part of its national health awareness programme.

All these initiatives based on behavioural change are quite encouraging. However, in order to obtain sustainable health results, they should be supported by legislation and healthy public policies. It is crucial that member states of the EMR strengthen national legislations particularly in the area of marketing of soft drinks and saturated food to control the rise of overweight and obesity among children and put in place a consumer-watch body to ensure that children are not mislead by aggressive marketing strategies.

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