



SET OF RECOMMENDATIONS
ON THE MARKETING OF FOODS
AND NON-ALCOHOLIC BEVERAGES
TO CHILDREN



World Health
Organization

WHO Library Cataloguing-in-Publication Data

Set of recommendations on the marketing of foods and non-alcoholic beverages to children.

1.Legislation, Food. 2.Food supply - legislation. 3.Marketing - legislation. 4.Child nutrition. 5.Nutrition policy.
I.World Health Organization.

ISBN 978 92 4 150021 0

(NLM classification: WS 130)

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Printed in Switzerland.

Layout design: blossoming.it

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Foreword

Noncommunicable diseases (NCDs) represent a leading threat to human health and socioeconomic development. Cardiovascular diseases, cancers, chronic respiratory diseases and diabetes cause an estimated 35 million deaths each year, 80% of which occur in low- and middle-income countries. The already heavy burden caused by NCDs, along with the fact that the majority of these deaths are premature and could be averted, provide a strong public health and policy imperative to act.

Unhealthy diet is a key modifiable risk factor for NCDs. Unless addressed, unhealthy diets — in conjunction with other risk factors — increase NCD prevalence in populations through raised blood pressure, raised blood glucose, abnormal blood lipids and overweight/obesity. While deaths from NCDs primarily occur in adulthood, the risks associated with unhealthy diet begin in childhood and build up throughout life.

Overweight and obesity now ranks as the fifth leading risk for death globally. 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. Overweight during childhood and adolescence is associated not only with an increased risk of adult obesity and NCDs, but also with a number of immediate health-related problems, such as hypertension and insulin resistance.

Today's food environment is quite different to that experienced by previous generations. Globally, an extensive variety of food and drink products are now available in most markets, offering palatability, convenience and novelty. But at the same time, the wide availability and heavy marketing of many of these products, and especially those with a high content of fat, sugar or salt, challenge efforts to eat healthily and maintain a healthy weight, particularly in children.

Advertising and other forms of food and beverage marketing to children are extensive and primarily concern products with a high content of fat, sugar or salt. Evidence shows that television advertising influences children's food preferences, purchase requests and consumption patterns. Further, a wide range of techniques are used to market these products, reaching children in schools, nurseries, and supermarkets; through television and the Internet; and in many other settings.

The purpose of the set of recommendations presented here is to guide efforts by Member States in designing new and/or strengthening existing policies on food marketing communications to children. The recommendations were developed with substantial input from Member States and other stakeholders and endorsed by the Sixty-third World Health Assembly in May 2010. They reflect special concerns raised during their development and highlight the need for broad intersectoral collaboration, international collaboration and stakeholder support.

The marketing of foods and non-alcoholic beverages with a high content of fat, sugar or salt reaches children throughout the world. Efforts must be made to ensure that children everywhere are protected against the impact of such marketing and given the opportunity to grow and develop in an enabling food environment — one that fosters and encourages healthy dietary choices and promotes the maintenance of healthy weight.

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Introduction

This document calls for global action to reduce the impact on children of marketing of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt. It is developed to facilitate the policy processes and mechanisms to reach this aim, as expressed in the two key documents contained in this publication: the set of recommendations on the marketing of foods and non-alcoholic beverages to children and the resolution endorsing the set of recommendations.

The document reflects the increased recognition over the past decade of the importance of addressing NCDs, most clearly expressed in the action plan for the global strategy for the prevention and control of noncommunicable diseases (2008-2013), endorsed by the Sixty-first World Health Assembly in May 2008 (resolution WHA61.14). The foundation for the action plan was laid with the endorsement of the global strategy's political framework in May 2000, when the WHO Director-General was requested to continue giving priority to the prevention and control of NCDs (resolution WHA53.17). As requested by the Sixtieth World Health Assembly in May 2007 (resolution WHA60.23), the action plan for the global strategy was developed to translate the global strategy into concrete action.

Further, in resolution WHA 60.23, 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".

After an extensive consultation process and discussions during the 126th session of the Executive Board, the set of

recommendations was presented to the Sixty-third World Health Assembly in document A63/12 on prevention and control of noncommunicable diseases: implementation of the global strategy. With the adoption of resolution WHA63.14 on marketing of food and non-alcoholic beverages to children, the set of recommendations was endorsed by the Sixty-third World Health Assembly.

The set of recommendations reiterates the goal of the Global Strategy on Diet, Physical Activity and Health, endorsed by the Fifty-seventh World Health Assembly in 2004, to guide the development of an enabling environment for sustainable actions at individual, community, national and global levels. More specifically, the set of recommendations supports the Global Strategy's recommendation to Member States to develop appropriate multisectoral approaches to deal with the marketing of food to children. The recommendations also complement objective 3 of the action plan for the global strategy for the prevention and control of noncommunicable diseases, which identifies as a proposed key action for Member States "to prepare and put in place, as appropriate, and with all relevant stakeholders, a framework and/or mechanisms for promoting the responsible 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."

The structure of this document is as follows. The set of recommendations includes a description of the background and process for the development of the recommendations, an evidence section and 12 recommendations structured under five sub-headings: rationale; policy development; policy implementation; policy monitoring and evaluation; and research. The resolution contains a preamble and proposed actions for Member States and the Director-General.

Set of recommendations on the marketing of foods and non-alcoholic beverages to children¹

1. The Sixtieth World Health Assembly, in resolution WHA60.23 on prevention and control of noncommunicable diseases: implementation of the global strategy, requested the 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".

2. The Sixty-first World Health Assembly in resolution WHA61.14 endorsed the action plan for the global strategy for the prevention and control of noncommunicable diseases. The action plan urges Member States to continue to implement the actions agreed by the Health Assembly in resolution WHA60.23. In Objective 3 (paragraph 24 *Promoting healthy diet*, (e) the action plan identifies as a proposed key action for Member States "to prepare and put in place, as appropriate, and with all relevant stakeholders, a framework and/or mechanisms for promoting the responsible 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".

3. In the fulfilment of this mandate, in November 2008, the Director-General appointed members of an ad hoc expert group to provide her with technical advice on appropriate policy objectives, policy options and monitoring and evaluation mechanisms. The group was provided with an updated systematic review that confirmed previous findings that globally foods high in fat, sugar or salt were being extensively marketed to children.

4. Two meetings were held with representatives of international nongovernmental organizations, the global food and non-alcoholic beverage industries, and the advertising sector. The objectives of these meetings were to identify policy initiatives and processes and tools for monitoring and evaluation in the area of marketing of foods and non-alcoholic beverages to children.

5. The Secretariat drew on the advice from the expert group and input from the stakeholder meetings to write a working paper that provided a framework for regional consultations with Member States. These consultations elicited the views of Member States on the policy objectives, policy options, and monitoring and evaluation mechanisms presented in the working paper. By September 2009, 66 Member States had submitted a response to the consultations. Additional input on the working paper was provided through two follow-up stakeholder meetings with representatives of international nongovernmental organizations, the global food and non-alcoholic beverage industries, and the advertising sector.

6. It was clear from the consultations that Member States view marketing of foods and nonalcoholic beverages to children as an international issue and that there is a need to ensure that the private sector markets its products responsibly. The consultations also showed that policies currently in place in Member States vary in their objectives and content, approach, monitoring and evaluation practices, and the ways in which stakeholders are involved. Approaches range from statutory prohibitions on television advertising for children of predefined foods to voluntary codes by certain sections of the food and advertising industry. Several Member States indicated that they would need further support from the Secretariat in the areas of policy development, monitoring and evaluation.

7. Cross-border marketing was raised as a concern by 15 Member States. Many countries, including those with restrictions in place, are exposed to food marketing in their country from beyond their borders and the Member States indicated that the global nature of many marketing practices needs to be addressed.

8. Marketing of foods and non-alcoholic beverages to children in schools and pre-school establishments was a concern expressed by some Member States. The special situation of schools as a setting where children are a captive audience and the health-promoting role that schools should have were identified as factors that need also to be addressed in the recommendations.

¹ As previously presented in document A63/12.

9. The main purpose of these 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.

10. The recommendations are set out in **bold** text throughout. The recommendations are structured into the following five sections: Rationale; Policy development; Policy implementation; Policy monitoring and evaluation; and Research.

Evidence

11. Unhealthy diet is a risk factor for noncommunicable diseases. The risks presented by unhealthy diets start in childhood and build up throughout life. In order to reduce future risk of noncommunicable diseases children should maintain a healthy weight and consume foods that are low in saturated fat, *trans*-fatty acids, free sugars, and salt. Unhealthy diets are associated with overweight and obesity, conditions that have increased rapidly in children around the world over recent years.

12. Evidence from systematic reviews on the extent, nature and effects of food marketing to children conclude that advertising is extensive and other forms of food¹ marketing² to children are widespread across the world.³ Most of this marketing is for foods with a high content of fat, sugar or salt. Evidence also shows that television advertising influences children's food preferences, purchase requests and consumption patterns.

13. The systematic reviews show that, although television remains an important medium, it is gradually being complemented by an increasingly multifaceted mix of marketing communications that focuses on branding and building relationships with consumers. This wide array of marketing techniques includes advertising, sponsorship, product placement, sales promotion, cross-promotions using celebrities, brand mascots or characters popular with children, web sites, packaging, labelling and point-of-purchase displays, e-mails and text messages, philanthropic activities tied to branding opportunities, and communication through "viral marketing" and by word-of-mouth. Food marketing to children is now a global phenomenon and tends to be pluralistic and integrated, using multiple messages in multiple channels.

¹Henceforth, the term "food" is used to refer to foods and non-alcoholic beverages.

²"Marketing" refers to 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.

³Hastings G et al. *Review of the research on the effects of food promotion to children*. Glasgow, University of Strathclyde, Centre for Social Marketing; 2003 (<http://www.food.gov.uk/news/newsarchive/2003/sep/promote>); Hastings G et al. *The extent, nature and effects of food promotion to children: a review of the evidence*. Geneva, World Health organization, 2006 (http://whqlibdoc.who.int/publications/2007/9789241595247_eng.pdf); McGinnis JM, Gootman JA, Kraak VI, eds. *Food marketing to children and youth: threat or opportunity?* Washington DC, Institute of Medicine, National Academies Press, 2006 (http://www.nap.edu/catalog.php?record_id=11514#toc); and Cairns G, Angus K, Hastings G. *The extent, nature and effects of food promotion to children: a review of the evidence to December 2008*. Geneva, World Health Organization, 2009 (http://www.who.int/dietphysicalactivity/Evidence_Update_2009.pdf).

Recommendations

Rationale

14. The reviews of evidence show a clear rationale for action to be taken by Member States in this area. The need to develop appropriate policy mechanisms was also acknowledged by various Member States during the consultation process for the development of these recommendations. These further support Health Assembly resolutions WHA60.23 and WHA61.14 on prevention and control of noncommunicable diseases and provide a solid rationale for policy development by Member States.

RECOMMENDATION 1

The policy aim should be to reduce the impact on children of marketing of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt.

15. The effectiveness of marketing communications depends on two elements: the media in which the communication message appears and its creative content. The first element deals with the reach, frequency and impact of the message, thus influencing the *exposure* of children to the marketing message. The second element relates to the content, design and execution of the marketing message, influencing the *power* of the marketing communication. The effectiveness of marketing can thus be described as a function of both *exposure* and *power*.

RECOMMENDATION 2

Given that the effectiveness of marketing is a function of exposure and power, the overall policy objective should be to reduce both the exposure of children to, and power of, marketing of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt.

Policy development

16. Member States can take various approaches to achieve the policy aim and objective, depending on national circumstances and available resources. Member States can adopt a *comprehensive approach* to restricting all marketing to children of foods with a high content of saturated fats, *trans*-fatty acids, free sugars, or salt, which fully eliminates the exposure, and thereby also the power, of that marketing. Alternatively, Member States can start by either addressing exposure or power independently or dealing with aspects of both simultaneously in a *stepwise approach*.

RECOMMENDATION 3

To achieve the policy aim and objective, Member States should consider different approaches, i.e. *stepwise* or *comprehensive*, to reduce marketing of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt, to children.

17. Different policy approaches have different potential to achieve the policy aim of reducing the impact on children of marketing of foods with a high content of saturated fats, *trans*-fatty acids, free sugars, or salt. A comprehensive approach has the highest potential to achieve the desired impact.

18. 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. If for example 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.

19. Effective implementation depends on clear definitions of the policy components. These definitions will determine the potential of the policy to reduce exposure and/or power, and thus impact. Important definitions include the age group for which restrictions shall apply, the communication channels, settings and marketing techniques to be covered, what constitutes marketing to children according to factors such as product, timing, viewing audience, placement and content of the marketing message, as well as what foods are to be covered by marketing restrictions.¹

20. Schools, childcare and other educational establishments are privileged institutions acting *in loco parentis*, and nothing that occurs in them should prejudice a child's well-being. Therefore the nutritional well-being of children within schools should be paramount and the foundation stone for children's well-being at this formative age. This is also consistent with the recommendation made in the Global Strategy on Diet, Physical Activity and Health that urges governments to adopt policies to support healthy diets in schools.

RECOMMENDATION 4

Governments should set clear definitions for the key components of the policy, thereby allowing for a standard implementation process. The setting of clear definitions would facilitate uniform implementation, irrespective of the implementing body. When setting the key definitions Member States need to identify and address any specific national challenges so as to derive the maximal impact of the policy.

RECOMMENDATION 5

Settings where children gather should be free from all forms of marketing of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt. Such settings include, but are not limited to, nurseries, schools, school grounds and pre-school centres, playgrounds, family and child clinics and paediatric services and during any sporting and cultural activities that are held on these premises.

¹ Member States can choose to distinguish food types in several ways, for example by using national dietary guidelines, definitions set by scientific bodies or nutrient profiling models or they can base the marketing restrictions on specific categories of foods.

21. 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 direction and overall strategy to achieve population-wide public health goals. When governments are engaging with other stakeholders care should be taken to protect the public interest and avoid conflict of interest. Regardless of the policy framework chosen, there should be widespread communication of the policy to all stakeholder groups, including the private sector, civil society, nongovernmental organizations, the media, academic researchers, parents and the wider community.

RECOMMENDATION 6

Governments should be the key stakeholders in the development of policy and provide leadership, through a multistakeholder platform, for implementation, monitoring and evaluation. In setting the national policy framework, governments may choose to allocate defined roles to other stakeholders, while protecting the public interest and avoiding conflict of interest.

Policy implementation

22. The defined policy may be implemented through a variety of approaches. Statutory regulation is one approach through which implementation and compliance are a legal requirement. Another approach is industry-led self-regulation, which covers whole industry sectors, for example the advertising sector, 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. Other approaches include various co-regulatory mechanisms, comprising statutory, self-regulation and/or voluntary industry initiatives which either exist within the framework of a government mandate or are not formally linked. Governments or mandated bodies can also issue or implement guidelines.

23. Member States that restrict all or certain aspects of marketing of foods with a high content of saturated fats, *trans*-fatty acids, free sugars, or salt to children should ensure that restrictions at national level also apply to marketing originating from their territory and reaching other countries (out-flowing). In many countries the effects of marketing coming in from other countries (in-flowing) may be as important as the marketing originating nationally. In these situations action at national level will have to consider not only marketing originating nationally but also marketing that enters the country from beyond their borders, taking into account the international obligations of the Member State concerned. In these situations, effective international collaboration is essential to ensure significant impact of national actions.

RECOMMENDATION 7

Considering resources, benefits and burdens of all stakeholders involved, Member States should consider the most effective approach to reduce marketing to children of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt. Any approach selected should be set within a framework developed to achieve the policy objective.

RECOMMENDATION 8

Member States should cooperate to put in place the means necessary to reduce the impact of cross-border marketing (in-flowing and out-flowing) of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt to children in order to achieve the highest possible impact of any national policy.

24. Independently of any other measures taken for implementation of a national policy, private sector stakeholders should be encouraged to follow marketing practices that are consistent with the policy aim and objective set out in these recommendations and to practise them globally in order to ensure equal consideration to children everywhere and avoid undermining efforts to restrict marketing in countries that receive food marketing from beyond their borders.

25. Civil society, nongovernmental organizations and academic researchers have the potential to contribute to policy implementation through capacity building, advocacy, and technical expertise.

RECOMMENDATION 9

The policy framework should specify enforcement mechanisms and establish systems for their implementation. In this respect, the framework should include clear definitions of sanctions and could include a system for reporting complaints.

Policy monitoring and evaluation

26. Monitoring provides a system for collecting and documenting information on whether the policy meets its objectives. Evaluation is likewise important because it measures the impact of the policy aims and objectives. Monitoring and evaluation may need different approaches to ensure effectiveness and avoidance of conflict of interest.

27. The policy framework should include a set of core process and outcome indicators, clearly defined roles and assignment of responsibility for monitoring and evaluation activities and mechanisms to parties that have no conflict of interest. Indicators need to be specific, quantitative and measurable using instruments that are valid and reliable.

28. Monitoring of the policy should use relevant indicators that measure the effect of the policy on its objective (i.e. reducing exposure and power).

29. An example of how to assess a reduction in *exposure* may be to measure the quantity of, or expenditure on, marketing communications to children of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt. This can be done through measuring the number of advertisements directed at children of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt shown on television over a 24-hour period.

30. An example of how to assess a reduction in *power* may be to measure the prevalence of specified techniques used. This can be done through measuring the prevalence of advertisements directed at children of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt using licensed

RECOMMENDATION 10

All policy frameworks should include a monitoring system to ensure compliance with the objectives set out in the national policy, using clearly defined indicators.

characters or celebrities, or other techniques of special appeal to children, on television over a 24-hour period.

31. Information generated from monitoring can be used: (i) to support enforcement; (ii) publicly to document compliance; (iii) to guide policy refinement and improvement; and (iv) to contribute to policy evaluation.

32. Evaluation of the policy should use specific indicators that evaluate the effect of the policy on its overall aim (that is, to reduce the impact). The indicators should also evaluate if children are directly or indirectly exposed to marketing messages intended for other audiences or media.

33. An example of how to assess a reduction in the *impact* may be to measure the changes in sales or market share for foods high in saturated fats, *trans*-fatty acids, free sugars, or salt; and measure the changes in children's consumption patterns in response to the policy.

34. Evaluation should ideally use baseline data as the benchmark, with such data being collected as a first step to establish the real policy impact.

Research

35. Global reviews have shown that most of the available evidence to date comes from high-income countries. 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. This type of research can further inform policy implementation and its enforcement within a national context.

RECOMMENDATION 11

The policy frameworks should also include a system to evaluate the impact and effectiveness of the policy on the overall aim, using clearly defined indicators.

RECOMMENDATION 12

Member States are encouraged to identify existing information on the extent, nature and effects of food marketing to children in their country. They are also encouraged to support further research in this area, especially research focused on implementation and evaluation of policies to reduce the impact on children of marketing of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt.

Resolution of the Sixty-third World Health Assembly Adopted 21 May 2010

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

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;¹

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 (resolution WHA57.17), and the action plan for the global strategy for the prevention and control of noncommunicable diseases,² endorsed by the Health Assembly in 2008 (resolution WHA61.14);

Deeply concerned about the high and increasing prevalence of noncommunicable diseases in low- and middle-income countries which, together with the communicable diseases still affecting the poor, contribute to a double burden of disease which has serious implications for poverty reduction and economic development and widens health gaps between and within countries;

Deeply concerned that in 2010 it is estimated that more than 42 million children under the age of five years will be

overweight or obese, of whom nearly 35 million are living in developing countries, and also concerned that in most parts of the world the prevalence of childhood obesity is increasing rapidly;

Recognizing that unhealthy diet is one of the main risk factors for noncommunicable diseases and that the risks presented by unhealthy diets start in childhood and build up throughout life;

Recognizing that unhealthy diets are associated with overweight and obesity and that children should maintain a healthy weight and consume foods that are low in saturated fat, *trans*-fatty acids, free sugars, or salt in order to reduce future risk of noncommunicable diseases;

Cognizant of the research that shows that food advertising to children is extensive and other forms of marketing of food to children are widespread across the world;

Recognizing that a significant amount of this marketing is for foods with a high content of fat, sugar or salt and that television advertising influences children's food preferences, purchase requests and consumption patterns;

Recognizing the steps taken so far by segments of the private sector to reduce the marketing of foods and non-alcoholic beverages to children, while noting the importance of independent and transparent monitoring of commitments made by the private sector at national and global levels;

Recognizing that some Member States have already introduced legislation and national policies on the

¹ Document A63/12.

² Document A61/2008/REC/1, Annex 3.

marketing of foods and non-alcoholic beverages to children,

1. ENDORSES the set of recommendations on the marketing of foods and non-alcoholic beverages to children;

2. URGES Member States:

(1) to take necessary measures to implement the recommendations on the marketing of foods and non-alcoholic beverages to children, while taking into account existing legislation and policies, as appropriate;

(2) to identify the most suitable policy approach given national circumstances and develop new and/or strengthen existing policies that aim to reduce the impact on children of marketing of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt;

(3) to establish a system for monitoring and evaluating the implementation of the recommendations on the marketing of foods and non-alcoholic beverages to children;

(4) to take active steps to establish intergovernmental collaboration in order to reduce the impact of cross-border marketing;

(5) to cooperate with civil society and with public and private stakeholders in implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children in order to reduce the impact of that marketing, while ensuring avoidance of potential conflicts of interest;

3. REQUESTS the Director-General:

(1) to provide technical support to Member States, on request, in implementing the set of recommendations

on the marketing of foods and non-alcoholic beverages to children and in monitoring and evaluating their implementation;

(2) to support existing regional networks, and where appropriate to facilitate the establishment of new ones, in order to strengthen international cooperation to reduce the impact on children of marketing of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt;

(3) to cooperate with civil society and with public and private stakeholders in implementing the set of recommendations to reduce the impact of marketing of foods and non-alcoholic beverages to children, while ensuring avoidance of potential conflicts of interest;

(4) to strengthen international cooperation with other international intergovernmental organizations and bodies in promoting the implementation, by Member States, of the recommendations on marketing of foods and non-alcoholic beverages to children;

(5) to use existing methodologies for evaluating the action plan for the global strategy for the prevention and control of noncommunicable diseases to monitor policies on marketing of foods and non-alcoholic beverages to children;

(6) to report on implementation of the set of recommendations on the marketing of foods and non-alcoholic beverages to children as part of the report on progress in implementing the global strategy on prevention and control of noncommunicable diseases and the action plan for the global strategy for the prevention and control of noncommunicable diseases to the Sixty-fifth World Health Assembly through the Executive Board.

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



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