



Minimum standards and guidelines on actions to protect children from the harmful impact of marketing of food and non-alcoholic beverages in the ASEAN region





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the harmful impact of marketing of food and non-alcoholic beverages
in the ASEAN region**

The ASEAN Secretariat
Jakarta

The Association of Southeast Asian Nations (ASEAN) was established on 8 August 1967. The Member States are Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam. The ASEAN Secretariat is based in Jakarta, Indonesia.

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Catalogue-in-Publication Data

Minimum standards and guidelines on actions to protect children from the harmful impact of marketing of food and non-alcoholic beverages in the ASEAN region
Jakarta, ASEAN Secretariat, April 2024

305.231

1. ASEAN – Health – Children

2. Food Marketing – Beverages Marketing

ISBN 978-623-5429-35-9



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The Publication is produced with the support of



General information on ASEAN appears online at the ASEAN Website: www.asean.org

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Financial support

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Suggested citation

ASEAN and UNICEF. 2024. Minimum standards and guidelines on actions to protect children from the harmful impact of marketing of food and non-alcoholic beverages in the ASEAN region. Jakarta; UNICEF.

This report was printed with support from UNICEF.

Printed in Jakarta, Indonesia

Message from the ASEAN Health Ministers Meeting Chair

I would like to appreciate the tremendous effort of the Ministry of Public Health Thailand, Ministry of Health Singapore, and Department of Health and National Nutrition Council of the Philippines for the leadership in the development of the document. I also would like to thank ASEAN Member States and Partners that have provided valuable contributions to the document.

The ASEAN Leaders' Declaration on Ending All Forms of Malnutrition (ALDEAFM) called on all member states and relevant stakeholders to formulate a multisectoral regional framework and strategic plan to guide country policies, interventions and set minimum standards for service delivery, implementation, monitoring and evaluation, particularly among the most vulnerable, poor, and disadvantaged groups in the region.

The Minimum standards and guidelines on actions to protect children from the harmful impact of marketing of food and non-alcoholic beverages in the ASEAN region is a set of guidelines and minimum standards for ASEAN Member States in the development, implementation, monitoring, and enforcement of legislation to control the marketing to children of foods and non-alcoholic beverages that are high in fats, salt, and sugars.

This document shall guide ASEAN Member States and relevant stakeholders in the development of coherent legislation across all ASEAN countries to control the marketing of unhealthy food and non-alcoholic beverages to children. It will also support the construction and implementation of strategies to achieve regional and global nutrition targets related to nutrition and non-communicable diseases. The document is also intended to improve regional collaboration across ASEAN pillars and among ASEAN Member States and with development partners.

The adoption of the document by ASEAN Health Ministers is crucial to support policy makers to introduce a robust, comprehensive, and enforceable legislation in the Region. The minimum standards and guidelines outlined in this document can be commonly applied across ASEAN Member States. Outputs and outcomes of the use of the document shall benefit the people of the ASEAN.



HE. Dr. Bounfeng Phoummalaysith
AHMM Chair
Minister of Health Lao PDR

Message from UNICEF

Every child has the right to healthy, nutritious food.

Yet, most children living in Southeast Asia are growing up in environments that do not support healthy dietary choices. Children are surrounded by advertisements for foods high in sugar, salt and fat, directly increasing their consumption of these foods and creating new dietary norms.

Worryingly, more than 12 million children under 5 are already living with overweight or obesity across the region, and all signs indicate this number will only increase over time. Unhealthy weight gain in childhood leads to an increased risk of overweight, obesity and diseases such as diabetes, heart disease and high blood pressure in adulthood.

In a significant commitment to improving nutrition and diets in childhood and adolescence, ASEAN Member States have come together and formed a common vision around the need to protect children from the harmful impact of marketing of unhealthy food and non-alcoholic beverages.

The result is these Guidelines and Minimum Standards, which establish the structures needed to protect the environments in which children live by limiting the influence of marketing of unhealthy foods and non-alcoholic beverages across the region.

UNICEF has been privileged to support the efforts of the Ministry of Public Health in Thailand, the Ministry of Health in Singapore, and the Department of Health and National Nutrition Council of the Philippines in their leadership for the development of the document, and the ASEAN Secretariat in developing these Guidelines and Minimum Standards.

We look forward to working hand in hand with ASEAN Member States and the ASEAN Secretariat to end all forms of malnutrition in children.



Debora Comini
Regional Director
UNICEF East Asia and Pacific Regional Office

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Acknowledgements

The *Minimum standards and guidelines on actions to protect children from the harmful impact of marketing of food and non-alcoholic beverages in ASEAN* were developed in collaboration among designated representatives from ASEAN Member States, UNICEF, WHO, Alive & Thrive and the ASEAN Secretariat.

The consultation process with ASEAN Member States includes the development and finalisation of the concept note and outline of the Guidelines and Minimum Standards; drafting, review, and finalization of the draft Guidelines and Minimum Standards. These processes were carried out under overall direction of the lead country Thailand through the Ministry of Health, together with the co-lead country Philippines through the Department of Health and National Nutrition Council; and co-lead country Singapore through the Ministry of Health, with overall coordination by the Health Division of the ASEAN Secretariat.

The document was approved by the *ASEAN Health Cluster 1 (AHC 1) on Promoting Healthy Lifestyles*; endorsed by the *ASEAN Senior Officials Meeting on Health Development (SOMHD)*; and adopted by the *ASEAN Health Minister Meeting (AHMM)*.

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Acronyms

ASEAN	Association of Southeast Asian Nations
BMI	Body mass index
ECHO	WHO Commission on Ending Childhood Obesity
NCD	Non-communicable disease
NGO	Non-governmental organization
UNICEF	United Nations Children's Fund
WHO	World Health Organisation
WPRO	WHO Western Pacific Regional Office

Glossary

Advertising: A type of marketing that involves the public presentation and promotion of ideas, goods, or services to bring a product to the attention of consumers through a variety of media channels.

Branding: A marketing feature that provides a name or symbol that legally identifies a company, a single product, or a product line to differentiate it from other companies and products in the marketplace (1).

Child-directed marketing: Any marketing technique that appeals, or is likely to appeal, to children up to 18 years of age, including through use of images, sounds or language designed to appeal to children such as characters or celebrities (licensed or unlicensed), children actors or voices, references to school or play, toys or book giveaways, competitions or promotional giveaways, use of themes designed to attract children (e.g fantasy or adventure), use of games or activities that are likely to be popular with children, use of online influencers (child-influencers and adult influencers with a large child following) or other child-directed appeals.

Civil Society: Civil society refers to the space for collective action around shared interests, purposes and values, generally distinct from government and commercial for-profit actors. Civil society includes charities, development non-governmental organisations (NGOs), community groups, women's organizations, faith-based organizations, professional associations, trade unions, social movements, coalitions and advocacy groups.

Comprehensive legislative response: Introducing a coherent legal framework that restricts all of the unhealthy food and beverage marketing that children are exposed to in its scope i.e. a variety of settings (schools, retail, public space etc) or media (television, online, radio etc).

Conflicts of interest: A conflict of interest arises in circumstances where there is potential for a secondary interest (a vested interest in the outcome of Member States' work in the area of public health nutrition) to unduly influence, or where it may be reasonably perceived to unduly influence, either the independence or objectivity of professional judgement or actions regarding a primary interest (related to Member States' work in the area of public health nutrition). The existence of conflict of interest in all its forms does not necessarily mean that improper action has occurred, but rather that there is a risk of improper action occurring. Conflict of interest is not only financial but can take other forms as well (2).

Corporate social responsibility: Activities that aim to contribute to societal goals by engaging in or supporting socially- or ethically-oriented practices.

Digital marketing: Marketing activity (as per definition below), delivered through a digital medium, that seeks to maximise impact through creative and/or analytical methods (3), including (but not limited to): marketing through mobile apps, search engines and social media sites, search engine optimisation, engagement in social networks (e-word-of-mouth); use of promotion through 'Influencers' or 'vloggers' (video bloggers).

Exposure: The amount of marketing that children see. Captured through marketing reach (how many people are exposed to given marketing message or campaign over a specified period) and frequency (how many times people are exposed).

Healthy diets: High intake of minimally processed foods such as fruits, nuts, seeds, non-starchy vegetables, beans/legumes, oils from these plants, whole grains, yoghurt and fish; moderate intake of unprocessed red meats, poultry, eggs and milk; avoidance of refined starches and sugars, processed meats and other highly processed foods high in sodium, added sugars or trans-fats (4).

Marketing: Any form of commercial communication of messages that has an aim, effect or likely effect of increasing the recognition, appeal and/or consumption of particular products, brands and services, either directly or indirectly. It comprises anything that acts to advertise or otherwise promote a product or service' (5), including the advertising of corporate social responsibility initiatives. This broad definition of marketing is intended to cover the wide breadth of marketing strategies, including, but not limited to, advertising, sponsorship, direct marketing (e.g. mail, text), product placement and branding. The *impact* of marketing is a function of *exposure* and *power* (5).

Obesity and overweight: In children 5-19 years of age overweight is BMI-for-age greater than 1 standard deviation above the WHO Growth Reference median; and obesity is greater than 2 standard deviations above the WHO Growth Reference median. In children below 5 years of age overweight is weight-for-height greater than 2 standard deviations above WHO Child Growth Standards median; and obesity is weight-for-height greater than 3 standard deviations above the WHO Child Growth Standards median.

Power: The content, design and execution of the marketing message (e.g. using techniques that are appealing to children such as cartoon characters or celebrities, use of competitions or games).

Promotion: A type of marketing which may include use of free samples, tie-ins and purchase incentives (e.g. toys, competitions, loyalty programs), use of brand equity characters, brand sharing, product placements, celebrity endorsements, use of influencers, cross promotion (e.g. through labelling or branding).

Sponsorship: An investment, in cash or in kind, with an activity, in return for access to the exploitable commercial potential associated with that activity (1).

Unhealthy foods and non-alcoholic beverages: Foods and non-alcoholic beverages considered to be harmful to health. These can be classified as 'not-permitted' to be marketed according to the evidence-based World Health Organization (WHO) nutrient profile models (6, 7) or using other evidence-based food classification or nutrient profile models. Unhealthy foods and non-alcoholic beverages are the targets for food marketing policies and, throughout this document, are collectively referred to as *unhealthy* foods.

Executive summary

- ▶ Every child has the right to attain their highest standard of health. Yet, more than 12 million children under the age of 5 years experiences overweight or obesity¹ across the Association of Southeast Asian Nations (ASEAN) region, with rates rapidly increasing year on year (8). This is being fuelled, predominantly, by a shift towards highly processed, unhealthy, diets that are high in saturated fats, trans-fatty acids, free sugars or salt (9). Children are exposed to persistent and high volumes of unhealthy food marketing as they go about their daily lives (10), creating social norms and increasing preference and consumption of these foods (11-13). Across the life course this leads to weight gain and an increased risk of overweight and obesity, cognitive impairments, reduced quality of life and non-communicable disease (16-18). The World Health Organization (WHO) has called for the introduction of controls on the marketing of unhealthy foods and beverages to children (5). While some progress has been made, far too few countries have policies in place that adequately protect children from unhealthy food marketing across the ASEAN region. More work needs to be done.

The ASEAN Post-2015 Health Development Agenda and the ASEAN Leaders' Declaration on Ending All Forms of Malnutrition (ALD-EAFM) (19) aims to eliminate malnutrition of all types particularly among the most vulnerable, poor, and disadvantaged groups in the region. This provides an opportunity for coordinated and cooperative action across ASEAN Member States to introduce measures to protect children from the harmful impacts of food and non-alcoholic beverage marketing. This report outlines 12 minimum standards, supported by guidance, which ASEAN Member States can take in this regard.

¹ In children below 5 years of age overweight is weight-for-height greater than 2 standard deviations above WHO Child Growth Standards median; and obesity is weight-for-height greater than 3 standard deviations above the WHO Child Growth Standards median. Throughout this report, when the term overweight is used it collectively refers to both overweight and obesity.

12 Minimum standards and guidelines

to protect children from the harmful impacts of food and non-alcoholic beverage marketing

<p>Minimum standard 01</p> <p>1 2 3 4 5 6 7 8 9 10 11 12</p> <p>Introduce food marketing policies as part of a broad whole-of-systems approach for addressing childhood overweight.</p>	<p>Minimum standard 02</p> <p>1 2 3 4 5 6 7 8 9 10 11 12</p> <p>Adopt mandatory government legislation.</p>	<p>Minimum standard 03</p> <p>1 2 3 4 5 6 7 8 9 10 11 12</p> <p>Implement a coherent legal framework that covers the full extent of food marketing to which children are exposed.</p>
<p>Minimum standard 04</p> <p>1 2 3 4 5 6 7 8 9 10 11 12</p> <p>Set 'reduction in exposure and power of unhealthy food marketing to children' as a short-term policy objective.</p>	<p>Minimum standard 05</p> <p>1 2 3 4 5 6 7 8 9 10 11 12</p> <p>Define children as up to 18 years of age.</p>	<p>Minimum standard 06</p> <p>1 2 3 4 5 6 7 8 9 10 11 12</p> <p>Use a broad definition of marketing that will cover the wide breadth of marketing strategies.</p>
<p>Minimum standard 07</p> <p>1 2 3 4 5 6 7 8 9 10 11 12</p> <p>Define marketing to children as all marketing that children are exposed to, regardless of the intended audience.</p>	<p>Minimum standard 08</p> <p>1 2 3 4 5 6 7 8 9 10 11 12</p> <p>Adopt or adapt an evidence-based food classification system that categorizes food, drinks and master brands (logos) as 'permitted' or 'not permitted' for marketing.</p>	<p>Minimum standard 09</p> <p>1 2 3 4 5 6 7 8 9 10 11 12</p> <p>Regulate all unhealthy food marketing using a combination of provisions that describe the settings, times, media, and content to which the restrictions apply.</p>
<p>Minimum standard 10</p> <p>1 2 3 4 5 6 7 8 9 10 11 12</p> <p>Ensure governance systems steer the legislative process.</p>	<p>Minimum standard 11</p> <p>1 2 3 4 5 6 7 8 9 10 11 12</p> <p>Prevent and manage potential conflicts of interest in legislative development, implementation, monitoring and enforcement.</p>	<p>Minimum standard 12</p> <p>1 2 3 4 5 6 7 8 9 10 11 12</p> <p>Monitor and enforce legislation to ensure compliance and to measure impact.</p>



1 Introduction

Purpose and intended use of report

This report outlines the minimum standards and guidelines that can be commonly applied across ASEAN Member States to adequately protect children from the harmful impacts of food marketing. The purpose of the report is to guide ASEAN Member States on the technical and practical aspects of the development, implementation, monitoring and enforcement of legislation to reduce children's exposure to the marketing of unhealthy foods and non-alcoholic beverages. The report includes a rationale for strengthening legislation, minimum standards and guidelines for developing and implementing legislation and guidance for monitoring, evaluating and enforcing legislation. The document has been written with a regional and a national focus, with indications of where sub-national application may be appropriate.

The minimum standards and guidance outlined in this report are not intended to cover the technical details required to regulate the marketing of breast-milk substitutes. This can be found within the Guidelines and minimum standards for the protection, promotion and support of breastfeeding and complementary feeding. These two documents should be considered complementary so that Member States can adopt a life-course approach to regulating food marketing through policy coherence and integration.

Intended Audience

The intended audience of this report is government staff of ASEAN Member States and their partner organisations.

2

Rationale for strengthening legislation on food and non-alcoholic beverage marketing

2 Rationale for strengthening legislation on food and non-alcoholic beverage marketing

- ▶ This section outlines ASEAN regional commitments for regulating food marketing and highlights the growing issue of childhood overweight across the region. It describes the high exposure of unhealthy food and non-alcoholic beverage marketing to children across the region and provides evidence on the long-term link between food marketing and overweight, drawing on international and local evidence (where available). Lastly, this section sets out the current regulatory context relevant to food marketing policies across the ASEAN region to inform policy development.

2.1 Regional commitments for marketing restrictions

The ASEAN Post-2015 Health Development Agenda (20) and the ASEAN Leaders' Declaration on Ending All Forms of Malnutrition (19), adopted in November 2017, aim to end all forms of malnutrition particularly among the most vulnerable, poor, and disadvantaged groups in the region. The ASEAN Leaders' Declaration on Ending All Forms of Malnutrition states:

"Noting further that the general population is affected by problems of overweight, obesity, and imbalanced intake of nutrients, also traceable to intrauterine and early childhood malnutrition, contributing to an increased burden of diet-related noncommunicable diseases such as diabetes mellitus, cardiovascular diseases and some cancers;"

The ASEAN Strategic Framework and Action Plan for Nutrition (2018-2030) reaffirms this focus.

Protecting children from these harmful impacts of unhealthy food marketing also aligns with ASEAN Government's duties and responsibilities as signatories to implement and enforce the UN Convention on the Rights of the Child (21) and the commitments to the WHO Set of Recommendations on the marketing of foods and non-alcoholic beverages to children (5).

A table listing further commitments that the ASEAN countries have made towards addressing the marketing of unhealthy food and beverages to children is outlined in **Appendix 1**.

The WHO Western Pacific Regional Office (WPRO) Action Framework on Protecting Children from the Harmful Impact of Food Marketing in the Western Pacific is also relevant (and has been endorsed) by some ASEAN Member States, including Brunei Darussalam, Cambodia, Lao People's Democratic Republic, Malaysia, the Philippines, Singapore and Viet Nam. The Regional Action Framework calls on the WHO to support Member States, as appropriate to their national context, in: ending inappropriate promotion of foods for infants and young children; reducing children's exposure to marketing of food and drinks high in saturated fats, trans fats, free sugars or salt; and minimizing the persuasive appeal to children of marketing for food and drinks high in saturated fats, trans fats, free sugars or salt. It also calls on Member States to strengthen

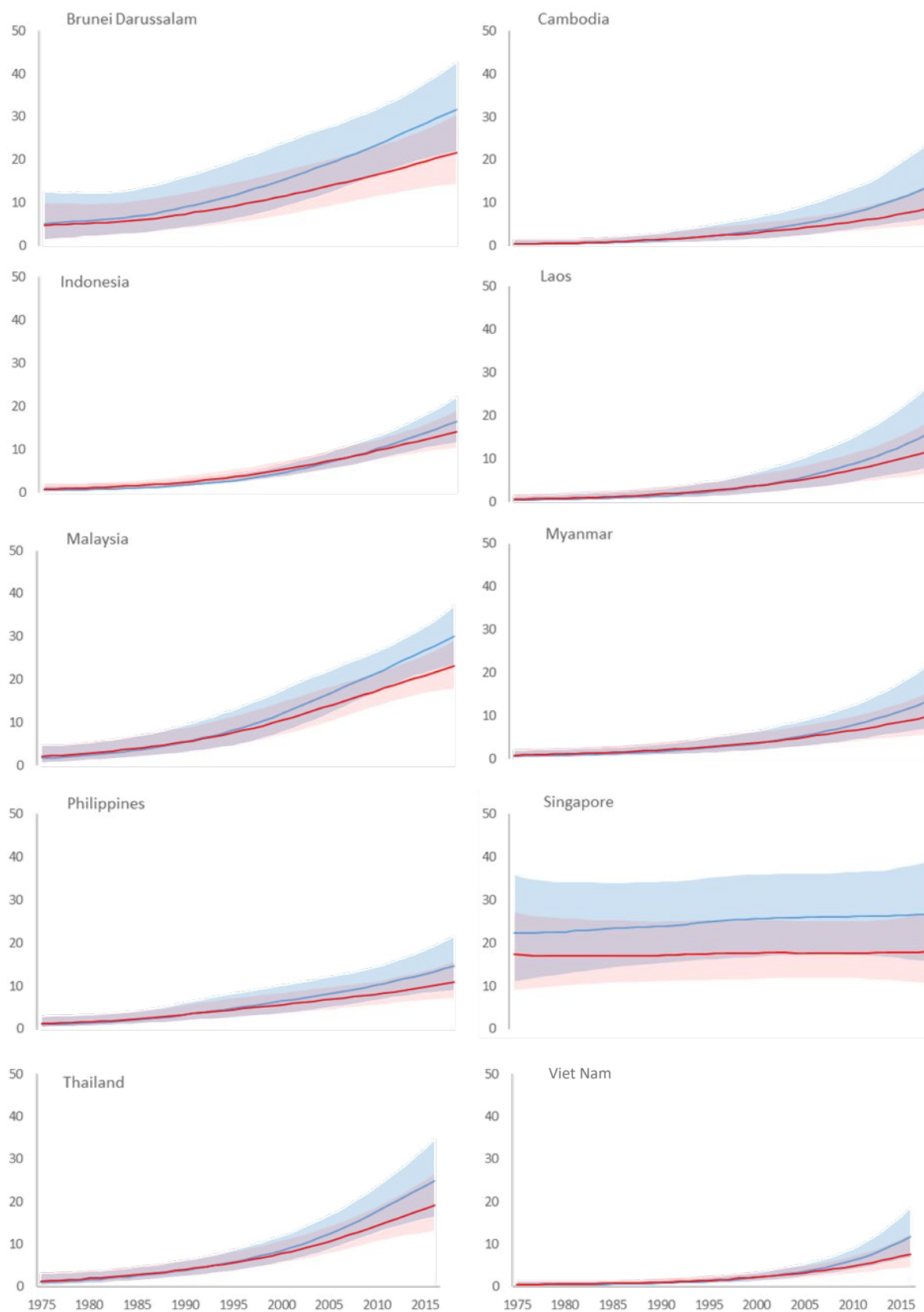
leadership, governance and regulation; support multi-sectoral and multi-stakeholder actions; strengthen advocacy and communication; and strengthen national capacity to monitor implementation of these initiatives, evaluate progress and build evidence. The Framework aims to support Member States in their efforts to protect children from the harmful impact of food marketing, as appropriate to national contexts. It is guided by the principles of government leadership, evidence-driven and rights-based approaches, equity, and ensuring safeguards against conflicts of interest.

It is important to address unhealthy food and beverage marketing through a regional approach, as food marketing activities have cross-border impacts that affect the whole region. While each individual country will need to act at a national level to introduce legislation, working collaboratively to align the scope of this legislation to achieve the ASEAN regional commitments will be a much stronger approach.

2.2 Regional burden of overweight

Childhood overweight has been increasing in all ASEAN Member States over the last 10-20 years (8) (**Figure 1**). Childhood overweight leads to reduced educational achievements and negative impacts on quality of life (13-18). Children who are overweight are more likely to become overweight adults (22), with lifelong negative health consequences. Overweight increases the risk of non-communicable diseases (NCDs), including cardiovascular diseases, diabetes, musculoskeletal disorders and cancer (17). Preventing and reducing the prevalence of overweight is not only an investment in the future health of children but is also an economic investment for countries. Current costs of overweight are unsustainable. For example, in 2016, conservative estimates of the costs of obesity ($BMI \geq 25m^2$) in Thailand were US\$0.8-2 billion (0.20-0.37% of Thailand's Gross Domestic Product) (23). This alarming increase in overweight violates the commitment that all ASEAN Governments have made under the UN Convention on the Rights of the Child, which states that parties should act appropriately to combat disease and malnutrition, of which overweight is one form. The associated increase in the financial burden of NCDs also poses a major threat to the achievement of universal health care across ASEAN Member States (a high-level commitment within the ASEAN Post-2015 Health Development Agenda (20)).

Figure 1. Prevalence of overweight among school aged (5-19 years) boys (blue) and girls (red) between 1975 and 2016 across ASEAN Member States, BMI>+1 standard deviation above the median (crude estimate, %). Source: Graphs generated with data from the World Health Organization Global Health Observatory (8).



2.3 Foods and diets high in saturated fat, trans-fatty acids, free sugars or salt

The increasing levels of overweight within and across ASEAN Member States have been occurring alongside significant changes in food systems and diets. The availability and sales of highly processed foods and sugary beverages have rapidly increased in recent years (24-26). These foods are highly palatable, convenient and can be produced at large scale for relatively low costs (27). Across ASEAN Member States, the mean weekly intake of fast food (foods that can be prepared and served quickly and which are high in saturated fat, trans-fatty acids, free sugars and/or salt) has been reported between 1.4 and 4.1 days per week among adolescents aged 12-15 years across ASEAN Member States (with the exception of Singapore and Myanmar where comparable data is not available) (25). These dietary patterns are also observed among younger children. For example, interviews with 222 mothers in Phnom Penh, Cambodia, between 2013 and 2015, revealed that 55% of 6-23 month old children had consumed a 'commercially produced snack' of poor nutritional quality food the *day* prior to the interview (28), which increased to 80.6% for the *week* prior to the interview. Children of Phnom Penh mothers with the lowest wealth were 1.5 times more likely to consume commercial snack food products, compared to children of wealthier Phnom Penh mothers (28).

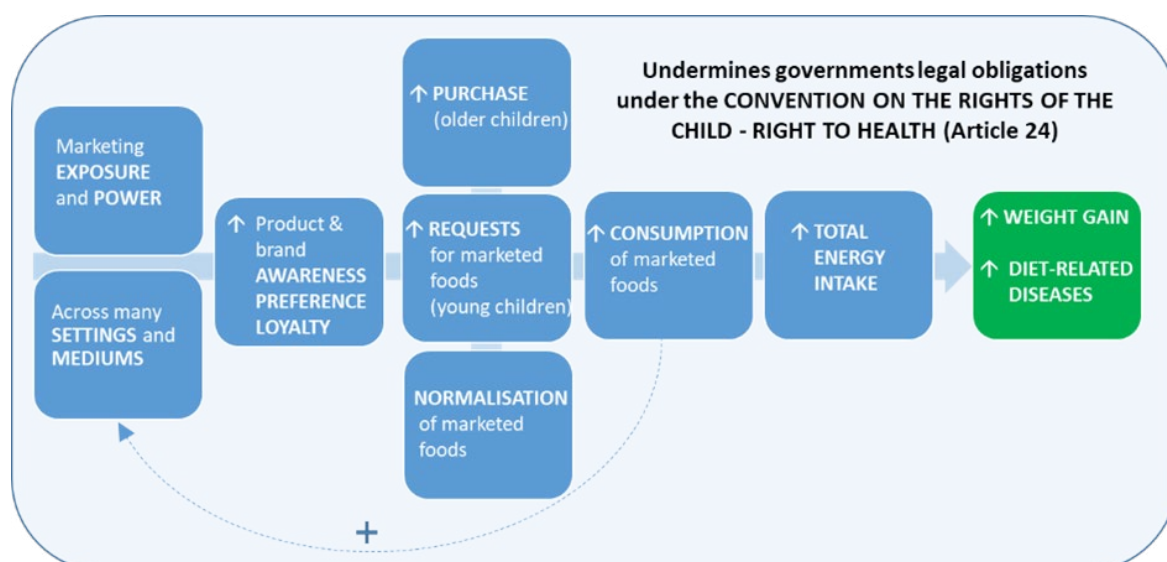
Diets characterized by high intakes of highly processed, energy-dense and nutrient poor foods, which are high in saturated fats, trans fatty acids, free sugars or salt, combined with inadequate consumption of fruit, vegetables and whole grains, drive weight gain across the life course. Dietary risks are a key driver of overweight among children (29) and have been implicated with the rising levels of overweight in the ASEAN region (9). For example, a cross-sectional study of 263 children aged 10–12 years from Bangkok Metropolitan Region found that overweight children were more likely to consume greater quantities of flavoured milk, sugary drinks, street-side snacks (e.g. light meals, local mixed dishes, or local/Western fast food sold by street-side vendors and road-side shop) and confectionary compared to normal weight Thai children (30). Inadequate dietary intakes and are now responsible for one in five deaths globally (31).

Most children living in the ASEAN region (and indeed across the world) are growing up in environments that do not support healthy dietary choices. These unhealthy food environments interact with higher genetic risks and consequences of obesity among Asian populations, fuelling the increasing prevalence of NCDs (32). Whilst many factors shape food environments in the ASEAN region, the marketing of unhealthy foods is a key aspect of children's living environments that encourages preference, purchase and consumption of a sub-optimal diet.

2.4 Impacts of unhealthy food marketing on children

A large evidence base clearly shows that unhealthy food marketing is a key factor contributing to high and rising levels of overweight and NCDs. Children are exposed to high volumes of unhealthy food marketing as they go about their daily lives, through various settings, including schools, sports, supermarkets, television, the internet and many other settings. High exposure to unhealthy marketing and powerful and engaging marketing techniques increases awareness, preference and loyalty of unhealthy food products and brands (11-14). This drives three direct market effects: i) an increase in purchasing of marketed food products by older children who often make their own purchases; ii) an increase in requests of caregivers to purchase marketed foods by young children ('pester power') undermining intentions and desires to provide their children with healthy nutritious food (33); and iii) the normalisation of marketed foods across societies and across the life course. These direct influences of food marketing indirectly influence children's future consumption (as adults) through the corporate capture of childhood to create life-long loyal customers. Arguably, these indirect effects of food marketing represent a more valuable outcome for the food industry than the direct effects on children's food intake. Collectively, these direct and indirect impacts of food marketing drive consumption of unhealthy foods (34) and increased energy intake (30), leading to weight gain and overweight in the longer term (35). As demand for unhealthy food increases, market competition increases, and thus the marketing ecosystem is intensified, as shown in **Figure 2**.

Figure 2. Pathway of effects between unhealthy food marketing, weight gain and diet-related disease. Blue boxes are supported by direct evidence, green boxes by implicit indirect evidence. All stages of the pathway undermines the United Nations Convention on the Rights of the Child (ratified by all ASEAN Governments) that all children have the right to enjoy the highest attainable standard of health and that parties should act appropriately to combat disease and malnutrition.



From an industry point of view, food marketing is highly influential – that is the reason why billions of dollars are spent on it across ASEAN Member States each year. **Table 1** illustrates, from the perspective of the advertising industry, how the food industry targets their marketing campaigns to increase children’s consumption of their products, with successful results. Further, international evaluations of food marketing laws shows that when children’s exposure to food marketing is reduced, there is a corresponding reduction in the purchasing of unhealthy foods at the population level (15). Importantly, international evaluations (in particular of the Chilean Food Labelling and Advertising Law) has also shown that there has been no impact on industry labour market outcomes (aggregate employment and average real wages) (36).

Table 1. Food marketing case studies

Viet Nam (2017) (37)	Philippines (2018) (38)
Product type: Flavoured milk	Product type: Soft drink
Marketing approach: Social media and billboard campaign focused on ‘Empowering kids happy exploration’ and emphasised the happy and joyful journey of growing up.	Marketing approach: Combination of real-world and virtual gaming experiences and demonstrations of thrill-seeking activities.
Target audience: ‘Tweenagers’ aged 8-14 years and mothers 28-45 years.	Target audience: Generation Z (aged between 5 and 20 years).
Market results: 10% increase in sales volume. Brand mentions grew by 28%, >\$565,000 in earned media resulting in 433% return on investment. On social media, 15 million views, >750,000 shares and 380,000 mentions.	Market results: Increased sales volumes (magnitude not reported). Increase in penetration among Generation Z. 23.44K tweets (trending #2). 1510% return on investment from gaming publishers and 210% return on investment from gaming influences.

There is very little evidence reporting on the influence of food marketing on children’s food consumption within ASEAN Member States. However, the little evidence there is, supports the international evidence that unhealthy food marketing negatively influences children’s diets (13, 14, 34). In fact, it has been suggested that children in low and middle income countries may be *more* vulnerable to unhealthy food advertising as global food and drink brands pivot to these emerging markets as marketing in high-income countries becomes increasingly saturated and where food and drinks from multinational companies are associated with a desirable modern lifestyle (39).

2.5 Extent and nature of unhealthy food marketing

Consistent evidence from around the world and across the ASEAN region shows that the majority of food and beverages advertised, across all media and settings, are considered to be unhealthy foods. A 2019 international benchmarking study showed that, across 22 countries (including Malaysia and Thailand), there were on average four times more TV advertisements for unhealthy foods or beverages per hour ('not permitted' according to the WHO nutrient profiling system) compared to healthier ('permitted') items (10). Specific evidence of the extent and nature of unhealthy food marketing within ASEAN Member States can be found in **Table 2**.

Marketing spend by the food and beverage industry illustrates how prolific this marketing is, predominantly through television, but increasingly through digital platforms and other media and settings. Globally, the food and soft drinks industries spent in excess of USD\$33billion advertising their products in 2020. Whilst most of this was invested in television (>60%), investment in this media has been decreasing year on year with investment in internet advertising increasing (40, 41). Similar trends in food and drink advertising spend have been observed within ASEAN Member States.

Table 2. Evidence on the extent and nature of unhealthy marketing within ASEAN Member States

ASEAN Member State	Evidence on the extent and nature of unhealthy marketing
Brunei Darussalam	<ul style="list-style-type: none"> Observational studies (unpublished) conducted in Brunei Muara District by the Health Promotion Centre in 2014 revealed more than half of food-related advertisements on billboards were for cheap unhealthy foods and beverages (high in salt, free sugar and/or fats) placed at strategic areas, including around shopping/restaurant areas or by traffic light junctions. Moreover, 87% of food-related advertisements in mini-markets were unhealthy and accompanied with incentives such as prizes to be won and free gifts with purchase of their products. A 2016 study found that more than half of food-related advertisements on four local radio stations aired during 'peak hours' were for fast foods, and the majority (73%) of the advertised beverages were high in free sugars. The 2016 Health Promoting School Survey conducted among 363 schools revealed that almost a third (28.4%) of schools (public and private) advertised food and beverages, with the majority of advertisements in leaflets/flyers (41.7%) and posters (37.8%). Food products advertised included soft drinks (28.2%), fast food (27.2%), other drinks such as plain water, chocolate malt drinks and fruit juice (21.4%) and ice cream (5.8%). Nevertheless, almost half of the schools advertised information relating to healthy foods and beverages.
Cambodia	Not available
Indonesia	<ul style="list-style-type: none"> In 2012, there were on average 16.7 'non-core' (unhealthy) food advertisements, per hour, per channel, compared to 0.6 'core' (healthy) food advertisements during peak children's viewing time. For every single 'core' food advertisement, there were 28 non-core food advertisements. Sugar-sweetened drinks were the most frequently advertised food products (4.3 advertisements, per hour, per channel) (42). Premium offers were used in an average of 1.1 food advertisements, per hour, per channel and 4 food advertisements, per hour, per channel used promotional characters (42). In 2020, the food sector spent IDR 8,268.3 billion on advertising, with most of this (>90% invested in television advertising) (43). The soft drink industry spent IDR 8,148.1 billion with 78% invested in television and 20% invested in internet advertising (44).
Lao People's Democratic Republic	Not available

(continued)

ASEAN Member State	Evidence on the extent and nature of unhealthy marketing
Malaysia	<ul style="list-style-type: none"> In 2013, an average of 2.4 advertisements for unhealthy ('not-permitted') foods, per hour, per TV channel were aired on Malaysian television. For every single healthy ('permitted') food advertisements there were 24 unhealthy ('not-permitted') advertisements. Cakes, biscuits and pastries (20%), ready-made food and dishes (16%), beverages including carbonated soft drinks, mineral water and flavoured waters (14%) and chocolate and confectionary (13%) were the most frequently advertised products (10).
Myanmar	Not available
Philippines	<ul style="list-style-type: none"> Filipino children are avid internet users and report to engage regularly with unhealthy food advertisements online and that unhealthy food advertising influences their dietary behaviors (45). Analyses of 1035 social media marketing posts and videos from 20 popular food and beverage brands revealed that 99% of these posts are for products that would not be recommended for marketing to children according to WHO guidelines. 72% of these posts were likely to appeal to children and 84% likely to appeal to teenagers. One in five of these posts feature Filipino sporting and media celebrities (adults and children) (45). In 2004, all food advertisements were estimated to make up 50-75% of all television advertisements (46).
Singapore	<ul style="list-style-type: none"> In 2007, 33% of television advertisements were for food and retail food outlets. Of these 57% were classified as 'unhealthy' (according to the Healthy Choice Symbol (HCS) guidelines), with candy confectionery and fast food advertisements accounting for approximately half (46%) of all food advertisements (47). In 2015/2016, after the Food Advertising To Children Guidelines took effect, the proportion of overall unique advertisements for unhealthy foods fell from 55.1% to 37.65% (48).
Thailand	<ul style="list-style-type: none"> A 2014 nationwide audit of food advertising on Free TV including channels 3, 5, 7, MCOT, and Digital TV including 3 Family, LOCA and MCOT Family), in Thailand found that the majority of food items advertised were classified as non-core, meaning unhealthy foods (49). On average, Free TV aired 2.9 non-core food advertisements per hour, per channel, with sugary drinks the most commonly advertised food product (49). For Digital TV, non-core food advertisements were aired on average once per hour, per channel. The rate of non-core food advertising was higher during weekends compared to weekdays (49). A recent study assessed the marketing of the most popular food brands with young people in Thailand (covering confectionery, soft drinks, and chain-restaurant foods) on Facebook. The study found that none of the food and beverage Facebook brand pages complied with Government of Thailand's regulations or industry's self-regulatory codes of practice (50). In 2013, an average of 2.3 advertisements for unhealthy ('not-permitted') foods, per hour, per TV channel were aired on Thai television. For every single healthy ('permitted') food advertisements there were 58 unhealthy ('not-permitted') advertisements. Beverages including carbonated soft drinks, mineral water and flavoured waters (21%), ready-made food and dishes (17%), chocolate and confectionary (14%) and yoghurts, sour milk and similar foods (14%) were the most frequently advertised food products (10). In 2020, the food sector spent THB 7.8 billion on advertising, with most of this (>85% invested in television advertising) (51). Whilst advertising through the internet is a relatively small investment (approximately 4% of the advertising budget) this has been increasing year on year (51). The soft drink industry spent THB 8.8 billion with 76% invested in television (51).
Viet Nam	Not available

2.6 Current regulatory environment

Some ASEAN Member States have restricted the marketing of unhealthy food to children in single settings or media. While some progress has been made to regulate marketing practices, a comprehensive approach with binding legal measures is yet to be adopted by any ASEAN Government. More commonly, governments have opted for voluntary industry-led food marketing codes, despite the evidence that shows the government-led mandatory action is effective in reducing children's exposure to unhealthy food marketing and industry-led codes are, more often than not, ineffective (see section on regulatory approach for more detail) (53-64). **Box 1** lists the existing industry-initiated and industry-led responses followed by details of government-led regulations in **Box 2**.

REGULATORY ENVIRONMENT

BOX 1

Industry-initiated and led responses for controlling food marketing in the ASEAN region

- **Malaysia** – Malaysian Food and Beverage Industry's Responsible Advertising to Children Initiative (63)
- **Philippines** – Philippines Responsible Advertising to Children Initiative (64)
- **Thailand** – Thailand Children's Food and Beverage Advertising Initiative (65)

REGULATORY ENVIRONMENT

BOX 2

Government-led regulations related to unhealthy food marketing across the ASEAN region



Brunei Darussalam

Brunei Darussalam introduced a Code of Responsible Marketing of Food and Beverages to Children in Brunei Darussalam in 2021, which restricts marketing to children up to 14 years in a range of media including print, radio, TV, cinemas, outdoor, public transport, local digital news websites and settings where children gather (>50% children). The WHO's Western Pacific Regional Office Nutrient Profile Model is used to classify which foods are subject to the ban.



Philippines

The Department of Education issued a Policy and Guideline on Healthy Food and Beverage Choices in Schools and Department of Education Offices (DepED) in 2017. Amongst other measures relating to the availability and sale of food, the Policy also restricts the types of foods that can be marketed in schools. A traffic light system is used to decide which foods can be marketed (green light) and those that cannot be marketed in schools (red light), learning centres, Department of Education offices and up to 250 metres around schools.



Singapore

Singapore has an industry regulated set of Guidelines developed through a public-private partnership with the Ministry of Health, the Health Promotion Board, Consumers Association of Singapore (CASE), with representatives from government agencies and the food, advertising and media industries. Under the Guidelines, food marketing primarily addressed to children in any media (including third-party websites) must i) meet a set of common nutrition criteria endorsed and obtain a Nutrition Criteria Compliance Certificate (NCCC), ii) not promote irresponsible diets and lifestyles, iii) create pressure to purchase nor iv) use irresponsible marketing communications. Failure to comply may lead to removal of the advertisements, risk media owners' withholding of advertising space or time, or the withdrawal of trading privileges from advertising agencies. An additional sanction includes adverse publicity through publication of breach.



Thailand

Food marketing in the school setting has been addressed in the Notification from the Ministry of Education announced in June 2020. The Notification introduces a ban on marketing promotion activities of all types of foods and beverages in educational institutions. Schools are also asked to avoid selling sugary drinks with a high sugar content (more than 5%) as well as sweet and crispy snacks and avoid making them available for consumption in educational institutions and promote understanding among retail shops right outside the school compound to gain cooperation from sellers. Broadcasting is regulated in some areas, including controls on the frequency and timing of television advertisements, but there is no specific focus on unhealthy food marketing.



Malaysia

Malaysia has a government-led nutrient profile model which was developed to classify foods and beverages as appropriate for food marketing to children or not. It is intended that the nutrient profile model will be used in collaboration with relevant government sectors to restrict unhealthy food marketing to children.



Viet Nam

On July 21st, 2017, the Vietnamese government issued the Directive No. 46/CT-TTg on enhancement of nutrition in new circumstances. The Directive asks the Ministry of Education and Training (MOET) to provide healthy school meals, execute school milk program, encourage children and students to engage in physical activities; to not advertise and trade in alcoholic drinks, carbonated soft drinks and unhealthy foods in schools.

3

Minimum standards and guidelines for regulating marketing of food and beverages



3 Minimum standards and guidelines for regulating marketing of food and beverages

- ▶ This section provides evidence-based minimum regulatory standards to protect children from the harmful impact of unhealthy food marketing. Regulatory scope and definitions are provided, supported with global illustrative examples (with a focus on ASEAN member states, where possible), which can be adapted for different countries across the region, based on the regulatory and political landscape of included countries.

3.1 Whole-of-systems approach

Minimum standard



01

Introduce food marketing policies as part of a broad whole-of-systems approach for addressing childhood overweight.

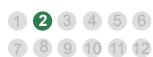
Overweight is a complex issue, with many causes and consequences, operating across the life-course. Whilst unhealthy food marketing is an important driver of unhealthy food norms, food preference and food consumption, it is one of many interdependent drivers. Reducing, or even eliminating, unhealthy food marketing will not solve the problems of overweight and protecting child rights. However, it is an integral component of what needs to be done and may serve as a strong first step in preventing population levels of excess weight or augment an existing suite of preventive actions. Clear and consistent evidence shows that whilst education is important, it is insufficient on its own and disproportionately benefits parents, families with children with greater social and economic resources (83). In addition to food marketing policies, preventing childhood overweight requires action across all aspects of the food system and across the life-course, including actions that address:

- Maternal and infant nutrition
- Food environments (e.g. taxes on sugary drinks and/or unhealthy foods and subsidies on fresh fruit and vegetables)
- Nutrition literacy (e.g. nutrition guidelines and front-of-pack nutrition labelling)
- School food environments and food standards
- Physical activity

In Chile, the introduction of unhealthy food marketing policies was part of a broader strategy to address high rates of obesity. To prevent further increases in the prevalence of obesity the government introduced a comprehensive set of policies, including a tax of sugary drinks, restrictions on child-directed marketing of sugary drinks and nonessential, energy-dense foods, front-of-pack food labeling regulations and restrictions on the promotion and sales of unhealthy foods and beverages in schools. This demonstrated the government's commitment to reducing obesity and the need for legislation. In the UK, as part of a broad strategy to reduce the population prevalence of obesity, the government has integrated food marketing restrictions online, on TV and in food retail outlets, within a suite of population level policies, including a levy on the soft drinks industry and front-of-pack nutrition labelling amongst other initiatives (68).

3.2 Mandatory regulation

Minimum standard



02

Adopt mandatory government legislation.

To date, governments internationally have used a variety of regulatory mechanisms to restrict unhealthy food marketing to children. They fall into three categories:

- **Self-regulatory approach:** A collection of food and beverage companies commit themselves to restrict marketing of unhealthy products to children by setting their own guidelines or targets, independent of government.
- **Government-approved voluntary approach:** Government provides guidelines on how companies can regulate their marketing practices and companies decide whether to comply with guidelines or not.
- **Mandatory approach:** Legislation is passed by government to establish the general legal framework of principles to which the relevant stakeholders are required to adhere to, including regulations. A robust legal framework would also include enforcement mechanisms to ensure compliance.

Effectiveness of different regulatory mechanisms

Strong and consistent independent evaluations assessing the effectiveness of unhealthy food marketing restrictions globally, have shown that government-led mandatory approaches are effective at reducing the power and exposure of unhealthy food marketing, with more favourable impacts when compared to self-regulatory or other voluntary approaches (15). A large evidence base shows that government-led or industry-led codes of practice that are voluntary are, more often than not, found to be ineffective (53-64). For example, research in Australia found that the frequency of food advertising and children's exposure to unhealthy food marketing remained unchanged despite the implementation of industry self-regulatory pledges (59, 69). Similar results were found in Canada (61), Germany (57), Spain (53), and the US (58). An exception to this is in Singapore, where the food marketing guidelines, co-developed by government and industry, and enforced by the industry association, have demonstrated a reduction in unique advertisements for unhealthy food products from 55.1% pre-implementation to 37.65% post-implementation (70). Whilst, by definition this is a government-approved voluntary approach, the guidelines have been positioned as mandatory with consequences for non-compliance. Countries that have implemented government-led mandatory restrictions include South Korea and Chile. Research from South Korea found that the volume of unhealthy food advertising reduced considerably (58%) after the introduction of the Special Act on Safety Management of Children's Dietary Life (71). Research from Chile shows that a comprehensive mandatory marketing restriction can reduce the exposure of unhealthy food marketing to children, with significant decreases found in exposure to unhealthy food advertising on TV (reduction of 35% for pre-schoolers and 52% for adolescents) and a reduction in child-directed marketing strategies on breakfast cereal packages post implementation of the statutory marketing ban (43% of unhealthy cereals had child-directed marketing before implementation, 15% after implementation) (72, 73).

A mandatory approach, achieved through legislation free from conflicts of interest, is required. The development of legislation should include consultation with the public and impacted third party stakeholders, but should be safeguarded against conflicts of interest (see Minimum Standard 11). A mandatory legislative response is also important for the following reasons:

- **Accountability:** The ASEAN Governments are accountable for upholding international and human rights law (such as the UN Convention on the Rights of the Child) and are required to implement national laws to uphold these international legal obligations. Therefore, it is the Government, not the private sector, that must design and implement marketing restrictions, as industry stakeholders are not accountable under international and human rights law (74-76).
- **Enforcement:** Mandatory marketing restrictions can be accompanied with enforcement provisions (see Monitoring and Enforcement section). Voluntary initiatives or industry-led codes do not have the

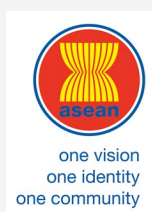
same level of enforcement and are therefore much less of a deterrent. Where there is little or no risk of sanction (financial or other), a business may decide it is in its interests not to follow the voluntary or industry-led codes (76). Further, given the multi-sectoral nature of the media and settings that need to be regulated, for example school, retail, transport, digital and broadcast environments, legislation can ensure the appropriate powers and resources are given to the implementing bodies for enforcement. For example, authority can be given to school inspectors to carry out checks for compliance with the laws as well as to broadcasting authorities to monitor compliance on television channels.

- **Comprehensiveness:** Internationally, industry-led code pledges are not aligned with the WHO Set of Recommendations (they do not cover the breadth of marketing practices or adequately limit the exposure and power of unhealthy food marketing). Government-led mandatory mechanisms are more likely, if designed comprehensively, to ensure that the WHO Set of Recommendations are implemented (76).
- **Levelling the playing field:** Mandatory regulation creates a level playing field for businesses, where compliance is not left to the voluntary commitment of industry. This removes any possibility of a company attempting to gain market advantage through non-compliance (an option under voluntary or self-regulation) (76, 77).
- **Regional cooperation:** It is important that governments take similar approaches to ensure a united approach across the ASEAN region. This will reduce any issues with cross-border marketing and enable governments to share resources when it comes to monitoring and enforcing the different laws (See section on Regional Cooperation). See **Box 3** for more details on why a regional approach is important.
- **Sustainability:** Legislation serves to institutionalize the legislative response and helps to ensure continuity as officials, governments and government priorities change over time. It may also help to integrate the diverse components of a multifaceted response, where relevant, and can mobilize public resources and institutions in support of the response.

MINIMUM STANDARD 2

BOX 3

Regional cooperation



One country alone cannot fully protect children from all unhealthy food marketing. We live in an increasingly connected world, with many marketing activities extending geographical borders (cross-border marketing). The most obvious medium for cross-border marketing is the online digital environment, but is also evident with broadcast media, print communications, sponsorship of regional or international sports and events and food packaging. The increase in childhood overweight and obesity, and lack of comprehensive regulation to control the marketing of unhealthy food and beverages is common to all ASEAN Member States. The majority of the suppliers and manufacturers of these products are global or Asian multi-national companies. Whilst countries may have jurisdiction over the inflow of marketing originating from another country (particularly when the marketing message is intended for an audience where the legal measures are in place), enforcement related to any breaches of a national law towards an entity located outside of its borders, is practically very difficult.

It is therefore essential for legislative provisions, including implementation, monitoring, evaluation and enforcement to be consistent and streamlined across countries. This will also ensure that food and beverage companies have a clear understanding of the controls in place with little room for ambiguity. Regional cooperation on restricting food marketing may be enabled through regional agreements on the minimum standards required to protect children from the harmful impacts of food marketing. This type of regional harmonization will also create a stronger argument if any national level restrictions are challenged under international trade law.

3.3 Comprehensive legislation

Minimum standard



03

Implement one comprehensive law that covers the full extent of food marketing to which children are exposed.

What has been learnt from regulating tobacco is that a comprehensive law, integrating all the essential components of an effective, multifaceted response to unhealthy food and beverage marketing will be the most effective strategy to protect children from unhealthy food marketing. While the legislation would need to cover a variety of settings (schools, retail, public space etc) or media (television, online, radio etc), it is stronger to commit to these all at once rather than addressing each of those settings or media individually with separate pieces of legislation or other regulatory mechanisms.

Benefits of a comprehensive law

- A single law provides a unified vision and ensures that the legislative and regulatory elements are designed to complement and reinforce one another.
- This synergy has a measurable value - research indicates that implementing a comprehensive law has greater impact on tobacco use than do each of the individual measures if implemented in isolation (76).
- Enacting legislation in one step may maximise the political momentum built up by an advocacy campaign, rather than requiring advocates to rebuild political support for action as the next media or setting is addressed with an incremental approach (78, 79).
- Looking at tobacco laws globally, enacting a comprehensive law that covers all aspects of the Framework Convention on Tobacco Control (FCTC) compared to piecemeal restrictions adopting just parts of the Convention (i.e. certain Articles) has been shown to be more effective. (78, 79). The trend in tobacco legislation has therefore been to implement a comprehensive law implementing all of the articles of the FCTC (78, 79).
- Introducing different laws for different media or settings (school settings vs digital settings etc.) over time would be fragmented and risks industry shifting marketing spends from regulated to unregulated media to ensure sales are not impacted (80).

3.3.1 Stepped approach to implementation

MINIMUM STANDARD 3

BOX 4

Protecting children from unhealthy food marketing will require a comprehensive law, which can be operationalised in a stepped approach



To adequately protect children from the harmful impacts of unhealthy food marketing a comprehensive law must cover all marketing settings and media (all pieces of the puzzle). Failing to do so will result in shifts of marketing practices from regulated to unregulated mediums and settings. In low-resource countries, operationalising a comprehensive law may occur in a stepped approach, where each medium and/or setting is regulated progressively, in a time-bound manner (until the puzzle is complete).

It is acknowledged that implementing a comprehensive approach, covering the full range of marketing media and settings all at once can be challenging for several reasons, including limited capacity and resources and/or political will. In low-resource countries or where political will is insufficient for comprehensive policy implementation, governments may choose to operationalize a comprehensive law in a stepped approach, where each medium and/or setting is regulated progressively, in a time-bound manner (see **Box 4**). The following steps are a guide for introducing and implementing a comprehensive law within the political and resource limits of the government:

- **Step One:** implement an overarching piece of legislation that creates the legal mandate for restricting unhealthy marketing and outlines the key terms of the legislative approach (e.g what age will be protected, what media/settings will be covered etc.).
- **Step Two:** the government can choose to introduce regulations to operationalise the legislation all at once or in a time-bound stepped approach. Implementing regulations across the different settings and media does not need to occur at the same time, but when embedded in a comprehensive law, the final goal must be the complete implementation of regulations that operationalise the enabling piece of legislation, within the specified time-period. It is important that this timeframe is set out in the overarching legislation to give industry a clear legislative signal that regulations will be implemented. This will aid in preparing industry for future changes to their marketing practices and reduce the risk that marketing spends shift to areas not yet regulated.

Two examples are provided of how the Canadian and Chilean governments approached (or proposed) introducing legislation and regulations in their countries in **Box 5**.

BOX 5
Case studies of implementing marketing legislation in a single or stepped time-bound approach

Canada

The proposed Child Health Protection Bill (81) (which proposed to amend the *Canadian Food and Drug Act*) set out the legal mandate to restrict unhealthy food marketing to children. The regulations were intended to implement the legislation by explaining how the different mediums, settings and techniques covered by the legislation (e.g television, digital marketing, school settings etc) would work and how it would be enforced. While the Bill introducing the overarching legislation did not pass, due to industry lobbying in the final stages of the legislative process, it was intended that the regulations supporting the Bill would have been introduced and implemented all at once. In other words, regulations to restrict unhealthy food marketing through the different mediums and settings would have implemented together, not separately.

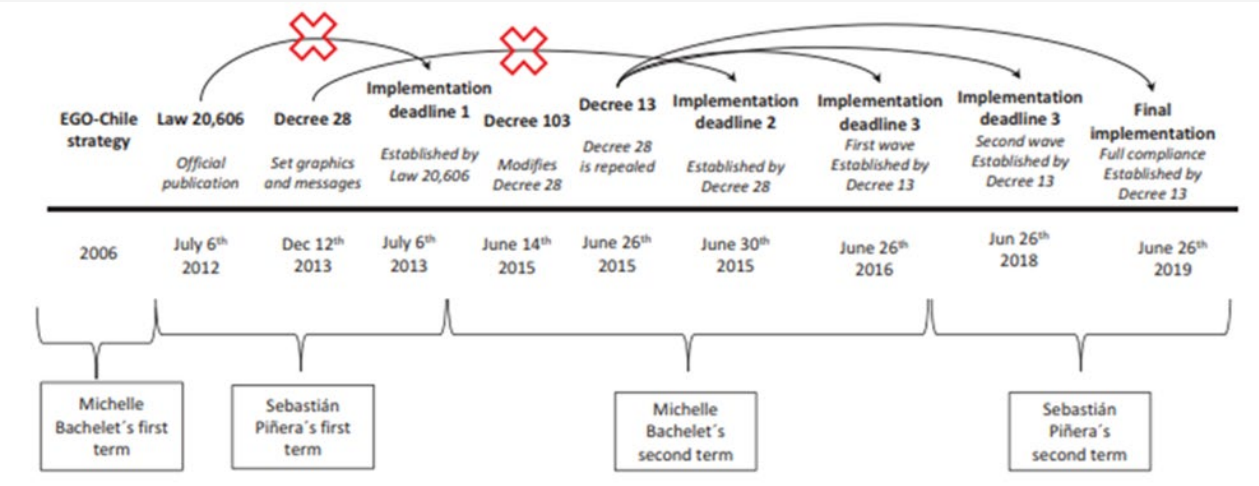
Chile

The process of designing and writing the Chilean *Food Labelling and Advertising Law*, which introduced not just marketing restrictions but front of pack warning labels and school food restrictions, was carried out between 2006 and 2012. The

Chilean *Food Labelling and Advertising Law* was approved and published in July 2012 and the text of the law established a period of “one year after its official publication” to generate regulations to describe the operational details to implement the law. Different aspects of the law were turned into regulations at different times in accordance with the timeframes set by the legislation. For example, the Ministry of Health created two expert committees to help generate a final version of the regulation and propose recommendations. In one instance the regulation designed was rejected by the Prime Minister for not being strong enough and in line with the intent of the legislation.

Those involved in the political process stated that separating out the law from the regulations enabled the Government to establish a legal milestone with a political consensus: the law demonstrated agreement that there was the “need to regulate,” thereby preventing the process from being stopped by industry. It also created more flexibility as the implementation details could be incorporated into the regulations which could be more easily changed to keep up with developments in marketing tactics. The one-year deadline enabled the Government to gather more evidence, negotiate with stakeholders and design the regulations robustly.

Figure 3. Legal process in Chile, from law publication to the final implementation stage (source: Dintrans et al, 2020 (82)).



3.3.2 Using existing laws

Undertaking a review of any existing laws that cover any areas of restricting marketing or advertising, with the help of an in-country government legal representative is an important first step in the legislative process, regardless of the approach taken. Understanding the lead government agency and the legislative mandate they have will dictate which existing laws they have jurisdiction over that could be amended to encapsulate a comprehensive marketing restriction. Some countries may already have authority vested through legislation to regulate marketing and may be able to extend the existing scope to make it comprehensive. It is therefore important to look at the regulatory systems in place within a country as a starting point to see if any existing laws can be integrated or built upon.

For example, Canada introduced a Child Health Protection Bill that encapsulated comprehensive restrictions on unhealthy food marketing to children, which was an amendment of the existing Food and Drug Act, not a new law. In Chile, a new law, the Labelling and Advertising Law, was passed in 2016, but the regulations to implement this law were developed by amending the existing Food Sanitary Regulations.

An assessment of whether existing laws have been effectively implemented is important before a decision is made to adopt, integrate or amend them. Key definitions used in existing regulatory responses will also need to be examined - for example, the definition of 'children' and the age threshold used, to ensure they align with the best practice definitions outlined in this report.

Another reason it is important to understand existing regulatory systems is to utilise existing monitoring bodies which can be given increased power to monitor and enforce marketing restrictions within a comprehensive law. For example, an existing school policy may grant powers to an appointed authority to carry out school inspections to monitor compliance with the policy – this existing monitoring system could be utilised when implementing a comprehensive marketing law and authorities may be given extended powers (with additional resources) for additional monitoring requirements. Governments may also consider how legal provisions covering regulations for breast-milk substitutes have been implemented and whether existing legislation was utilised or if a new piece of legislation was created.

Potential areas where existing relevant laws may be identified include:

1. Public health laws, regulations and institutions;
2. Media controls and regulating authorities;
3. Food labelling, composition and distribution regulations and enforcement agencies;
4. Consumer protection and consumer rights regulations and institutions;
5. Planning and zoning controls on food retailing, catering and out-door marketing;
6. Protection of children on the internet (related to online privacy and use of personal data of children or exposure to digital content); and
7. Regulations on child care centres, kindergartens and schools.

Table 3 outlines the various legislative responses different governments have taken to date to inform their food marketing restrictions. This includes the names of the legislation and the relevant legal entry points used, including which government departments had the legislative mandate and what area of law they used.

Table 3. Summary of legal entry points by other governments

Country	Legislation names	Legal entry points
Canada (not passed)	<ul style="list-style-type: none"> Child Health Protection Act Amending Food and Drug Act 	<ul style="list-style-type: none"> Government agency with mandate: Ministry of Health Amending Food and Drug legislation (both under mandate of Ministry of Health)
Chile	<ul style="list-style-type: none"> Law of Nutritional Composition of Food and its Advertising (Ley 20.606) (Food Labelling and Advertising Law) (82) Amending Food Sanitary Regulations 	<ul style="list-style-type: none"> Government agency with mandate: Ministry of Health Legislation – Labelling and Advertising law (combined) Regulation - Food Sanitation (as it had mandate for food labelling)
Ireland	<ul style="list-style-type: none"> The Children's Commercial Communications Code 	<ul style="list-style-type: none"> Government agency with mandate: Broadcasting Authority of Ireland Broadcasting law (given scope of Code)
Portugal	<ul style="list-style-type: none"> Restrictions on food and beverage advertising to children, amending the Advertising Code 	<ul style="list-style-type: none"> Government agency with mandate: Ministry of Health Amendment of Advertising Code (national legislation)
South Korea	<ul style="list-style-type: none"> The Special Act on the Safety Management of Children's Dietary Life 	<ul style="list-style-type: none"> Government agency with mandate: Ministry for Health, Welfare and Family Affairs and the Korea Food & Drug Administration Special Act introduced new law
Taiwan	<ul style="list-style-type: none"> Regulations Governing Advertisement and Promotion of Food Products Not Suitable for Long-term Consumption by Children 	<ul style="list-style-type: none"> Government agency with mandate: Ministry of Health and Welfare Food safety and sanitation law
United Kingdom	<ul style="list-style-type: none"> Health and Care Bill amending the Communications Act 2003 (enacted in 2022) Advertising restrictions on TV and online for products high in fat, sugar and salt (unhealthy) Restricting promotions of food and drink that is high in fat, sugar and salt (due to be implemented in 2022) 	<ul style="list-style-type: none"> Government agency with mandate: Ministry of Health and Department for Digital, Culture, Media and Sport implementing the National Obesity Strategy Communications law

3.3.3 Substantive content of comprehensive law

It is not appropriate or in fact possible to stipulate the specific detail that should go in the legislation and what issues would be included in the implementing regulations. This should be left to each government to decide taking into account the following considerations:

- The need for security and relative permanence of certain provisions, as provided by legislation (since legislation can only be changed by subsequent legislative acts), compared to the need for flexibility of certain provisions over time (e.g., marketing mediums and techniques change over time, especially digital marketing techniques)
- The political will of the legislature to include the strongest best-practice measures in legislation compared to the political will and capacity of the implementing ministry or ministries to formulate strong measures;
- The ability of the food and beverage industry to influence and weaken legal provisions in the legislature compared to its ability to do so in the implementing ministry or ministries. If any law enacted has gaps

- or weaknesses due to lack of clarity, then regulations, by providing clarifications, may be able to help to strengthen the provisions of the law. Therefore, it is important that legislation provides the appropriate ministry or other authority with broad rule-making powers.

The following sections of the report do provide details of the legislative and regulatory parameters of a broad nature. It is important to ensure robust and clear legislative and regulatory design at the outset of the policy process to ensure the law is effective at meeting its objectives and so challenges from industry are reduced. As a baseline the following should go in the legislation: clear legislative objectives, definitions of key terms, grant of broad powers and resources to an appropriate independent authority to address implementation, a time-bound implementation schedule, monitoring and enforcement mechanisms (which should be free from conflicts of interest and appropriately resourced and with legal duties of compliance and a range of deterrents and penalties) and evaluation time frames.

3.4 Legislative objectives

Minimum
standard

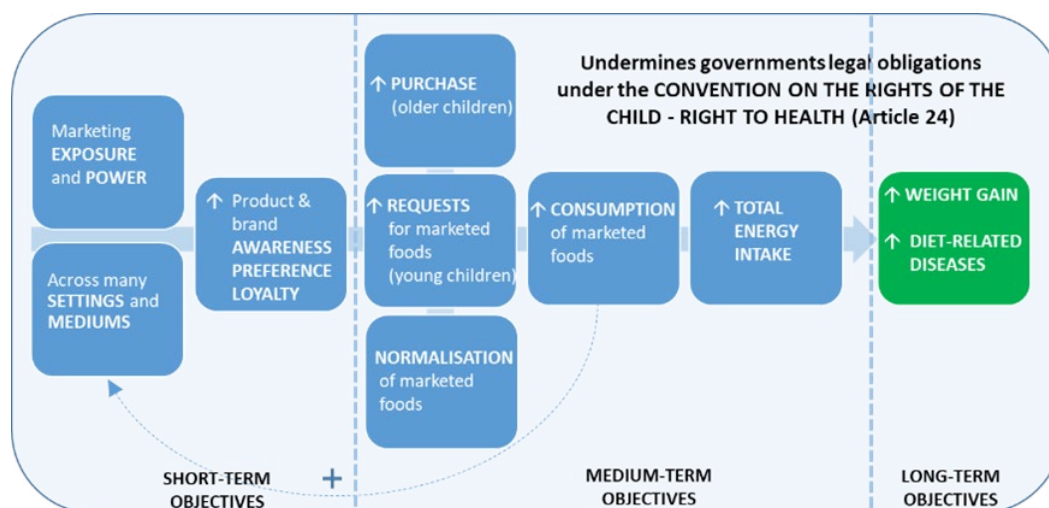
04

Set 'reduction in exposure and power of unhealthy food marketing to children' as a short-term policy objective.

1 2 3 4 5 6
7 8 9 10 11 12

Setting clear and measurable short-term, medium-term and long-term policy objectives is essential for effective policy design. These objectives should clearly state what the policy intends to achieve and must be supported by evidence on the impacts of unhealthy food marketing on children's health (see **Figure 4**). The outcomes stated in the policy objectives will be used as a basis for monitoring progress and policy effectiveness and therefore should be measurable and attainable within policy evaluation time-frames.

Figure 4. Legislative objectives must be evidence-based and measurable to justify use of law and to be used as a basis for policy evaluation. Short-term, medium-term and long-term objectives can be guided by the pathway of effects between marketing exposure and health outcomes.



The WHO recommends that marketing regulation should have a stated short-term objective of reducing the amount of food marketing that children see (exposure) and reduce the persuasive content of the marketing message (power; see **Box 6** for example policy objectives). Reducing marketing means restricting the exposure of children to such marketing to as close to zero levels as possible. Vague policy objectives that are not aligned with reducing exposure to, and power of, unhealthy food marketing to children are weaker and are more likely to be legally challenged by industry (83).

Reducing the purchase or consumption of unhealthy foods represents a strong medium-term objective. International evidence demonstrates a convincing link between unhealthy food marketing and unhealthy food purchase and consumption for both children and adults (see Section 2.4). This evidence means governments can demonstrate the need for legislation and defend legal challenges when introducing legislation to protect children from the harmful impacts of food marketing.

Longer term objectives should reflect the overall strategic intent of introducing legislation. For example, if marketing controls have been introduced as part of a broader suite of policies to reduce the prevalence of childhood overweight, then overweight prevalence should be considered as a long-term objective. It is important that health outcomes such as overweight or NCDs are only considered as long-term policy objectives due to the significant lag times between policy implementation and population health benefits. It is also important that reducing the prevalence of childhood overweight is not the only stated policy objective – doing so opens the doors for industry challenge as it is difficult and takes longer to measure how food marketing policies impact children's weight at the population level. Further, as noted above, a whole-of-systems approach is required to reduce the population prevalence of overweight and NCDs, and as such, marketing policies should be evaluated for the long-term policy objective collectively with other actions that have been implemented as part of a multi-pronged approach.

Setting and reaching these short, medium and long-term objectives will also ensure governments are protecting the rights of children to health enshrined in the United Nations Convention on the Rights of the Child.

MINIMUM STANDARD 4

BOX 6

Example legislative objectives

- **Short-term:** Reduce the amount of food and non-alcoholic beverage marketing that children see (exposure) and reduce the persuasive content of marketing messages (power)
- **Medium-term:** Reduce the purchase or consumption of unhealthy foods and non-alcohol beverages
- **Long-term:** Reduce the population prevalence of overweight

3.5 Definition of children

Minimum standard

05

Define children as up to 18 years of age.



All children up to 18 years of age should be protected from unhealthy food marketing. This aligns with the United Nations Convention on the Rights of the Child, where a child is defined as 'every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier' (21). This definition also aligns with the ages of children and young persons covered under Child and Young Persons Protection Laws (or similar) across ASEAN Member States (84-91) (with the exception of Viet Nam where a child is defined as a person under the age of 16 years (92) and Cambodia where there is no existing overarching law for Child Protection). Similarly, across all ASEAN Member States, it is against the law to sell tobacco products to a person under the age of 18 years (older in some countries). When considering international food marketing policies, in Ireland, South Korea and the UK, the definition of children are persons aged up to 18 years.

Protecting children up to age 18 years is important because evidence shows that unhealthy food marketing influences both younger *and* older children by increasing preference and consumption of marketed foods (up to 18 years of age) (11, 13). Children under the age of 13 years are particularly vulnerable to economic exploitation as they do not have the cognitive ability to interpret the persuasive intent of marketing (93).

Older children (aged 13-18 years) have their own purchasing power, they are reward driven, impulsive, strongly influenced by their peers and are particularly vulnerable to marketing that promotes products that provide immediate gratification (94, 95). The purchase and consumption of unhealthy foods and drinks among older children is particularly high (96, 97) and cannot be ignored if the goal is to address unhealthy diets and rates of weight gain across the population.

When designing legal measures, the definition of children is only relevant for legal provisions related to content-based restrictions (e.g front-of-pack marketing) and direct marketing (e.g free products directly to children). For settings-based, time-based and media-based regulation (see Minimum Standard 9), it is not necessary to include a definition of children as the legal provisions are applied across the entire setting, time or media.

3.6 Definition of marketing

Minimum standard

06

Use a broad definition of marketing that will cover the wide breadth of marketing strategies.

1 2 3 4 5 6
7 8 9 10 11 12

Marketing can be defined as any form of commercial communication of messages that has an aim, effect or likely effect of increasing the recognition, appeal and/or consumption of particular products, brands and services, either directly or indirectly. It comprises anything that acts to advertise or otherwise promote a product or service' (5), including the advertising of corporate social responsibility initiatives. This broad definition of marketing is intended to cover the wide breadth of marketing strategies, including, but not limited to, advertising, sponsorship, direct marketing (e.g. mail, text), product placement and branding.

3.7 Definition of 'marketing to children'

Minimum standard

07

Define marketing to children as all marketing that children are *exposed to*, regardless of the intended audience.

1 2 3 4 5 6
7 8 9 10 11 12

To adequately protect children from the harmful impacts of food marketing, the definition of marketing to children must encompass all unhealthy food marketing to which children are exposed, regardless of the intended audience or whether it is 'directed to children' or not. The reasons for this are as follows:

Children and adults share many of the same physical and digital spaces and exposure times (49, 74, 98, 99). As children age, these spaces and exposure times are increasingly mixed with adults, and defining marketing that is 'directed to children' becomes increasingly difficult to define. This difficulty in determining what is and what is not 'directed to children' weakens legislative powers as the intended audience of the law is subjectively interpreted and open for legal challenge. For example, in 2016 Chile implemented the *Food Labelling and Advertising Law*, which included a ban on advertising for foods and beverages high in sugars, fats and sodium on television programs considered to be i) 'child-targeted', ii) where >20% of the audience consists of children aged <14 years and iii) where advertising appeals to children by including characters, toys or other strategies considered to be 'directed to children' (100). Analysis of the impact of this law revealed a significant reduction in children's exposure to food advertising with child-targeted appeals on television (by 35% for preschoolers and 52% for adolescents) but did not eliminate it (72). The legislation was updated in June 2018, where the 'child-targeted' definition of food advertising on television was replaced with a time-based restriction, banning all unhealthy food advertising on television programs aired between the hours of 6am and 10pm. Similar deviations of industry interpretation of 'child-directed' marketing with intended regulatory definitions has been noted across marketing mediums and countries (77, 101).

3.8 Food classification system

Minimum standard



08

Adopt or adapt an evidence-based food classification system that categorizes food, drinks and master brands (logos) as 'permitted' or 'not permitted' for marketing.

Marketing of foods, drinks and master branding (logos) to children should be classified as 'permitted' (representing healthier foods) or 'not-permitted' (representing less healthy foods) using an objective and easy-to-use system. ASEAN Member States should adopt or adapt evidence-based classification systems, such the WHO South-East Asian Region (SEAR) nutrient profile model (6) or the WHO Nutrient Profile Model for WPRO (7), both of which have been specifically designed for the implementation of the WHO Set of Recommendations on the marketing of foods and non-alcoholic beverages to children. These nutrient profile models are based on robust scientific evidence of the health impacts of different food groups and therefore provides an objective method of categorizing foods that are more or less likely to be part of a healthy diet. If existing food classification systems are in place, their appropriateness for unhealthy food marketing laws should be tested against national dietary guidelines and WHO models (6, 7).

When considering a food classification system it is important the following are considered:

- The development of a food classification systems is government-led. Systems that have been developed by industry have been less strict and shown to be less effective (102).
- Food classification system should be applicable to local and trans-national foods and brands
- Certain food categories are 'not-permitted' under marketing regulations, regardless of nutrient content. According to the WHO WPRO model, this includes the following categories:
 - chocolate and sugar confectionery, energy bars, and sweet toppings and desserts
 - cakes, sweet biscuits and pastries and other sweet bakery products, and dry mixes for making such energy drinks, tea and coffee
- Marketing should also be prohibited for any product containing >1% of total energy in the form of industrially produced trans-fatty acids or if the product contains ≥0.5% of total energy in the form of alcohol, as per WHO WPRO model (7).
- Beverages containing non-nutritive sweeteners should also prohibited, as per WHO WPRO model (7). This is important as increasing evidence suggests that non-nutritive sweeteners increase the risk of adverse health outcomes (103).
- Nutrient criteria are not required for fresh and frozen fruit, vegetables and legumes, as per WHO WPRO model (7).
- Marketing of master brands (e.g logos) that synonymous with unhealthy food products should not be permitted under food marketing legislation for the following reasons:
 - Evidence shows that marketing of brands that are synonymous with unhealthy foods (e.g. quick service restaurants or confectionary) increases reward pathways in the brain and increases selection and consumption of unhealthy products, even when healthy food items are included in the advertisement (104, 105).
 - It has been argued that exemptions for master brand advertising may incentivise companies to reformulate and innovate to healthier products. This is unlikely to dramatically change the overall nutritional profile of the products sold by many of the large transnational food corporations. For example, one of them recently acknowledged that more than 60% of its mainstream food and drinks products do not meet a "recognised definition of healthy" and that some categories and products will never be healthy no matter how much innovation (106)).
 - Most sponsorship deals are reciprocated through the advertisement of sponsors brands. Sports sponsorship provides brands with great exposure, from sponsorship of local community sports through to elite international level sports, and has been shown to increase brand awareness and preference for brand products (107, 108). Exemptions for master brand advertisements would allow companies to scale up this type of marketing to circumvent any restrictions in place and would undermine the inclusion of sponsorship in a comprehensive approach to protecting children from unhealthy food marketing.

- Brands can be classified as 'permitted' or 'not permitted' by assessing the top five selling items by market share against the food classification system – if the majority of these products are classified as 'not permitted', then the master brand should also be prohibited from marketing.

3.9 Marketing media and settings

Minimum standard

09

Regulate all unhealthy food marketing using a combination of provisions that describe the settings, times, media, and content to which the restrictions apply.

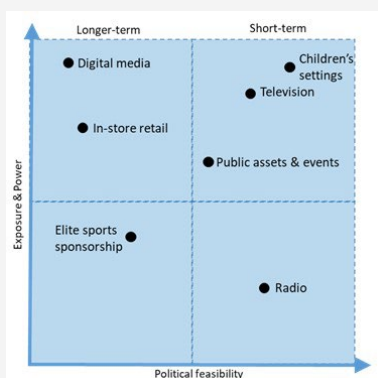


A comprehensive approach, adequately and effectively capturing the full range of communication media and settings where children are exposed to food marketing is required (see **Box 4** and section on Comprehensive Legislative approach). If a staged approach to implementation is adopted, governments must prioritise media and settings with a time-bound implementation plan. When prioritising the regulation of settings and mediums it may be useful to consider political feasibility (how likely is it that policy adoption and implementation can be carried out?) and the potential exposure and power of unhealthy marketing to children (what are the media and settings where children are most influenced by unhealthy food marketing?). The following prioritisation matrix may be useful for ASEAN Governments (**Box 7**).

MINIMUM STANDARD 9

BOX 7

Example of using a prioritisation matrix for guiding time-bound implementation for regulating different marketing media and settings



Settings and media placed in the two right-hand side boxes of the matrix may be considered for shorter-term implementation plans. Settings and media located in left-hand two boxes of the matrix are likely to require more time to draft regulations and to prepare government and industry for implementation. These may be assigned longer time frames in the implementation plan.

Similar to the Chilean legislation, an implementation timeframe should be included in the governing legislation that outlines when the regulations supporting the legislation need to be designed, implemented and enforced. Making sure the schedule specifies deadlines for implementation ensures that the legislative system is effective and that it will be enforced.

The exact media and settings should not be prescriptive so that it is not interpreted as an exhaustive list, but should specify *how* known settings and media will be regulated. In general, all settings and media can be regulated using a settings-based, time-based, medium-based or content-based design (see **Box 8** for definitions).

BOX 8

Categories for regulatory design

Settings-based restrictions:

total ban on unhealthy marketing in specific venues and locations.

For example:

- All child-centred settings (schools, child services, playgrounds, children's sports, etc)
- All public spaces, public transport and public events (including elite sports)
- All outdoor marketing (static and digital)
- All retail environments (including vending)

Time-based restrictions:

total ban on unhealthy marketing between pre-specified times.

For example:

- All broadcast media including television, cinemas and radio between 6am and 12am

Media-based restrictions:

total ban on unhealthy marketing disseminated through specified mediums.

For example:

- All unhealthy food advertising through online digital environments
- Direct mail, unsolicited documents or any other direct marketing to children or which has the intent to influence children's consumption of marketed products

Content-based restrictions:

Ban on unhealthy food marketing where the creative content of the marketing message is considered to be 'directed to children'. Used as a default design for all marketing that is out of scope of, or it is not appropriate to apply, a settings-based, time-based, or medium-based restriction.

For example:

- Product packaging (on- or in-pack promotions)
- Hours outside of a time-based ban for television
- Products that are promoted with unhealthy foods or beverages (e.g. meals with toys)

3.9.1 Settings-based regulations

A whole-of-setting ban on unhealthy food marketing should be considered in settings where there is frequently a high number of children present. This includes settings specifically catering to children (e.g schools) and setting that are mixed with a large number of both children and adults, such as public places and retail environments (see **Box 9** for international examples).

MINIMUM STANDARD 9

BOX 9

Country examples of settings-based regulations

India (2020), schools

Foods and beverages high in saturated fat or trans-fat or added sugar or sodium cannot be marketed on a school campus or to school children in an area within 50 meters from the school gate in any direction.

London (2019), public transport

Advertising that promotes (directly or indirectly) food or non-alcoholic drink which is high in fat, salt and/or sugar ('unhealthy' food products) is banned on all publicly owned transport advertising estate, including on the underground, rail, buses, overground, light railway and roads. Brands can only be included if the advertisement promotes healthy products as the basis of the advertisement.

Philippines (2017), schools

As part of the Policy and guidelines on healthy food and beverage choices in schools and in DepEd offices, the marketing (advertising, sponsorship or promotion) of foods and beverages classified as 'red' (using a traffic light food classification system) is prohibited in schools, learning centres, Department of Education offices and up to 250 metres around schools.

UK (enacted in 2022), retail

The UK government has committed to legislative ban on unhealthy food promotions in food retail settings. Specifically, this includes a restriction on multi-buys (buy-one-get-one-free), sale of unhealthy foods at check-outs and at shop entrances and on the sale of unlimited refills of unhealthy foods and beverages in places where they are sold to the public.

a) Child-centred settings

Child-centred settings include, but are not limited to, schools, early childhood settings, playgrounds, family and child services, children's sports and cultural activities. Whilst there has been some action to reduce unhealthy food marketing within child-centred settings across ASEAN Member States (see example for Philippines in **Box 9**), many of these settings remain unregulated. Whole-of setting unhealthy food marketing bans in child-centred settings aligns with Recommendation 5 of the WHO's Set of Recommendations which states that settings where children gather should be free from all forms of unhealthy food marketing (5) and the 2016 WHO Report of the Commission on Ending Childhood Obesity where it was stated that "settings where children and adolescents gather and the screen-based offerings they watch, should be free of marketing of unhealthy foods and sugar-sweetened beverages" (109). Using the broad definition of marketing outlined in this report, restrictions would include donations of branded equipment and educational materials.

b) Public spaces, public transport and public events

Urban areas across the ASEAN region are characterised by large volumes of traffic, supporting a strong outdoor advertising sector with billboards reaching up to 100m in length in static or, increasingly, digital formats (110). For example, in Malaysia, trans-national food brands rank in the top 10 for all out of home advertising spend, with billboards being the most common out-of-home media format (111). Targeting of advertising to commuters at mass transit stations and on public transport is a key marketing strategy by unhealthy food companies. This kind of marketing, along with marketing in other public spaces and at public events (e.g. sporting sponsorship or sponsorship and advertising at cultural events) is highly visible to children as they go about their daily lives and, in most instances, cannot be avoided.

Whilst a proportion of marketing media is privately owned, a proportion is also public property, which is under the control of the Government. Its presence undermines Governments' commitments to addressing childhood overweight and obesity and may be considered as low hanging fruit when prioritising the mediums and settings to be regulated in the shorter-term.

c) Food retail environments

Food retail outlets, formal and informal, are the settings where food is obtained for consumption immediately or for storage and later consumption. High numbers of children are frequently exposed to marketing within these settings whilst shopping with a parent (young children) or when purchasing food for themselves (older children). Food retail settings include bricks-and-mortar stores that people physically visit to purchase foods and online food retail stores where people use digital devices to order food, usually delivered to their door. The types of unhealthy food marketing that children are exposed to in retail settings include in-store or online store advertising (including at point-of-sale), placement of foods and beverages in prominent locations (e.g. end-of-aisle, check-out, free-standing displays, at young children's eye level, or in prominent locations online), price promotions and free tastings (112). Children are also exposed to marketing on and within unhealthy food packaging within food retail environments (considered in section on content-based regulations). Food retail marketing strategies have shown to influence children's consumption of unhealthy products through relentless requests made to parents for marketed food items (younger children), and by attracting the attention of older children or adults at point-of-purchase, thereby encouraging unplanned or impulse purchases (112-114).

3.9.2 Time-based regulations

Time-based regulations prohibit *all* unhealthy food marketing between times when large numbers of children are in audience. Internationally, time-based regulations have been primarily applied to broadcast media, including television, cinemas and radio (see **Box 10** for international examples).

MINIMUM STANDARD 9

BOX 10

Country examples of time-based regulations

Chile (2018 update)

Time-based restriction on unhealthy food advertising on television programs aired between 6am and 10pm. Outside of these hours marketing of unhealthy foods which is considered to be 'directed to children' is prohibited.

South Korea (2010)

Under the Special Act on the Safety Management of Children's Dietary Life, advertising of specific food categories considered to be high in calories, total sugar, saturated fat and sodium of food before, during and after programmes shown between 5pm and 7pm and during other children's programmes is prohibited.

Taiwan (2016)

Statutory ban on television advertising of foods high in sodium (per serving) and high in calories from fats, saturated fats or free sugar (%) on children's channels between 5pm and 9pm.

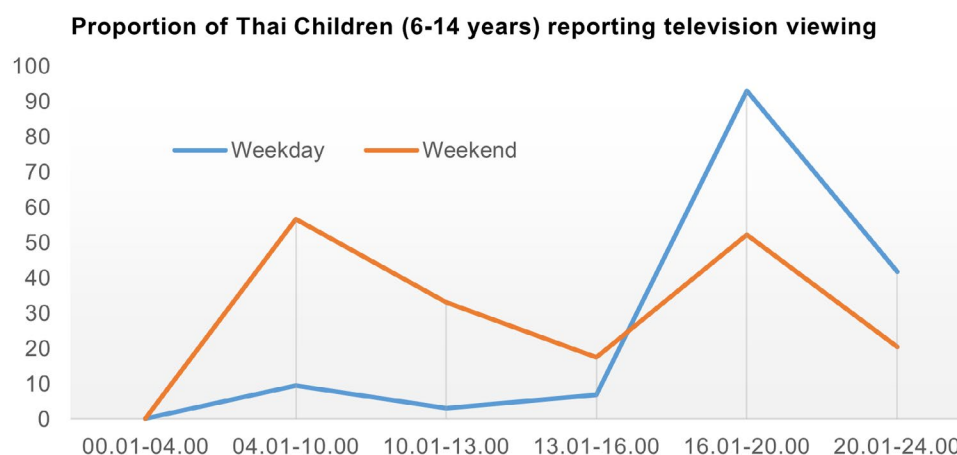
United Kingdom (enacted in 2022)

All unhealthy food advertising prohibited on television between the hours of 5.30am and 9pm.

When defining the time-frame for when unhealthy food marketing should be banned on television, it is important to understand children's viewing behaviours. Children often watch television outside of hours when 'children's programs' are aired. Data should be used to capture *all* times where a large number of children are in the audience. This can be assessed by quantifying the proportion of *all* children within a country who watch television across the day and night. The number of children watching television can be obtained from national surveys or industry data and combined with total population numbers from census data (see **Figure 5** for example from Thailand).

Time-based regulations should not be based on the proportion of children in the audience as this is reduced when the number of adult viewers increases (despite the absolute number of child viewers remaining high). In practice, using a time-based approach to restricting unhealthy food marketing on television means defining a watershed period - a time of day where unhealthy foods are permitted to be advertised. For example, a 10pm - 6am watershed is the period of time when unhealthy food advertising is permitted. In other words, between the hours of 6am and 10pm all unhealthy food advertisements are not-permitted. The watershed should be sufficiently late so that food advertising restrictions extend beyond what may be considered as 'children's programming' and to cover all programs where a large number of children are in the audience. For consistency, the same time thresholds should be applied across all broadcast mediums.

Figure 5: Proportion of Thai Children (6-14 years) reporting television viewing. *Source:* 2008 reported television viewing time data from the National Statistical Office, Ministry of Information and Communication technology and single year population counts from 2010 Census data. In this example, the time-based regulation on broadcast mediums may occur between the hours of 6am and 12am as >40% of Thai children watch television during these times on any given day of the week.



3.9.3 Media-based regulations

Media-based restrictions are those that cover the entire medium, at all times, without exemptions. Media-based regulations should be considered when audiences are highly mixed with adults and children and when the advertising models are complex and difficult to control during specific hours or times (see **Box 11** for international examples of medium-based regulations).

BOX 11

Country example of media-based regulations

Australia (2010): under the Tobacco Advertising Prohibition Amendment Bill, all online advertising and promotion of tobacco are banned.

Thailand (2017): under the Tobacco Products Control Act B.E. 2560, tobacco products cannot be marketed 'through electronic media or computer networks'.

UK (enacted in 2022, due to be implemented in 2024): Provisions within the Health and Care Bill includes a ban on all paid-for advertising of food and beverage products high in salt, sugar and/or fat through online platforms. This is the first total online ban on unhealthy food advertising, globally, and demonstrates the political feasibility of committing to a medium-based ban for online platforms. Foods will be classified using the Department of Health Nutrient Profile Model (NPM), however the product types that fall under the ban has been narrowed (compared to when the NPM is used for other policies) so that the focus is on products most likely to appeal to children. A number of exemptions apply, including brand advertising (as long as there are no HFSS foods), advertisements in digital-only audio media (e.g podcasts, music streaming), media supporting point of sale (e.g when buying a product online from a retailer), small and medium enterprises (<250 employees), non-paid for marketing (e.g brand own websites or organic social content) and business to business marketing.

a) Online digital environments

A whole-of-medium ban on online digital platforms will be required to adequately protect children from online unhealthy food marketing, support parents and provide a simple and consistent approach for industry adherence. The reasons for this are as follows:

- Online digital marketing is more targeted, and immersive compared to other types of non-digital marketing. Online digital marketing is highly data driven, meaning that children are exposed to personalised advertising based on highly accurate and detailed individual consumer profiles, which are

established by so-called data brokers. It can be virally spread and accessed in almost any context, exposing large volumes of children to marketing content in a very short period. With its relatively low cost, it is clear why the food and drink industry has embraced digital marketing, from the immersion of their products and brands within online games and targeted banner advertising through to paid social media influencers (including child influencers) and encouragement of user generated content (e.g branded hashtag challenges). Food and beverage advertising spend through online mediums is increasing year on year across the globe, including ASEAN Member States (40, 41, 44).

- Online marketing is produced and disseminated by a large network of stakeholders, including users (3, 74) and delivered in a way that lacks consistency and transparency. Unhealthy food marketing that is not intended for children can still be seen by children through the absence or evasion of age verification (43), viral campaigns, on social networks where content is publicly shared or through shared household devices where advertising is 'directed' at an adult user (115). Use of online mediums are highly mixed across age, with the same online spaces often shared between children and adults (115).
- This blanket-ban whole-of-medium approach is more likely to be future-proofed to technological changes over time and the emergence of new social media platforms, it provides a simple and consistent approach for industry to adhere to and minimizes the risk of unhealthy food marketing shifts to unregulated online mediums and techniques.

Regulations must reflect this unique online marketing environment. This includes unambiguous regulatory terms and conditions so that subjective interpretations and potential legal challenges are minimised. Enforcements must be strong to deter any breach of regulations for marketing gain – the time taken for a marketing campaign to reach and impact large numbers of users is much faster than the time needed to investigate a breach of regulation.

No jurisdiction around the world has introduced legislation to regulate online unhealthy food marketing. However, the UK, has enacted the Health and Care Bill. Due to be implemented in 2024, which will include a ban on all 'paid-for' advertising online for foods that are high in salt, sugar and/or fat (see **Box 11** for more details). The EU is also currently debating a Digital Services Act, which may involve banning the use of children's personal data for commercial purposes related to profiling and behaviourally targeted advertising. A total-ban on unhealthy food advertising through digital mediums aligns with the Committee on the Rights of the Child recent adoption of General Comment No.25 on children's rights in the digital environment. In this General Comment it is stated that children's personal information or location should not be used to target potentially harmful commercially driven content and that Member States should regulate targeted or age-inappropriate advertising, marketing and other relevant digital services to prevent children's exposure to the promotion of unhealthy products, including certain food and beverages. This shows that digital marketing of unhealthy foods is not only violating children's right to good health, but also negatively impacts the child's right to data protection (Art 16 CRC) and protection from economic exploitation (Art 32 CRC).

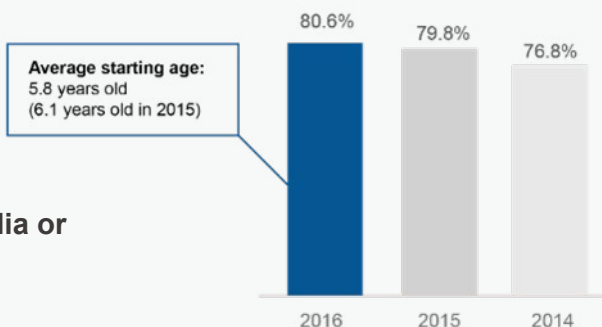
The need for regulation is globally recognised and technical guidance is becoming increasingly available (115). Suggestive regulatory design for online mediums have included a combination of age-verification for each session on a digital device (with a default assumption that the user is a child) and tagging of marketing campaigns to flag and block unhealthy food marketing content to users verified as a child. Due to the negative impact of existing age-verification mechanisms on personal data and the lack of reliable and independent verification mechanisms, this solution does not seem to be equally effective compared to a whole-of-medium ban. Whilst it is expected that these regulatory strategies will *reduce* online unhealthy food marketing, children are likely to remain exposed. Tagging of marketing content is not traditionally used for all types of marketing (e.g user-generated content and influencers), and as outlined above, marketing content can be shared from adults to children via shared social media sites and age-verification may be circumvented (as is the case currently with social media platforms (43)).

The types of data to support medium-based restriction on online digital platforms include internet and social media usage by age and frequency of use, over time (see **Box 12** for an example from Singapore). It is of note that internet and social networking platform use has been changing rapidly over time, so it is important to have the most up to date data to inform policy development.

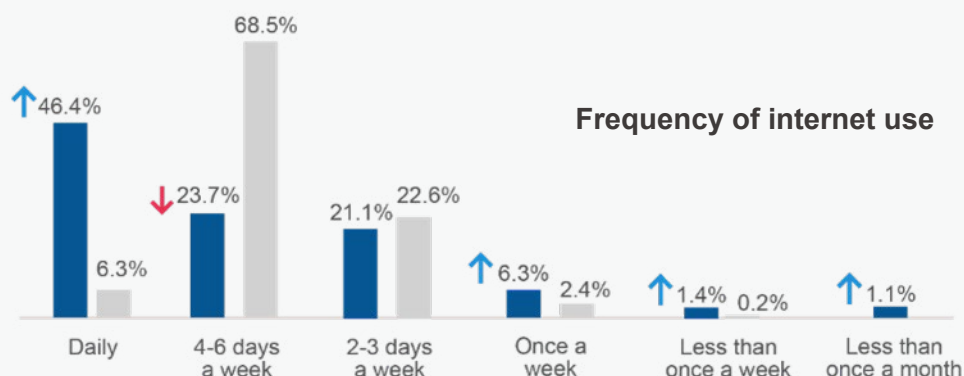
BOX 12

Example data to inform regulations for online unhealthy food marketing. Data demonstrates that in Singapore internet use and frequency of use is increasing. In 2016, an average of 80% of children used the internet, with the mean starting age of 5.8 years. Almost half of these children use the internet daily.

Use of internet for media or non-media activities

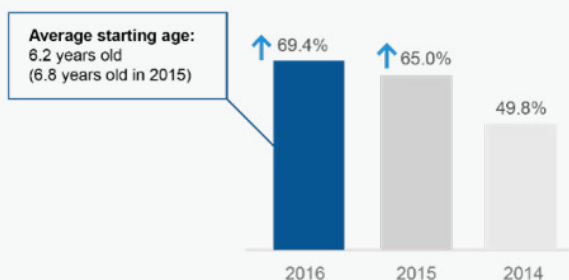


Frequency of internet use

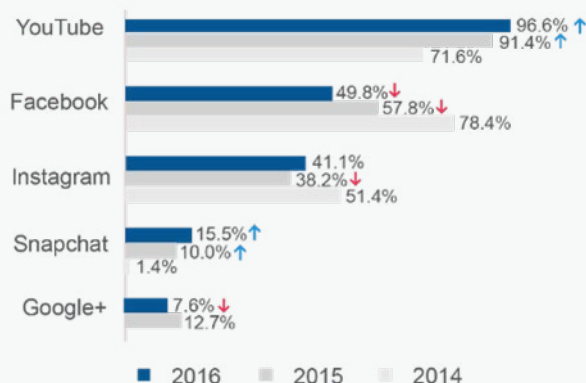


Social media use is also increasing, from 49.8% of children in 2014 to almost 70% of children in 2016. The mean age for first engagement with social media platforms is 6.2 years, with YouTube the most commonly used platform.

Ever used social media platforms



Current social media platforms used



b) Direct mail, unsolicited documents or any other direct marketing to children

Unhealthy food marketing using materials, communications or products delivered directly to children (or delivered to an adult with the intent to influence children's consumption of unhealthy food and beverage products) should be banned, regardless of whether the creative content is considered 'child-directed'. This includes (but is not limited to) free unhealthy food and beverage products or branded giveaways, direct mail, electronic marketing (e.g SMS, email, personalized social media messages) and unsolicited documents.

3.9.4 Content-based regulations

BOX 13

Country examples of content-based regulations

Chile (2016)

As part of the Chilean Food Labelling and Advertising Law, all marketing on the packaging of unhealthy foods are banned if the marketing includes 'child-directed' techniques and incentives, such cartoons, animations and toys or any other techniques or content that could attract the attention of children.

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Content-based regulations ban unhealthy food marketing where the creative content of the marketing message is considered to be 'directed to children'. This regulatory design approach should be used as a default design for all marketing that is out of scope of a settings-based, time-based, or media-based restriction (e.g outside of the specified times for TV regulation) or in instances where a settings-based, time-based or media-based regulatory design is not appropriate (e.g product packaging; see **Box 13**). Child-directed marketing can be defined as any marketing technique that appeals, or is likely to appeal, to children, including through use of images, sounds or language designed to appeal to children such as characters or celebrities (licensed or unlicensed), children actors or voices, references to school or play, toys or book give-aways, competitions or promotional giveaways, use of themes designed to attract children (e.g fantasy or adventure), use of games or activities that are likely to be popular with children, use of online influencers (child-influencers or adult influencers with a large child following) or other child-directed appeals. Child-directed marketing should also include marketing that is directed to a parent (or another adult) where the end-consumer is a child.

a) Product packaging

Product packaging for unhealthy food products should be free from marketing that is designed to appeal to children, including advertising on the packaging itself (e.g through use of on-pack images such as licensed characters or elite sports figures and associations), free-samples within the package, tie-ins and other purchase incentives. Product packaging can be defined as the wrapping or box that foods and beverages are contained within for retail sale. Product packaging of unhealthy foods with child-directed marketing content has been shown to influence purchases and purchasing requests (117, 118), and lead to more favourable taste and snack preferences (119, 120). The features described above are marketing techniques in their own right, distinct from any labelling law requirements that focus on general nutrition information for consumers (nutrient declarations, front of pack labelling etc.). Therefore, they can be considered in the scope of a marketing law, not a labelling law. Chile was the first country to ban unhealthy food marketing on food packaging under the 2016 *Food Labelling and Advertising Law*, where the scope of 'advertising' included advertising on food packaging.

4

Governance

4 Governance

- This section provides guidance on how governments can use their governance systems to steer the government's authority to exercise power, co-ordinate the relationships between actors, and govern the processes of law making in relation to introducing and implementing food marketing restrictions. This section provides guidance on the following areas: a) Legislative mandate and lead government agency; b) Government working groups; c) Safeguarding conflicts of interest. Regional co-operation is also an important part of a governance system and is addressed in Box 3.

4.1 Legislative mandate and lead government agency

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standard

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Ensure governance systems steer the legislative process.

1 2 3 4 5 6
7 8 9 10 11 12

In other countries, the government department responsible for health has primarily been the main implementing government body, along with other associated health regulatory bodies, because the legislative objectives have been health related. When other government departments have led law development and implementation, that regulatory approach has been narrow in scope. For example, broadcast legislation is often led by broadcast authorities, but this does not cover the full range of marketing settings and media. A wider legislative framing is needed, which requires an implementing body that can cover the full breadth of marketing restrictions. This needs to cover (for example) retail settings, online media, brand advertising, outdoor advertising and sponsorship as part of the law, not just the traditional broadcast channels. **Table 4** outlines international examples of legislative lead government agencies and legislative objectives. See also **Table 3** regarding legal entry points used by other governments.

Table 4: International examples - lead government agency and legislative objectives informing the legislative mandate

Country	Law	Lead government agencies	Legislative objectives
Canada (existing Bill failed to pass into law)	Child Health Protection Act amending Food and Drug Act	Ministry of Health	<ul style="list-style-type: none"> To reduce the exposure of children to unhealthy food and beverage advertising which can influence food preferences and choices, resulting in the over-consumption of unhealthy food, and leading to poor health outcomes
Chile	Law of Nutritional Composition of Food and its Advertising (Ley 20.606) (Food Labelling and Advertising Law) (71) Amending Food Sanitary Regulations	Ministry of Health	<ul style="list-style-type: none"> Child protection Promoting informed selection of food Decreasing food consumption with excessive amounts of critical nutrients

(continued)

Country	Law	Lead government agencies	Legislative objectives
Ireland	The Children's Commercial Communications Code	Broadcasting Authority of Ireland	<ul style="list-style-type: none"> To offer protection for children from inappropriate and/or harmful commercial communications To acknowledge the special susceptibilities of children and ensure that commercial communications do not exploit these susceptibilities To ensure that commercial communications are fair and present the product or service promoted in a way that is easily interpreted by children and does not raise unrealistic expectations of the capabilities or characteristics of the product or service being promoted To provide unambiguous guidelines to broadcasters, advertisers, parents, guardians and children on the standards they can expect from commercial communications on Irish broadcasting services
	Non-Broadcast Media Advertising and Marketing of Food and Non-Alcoholic Beverages, including Sponsorship and Retail Product Placement: Voluntary Codes of Practice	Department of Health	
South Korea	The Special Act on the Safety Management of Children's Dietary Life	Minister of Food and Drug Safety, Republic of Korea	<ul style="list-style-type: none"> To promote children's health by prescribing matters necessary for supplying safe and nutritionally balanced foods to equip children with healthy eating habits
Taiwan	Regulations Governing Advertisement and Promotion of Food Products Not Suitable for Long-term Consumption by Children	Ministry of Health and Welfare Taiwan Food and Drug Administration	<ul style="list-style-type: none"> Aims to protect children from unhealthy food and carry out balanced diets for them
UK	Advertising restrictions on TV and online for products high in fat, sugar and salt (unhealthy) (proposed legislation)	Department of Health and Social Care and Department for Digital, Culture, Media and Sports	<ul style="list-style-type: none"> Reducing children's exposure to unhealthy advertising, to reduce children's overconsumption of these products Drive reformulation of products by brands Restrictions would be proportionate and targeted to the products of most concern to childhood obesity, and limit the advertising children see Easily understood by parents, so that they can be supported in making healthy choices for their families
	Restricting promotions of food and drink that is high in fat, sugar and salt (proposed legislation)	Department of Health and Social Care	

It is likely that the lead government agency will need other government agencies or entities to carry out certain tasks, such as monitoring or enforcement, to help implement the law. It is important that the lead government agency includes explicit mention of any authority it passes to other government agencies in the legislation to ensure those powers can be exercised correctly. The language must be clear so that the authority that the agency is being given is easy to interpret and follow.

Challenges to legal mandate under trade and investment law

Governments are often concerned that their legal mandate to regulate marketing of unhealthy foods and beverages will be challenged by a third party, or another government through the World Trade Organization procedures, or under international investment law or trade law. Box 14 outlines the legal arguments that government may be concerned with.

BOX 14

Typical legal arguments against government legislation

MINIMUM STANDARD 10

The marketing restriction is discriminatory because it applies to certain products and not others (e.g., imported products, but not domestic products).

The government did not have mandate or jurisdiction to introduce the restriction - for example they did not follow due process during policy development by not carrying out proper public consultation or the agency in charge of enforcing the law did not have a clear mandate to act from the lead government agency.

The marketing restriction impinges on the food and beverage industries commercial rights to trade or use their intellectual property like brand icons.

The legislative response is more trade restrictive than necessary – it impacts on the ability to trade more than it needs to, to reach its objectives. Alternative options that do not impact on industry's ability to trade would be more appropriate.

If a marketing restriction is challenged under any area of international or domestic law, there are legal responses available to governments to defend themselves (121). Challenges to a marketing restriction can be defended and avoided in the first instance by anticipating and reducing the risk of legal threat.

The key learnings are as follows (121-125):

- It is important to ensure robust and clear legislative and regulatory design at the outset of the policy process so that the risk of challenge from industry is reduced. A law that can be shown to effectively meet its stated objectives and that can be enforced will place the government in a stronger position. Foreseeing and minimising any loopholes or unintended outcomes is an important design challenge.
- Governments should implement legislation to uphold the United Nations Convention on the Rights of the Child to protect the rights of children. Commercial rights such as the right to free trade; intellectual property or freedom of expression are not absolute; they can be restricted on grounds of public interest, including public health.
- Ensure that there is a strong, legitimate public health objective for the legislation. This should be based directly on the evidence from pathways of effect (**Figure 2**); for example, showing the long-term link between exposure of children to unhealthy food marketing and increased risk of childhood overweight is a rationale for governments to introduce marketing restrictions, as it fulfils a legitimate policy objective (in this case, to reduce childhood overweight through evidence-based interventions).
- Ideally, food marketing restrictions should form part of a comprehensive package of policies aimed at achieving a clear public-health objective. Marketing measures can be a first step in that process and do not need to be held back waiting for other policies to be introduced.

- Ensure that the evidence base is strong and understand how the chosen marketing restriction will achieve the policy objectives identified (noting the long lag times between food marketing exposure and overweight, the multi-pronged approach required to influence population levels of excess weight and the requirement to assess the legislation against short-term objectives related to marketing exposure and power first). All evidence and options considered should be clearly documented including reasons for adopting the chosen measure.
- Using a nutrient profile model to scientifically categorise which foods will be the subject of the marketing restriction will ensure that the evidence base for the foods chosen is robust, and not discriminatory against certain food groups or products. Where exemptions are made to certain food groups – for example dairy products – those exemptions must be justified and not be discriminatory in nature. i.e., products from the country's origin must not be exempt from the restrictions where imported "like" products from different origins are not.
- Engage legal, trade, customs, human rights, marketing and investment government officials early on in the development of the legislation, to understand the broader legal implications and ensure that due process is followed.

4.1.1 Working groups

While there will be a lead government agency, a steering group of relevant government agencies should be set up to guide the design, implementation and monitoring of the regulation, where relevant.

To aid the decision of which government agencies need to be involved in the working group it would be useful to consider what government agency is responsible for the areas that are relevant to the comprehensive legislative response outlined in this report (75). A case study of Thailand's relevant Government agencies and areas of responsibility is used to show which agencies could be involved in the development of the laws and regulations (**Table 5**).

Table 5: Government agencies and areas of responsibility in Thailand

Government agency	Area of responsibility
Food and Drug Administration	<ul style="list-style-type: none"> Food labelling and packaging Food marketing Retail advertising
Department of Health, Ministry of Public Health	<ul style="list-style-type: none"> Nutrient profiling or food classification
Office of The National Broadcasting and Telecommunications Commission	<ul style="list-style-type: none"> Broadcast media (time and content)
Ministry of Education	<ul style="list-style-type: none"> Marketing in schools Develop the management standard and basic education core curriculum
Ministry of Social Development and Human Security	<ul style="list-style-type: none"> Child Rights
Office of the Consumer Protection Board	<ul style="list-style-type: none"> Consumer affairs/Consumer protection
Ministry of Interior	<ul style="list-style-type: none"> Local Government Town and City Planning Settings where children gather (public parks, playgrounds, etc.) Control of food marketing of contests or sweepstakes
Ministry of Transport	<ul style="list-style-type: none"> Transport (including public transport)
Ministry of Finance	<ul style="list-style-type: none"> Sugar sweetened Beverage Taxation
Ministry of Commerce	<ul style="list-style-type: none"> Trade Price
Ministry of Digital Economy and Society	<ul style="list-style-type: none"> Digital marketing (including brand advertising)
Ministry of Tourism and Sports	<ul style="list-style-type: none"> Sport sponsorship
National NCDs steering committee	<ul style="list-style-type: none"> Establish policy and implementation framework for the 5 -year national NCDs prevention and control 2017-2021

Note: Areas of responsibility in italic letters means that this area of regulation does not yet exist in Thailand but should be under the responsibility of the selected government agency.

Ensuring the relevant government departments are engaged with the legislative design will mean the most effective legislative approach is developed and will also increase political buy-in and increase the chances of successful implementation. See **Appendix 2** for an example of the types of multi-sectoral steering groups that were set up by the Government of Thailand when regulating the control of tobacco and breast-milk substitutes.

Other countries have created agreements between ministries or agencies who need to partner on implementation and enforcement – such as Broadcast Agencies and the Ministries of Education. See **Table 6** for a case example from Chile outlining which Government departments and agencies were involved throughout the legislative process for the Chilean Food Labelling and Advertising Law.

Other stakeholders that governments can include or consult are recognised experts on the topic, whether at academic institutions or other organisations or representatives from non-governmental organisations or consumer protection agencies² – as long as they are free of conflicts of interest. As mentioned above, consulting with lawyers with expertise in administrative law or international trade, to review draft language for any potential constitutional problems and for any possible challenges under trade agreements, on the theory that the legislation creates impermissible restraints on trade is also important.

Table 6: Chile Case Study: who was in charge of different aspects of the legislative process

Steps	Chile
Scientific evidence gathering	Nutrition Department of the Ministry of Health with an academic institution and experts
Draft legislation	Nutrition Department of the Ministry of Health
Consultation with stakeholders	Nutrition Department of the Ministry of Health
Implementation	Nutrition Department of the Ministry of Health and Regional Ministry of Health Offices
Monitor	<p>Ministry of Health regional departments and inter-sectoral network formed of representative from government, academia, NGOs, consumer associations, food marketing institutions and consumers' rights organisations.</p> <p>School settings: Ministry of Health entered into an agreement with Ministry of Education by asking inspectors of the Superintendents of Education to monitor food offered within schools when carrying out their usual tasks</p> <p>Broadcast: Ministry of Health entered into an agreement with Television National Council to monitor broadcast</p>
Enforcement	Ministry of Health and Regional Ministry of Health Offices
Evaluation	Ministry of Health

² For the ASEAN Committee on Consumer Protection (ACCP), an ASEAN Guideline on Consumer Impact Assessment (CIA) has been developed to support consumer protection authorities in AMS to systematically assess the impacts of policies, laws and/or regulations on consumers, their rights and legitimate interests. The CIA can be considered a crucial tool for consumer advocacy in ASEAN, and indirectly as a means to build capacities on consumer protection law and policy, particularly within governments in AMS.

4.2 Conflicts of interest

Minimum standard



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Prevent and manage potential conflicts of interest in legislative development, implementation, monitoring and enforcement

A conflict of interest arises in circumstances where there is potential for a secondary interest (who has a vested interest in the outcome of the policy) to unduly influence, or where it may be reasonably perceived to unduly influence, either the independence or objectivity of professional judgement or actions regarding a primary interest. The existence of conflict of interest in all its forms does not necessarily mean that improper action has occurred, but rather that there is a risk of improper action occurring. Conflict of interest is not only financial but can take other forms as well (2). Clear and transparent processes for preventing and managing conflicts of interest should be established as early as possible before legislative development begins. ASEAN countries such as [Lao People's Democratic Republic](#), Brunei and Thailand have dealt with the tobacco industry's influence on tobacco regulation and have instituted some measures to prevent or reduce industry interference in this space. On the SEATCA Tobacco Industry Interference Index (126) for ASEAN Countries, those countries were noted as having a low level of industry involvement in the policy-making process, for example they had minimal incidents of the tobacco industry taking part in drafting or implementing tobacco regulation (127).

Specific considerations throughout the legislative process include:

Development and design of legislation

The government needs to consider the principles of inclusiveness and participation (two core principles of good governance) by consulting with the public and impacted third party stakeholders. However, it is equally important to include mechanisms that effectively shield this process from interests that conflict with the legislation's purpose (e.g with the food and beverage or advertising industries who may be financially negatively impacted by the legislation). It is not recommended that governments consult directly with external actors who have a potential, perceived or actual conflict of interest throughout the legislative development process. Governments may hold a public consultation to receive feedback on the overarching proposal/s prior to drafting of legislation where all external actors have the opportunity to provide a response. When considering evidence to inform the scope of legislation it is also important that all evidence is produced from actors free from conflicts of interest. In other countries, industries with conflicts of interest have challenged proposed marketing restrictions by arguing the law is not necessary, that self-regulation is a better and effective means of achieving a similar outcome, or that there is not enough evidence to support the legislation, amongst other things (75). Such conflicts of interest may cause delay the development and implementation of the legislation or undermine the legislation's impact, especially its scope and potential effectiveness.

Implementation of legislation

The roles and responsibilities of all implementing agencies and actors must be clearly defined prior to policy implementation. Where actors with conflicts of interest are involved in the implementation process, clear mechanism for monitoring implementation progress by an independent agency (free from conflicts of interest) with respect to legislative goals will be required. In this step it is important that Governments communicate with industry bodies to ensure the legislation and regulations are understood and that there are appropriate guidance for industry to comply with the law (as Chile did with their food labelling and marketing law).

Monitoring and evaluation of legislation

Monitoring and evaluation should be undertaken by an independent authority that is free from conflicts of interest (see Monitoring, Evaluation and Enforcement Section for more detail).

Existing tools can help protect policymaking from conflicts of interest with the following key steps (2, 128):

1. Rationale for engagement: clarify the public health nutrition goal prior to engagement with external actors
2. Profiling and perform due diligence and risk assessment: have a clear understanding of the risk profile related to the external actor and the engagement.
3. Balance risks and benefits: analyse the risks and benefits of the proposed engagement based on impacts.
4. Risk management: manage the risks based on mitigation measures and develop a formal engagement agreement.
5. Monitoring and evaluation and accountability: ensure that the engagement has achieved the public health nutrition goals and decide to continue or disengage.
6. Transparency and communication: communicate the engagement activities and outcomes to relevant audiences. For example, during the development of legislation to restrict unhealthy food and beverage marketing, the Government of Canada adopted an openness and transparency policy, which meant that a copy of all communications received or meeting minutes held with external parties about the policy were published online which helped reduce the amount of lobbying they received (129).

5

Monitoring, evaluation and enforcement



5 Monitoring, evaluation and enforcement

- ▶ This section outlines the steps required for a robust monitoring system to ensure compliance with the legislation and to evaluate the effectiveness of the legislation against the legislative objectives, over time.

5.1 Monitoring and enforcement

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standard

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Monitor and enforce legislation to ensure compliance and to measure impact.



Monitoring of marketing policies should be conducted for two reasons:

1. **Compliance (ongoing):** to ensure companies are complying with the legislation and being immediately penalised for breaching the law.
2. **Legislation evaluation (periodically):** to ensure the regulation is effective at meeting its objectives, having the intended impact and to review any loopholes in the legislation.

Governments should forecast and allocate an appropriate budget to support monitoring, which should be reviewed periodically so that monitoring can be sustained over time. A summary of the types of data to be collected, frequency of data collection, agencies responsible for monitoring and actions to be taken after monitoring can be found in **Table 7**.

Table 7: The types of data to be collected, frequency of data collection, agencies responsible for monitoring and actions to be taken after analysis of monitoring data.

Monitoring intent	Type and mode of data collected	Frequency of data collection	Agencies responsible	Actions from monitoring
Compliance for enforcement	<p>Audit of marketing practices across all mediums/settings covered by legislation highlighting any breaches as they arise:</p> <ul style="list-style-type: none"> • Inspections of schools, sports, outdoor spaces and other settings regulated (with diverse representation across urban and regional locations and areas of high and low socioeconomic status) • Monitoring of broadcast media • Monitoring of online mediums • Monitoring of retail practices <p>Data collected methods may include:</p> <ul style="list-style-type: none"> • Spot-checks • Mechanisms for public to report violations (e.g a mobile app that crowdsources breaches of the regulation, such as the Mother Baby Friendly app in the Philippines) • Mechanism for civil society organizations to report violations • Automated systems using machine vision to detect branding on recorded media (e.g television, online content) 	<ul style="list-style-type: none"> • Ongoing and regular monitoring once law has been enacted 	<ul style="list-style-type: none"> • Independent complaints agency who are free from conflicts of interest • Varying government departments (education, broadcasting etc) • Regional departments for local monitoring • Civil society groups & NGOs (only as a complementary mechanism to independent monitoring who are free from conflicts of interest) 	<ul style="list-style-type: none"> • Sanctions for breaches of regulations • Identification and rectification of loopholes in regulations

Monitoring intent	Type and mode of data collected	Frequency of data collection	Agencies responsible	Actions from monitoring
Legislation evaluation (against legislative objectives)	<p>Audit of marketing practices (across all media/settings (regardless of what is covered by legislation to monitor shifts in marketing to unregulated mediums) reporting on the mean number of advertisements in breach of legislation:</p> <ul style="list-style-type: none"> Schools (e.g mean #/school), sports (e.g mean #/sporting type or sporting club), outdoor spaces (mean # within 500m of schools) and other settings regulated (including analysis of sub-group differences - e.g by level of socioeconomic disadvantage) Monitoring of broadcast media (e.g mean #/hour of television between 7pm and 10pm) Monitoring of online mediums (e.g mean #/hour of internet use) Monitoring of retail practices (e.g mean #/retail store) <p>Marketing practices in neighbouring countries should also be monitored to assess extent of marketing shifts to unregulated countries.</p> <p>Data collection may include:</p> <ul style="list-style-type: none"> Marketing spend of major food brands and companies (can be obtained through mandatory reporting as part of legislation; e.g. total spend per annum) Marketing exposure to children using standardized protocols (e.g mean # advertisements/hour) (50) National dietary intake surveys for changes in unhealthy food intake (e.g change in total energy intake or change in % energy from unhealthy foods) Household sales data for changes in food purchasing (e.g mean change in total energy from fortnightly household food purchases) 	<ul style="list-style-type: none"> Prior to legislation implementation (for baseline data) Every 12 to 24 months (with additional evaluation for all amendments) 	<ul style="list-style-type: none"> Government Agencies Academic collaborators commissioned by lead government agency National Statistical Offices 	<ul style="list-style-type: none"> Identification and rectification of any regulatory loopholes to improve intended impact Communicate regulatory effectiveness to stakeholders and public

5.1.1 Monitoring for compliance

The legislation and regulations should include a monitoring system to ensure compliance with the legislation, using clearly defined indicators and enforcement mechanisms, including definitions of sanctions for violations of the legislation (5). The administrative body in charge of enforcement should possess a wide range of powers and a full mandate to enforce the legislation and regulations including imposing sanctions. It is important that monitoring and enforcement is independent and transparent with safeguards to protect from any conflict of interest (130).

When monitoring for compliance, Governments can take the following steps:

Step 1	Develop standards and indicators for compliance with the legislation and ensure these are readily available for industry bodies
Step 2	Identify responsible agencies for compliance monitoring
Step 3	Develop tools and systems for compliance monitoring
Step 4	Define penalties for non-compliance and mechanisms for enforcement
Step 5	Develop methods for communicating findings to stakeholders and the public

Standards and indicators

Standards and indicators should align with definitions derived from the regulatory terms and conditions so that 'permitted' and 'not permitted' marketing practices are clearly understood. Doing so will increase the effectiveness of the monitoring and auditing process. Standardized data collection templates should be developed to ensure consistency across mediums, settings and data collectors.

Responsible agencies

Two forms of compliance monitoring should be put in place: government-led monitoring and a civil society public complaint's system³. Adequate resources should be allocated to establish and maintain the monitoring system and ensure resources are sufficient to carry out ongoing monitoring. It is important that a complaints system is not the only mechanism to monitor compliance because the onus should not be placed on the public and civil society groups to enforce government legislation by carrying out the monitoring function. Moreover, the process from complaint to judgement to enforcement action can take considerable time, at which point the marketing message has already had its intended effect (particularly in digital mediums).

It is important that the legal framework outlines the process for both of these monitoring systems to ensure the system runs efficiently, that appropriate resources are given and that all delegated authority needed by any entities charged with monitoring, enforcing compliance with the legislation is given. This will avoid issues with non-compliance, lack of enforcement powers or jurisdictional challenges by any organisations that are subject to the legislation. It is important that the lead government agency includes explicit mention of any authority it passes onto other government agencies in the legislation to ensure those powers can be exercised correctly. The wording must be clear so that the authority that the agency is being given is easy to interpret and follow.

- **Government led monitoring**

A mandatory ban on marketing of unhealthy food to children requires the government to carry out its own compliance monitoring to ensure that industries are complying with the law. This requires ongoing auditing of marketing practices across all mediums/settings covered by the legislation. Monitoring compliance of comprehensive legislation will be extensive, and it is recommended that monitoring responsibilities are devolved to regional departments and agencies in coordination with civil society groups, where appropriate (e.g schools, sports, retail).

³ The ASEAN Committee on Consumer Protection (ACCP) has developed the ASEAN Online Consumer Complaints function which allows consumers or consumer associations to lodge complaints on products purchased within the region. Consumers may report products that has caused or have the potential to cause harm or loss for consumer protection agencies to respond. The function is currently online and can be accessed through <https://aseanconsumer.org/consumer-complaint>. Currently, consumer protection agencies will help complainant to only receive, redress, or for particular business, to cease selling particular products should it have any potential to cause consumer harm. In addition, there is the ASEAN Product Alerts Database which is mirrored with the OECD Global Products Recalls Portal, which can be accessed here: <https://aseanconsumer.org/product-alert>

- **Civil society complaints system**

Most countries that have restrictions on marketing of unhealthy foods have incorporated into the governing regulation a complaints system where the civil society groups and individuals can identify examples of marketing that potentially breach the regulation in place and file a complaint with a designated complaints-handling body (see **Box 15** for a case example of a civil society complaints system). The complaints-handling bodies manage the complaints process by taking the decision to a Complaints Board or an advisory panel who make a decision on whether the complaint will be upheld and the industry body responsible penalized.

A complaint-handling scheme should be independent, credible and free from industry influence so that the public feel confident using it and so that any amendments can be made to improve the system. Publishing the decisions on each complaint ensures the system is transparent and that a series of precedents can be developed to help understand the regulatory schemes' terms and conditions. This system can be expressly outlined in the legal framework to ensure the system is resourced adequately and the appropriate authority is given to the system to act.

MINIMUM STANDARD 12

BOX 15

Case example of a civil society complaints system

In the Philippines, as part of civil society efforts to monitor compliance with the Milk Code, in 2016 World Vision launched a crowd-based monitoring project where the public could report non-compliance to the law through established reporting channels. In 2017, a partnership between the Philippines Department of Health and World Vision was formalized. The project consisted of three reporting channels: i) the Mother-Baby Friendly Philippines website, ii) the Mother-Baby Friendly mobile application and iii) the Mother-Baby Friendly Philippines SMS (texting) mechanism. As of early 2019, 190 public reports of violations to the Milk Code were registered through the mobile app and website (with few reports made through the SMS service). 109 of these reports were verified by World Vision and submitted to the DOH, where they were verified again and sent to the Food and Drug Administration (FDA). The project ended in 2019, and although, as of that time, there had been no action taken as a result of the 109 reported violations of The Code, it highlights the need to integrate any civil society complaints system into broader complaints systems and processes. This includes sufficient human-resource for any government agencies who are ultimately responsible for issuing sanctions for breaches of the law.

Tools and systems for monitoring

Data collection tools and systems to enable monitoring must be established. This may include specification of existing protocols, adaptation or development of data collection and analysis tools (e.g. mobile apps or automated machine learning enabled systems to detect and report violations) and clear plans and resources for capacity building to empower government agencies and civil society organizations to collect and report on relevant data. Existing systems where there is potential to integrate marketing monitoring should also be identified (e.g. food safety audits within schools). Governments may also consider introducing legal mechanisms for regulated industries to disclose data on their marketing spend on brands or products that fall under the regulation and their related marketing practices. This would increase industry accountability and reduce the resources required by the Government to monitor marketing practices. See **Box 17** for Case examples of monitoring for compliance.

Penalties for non-compliance

A range of enforcement mechanisms including incentives to encourage compliance and strict measures such as fines should be used to increase compliance (83). For example, in South Korea, advertisers who breach television regulations for food marketing are liable for fines up to ten million won (almost \$10K USD, although this has been criticized as being too low - (71)) and in Chile, breaches of the Food Labelling and Advertising Law are liable for penalties including reprimands, fines or prohibition from selling an advertised product.

Penalties can take the following formats and must be expressly stated and defined in the governing legislation (131):

- Name and shame the offending company in media and on public websites
- Requiring the offending company to modify or withdraw their marketing campaign
- Make any offending company pass a pre-clearance of further advertisements before using them
- Prohibit an offending company from using a particular communication channel, like broadcast television, for a specific time period
- Prohibit an offending company from marketing or selling a product for a specific time period or introduce product recalls – e.g for existing products on the market with packaging that has not complied with legislation
- Suspend or revoke the license of the broadcaster
- Prosecution – criminal or civil charges for company officers or company directors
- Impose monetary fines for infringement, with different levels of severity graded for seriousness of breach or repetition of non-compliance, so that they are effective and dissuasive. The size of the fine could be proportionate to the global turnover of the entity or corporate group that has violated the restrictions, or as above could be applied to individuals for corporate offences.
- Criminal liability including imprisonment

Governments must consider what person or entities on the entire marketing chain (initiators, producers and publishers, people engaged with marketing (e.g influencers) or people who receive or facilitate marketing (sporting clubs receiving sponsorships) will be legally obliged to comply with the legislation. Online platforms contribute to food marketing through the collection and sale of children's data and through dissemination or publication. Governments may impose a duty on those entities so that they cannot collect children's data for commercial gain and request that prohibited content is removed or reasonable efforts are taken to disable access to it where technically possible when they are in a position of control. The penalties can be scaled depending on the level of responsibility the actor has for the breach. The FTCT requires that national laws put in place to restrict tobacco advertising must ensure all persons and entities involved in the marketing chain are responsible for upholding the advertising laws (132).

Communication of monitoring and compliance

It is important that Governments appropriately resource and implement a system to communicate the complaints system and its mechanics, including educational materials on how to use the complaints system, to community groups and organisations. Communication of violations of the law to stakeholders and the public will be important for ongoing engagement and to encourage continued ownership of the issue.

BOX 16

Case examples of monitoring for compliance

Chile

In Chile, regional departments of the Ministry of Health are tasked with monitoring the implementation of the regulations co-ordinating with an inter-sectoral network including government agencies, academia, NGOs, consumer associations food marketing and consumers' rights organisations. Recent reports state that 3,000 inspections had been made of food distribution companies' supermarkets, food processors, schools, cinemas, and different media such as TV, internet, radio, street advertising, magazines and newspapers. The government found that 70% of the inspections made complied with the regulations. In relation to broadcast media monitoring, the Ministry of Health and the Television National Council have entered into an agreement, where the Television National Council provide the Ministry of Health with the following information: all content broadcast between 6am and 12am for all open and paid TV channels targeting a young audience; information specifically aimed at identifying audiences under 14 years old; information about the advertising offered on channels split by block time, day of the week, type of product and hours of advertising.

United Kingdom

The Health and Care Bill that was enacted in 2022 includes a ban on unhealthy food marketing on broadcast and online, which will be monitored and enforced through a co-regulatory system. This will include Ofcom (the government-approved regulatory and competition authority for the broadcasting, telecommunications and postal industries of the UK) as the statutory regulatory who will likely appoint the UK Advertising Standards Authority (ASA); self-regulatory organization of the advertising industry in the UK) as the day-to-day regulator. The ASA will be responsible for applying the restriction, considering complaints about advertising that breaches the restriction and provisioning guidance and training material to the advertising industry. If the co-regulatory system fails and/or there are repeated or severe breaches of the regulations Ofcom will be engaged as the statutory backstop. For all food and brand marketing that is not subjected to the regulatory ban, the existing UK Code of Broadcast Advertising (BCAP) and Committee of Advertising Practice (CAP) Codes will apply. Monitoring and enforcement of the BCAP and CAP Codes is primarily the responsibility of the ASA. The ASA undertakes spot checks on advertising in all media and conducts surveys of advertisements published by sectors where there is unsatisfactory compliance with the BCAP and CAP codes.

International

An international toolkit (133) has been developed to monitor continued inappropriate promotion of breast-milk substitutes in violation of the International Code of Marketing of Breast-milk Substitutes and it is used by 10 countries (Brazil, Chile, Dominican Republic, Ecuador, Mexico, Nigeria, Panama, Sri Lanka, Cambodia and Uruguay).

5.1.2 Monitoring for legislation evaluation

All legislative frameworks should include a system to evaluate the impact and effectiveness of food marketing legislation to meet the stated legislative objectives, using clearly defined indicators (5). This is important to understand if the law is having its intended effects, to identify and address any regulatory loopholes and to communicate findings back to stakeholders and the public (see **Box 17** for country examples of amending regulatory loopholes). It is important to ensure robust and clear legislative and regulatory design at the outset of the policy process that considers all potential loopholes, so that the need for legislative amendments is minimised. Governments can look to address any unforeseen or unintended outcomes through a range of mechanisms and other policy instruments that do not always need to include legislative amendments. The following steps can be taken to ensure a robust and comprehensive evaluation of the legislation.

Step 1	Identify an independent institution for legislation evaluation (free from conflicts of interest)
Step 2	Evaluation Institution to work with the Governments to identify data sources and to develop new methods of data collection
Step 3	Develop a timeline for data collection and undertake data collection
Step 4	Develop methods for communicating findings to stakeholders and the public

Identification of institution for legislation evaluation

The lead government agency who has oversight of the legislation, should be responsible for ensuring that it is evaluated, but the task of evaluation should be commissioned to an independent agency, academic institution (or similar). The appointed institution for evaluation should be free from any actual, perceived or potential conflicts of interest. Relevant government agencies and departments should work with the appointed institution to identify data sources and assist with data procurement, but should not be involved with evaluation design, analysis or interpretation of findings.

Data collection types and timelines

The appointed institution should work with government bodies to identify specific, quantitative, measurable and reliable indicators for the evaluation. Data may be pre-existing (e.g household purchase data, national dietary surveys), newly reported (e.g the legislation may stipulate mandatory reporting of marketing spend and activities by all food companies on a scheduled basis (115) or newly collected (audit of marketing practices using standardized tools and protocols (52)). Regardless of the regulatory scope, monitoring and evaluation should capture a wide breadth of marketing mediums, settings and times to monitor shifts from regulated to unregulated mediums, settings and times.

Baseline data (prior to legislation implementation) should be collected as soon as possible after the legislation is announced, with repeated data collection at 12, 24 and 36 months, using the same tools and indicators to enable comparable data. Indicators for the legislation evaluation should be chosen along the pathway of effect (**Figure 2**) and should capture the stated objective of the legislation. It is also important to collect data on indicators outside of the legislative scope (e.g outside of the mediums, settings, time and ages covered in the legislation) to monitor shifts in marketing practices from regulated to unregulated times, mediums, settings and ages. It is not appropriate to solely evaluate the effectiveness of the legislation based on overweight rates, as this is a long-term outcome in the pathway of effect. If the evaluation includes analysis of outcomes at the long-term end of the pathway (e.g prevalence of overweight) it is important to allow sufficient lag time for impacts to occur (3+ years) and to recognise that the mechanisms causing overweight are highly complex with many drivers and impacts are likely to be small. This has been illustrated by tobacco control regulation, where a comprehensive approach, covering many different drivers, has been essential to the decline in smoking rates and improvements in heart and lung disease over time (134). Monitoring of the legislation should also consider cross-border marketing and ensure the effectiveness of the legislation is not compromised by food marketing in bordering nations and or with digital marketing originating from other countries (5). See **Box 3** above for further discussion on regional cooperation to address cross-border marketing.

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BOX 17

Country examples of amending regulatory loopholes after legislation evaluation

Chile

In the initial 2016 Labelling and Advertising Law only TV advertising considered to be ‘child-directed’ was restricted. This was updated in 2018 to time-based restriction of all unhealthy food marketing between 5.30am and 10pm.

Hungary

Public health experts from the Ministry of Health, National Institute for Health Development, National Institute for Food and Nutrition Science, the Ministry of Finance, and WHO worked together to design a sugar sweetened beverage tax law and together saw it through several revisions after implementation. The refinements of the law ensured the tax was having optimal impacts on product reformulation after it was identified that superficial modifications were being made for tax evasion.

Communication of the evaluation

All evaluation results should be communicated clearly and periodically to all stakeholders, including to the public to maintain ongoing support for the law and to provide explanation of any regulatory refinement that may occur to remedy any inconsistencies or inefficiencies in the legislation. The results of the evaluation can also be included in a Governments’ reporting to the Committee of the Rights of the Child in each UN Convention of the Rights of the Child reporting cycle.

Appendix 1: ASEAN Member States commitments for supporting action on unhealthy food marketing

Name and date of commitment	Details of commitment
<p>1992</p> <p>UN Convention on the Rights of the Child (21)</p>	<p>The UN Convention on the Rights of the Child is the most ratified human rights treaty in the world (ratified by all but two UN Member States). States that have ratified the Convention have the legal obligation to fulfil the right of the child to enjoy the highest attainable standard of health and that parties should act appropriately to combat disease and malnutrition.</p> <p>Article 24 of the Convention states that: <i>‘all children have the right to enjoy the highest attainable standard of health. States should combat disease and malnutrition and provide access to adequate and nutritious foods and clean drinking water.’</i></p> <p>It also requires that all parents and children: <i>‘have access to education and are supported in the use of basic knowledge of child health and nutrition...’</i></p> <p>and that: <i>‘state parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.’</i></p> <p>Further, digital marketing of unhealthy foods negatively impacts the child’s right to privacy (data protection) and the child’s right to be protected from economic exploitation, as digital marketing practices are highly data-driven, immersive and often manipulative.</p> <p>Article 16 of the Convention states that: <i>‘No child shall be subjected to arbitrary or unlawful interference with his or her privacy [...]’</i></p> <p><i>The child has the right to the protection of the law against such interference or attacks.’</i></p> <p>Article 32 of the Convention states: <i>‘States Parties recognize the right of the child to be protected from economic exploitation [...]’</i></p> <p><i>States Parties shall take legislative, administrative, social and educational measures to ensure the implementation of the present article. ‘</i></p>
<p>2010</p> <p>World Health Organization (WHO) Set of Recommendations on the Marketing of Food and Beverages to Children</p>	<p>In May 2010, Member States of the World Health Assembly unanimously endorsed the World Health Organization (WHO) Set of Recommendations on the Marketing of Food and Beverages to Children) to reduce the exposure and the power of marketing of foods high in salt, sugar and fat to children (WHA63.14) (5).</p>

Name and date of commitment	Details of commitment
2013 WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020	Includes a commitment to halt the rise of obesity by 2025.
2014 Rome Declaration - UN Decade of Action on Nutrition and Framework for Action to guide the Declaration's implementation at the Second International Conference on Nutrition ICN2.	<p>In 2014, Member States endorsed the Rome Declaration for the UN Decade of Action on Nutrition which states that improvements in diet and nutrition require relevant legislative frameworks for avoiding inappropriate marketing and publicity of foods and non-alcoholic beverages to children. It states governments should protect consumers, especially children, from inappropriate marketing and publicity of food.</p> <p>Recommendation 40 of the Framework for Action states: Regulate the marketing of food and non-alcoholic beverages to children in accordance with WHO Set of Recommendations.</p>
2015 Sustainable Development Goals	<p>The Sustainable Development Goals (SDGs) are an important international measure that governments must work towards achieving. The goals include targets on ending malnutrition in all its forms (which includes obesity as well as undernutrition) in SDG 2.2 and reducing premature death from diet related NCDs in SDG 3.4. Heads of State and governments have committed to developing national responses to the overall implementation of the SDGs, and restricting the marketing of foods is an important policy option to meet the SDGs.</p>
2016 (adopted by Thailand, Myanmar, Indonesia) Strategic Action Plan to reduce the double burden of Malnutrition in South-East Asia Region 2016–2025 (SEA/RC69/R5).	<p>In September 2016, Member States of the Regional Committee, endorsed a resolution on the Strategic Action Plan to reduce the double burden of Malnutrition in South-East Asia 2016–2025 (SEA/RC69/ R5). Aligned with the timeframe for the WHO Global Action Plan and the UN Decade of Action on Nutrition, the resolution provides guidance to enact legislation/regulations and implement actions to promote nutritious foods to reduce undernutrition and overweight and obesity among women and children and to implement the WHO Set of Recommendations.</p>
2016 WHO Commission on Ending Childhood Obesity (ECHO) (109)	<p>In 2016, the WHO released its final report from its Commission on Ending Childhood Obesity (ECHO). Recognising the complex nature of obesity, the ECHO report outlined a comprehensive, integrated package of recommendations to address childhood obesity across six areas. On the topic of food marketing to children the report stated:</p> <p><i>‘Any attempt to tackle childhood obesity should...include a reduction in exposure of children to, and the power of, marketing’</i></p> <p>The Commission urged Member States to implement the WHO Set of Recommendations.</p>
2017 WHO published the ‘Best Buys’ outlining the recommended interventions for meeting the Global Action Plan.	<p>In the 2017 ‘Best Buys’ list, implementing the WHO Set of Recommendations on unhealthy food marketing is recommended as an overarching/enabling action.</p>

Name and date of commitment	Details of commitment
<p>2019</p> <p>(Adopted by Brunei Darussalam, Cambodia, Lao People's Democratic Republic, Malaysia, the Philippines, Singapore, Viet nam)</p> <p>Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing in the Western Pacific</p>	<p>The Regional Action Framework calls on the WHO to support Member States, as appropriate to their national context, in: ending inappropriate promotion of foods for infants and young children; reducing children's exposure to marketing of food and drinks high in saturated fats, trans fats, free sugars or salt; and minimizing the persuasive appeal to children of marketing for food and drinks high in saturated fats, trans fats, free sugars or salt. It also calls on Member States to strengthen leadership, governance and regulation; support multisectoral and multi-stakeholder actions; strengthen advocacy and communication; and strengthen national capacity to monitor implementation of these initiatives, evaluate progress and build evidence.</p>
<p>2019</p> <p>Addressing the Double Burden of Malnutrition in ASEAN: A policy note by the World Bank as a contribution to Thailand's ASEAN Chairmanship 2019</p>	<p>The World Bank gave a set of recommendations to the ASEAN countries related to regulating the food environment, guiding the food system toward coherence with health, and instilling health-positive behaviours are presented in the paper. These include specific recommendations to improve nutrition information by regulating food marketing.</p> <p>Improve nutrition information by regulating food marketing, improving food labelling (particularly front-of-pack labelling), and scaling up nutrition education. The unregulated marketing of unhealthy foods and sugar-sweetened beverages is associated with childhood obesity (WHO 2016). Government regulation can prevent the marketing of unhealthy foods to children."</p>
<p>2019</p> <p>Joint Statement on Reaffirmation of Commitment to Advancing the Rights of the Child in ASEAN</p>	<p>ASEAN countries affirmed their commitment to fully implementing the UN Convention on the Rights of the Child recognising that there are new and emerging threats to child rights and new opportunities to realise child rights, posed by global trends such as climate change, online safety, protracted conflict, mass migration and demographic shifts, among others.</p>

Appendix 2: Thailand's multi-sectoral working groups for tobacco and breast-milk substitute control

The following table outlines the different representatives of the multi-sectoral working groups that are established in the legislation for the Government of Thailand's control of tobacco and breast-milk substitutes.

Breast-Milk Substitutes	Tobacco
<ul style="list-style-type: none"> • Director-General of the Department of Health, • Director-General of the Department of Children and Youth, • Director-General of the Department of Health Services Support, • Director-General of the Department of Local Administration, • Secretary General of the Consumer Protection Board, • Secretary General of Food and Drug Administration, • Secretary General of the National Broadcasting and Telecommunications Commission, • Secretary General of National Health Commission of Thailand; and • Permanent Secretary of the Bangkok Metropolitan Administration. 	<ul style="list-style-type: none"> • Permanent Secretary of the Ministry of Finance, • Permanent Secretary of the Ministry of Social Development and Human Security, • Permanent Secretary of the Ministry of Tourism and Sports, • Permanent Secretary of the Ministry of Agriculture and Cooperatives, • Permanent Secretary of the Ministry of Commerce, • Permanent Secretary of the Ministry of Interior, • Permanent Secretary of the Ministry of Justice, • Permanent Secretary of the Ministry of Labour, • Permanent Secretary of the Ministry of Education, • Director-General of the Department of Health • Commissioner General of the Royal Thai Police, • Secretary General of the National Health Security Office; and • Manager of the Thai Health Promotion Foundation.

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ISBN 978-623-5429-35-9



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