

ASEAN HEALTH COOPERATION CONCEPT NOTE¹

I. PROJECT TITLE: Development of Guidelines and Minimum Standards (GMS) on the Marketing of Food and Non-Alcoholic Beverages to Children.

II. BRIEF PROJECT DESCRIPTION:

The objective of this project is to develop a set of guidelines and minimum standards for ASEAN Member States on the introduction and enforcement of legislation to control the marketing to children of foods and beverages that are high in fats, sodium and sugars (referred to as “HFSS foods”). The guidelines will include:

a) Rationale for strengthening legislation setting out the level of childhood obesity and NCDs in the region, extent of inappropriate marketing, current regulation (mandatory and voluntary), enforcement measures and identification of gaps.

b) Required scope of legislation including definitions of food and beverages to be controlled (based on nutrient profiling), inappropriate marketing, ages covered, settings covered, channels (including digital and all media to which children are exposed), strategies for enforcement and for dealing with violations. This section will draw on existing policies and mechanisms with ASEAN Member States, World Health Organisation recommendations and tools, international evidence and global experience.

c) Outline requirements and steps for introduction of regulation and legislation. This includes internal governmental and external advocacy, political buy in, development of the national laws, regulations and monitoring and enforcement systems, and sign off.

A range of stakeholders may be consulted during development of the guidelines.

The expected output of this project is a set of guidelines, considered as a minimum standard commonly applicable for ASEAN Member States in the development, implementation, and enforcement of legislation on the marketing of food and beverages to children.

III. PROJECT CLASSIFICATION:

This project supports the ASEAN Post-2015 Health Development Agenda and the ASEAN Leaders’ Declaration on Ending All Forms of Malnutrition (ALD-EAFM) aims to end all forms of malnutrition particularly among the most vulnerable, poor, and disadvantaged groups in the region. This was adopted in November 2017. This is the highest level of political commitment to address malnutrition in the region and affirms the global commitment to ending malnutrition with the UN Decade of Action on Nutrition 2016-2025, Rome Declaration on Nutrition and Framework for Action, the UN Sustainable Development Goal 2, End hunger, achieve food security and improved nutrition and promote sustainable agriculture including achieving Six Global Nutrition and Nutrition-related Global Non-Communicable Disease (NCDs).

ASCC Blueprint: The project will contribute to the characteristics and elements of **ASEAN Socio-Cultural Community Blueprint 2025: *Engages stakeholders in ASEAN processes, empowers people and strengthened institutions, reduces barriers, equitable access for all, promotion and protection of human rights, and builds a disaster resilient ASEAN that is able to anticipate, respond, cope, adapt, and build back better, smarter, and faster.***

The project will contribute to the goals of the **ASEAN Post-2015 Health Development Agenda Cluster 1: Promoting healthy lifestyle.**

Goal 1 which calls for promoting healthy lifestyles:

a) To achieve maximal health potential of ASEAN Community through promoting healthy lifestyle.

b) To ensure healthy lives and promote wellbeing for all at all ages.

Health priorities 1: Prevention and control of NCDs.

Health priorities 7: Promotion of good nutrition and healthy diet.

¹ This concept note is based on the ASEAN Cooperation Project Proposal as of 2017 approved by the Committee of Permanent Representatives (CPR) to ASEAN

SDG: The project will ultimately contribute to the **SDG goals 2 and 3.**

SDG Goal 2: Zero hunger

Target 2.2: By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

SDG Goal 3: Ensure healthy lives and promote well-being for all at all ages

Target 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

Six Global Nutrition

The World Health Assembly Resolution 65.6 endorsed a Comprehensive implementation plan on maternal, infant and young child nutrition, which specified a set of six global nutrition targets that by 2025, Target 4: ensure that there is no increase in childhood overweight.

Nine Voluntary Global Non-Communicable Disease (NCDs)

WHO "Global monitoring framework on NCDs" tracks implementation of the "NCD global action plan" through monitoring and reporting on the attainment of the 9 global targets for NCDs, by 2025, against a baseline in 2010.

Target 1: A 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases

Target 4: A 30% relative reduction in mean population intake of salt/sodium

Target 6: A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstance

Target 7: Halt the rise in diabetes and obesity

IV. PROPONENTS:

Lead Country: Bureau of Nutrition (BoN), Department of Health, Ministry of Public Health, Tiwanon Road, Nonthaburi, 11000, Thailand

Implementing agency: Dr. Saipin Chotivichien Director of Bureau of Nutrition, Department of Health, Ministry of Public Health

Co-lead countries: Ministry of Health, Singapore and Philippines

V. PROPOSED BUDGET & FUNDING SOURCE:

UNICEF EAPRO: US\$30,000 (for contracting a lead consultant and expert legal consultant)

VI. PROJECT JUSTIFICATION, REGIONALITY AND BENEFICIARIES

(a) Current Problem

Increasing rates of childhood overweight and obesity have been reported in all ASEAN Member States over the last 10-20 years.^{2,3} This is being fuelled by a shift towards diets high in fats, sodium and sugars (HFSS) as well as an increasingly sedentary lifestyle. Childhood obesity is an international public health concern and large-scale studies have shown that diets that contain high amounts of HFSS food drink are associated with overweight and obesity, hypertension, cardiovascular disease and cancers as well as increased mortality.^{4,5,6,7,8,9,10}

² UNICEF/WHO/World Bank. Joint Child Malnutrition Estimates 2019. Note: Data is for 2018.

³ NCD Risk Factor Collaboration (NCD-RisC), based on Worldwide trends in body-mass index, underweight, overweight and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. The Lancet 2017, 390 (10113): 2627–2642.

⁴ Mendonca RDD, Lopes ACS, Pimenta AM, Gea A, Martinez-Gonzalez MA and Bes-Rastrollo M. Ultra-Processed Food Consumption and the Incidence of Hypertension in a Mediterranean Cohort: The Seguimiento Universidad de Navarra Project. Am. J. Hypertens. 30, 358–366. 2016.

⁵ Srour B, Fezeu L.K, Kesse-Guyot E, Alles B, Mejean C, Andrianasolo RM, Chazelas E, Deschasaux M, Hercberg S, Galan P et al. Ultra-processed food intake and risk of cardiovascular disease: Prospective cohort study (NutriNet-

Sante). *BMJ*, 365, l1451. 2019.

⁶ Mendonca RDD, Pimenta AM, Gea A, De La Fuente-Arrillaga C, Martinez-Gonzalez MA, Lopes ACS, Bes-Rastrollo M. Ultraprocessed food consumption and risk of overweight and obesity: The University of Navarra Follow-Up (SUN) cohort study. *Am. J. Clin. Nutr.*, 104, 1433–1440. 2016.

⁷ Fiolet T, Srour B, Sellem L, Kesse-Guyot E, Alles B, Mejean C, Deschasaux M, Fassier P, Latino-Martel P, Beslay M et al. Consumption of ultra-processed foods and cancer risk: Results from NutriNet-Sante prospective cohort. *BMJ*, 360, k322. 2018.

⁸ Rico-Campa A, Martinez-Gonzalez M, Alvarez-Alvarez I, Mendonca RDD, De La Fuente-Arrillaga C, Gomez-Donoso C and Bes-Rastrollo M. Association between consumption of ultra-processed foods and all cause mortality: SUN prospective cohort study. *BMJ*, 365, l1949. 2019.

⁹ Schnabel L, Kesse-Guyot E, Alles B, Touvier M, Srour B, Hercberg S, Buscail C and Julia C. Association Between Ultraprocessed Food Consumption and Risk of Mortality Among Middle-aged Adults in France. *JAMA Intern. Med.*, 179, 490. 2019.

¹⁰ Lawrence MA and Baker PI. Ultra-processed food and adverse health outcomes. *BMJ*, 365, l2289. 2019.

There is robust international evidence that links the commercial marketing of foods to poor diets in children^{11,12,13,14} and the WHO has called for the introduction of controls on the marketing of HFSS food and beverages to children.¹⁵

Comprehensive legislation to control the marketing of HFSS food and drink to children is not yet in place in the majority of the ASEAN Member States though there are examples such as the Children's Code for Advertising Food and Beverage in Singapore. However, governments in several countries of the region are becoming increasingly concerned by the rising weight of childhood obesity and are taking action to control the sale and consumption of unhealthy foods and promote healthy diets. It is also increasingly acknowledged that a comprehensive and coherent set of legislative and fiscal measures is needed, encompassing not only marketing restrictions, but front of pack labelling that signposts HFSS foods, sugar taxes, incentives for healthy foods and diets, school meal and food environment policies etc. The COVID-19 pandemic has provided additional impetus as a healthy diet that provides essential nutrients such as vitamins and minerals with limited amounts of HFSS food and drink, is a critical defence for immunity against the coronavirus.

Guidance for policy makers on the approach to food marketing to children has been recently published by WHO¹⁶ and UNICEF.¹⁷ These documents set out the rationale and principles for legislation. The ASEAN guidance will build on these documents but include greater detail on the scope of regulation and legislation (e.g. 'model law') that can be adapted for particular countries, as well as outlining steps to develop national laws, regulations and monitoring systems. This is crucial to support governments to introduce robust, comprehensive and enforceable legislation.

(b) Regionality

The increase in childhood overweight and obesity, and lack of comprehensive regulation to control the marketing of HFSS 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. It is, therefore, essential for legislation across countries to be consistent and streamlined so that food and beverage companies have a clear understanding of the controls in place. While there may be differences in the legislative process in different member states, it is crucial for countries to follow coherent guidelines to avoid inconsistencies that can cause confusion.

(c) Project History

Following the adoption of the ALDEAFM during the 31st ASEAN Leaders Summit in November 2017 in the Philippines, the ASEAN Strategic Framework and Action Plan for Nutrition 2018-2030 was formulated in 2018 to operationalize the ALDEAFM. Under its Strategic Thrust 1: Accelerate evidence-based particularly among the most vulnerable, poor and disadvantaged groups of ASEAN [scaling up nutrition service delivery], Thailand as the lead with Singapore and Philippines as co-lead are committed to lead the implementation of this project activity of Development of Minimum Guidelines on the Marketing of Food and Non-Alcoholic Beverages to Children, with support from UNICEF.

¹¹ Folkvord F, Anschutz D J, Boyland E, Kelly B and Buijzen M. Food advertising and eating behavior in children. *Current Opinion in Behavioral Sciences*, 9, 26-31. 2016.

¹² Whalen R, Harrold J, Child S, Halford J and Boyland E. Children's exposure to food advertising: the impact of statutory restrictions. *Health Promotion International*, 34(2), 227-235. 2017.

¹³ McGale LS, Halford JCG, Harrold JA and Boyland EJ. The Influence of Brand Equity Characters on Children's Food Preferences and Choices. *The Journal of Pediatrics*, 177, 33-38. 2016.

¹⁴ Kelly B, King M, Chapman, KM, Boyland E, Bauman AE and Baur LA. A Hierarchy of Unhealthy Food Promotion Effects: Identifying Methodological Approaches and Knowledge Gaps. *American Journal of Public Health*, 105(4). 2015.

¹⁵ WHO. Set of recommendations on the marketing of foods and non-alcoholic beverages to children. 2010.

¹⁶ WHO. Regional Action Framework for Protecting Children from the Harmful Impact of Food Marketing in the Western Pacific: 2020 – 2030. 2019.

¹⁷ UNICEF. A Child Rights-Based Approach to Food Marketing: A Guide for Policy-Makers. April 2018.

(d) The Beneficiaries

The direct beneficiaries of this project are the ASEAN Member States, ASEAN Secretariat, and partners. This guideline will benefit them in terms of setting clear guidance, including the legal requirements upon which to introduce legislation to control the marketing of unhealthy food and drink to children.

The indirect beneficiaries of this project are all children aged from 0-18 years as well as adults who will no longer be targeted by marketing of HFSS food and beverages.

VII. PROJECT RESULT

Objective/ Outcome	Results/Outputs	Indicators	Means of Verification	Main Activities	Indicators	Means of Verification
<ul style="list-style-type: none"> To develop a set of guidelines and minimum standards for ASEAN Member States on the introduction and enforcement of legislation to control the marketing of HFSS food and beverages to children. 	<p>1. ASEAN Member States have clear guidance on the scope and content of legislation that can be adapted for their particular context.</p> <p>2. Consistency in legislation applying to controls on marketing of HFSS products to children across ASEAN.</p>	Production of the guidelines and minimum standards	Completed and endorsed guidelines and minimum standards	Endorsement and adoption of guidelines and minimum standards on the Marketing of Food and Non-Alcoholic Beverages to Children.	Guideline endorsed by SOMHD and adopted by AHMM of ASEAN Member States.	<p>Meeting Reports of SOMHD and AHMM.</p> <p>ASCC Blueprint 2025 progress report of 10 AMS.</p> <p>Report of AMS to ASEAN Health Cluster 1 Chair through ASEAN Secretariat.</p>

VIII. PROJECT MANAGEMENT ARRANGEMENT

(a) Management Arrangements

The activity is under Priority 7 of Health Cluster 1 of the ASEAN Post 2015 Health Development Agenda of the ASEAN Health Ministers Meeting (AHMM). It shall be conducted by Bureau of Nutrition, Department of Health, Ministry of Public Health, Thailand. This project result is under the preview of and reported to the ASEAN Health Cluster 1 Chair.

(b) Human Resource Inputs

The activities under this project shall be managed by Department of Health:

- ASEAN Member State (AMS) focal point on Nutrition: Dr. Saipin Chotivichien
- Public health staffs: Ms. Narttaya Ungkanavin, Ms. Wannachanok Boonchoo, Ms. Sunisa Supalermongkonchai, Mr. Passakorn Suraphad and Ms. Kulratida Rakglud
- Other relevant officials Center for International Cooperation: Ms. Naiyana Chaitiemwong and Mr. Pasin Piriayahaphan

and with ASEAN Secretariat for administrative and technical matters.

(c) Engagement with potential partner

- UNICEF consultants: Ms. Kathryn Backholer and Ms. Fiona Sing
- UNICEF East Asia and Pacific Regional Office: Ms. Fiona Watson
- WHO Thailand Office: Dr. Thanaphan Suksa-ard and Ms. Sushera Bunluesin
- International Health Policy and Program (IHPP): Ms. Payao Phonsuk

(d) Monitoring and Evaluation Arrangements

The implementation and follow up action of this project will be monitored by the Bureau of Nutrition, Department of Health, Ministry of Public Health Thailand in coordination with ASEAN Secretariat. The output of this project will also be monitored by the ASEAN Socio-Cultural Community Monitoring and Evaluation.

IX. PROJECT SUSTAINABILITY

The guidelines and minimum standards produced through this project will support the development of coherent legislation across all ASEAN countries to control the marketing of HFSS food and beverages to children. Once national legislation is passed, it is in place for the long-term. Marketing legislation will need to be consistent, and ideally have a direct link to, other planned legislation for areas such as sugar taxes, front-of-pack (FoP) labelling and the school food environment. While 4 ASEAN member states have introduced sugar taxes, ASEAN countries have yet to introduce these other forms of legislation. ASEAN is planning to produce guidelines on a school nutrition package in the 2021-2025 period, while FoP labelling guidelines are also being considered. This provides an opportunity to ensure that all sets of guidelines are consistent and coherent thereby incrementally adding to expected outcomes on the health and nutrition of children.

X. GENDER AND OTHER CROSS CUTTING ISSUES

This project upholds the The Convention on the Rights of the Child by requiring governments to protect children from the negative impact of marketing of unhealthy food and beverages. For food and beverage companies, the Convention provides direction for respecting and supporting child rights in their policies and practices.

XI. POTETIAL RISK

Risk/threat	Mitigation Strategy
COVID-19 pandemic results in further lock-downs and disruption of services slowing contracting and writing processes.	As far as possible, this project will rely on on-line communication and home-working by consultants and Thai Bureau of Nutrition and UNICEF staff members.
Poor representation of sectoral focal points from member states and other potential partners	Request for assistance from the ASEAN Secretariat in the announcement of the activity and coordinating with their AMS.