

WHO-EM/HED/125/E

Report on the

# Expert consultation on the marketing of foods and non-alcoholic beverages to children in the Eastern Mediterranean Region

Amman, Jordan  
18–19 September 2013



World Health  
Organization

Regional Office for the Eastern Mediterranean

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## 1. INTRODUCTION

In May 2010, the World Health Assembly endorsed a set of WHO recommendations on food marketing to children through resolution WHA63.14. The recommendations clearly acknowledge the relationship between food marketing and childhood obesity and call on Member States to restrict the marketing to children of food and non-alcoholic beverages, which are high in saturated fats, *trans*-fatty acids, free sugars or salt (HFSS). In May 2012, WHO also published a framework implementation report. This report is intended to provide technical support to Member States in implementing the recommendations and in monitoring and evaluating their implementation. In particular, it is designed to draw their attention to key issues arising at the different stages of the policy cycle. Both the recommendations and the framework implementation report are available at: <http://www.who.int/dietphysicalactivity/marketing-food-to-children/en/index.html>

The Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, adopted by the General Assembly in September 2011, urges Member States to promote the implementation of the WHO recommendations (paragraph 43). These calls are reiterated in WHO Global Action Plan on the Prevention and Control of Noncommunicable diseases for 2013–2020, which the Health Assembly unanimously adopted in May 2013.

Subsequently, WHO held an expert consultation to provide the necessary understanding and technical assistance to countries of the Eastern Mediterranean Region in implementing the recommendations in Cairo, Egypt on 18–19 September 2013. The consultation was a continuation of the work undertaken at a regional meeting held in Kuwait in April 2013 during which Member States discussed ways to implement the recommendations in order to reduce the marketing of HFSS foods to children.

The main objectives of the consultation were to:

- Review progress on the implementation of the WHO recommendations on regulations on marketing of foods and non-alcoholic beverages to children in the Eastern Mediterranean Region;
- Agree on an outline of a plan of action for Member States and the WHO Regional Office for the Eastern Mediterranean to accelerate the implementation of the WHO recommendations;
- Establish effective partnerships among regional stakeholders, including civil society, to support effective action.

The programme was organized around addressing three key challenges 1) the need to ensure a sufficiently broad scope of protection, 2) the need to avoid conflicts of interest and 3) the need to regulate cross-border marketing. The consultation was attended by representatives from key concerned sectors including health, nutrition, consumer protection groups, child protection groups, academia with legislative background, adolescent health, the Arab Broadcasting Union, selected media outlets, the Arab League and United Nations Children's Fund.

## 2. SUMMARY OF PROCEEDINGS

Dr Akram El Tom, WHO Representative in Jordan, opened the consultation by delivering a message from Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean. In his message, Dr Alwan noted that the consultation was taking place as part of WHO's efforts in preventing noncommunicable diseases, with particular focus on child obesity prevention, and that the prevalence of overweight and obesity was alarming for the Region and applied among all age groups. The prevalence for overweight and obesity for preschool children ranged between 1.9% and 21.9%, for schoolchildren between 7% and 45% and for adults between 25% and 81.9%. More than 50% of adult women in the Region were either overweight or obese, and this figure rose to around 70% in some countries. He said that governments had a duty to protect public health and avoid conflicts of interest and to ensure that "in all actions concerning children, the best interests of the child shall be a primary consideration" according to Article 3 of the United Nations Convention on the Rights of the Child.

Dr Samer Jabbour, WHO Regional Office for the Eastern Mediterranean, emphasized in a presentation that the recommendations recognize the importance of adopting a comprehensive approach to food marketing to children, tackling both the exposure to and the power of marketing as the two components of its effectiveness. Governments must set clear definitions so as to eliminate the loopholes that have been identified in existing regulatory frameworks. The definitions of children should include: the age group for which restrictions apply; the communication channels, settings and marketing techniques to be covered; what constitutes marketing to children according to factors such as product, timing, viewing audience, placement and content of the marketing message; and what foods fall within the scope of marketing restrictions (i.e. what constitute HFSS food).

Dr Godfrey Xuereb, WHO headquarters, explained that the 12 WHO recommendations on marketing regulations are structured into five sections: rationale; policy development; policy implementation; monitoring and evaluation; and research. The main purpose of the recommendations is "to guide efforts by Member States in designing new and/or strengthening existing policies on food marketing communications to children in order to reduce the impact on children of marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt." The aim of any policy should be to reduce the impact on children of marketing of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt. This should be achieved through the policy objective of reducing both the exposure of children to, and power of, such marketing

Dr Faten Ben Abdelaziz, WHO Regional Office for the Eastern Mediterranean, reported on the interim results of a 2013 mapping exercise to assess progress in implementing the recommendations in Member States. The mapping was conducted by the Regional Office in collaboration with School of Law and Social Justice, Liverpool University. Out of 22 countries, 13 responded to the mapping questionnaire; 6 out of the 13 countries had not heard about the recommendations, only 2 countries had put in place a legal framework to control marketing of selected food and beverages and none had addressed cross-border marketing.

This shows there strong need to raise awareness of the importance of regulating the marketing of food and non-alcoholic beverages to children as part of effective obesity prevention strategies, build consensus and capacity across and beyond government, accelerate implementation of the WHO recommendations on the marketing of food and non-alcoholic beverages to children at national level, devise cooperation mechanisms to regulate cross-border marketing in the Region and set-up a monitoring and evaluation system/framework.

Dr Mike Rayner, British Heart Foundation Health Promotion Research Group, and Dr Chizuru Nishida, WHO headquarters, made a joint presentation on food classification, including WHO recommendations and models used globally. Nutrition profiling, the science of classifying or ranking foods according to their nutritional composition for reasons related to preventing disease and promoting health, can provide information on the nutrient levels in food and the effects of consuming the food on a person's health. Nutrient profiling is a tool that can be used to assist with public health interventions aimed at improving diets such as marketing of food to children, product labelling (i.e. 'front-of-package' labelling), procurement of foods for public institutions (e.g. schools) and health claims. It also can seek to influence the wider environmental determinants of diets (e.g. the ways in which foods are marketed). Nutrient profiling is compatible with food-based dietary guidelines and can be used by national authorities in achieving dietary recommendations by complementing and supporting food-based dietary guidelines in the regions and countries in which they are applied. Different countries have adopted different models to categorize food as healthy and unhealthy, including lists of healthy, intermediate and unhealthy foods, etc.

Dr Amandine Garde, University of Liverpool, presented on approaches in developing policies on food marketing to children – she mentioned that recommendations 2 and 3 refer to “To achieve the policy aim and objective Member States should consider different approaches, i.e. stepwise or comprehensive, to reduce marketing of [HFSS food] to children” and “Given that the effectiveness of marketing is a function of exposure and power, the overall policy objective should be to reduce both the exposure of children to, and power of, marketing of [HFSS food].” While it is strongly recommended to adopt a comprehensive approach to tackling marketing, based on the country context Member States can start with a stepwise approach and identify priorities if a comprehensive approach is not seen as feasible at this point in time. The key advantage of the former is that it reduces the risk that industry operators shift their investment from regulated to unregulated media or marketing techniques and with a stepwise approach, loopholes are bound to be exploited by industry operators She presented steps to consider in the policy process:

- assess situation (mapping exercise)
  - media environment
  - legal environment
- raise awareness and build consensus
  - within government
  - beyond government
- identify scope of the rules in light of the outcome of the mapping exercise
- initiate regulatory process at national level
- beware of conflicts of interest



- gather data for monitoring and evaluation
- initiate discussions at regional level on cross-border marketing

Dr Corinna Hawkes, World Cancer Research Fund International, presented on developing and implementing policy and raising awareness: insights from other countries. She said that several governments say they want to reduce children's exposure; some have acted but government policy is mainly "oversight" of self-regulation. Many have been pushed back to weaker criteria as industry develops pledges to "change" food marketing to children and specific restrictions and messaging – not comprehensive approaches. She said that implementation is workable and enforceable and international evidence is clear – restrictions reduce marketing according to the criteria. She also said that often the objective of reducing exposure is compromised when marketing "migrates" from television to internet platforms, for instance. The crucial issues are the criteria, which determine whether objectives will be achieved.

- Communications channels – *just television?*
- Marketing techniques – *what are the most powerful?*
- Foods exempted – *nutrient profiling? all foods?*
- "Directed to" – *solely for children? Viewed by?*
- Child age – *12? 16?*
- Number of companies – *sector wide or all companies?*

Dr Alberto Alemanno, Ecole des Hautes Etudes Commerciales de Paris, presented on turning evidence into policy. He said that there are different evidence types, including policy development situation analysis (marketing environment) and regulatory environment (how much control), the policy approach, including policy options (how effective) in relation to age of a child, communication channel, product etc and policy implementation, including enforcement (how effective in ensuring compliance), policy monitoring, evaluation and research, including evidence on whether policies attain their aims (in relation to baseline) and policy revision, including re-assessing policy approach (how effective is the overall intervention).

Ms Anna Glayzer presented on behalf of the Consumer International on the role of consumer protection groups. Consumer International is well placed to work on this issue as it has a history of holding companies and government to account, is independent and free from commercial conflict of interest, is connected to and able to speak on behalf of consumers and is connected to an international network of other consumer organizations, allowing sharing of information and techniques.

Since 2008, Consumer International has been active in addressing marketing, including the Junk Food Generation Campaign from 2008, 2008 and 2009 World Consumer Rights Day activities, multicountry surveys on marketing activities, 2008 recommendations for an International Code of Marketing of Foods and Non-Alcoholic Beverages to Children developed with IASO. Since the WHO recommendations were issued in 2010, CI had developed guidance for national campaigning. In addition CI developed tools, including a "manual for monitoring marketing to children", which seeks to assist governments and civil

society in the development of clear evidence of the exposure and power of marketing of foods to children, particularly in countries where little previous research has been done. She concluded by reemphasizing that consumer organizations have a key role to play in:

- ‘on the ground,’ collection of evidence to support policy development
- sharing experiences, using global networks to tackle a global problem
- getting the message out and putting pressure on governments and on companies: targeting children with adverts for unhealthy foods and beverages is happening everywhere and it needs to stop.

Mr Nadeem Iqbal, Network for Consumer Protection, presented on the work of consumer protection work in Pakistan. He said that the Network is a registered, non-profit organization that has been working to promote and protect the rights of consumers in Pakistan, with a particular emphasis on public health matters, since 1992. He said that These consumer policy issues include corporate accountability, standards, consumer protection law, provision of justice, public health, poverty, and international trade, safe food, tobacco control, Breastfeeding law, pay tax etc. the organization developed health education materials targeting children aged 4–6 on the importance of selecting and eating healthy food.

Dr Neville Rigby, International Obesity Forum, presented on “avoiding conflicts of interest”, which refers to recommendation 6. Governments should be the key stakeholders in the development of policy and provide leadership, through a multistakeholder platform for implementation, monitoring and evaluation. In setting the national policy framework, governments may choose to allocate defined roles to other stakeholders, while protecting the public interest and avoiding conflict of interest. Governments should establish principles to avoid conflicts of interest involving stakeholders with vested interests. Avoiding conflict of interest requires clear consensus about its meaning and when or how it arises.

In WHO’s guidelines in relation to its expert consultations, the term “conflict of interest” means any interest declared by an expert that may affect or be reasonably perceived to affect the expert’s objectivity and independence in providing advice to WHO. Representatives of industry, trade associations or other interest groups, as well as representatives of national institutions, the United Nations, UN specialized agencies, other intergovernmental organizations and nongovernmental organizations are not required to make a conflict-of-interest declaration. Nevertheless it is clear that a conflict of interest arises when anyone seeks to influence the policy process at any stage having a vested or financial interest in achieving an outcome in their favour and there is growing concern that public health policy has been and continues to be distorted by commercial influence both overt and covert.

The lack of a requirement to make a conflict of interest disclosure reflects the recognition (by WHO) that those speaking from industry, other stakeholder groups and even nongovernmental organizations represent the views of their organizations. Nevertheless industry lobbyists have been very successful in manipulating health policy and a growing number of nongovernmental organizations, along with prominent research scientists, are compromised by receiving-and in some cases depending on funding from industries. Thus in developing strategies to implement recommendations on marketing to children, national

governments should be warned that past practice-even present accepted practice-does not represent best practice, and entails conflicts of interest that do distort policy.

WHO has now established clear guidelines to identify and evaluate conflicts of interest disclosed by health professionals. Major players in the food and beverage sector openly oppose public health measures while claiming to support initiatives to improve diet and health. Often so-called pledges are merely insincere statements concealing their real motive, i.e. appearing to comply with goals to reduce television advertising but masking new marketing strategies reinforcing child-related advertising in peak viewing time.

Of great concern is the switching to online behavioural marketing which targets children with games and using subliminal ruses reflects the hollow nature of corporate commitment. He concluded by saying that self-regulation inherently involves a conflict of interest since industry 'offenders' are invited to police themselves. EU moves for regulation in favour of traffic light labelling scheme were halted by a 'million euro' lobbying campaign by all the major Big Food and Big Soda corporations. The industry itself agrees its pledges including those on marketing to children have limited impact, but still presses for a voluntary approach. Legislation is the only option to ensure 100% coverage and compliance, but implementing legislation requires strong government leadership capable of withstanding the influence of powerful lobby groups with significant financial backing. Ultimately strict controls on conflicts of interest may be required to eliminate industry influence over important public health measures.

Dr Katherine Deland, WHO Temporary Adviser, presented on the experience of tobacco to draw lessons learnt on the impact of international trade rules on the implementation of the WHO Recommendations. She highlighted similarities between tobacco and food products: both began as an agricultural product; they are highly engineered final products; are produced by multinational corporations; are aggressively marketed to vulnerable populations; and they generate massive profits, which are at stake.

The key differences are that for tobacco products there is a global commitment, the WHO Framework Convention on Tobacco Control, and strict prohibitions on dealing with the tobacco industry. As well there are data tying tobacco use to disease and death, also showing that strong data on marketing and increased consumption, availability of substantial international investment in tobacco control and finally on tobacco is good, so advocacy messages can include "endgames for tobacco". With regard to food products, the global commitment is WHO Recommendations; policy is made by governments after stakeholder (including industry) consultation, without conflicts of interest. There are less robust data tying obesogenic foods to death and disease and incomplete data on marketing and consumption. In addition, there is little international investment in diet and physical activity and some foods are good, which makes regulating and messaging more difficult. The law landscape, which constitute possible an entry points to develop policy to regulate marketing. These are at four levels: 1) domestic (constitutional and regulatory); 2) international investment agreements (bilateral trade agreements and direct foreign investment); 3) regional free trade agreements (e.g. Greater Arab Free Trade Area, Gulf Cooperation Council agreements, European

Economic Area Agreement); and 4) global agreements, referring mainly to the World Trade Organization.

Dr Mohamed Hamouda made a presentation on the work of the League of Arab States and noted that the recommendations fit well under Resolution No. 13 issued by the Arab Economic Summit in its first session in Kuwait January 2009, on improving a platform that enhances the delivery of health services, and the Marrakesh Declaration issued by the Fourth Arab Conference on High-Level Rights of the Child (2010) to accelerate national efforts in the field of health care for children.

Mr Khemais Chaieb presented on the Arab Satellite Broadcasting Union, a pan-Arab professional organization established in 1969. Active members include all Arab public radio and television corporations. It has had financial autonomy since 1996. Its contributions in raising health awareness and the need for regulations could include the following:

- Facilitating exchange of all kinds of radio and television health material (programmes, awareness spots, WHO-produced materials, how-to, step-by-step demos, etc.);
- Initiating health-related meetings, forums and other gatherings for members, experts; Including health awareness action in its governance meetings
- Devoting a ready-to-use section in its central archiving system for members' use;
- Using its capabilities for remote training on health issues region-wide, within each country and even in local communities.

WHO and national health bodies could also use the Union's capabilities to link branches.

### **3. CONCLUSIONS**

The experts acknowledged that child obesity is a public health concern in the Region and that one of its key drivers is the marketing of HFSS food to children.

They also acknowledge that the issue of marketing HFSS food to children has not been given due attention and governments and other relevant stakeholders should take the action required to accelerate the implementation of the WHO recommendations on the marketing of food and non-alcoholic beverages to children to limit the impact of HFSS food marketing on children. This requires stakeholders to:

- Raise awareness on the importance of regulating the marketing of food and non-alcoholic beverages to children as part of effective obesity prevention strategies
- Build consensus, coalitions and capacity across and beyond government
- Implement the WHO Recommendations on the marketing of food and non-alcoholic beverages to children at national level
- Devise cooperation mechanisms to regulate cross-border marketing at regional level
- Set up monitoring and evaluation systems/frameworks.

In order to achieve the above the health authorities need to collaborate with international organizations, non-health sectors and nongovernmental entities.

#### **4. THE WAY FORWARD: ACTION POINTS FOR STAKEHOLDERS**

##### *To WHO*

- Bring the issue to regional meetings including the League of Arab States, ECOSOC, GCC.
- Provide training on the recommendations tailored to specific groups, e.g. parliamentarians, consumer organizations.
- Convene an expert meeting to agree on a nutrition profiling model for the Region.
- Build a broad consensus between public health and consumer organizations.
- Build capacity for independent monitoring related activities.
- Make available related tools/documents in Arabic.
- Develop an expanded set of indicators and targets on marketing practices and monitor progress.
- Support capacity building in development of legislations and regulations in the area of marketing.
- Support the development of a regional network e.g. intergovernmental body.

##### *To Member States*

- Identify national leaders champions
- Establish a country-based intersectoral committee towards building a nationwide coalition, under cabinet leadership to implement the WHO recommendations.
- Conduct a situation analysis on existing regulations of marketing of foods and NA beverages within the broader regulatory framework (also includes/addressed obstacles).
- develop policies at national levels to effectively restrict HFSS food marketing to children in consultation with stakeholders while avoiding conflict of interest.
- Allocate and sustain adequate resources to address HFSS foods marketing to children.
- Avoid conflict of interest and act in the public interest.

##### *To alliances for consumer protection*

- Ensure that the issue of marketing is on the agenda of national consumers groups.
- Obtain evidence on marketing environment.
- Advocate for and monitor policy change.
- Conduct awareness campaigns and mobilize public support for marketing regulations.

##### *To the League of Arab States*

- Give priority to the issue of marketing at the highest policy level including ECOSOC.
- Address the cross border marketing.

- Mobilize resources to support the implementation of the WHO recommendations on the marketing of foods and non-alcoholic beverages to children for Member States requesting it.
- Conduct a joint consultation with sub regional health/trade/commerce GCC entities.

*To media operators and networks*

- Ensure that the issue of marketing of foods and non-alcoholic beverages to children is on the agenda of all national and regional media operators including networks, outlets etc.
- Develop mechanisms such as codes of conducts, in order to reduce the impact of HFSS foods and non-alcoholic beverages to children.
- Set up a consumer complaint hotline and respond to public interest requests.

*To the United Nations system*

- As part of the implementation of the political declaration of the UN High Level Meeting ensure that the issue of marketing of foods high in fat, sugar and salt and targeted to children is on the agenda of all relevant UN agencies at both the regional and global levels.
- Identify roles which each organization can take to promote and support Member States to adopt the WHO recommendations on the marketing of foods and non-alcoholic beverages to children.
- Raise the awareness, through the appropriate channels, of the political leaders and relevant policy makers on the importance of regulating marketing of foods and non-alcoholic beverages to children with special reference to the situation of the Member States of the Region promote the WHO recommendations on the marketing on foods and non-alcoholic beverages to children in programmes dealing with the promotion of healthy lifestyles, adolescent health and nutrition

**Annex 1**

**PROGRAMME**

**Wednesday, 18 September 2013**

- 08:00 – 08:30 Registration
- 08:30 – 09:00 Opening remarks  
Dr Akram Eltom, WHO Representative, Jordan
- 09:00 – 09:15 Marketing to children and the agenda for noncommunicable diseases prevention in the Region  
Dr Samer Jabbour, Director of Noncommunicable Diseases and Mental Health, WHO/EMRO  
*Session 1. Introduction to the WHO recommendations on the marketing of foods and non-alcoholic beverages to children*
- 09:15 – 09:30 WHO Recommendations on the Marketing of Foods and non-alcoholic beverages to children  
Dr Godfrey Xuereb, Programme Officer, Surveillance and Population-based Prevention, WHO/HQ
- 09:30 – 09:45 Progress report on the implementation of WHO recommendations in the Region  
Dr Faten Ben Abdelaziz, Regional Adviser, WHO/EMRO
- 09:45 – 10:15 Classifying foods into categories – nutrition profiling  
Dr Mike Rayner, Director, British Heart Foundation Health Promotion Research Group, Nuffield Department of Population Health, University of Oxford  
Dr Chizuru Nishida, Coordinator, Nutrition Policy and Scientific Advice, Department of Nutrition for Health and Development, WHO/HQ
- 10:15 – 10:45 Discussion  
*Session 2. Developing national policies on the marketing of foods and non-alcoholic beverages to children. Opportunities and constraints*
- 11:00 – 11:30 Defining the scope of rules on the marketing of foods and non-alcoholic beverages to children: a comprehensive versus a stepwise policy  
Dr Amandine Garde, WHO Temporary Adviser
- 11:30 – 12:00 Developing and implementing policy and raising awareness: insights from other countries  
Dr Corinna Hawkes, Head of Policy and Public Affairs, World Cancer Research Fund International
- 12:00 – 12:30 Turning evidence to policy development  
Dr Alberto Alemanno, WHO Temporary Adviser
- 12:30 – 13:00 Discussion

- 14:00 – 15:00 Monitoring of the marketing of foods to children: role of consumers protection  
Ms Anna Glayzer, Food Safety and Nutrition, Consumers International, United Kingdom  
Dr Nadeem Iqbal, Network for Consumer Protection, Pakistan  
(15 minutes for each presentation followed by 15minutes Q&A)
- 15:15 – 16:30 Group work: a roadmap to accelerate the implementation of the WHO Recommendations in the Eastern Mediterranean Region
- 16:30 – 17:00 Group reports

**Thursday, 19 September 2013**

- 08:30 – 09:15 Recap of the previous day
- 09:15 – 09:30 Avoiding conflicts of interest  
Mr Neville Rigby, WHO Temporary Adviser
- 09:30 – 10:00 The impact of international trade rules on the implementation of the WHO Recommendations  
Dr Katherine Deland, WHO Temporary Adviser  
(15 minutes for each presentation followed by 10 minutes Q&A)  
*Session 3. Developing a regional policy to regulate the cross-border marketing of foods and non-alcoholic beverages to children*
- 10:00 – 10:20 The role of the League of Arab States, Egypt
- 10:20 – 10:40 Dr Mohamed Hamouda, Department of Health and Humanitarian Aid, League of Arab States
- 10:40 – 11:00 Regulating marketing through regional media  
Mr Khemais Chaieb, Arab Satellite Broadcasting Union, Tunisia  
The European Union's experience of regulating cross-border marketing  
Dr Alberto Alemanno and Dr Amandine Garde, WHO Temporary Advisers  
15 minutes presentation followed by a 30 minute discussion
- 11:10 – 12:15 *Session 4. Group work: Finalization of the regional roadmap for implementing the WHO recommendations on the marketing of foods and non-alcoholic beverages to children*
- 12:15 – 13:30 Group reports and discussion
- 14:30 – 16:30 Recommendations and way forward
- 16:30 – 17:00 Closing remarks



**Annex 2**

**LIST OF PARTICIPANTS**

**TEMPORARY ADVISERS**

**EGYPT**

Dr Azza Aboul Fadl  
Professor of Paediatrics  
Benha University  
Cairo

Dr Mohsen Noeman  
Deputy Director  
Egyptian Radio and Television Union  
Cairo

**FRANCE**

Dr Alberto Alemanno  
Jean Monnet Professor of EU Law and Risk Regulation  
Ecole des Hautes Etudes Commerciales (HEC) de Paris  
Paris

**ISLAMIC REPUBLIC OF IRAN**

Dr Zahra Abdollahi  
Director, Nutrition Department  
Ministry of Health and Medical Education  
Teheran

**JORDAN**

Dr Bassam Hijawi  
Director  
Primary Health Care  
Ministry of Health  
Amman

Dr Khaled Kharabsheh  
Director  
School Health Directorate  
Ministry of Health  
Amman

Dr Samar Batarseh  
Head  
Education Institution  
Ministry of Health  
Amman

Dr Fairuz Abbadi  
Member  
School Health Directorate  
Ministry of Health  
Amman

**LEBANON**

Eng. Imad Ammoun  
Research Assistant  
Consumer Lebanon Association  
Beirut

Ms Zainab Berry  
Responsible for the Water and Non-Alcoholic Beverages Programme  
Sanitary Engineering Department  
Ministry of Public Health  
Beirut

**MOROCCO**

Dr Najat Gharbi  
Director  
School Health Directorate  
Ministry of Health  
Casablanca

**OMAN**

Dr Mariam Bint Abdullah Al-Waili  
Senior Consultant in Nutritional Medicine  
Ministry of Health  
Member, Oman Association for Consumer Protection (OACP)  
Muscat

Mr Ahmed Al Harthy  
Project Coordinator  
Consumers International  
Middle East Office  
Muscat

**PAKISTAN**

Mr Nadeem Iqbal  
Executive Coordinator  
Network for Consumer Protection  
Islamabad

**TUNISIA**

Mr Khemais Chaieb  
Information Officer  
Arab Satellite Broadcasting Union  
Tunis

**UNITED KINGDOM**

Dr Amandine Garde  
Professor of Law and Expert on Health and Consumer Protection  
University of Liverpool  
Liverpool

Ms Anna Glayzer  
Programme Coordinator  
Food Safety and Nutrition  
Consumers International  
Liverpool

Dr Corrina Hawkes  
Head of Policy and Public Affairs  
World Cancer Research Fund International  
London

Dr Mike Rayner  
Director, British Heart Foundation Health Promotion Research Group  
Nuffield Department of Population Health  
University of Oxford  
Oxford

Mr Neville Rigby  
Director of Policy and Public Affairs  
International Obesity Forum  
Scotland

**UNITED STATES OF AMERICA**

Dr Katherine DeLand  
CEO and Managing Director  
DeLand Associates  
California

**OTHER ORGANIZATIONS**

**League of Arab States**

Dr Mohamed Hamouda  
Member, Council of Arab Ministries of Health  
League of Arab States  
Cairo  
EGYPT

**United Nations Children's Fund**

Mr James Kingori  
Regional Nutrition Specialist  
United Nations Children's Fund  
Middle East and North Africa Regional Office  
Amman  
JORDAN

**WHO SECRETARIAT**

Dr Akram Eltom, WHO Representative, Jordan  
Dr Haifa Madi, Director, Department of Health Protection and Promotion, WHO EMRO  
Dr Samer Jabbour, Director, Department of Noncommunicable Diseases and Mental Health, WHO EMRO  
Dr Chizuru Nishida, Coordinator, Nutrition Policy and Scientific Advice, Department of Nutrition for Health and Development, WHO/HQ  
Dr Faten Ben Abdelaziz, Regional Adviser, Health Promotion and Education, WHO EMRO  
Dr Ayoub Al-Jawaldeh, Regional Adviser, Nutrition and Food Safety, WHO EMRO  
Dr Godfrey Carmel Xuereb, Programme Officer, Surveillance and Population-based Prevention, WHO headquarters  
Ms Mae El-Ezaby, Senior Programme Assistant, Control and Prevention of Blindness, WHO EMRO



World Health Organization  
Regional Office for the Eastern Mediterranean  
P.O. Box 7608, Nasr City 11371  
Cairo, Egypt  
[www.emro.who.int](http://www.emro.who.int)