

Summary report on the
**Expert meeting on
protecting children from
the harmful impact of
food marketing in the
Eastern Mediterranean
Region, with a focus on
digital marketing**

Cairo, Egypt
6–7 December 2023



**World Health
Organization**

Eastern Mediterranean Region

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1. Introduction

Childhood overweight and obesity is an increasing public health problem in the WHO Eastern Mediterranean Region. In 2022, more than 5 million children under 5 were affected by overweight (1), and well over a third of those aged 13–18 years are affected by overweight in some countries (2). Unhealthy food environments, in which foods high in unhealthy fats, sugars and/or salt (HFSS) are increasingly available, accessible, affordable and heavily marketed, are a major driver of this public health crisis. Almost all countries in the Region exceed the WHO recommended average intakes for salt, free sugars and trans-fatty acids, and more than half of the Region's countries exceed the recommended intakes for saturated fats. Intakes of sugar-sweetened beverages are high in many countries, while average intakes of fruits and vegetables are too low.

Exposure to food marketing affects children's food choices and dietary intake (3), and a significant amount of marketing is for foods that contribute to an unhealthy diet. In recent years children's exposure to food marketing has increased through digital platforms and online content, including social media. Children's rights¹ and healthy diets are being negatively impacted by marketing practices in the Region.

In 2010, the Sixty-third World Health Assembly unanimously endorsed, in resolution WHA63.14, a set of recommendations on the marketing of foods and non-alcoholic beverages to children and urged Member States to implement the recommendations (4). An implementation framework was published to support Member States in their efforts (5). Restricting food marketing to children is also a recommended priority action in WHO's strategy on nutrition for the Eastern Mediterranean Region 2020–2030 (6).

¹ Including the right to health, the right to adequate and nutritious food, the right to privacy and the right to be free from exploitation.

To provide further guidance to Member States to drive implementation of the recommendations, WHO published *Policies to protect children from the harmful impact of food marketing: WHO guideline in 2023* (3) along with a toolkit, published with UNICEF, called *Taking action to protect children from the harmful impact of food marketing: a child rights-based approach* (7).

In the WHO strategy on nutrition for the Eastern Mediterranean Region 2020–2030, the Member States of the Region have committed to restricting food marketing to children as a priority action (6). At the subregional level, the proposed framework for action for healthy diets for Gulf Cooperation Council (GCC) Member States (8), developed at the regional expert meeting on policy action for healthy diets in February 2023, recommended the adoption of a GCC regulatory measure to restrict marketing of HFSS foods to children under 18 years, including cross-border and digital marketing.

Despite some recent advances, however, further progress in the implementation of the WHO recommendations on the marketing of foods and non-alcoholic beverages to children remains slow in the Eastern Mediterranean Region. No country in the Region has adopted comprehensive policies restricting the marketing of unhealthy food to children (9).

To support the Member States of the Region to strengthen their actions to protect children from the harmful impact of food marketing, WHO held an expert meeting on 6 and 7 December 2023 in Cairo, Egypt.

The main objectives of the meeting were to:

- update participating country representatives on the new guidance, tools, and other resources to support action to protect children from harmful food marketing;
- review the existing guidance and tools, with a particular focus on digital marketing, and identify any necessary adaptation to the Eastern Mediterranean context;
- exchange country experience on policy action on food marketing and success stories and challenges faced; and
- identify country support needs from WHO and/or other partners, and opportunities for country collaboration for mutual support.

Six Member States participated¹, along with international experts and WHO staff from WHO headquarters, the Regional Office for Europe and the Regional Office for the Eastern Mediterranean.

2. Summary of discussions

Why action to protect children from the harmful impact of food marketing is needed and new WHO guidance

Participants learned about the latest WHO resources and guidance, including the new WHO guideline, which sets out a statement of good practice and a recommendation (3).

The good practice statement is that: Children of all ages should be protected from marketing of foods that are high in saturated fatty acids, trans-fatty acids, free sugars and/or salt.

¹ Morocco, Oman, Qatar, Saudi Arabia, Tunisia and United Arab Emirates.

The WHO recommendation is that: WHO suggests implementation of policies to restrict marketing of foods high in saturated fatty acids, trans-fatty acids, free sugars and/or salt to which children are exposed, and that such policies:

- be mandatory;
- protect children of all ages;
- use a government-led nutrient profile model to classify foods to be restricted from marketing;
- be sufficiently comprehensive to minimize the risk of migration of marketing to other media, to other spaces within the same medium or to other age groups; and
- restrict the power of food marketing to persuade.

(Conditional recommendation).

The updated recommendation is based on evidence on how exposure to food marketing affects children's health, eating behaviours and food-related attitudes and beliefs (10) and harms children's food choices, intended choices and dietary intake (11). The recommendation is also based on a review of evidence on policies to restrict food marketing (12).

Regulation of digital food marketing is warranted because it is now prevalent and persuasive and appears to have a similar impact on eating behaviour as television marketing. Policies must consider the range of marketing strategies and seek to be "future-proof" to deal with further changes in marketing practices.

Action to restrict food marketing to children in the Eastern Mediterranean Region

Achievements and gaps in the implementation of the WHO recommendations on food marketing to children in the Region were outlined in a 2018 report, which found that no country had adopted

comprehensive policies restricting the marketing of unhealthy food to children (9). A situation analysis in 2022 found that 68% of countries had discussed WHO recommendations on marketing restrictions, 23% had adopted a nutrient profiling system, 14% had implemented some restrictions on marketing via television or radio and 41% had implemented restrictions on marketing in nurseries and/or school canteens (13). Among the countries in the Region, the Islamic Republic of Iran had adopted the widest level of restrictions, while Oman, Pakistan, Qatar, Saudi Arabia and the United Arab Emirates had some level of restrictions. Despite these encouraging advances, it remains the case that no country in the Region has implemented comprehensive mandatory restrictions in line with WHO recommendations, and no country has implemented restrictions on digital marketing via social media networks.

The six countries of the Region participating in the meeting – Morocco, Oman, Qatar, Saudi Arabia, Tunisia and United Arab Emirates – outlined the existing policy commitments and regulatory landscape relating to food marketing to children in their countries.

Morocco. A high commission for audiovisual communication was created by Royal Decree in 2002, with a mandate to regulate audiovisual communication. A legislative framework, with definitions for advertising and sponsorship and certain legal concepts, was established in 2005. No regulatory action has been taken on food advertising or the protection of children. Preliminary results of a study on full-screen advertising spots, found that over three months 20% of adverts were for food or beverage products. Of these, over three quarters (78.5%) should not be permitted to be marketed to children according to the regional nutrient profile model. Further research is needed to document marketing across all media channels and it was suggested that regulating food marketing should be tackled by a new national multisectoral task force or existing national task force groups.

Oman. A situation analysis was conducted in 2016 (published in 2019) to assess marketing in mass media, schools and retail stores. The study found frequent use of children in advertising and that two thirds of advertising in print media was for ready-made/convenience foods. In retail outlets, the most frequently advertised products were chocolate and sugar confectionery. In terms of regulatory action, the Child Law prohibits the advertising of fast food during children's television and radio programmes. There are also strict rules relating to marketing and sponsorship in schools, alongside standards for food provided in school canteens. There is no data on exposure to digital marketing, and this would be a useful next step. Issues that need to be addressed include: clarification of the enforcement and penalties of the current restrictions; the increasing use of celebrities in digital marketing; potential HFSS food marketing through meal delivery apps; how to distinguish between marketing targeted at adults and adolescents; cross-border marketing; and industry opposition. There are plans to focus on tackling marketing through the multisectoral NCD committee in 2024.

Qatar. The multiple measures taken on nutrition and creating healthier food environments in the country include a draft law on breastmilk substitute marketing, which has been submitted to the Cabinet, and a campaign to reduce fat, sugar and salt consumption disseminated via radio and social media. Plans include drafting a Ministerial Decree to prohibit the use of toy gifts to promote children's meals providing more than 600 kilocalories. The development and implementation of measures to restrict the marketing of unhealthy food for children will be one of the priorities for the coming year.

Saudi Arabia. The Saudi Food and Drug Authority (SFDA) is the main body with responsibility for regulating food marketing. Following a period of policy preparation in 2019–2020, the SFDA published a draft policy for consultation and World Trade Organization notification in

2021. In 2022, a voluntary guideline on requirements for food marketing directed at children was approved. The guideline covers advertising for packaged foods and food served in food establishments directed at children under the age of 12 years via television channels and YouTube channels for children, cinemas showing films for children under the age of 12, other places frequented by children (including schools, parks and children's sports fields) and during occasions or events targeting children. In addition, the advertising of food with low nutritional values that contains cartoon character(s) and/or children is prohibited on public transport, on food companies' transport, on billboards, or in brochures. In 2023, the GCC Standardization Organization (GSO) issued, as a voluntary Gulf standard, a guideline on requirements for food marketing directed at children, with an extended scope to cover children up to 18 years. Workshops and guidelines have also been provided for the industry. However, two studies have highlighted the need for mandatory restrictions on food marketing to children: one study in three popular supermarkets in Riyadh found that 73% of products promoted with cartoon characters containing children's toys were high in sugar, 12% were high in fat, 16% were high in saturated fat and 18% were high in salt. Overall, 91% had at least one nutrient that exceeded the recommended limit. A study of food advertising to children on the most popular YouTube channels in Saudi Arabia found that 96.6% of food products were low in nutritional value.

Tunisia. Two studies assessing food environments were conducted as part of efforts to raise awareness of the problem of harmful food marketing to children. One study in retail environments found that 84% of foods advertised would not be permitted for marketing to children according to the regional nutrient profile model. A second study, on food environments around schools, found that areas with a high density of food retailers selling unhealthy foods were associated with obesity, pointing to the need to restrict marketing of foods high in unhealthy fats, sugars

and/or salt. There is currently no policy relating to the restriction of food marketing to children in place. However, work is underway to raise awareness and highlight the need to take regulatory action.

United Arab Emirates. Current laws and regulations relating to food marketing to children include: the Federal Law on Public Health, which provides a mandate to the health ministry to regulate the marketing and sale of foods for infants and young children; a Cabinet resolution regulating the marketing of products related to infant and young child feeding; and the Federal Law on Child Rights (Wadeema's Law), which states some general principles for marketing to be consistent with a child's right to health, survival and development. In addition, the marketing of unhealthy food and beverages is not allowed in school settings. Abu Dhabi has issued a new specification for HFSS marketing, setting out 18 food categories and nutrient limits per 100 g. Products must not exceed any of the nutrient limits of their category to be eligible for marketing. Currently, the GSO standard is still voluntary, but there are ongoing discussions about this becoming mandatory. A standard for all food and beverages for children up to 18 years is being developed and the guidelines for food and beverages supplied in schools are also being updated.

Application or adaptation of existing tools to protect children in the Eastern Mediterranean Region from harmful food marketing

Digital marketing has taken over from traditional – print, television, or radio – marketing worldwide, and this is happening because it is much easier for marketers to reach their audiences with more effective, targeted messages. The WHO Regional Office for Europe has developed a series of reports and resources for mapping, monitoring and regulating food marketing to children. These include the development of tools and protocols for monitoring traditional and digital marketing (14,15).

Given the extreme complexity of the digital marketing ecosystem – involving many different actors in very rapid processes – it is almost impossible to predict what advertisements will be seen by whom. Thus, monitoring studies are vital to assess the extent of children’s exposure to food marketing. An android¹ smartphone app – KidAd – has been developed by the Regional Office for Europe, with Kingston University, United Kingdom, to capture children’s real-life exposure to food marketing through screenshots of their devices. An AI tool is also under development to help with the analysis of the material captured through KidAd by screening out 90% of the irrelevant screenshots. Once installed on a child’s device, KidAd runs in the background and does not interfere with children’s media use.

The meeting heard about the experience of using these tools to document the extent of television marketing of unhealthy food products to children across the European Region and the specific experience in monitoring and regulating digital marketing in Canada and Portugal. The KidAd application could be readily used in the countries of the Eastern Mediterranean Region, with manual analysis of the screenshots. To adapt the AI tool to help with the analysis it will be necessary to “train” the tool to recognize common local food items, brand names and terminology. Currently, the use of the tool for other areas relevant to child health, such as alcohol and tobacco products, gaming platforms and the metaverse, is being explored. Another important tool for regulating food marketing is a nutrient profile model to enable the definition of foods for which marketing is to be restricted. The WHO Regional Office for Europe has recently updated its regional nutrient profile model to ensure it is fit for purpose (16). The question of whether the Eastern Mediterranean Region’s regional nutrient profile requires revision warrants consideration.

¹ Extension to devices with the iOS operating system is planned.

Discussion

There was extensive discussion of the challenges in reducing the harmful impact of food marketing on children in the Eastern Mediterranean Region. Changes in children's media use in many countries were highlighted, noting that there had been a widespread shift away from television towards digital media, which is highly targeted and personalized to each child. In addition, cross-border marketing is a major challenge in the Region, pointing to the need for joint working and subregional action, such as the GCC level or across North Africa. There was also discussion on how to adapt and adopt the monitoring tools and methodology for use in the Eastern Mediterranean Region, and the need for strong multisectoral action to be able to implement marketing restrictions was highlighted.

It was proposed that the participating Member States continue to advance work on this issue through forming a food marketing task force. The task force would meet regularly online and in-person to report back and assess progress. A step-wise approach was recommended, and several specific next steps were proposed:

- Raising awareness of the importance and feasibility of tackling food marketing to children among governmental and nongovernmental stakeholders.
- Mapping the specific context for food marketing restrictions in each country, including the existing evidence-base, legislative framework, entry points, responsible entities, enforcement mechanisms and children's media use. It was agreed that, as a first step, WHO would share a questionnaire with the participating countries to guide this mapping process.
- Monitoring children's real-life exposure to food marketing, initially through a series of pilot projects to monitor television and digital advertising according to WHO protocols. In this way, the

adaptation of the methodology to the Region can be pilot tested and then expanded for use in other countries in the Region. Monitoring studies are vital to (a) demonstrate the extent of children's exposure to the marketing of unhealthy foods and the need for restrictions and (b) assess children's exposure after restrictions are introduced. Although protocols and methods are available, funding and research partners will need to be identified and secured for the monitoring studies. YouTube was identified as a key channel for monitoring in the Region.

- Identifying and engaging with the relevant government lawyers to advance regulation of the marketing of HFSS foods to children in the Region. The establishment of a regional legal network, which could exchange knowledge and experience across countries but also potentially with the parallel network in the WHO European Region, was suggested. Model laws could then be developed as a template for government action in countries that have not yet introduced mandatory restrictions. It was also agreed to follow up with the GSO on the potential to strengthen the voluntary standard introduced in 2023.


It is clear that no single intervention can halt the obesity epidemic on its own. Multiple measures are needed to improve access to healthy diets by creating healthier food environments and raising awareness on healthy eating. Nutrition education and social behaviour change campaigns are vital, alongside measures to restrict marketing and other food environment measures. Due to the new WHO guidance based on the latest evidence, and well-developed tools and methods, the countries of the Eastern Mediterranean Region have an unprecedented opportunity to implement comprehensive effective restrictions on HFSS food marketing to children. The establishment of a regional task force to drive this work forward is, therefore, an important step to protect the health and rights of the Region's children.

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