

**Summary report on the
Intercountry capacity-
building workshop for
Member States in the WHO
Eastern Mediterranean
Region on nutrition labelling
and restricting marketing of
unhealthy foods and beverages**

Amman, Jordan
16–18 December 2024



**World Health
Organization**

Eastern Mediterranean Region

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1. Introduction

Noncommunicable diseases (NCDs), the leading cause of mortality globally, are a major challenge to development. The world is off track to meet Sustainable Development Goal (SDG) target 3.4 on NCDs. Countries have made uneven progress in reducing modifiable risk factors for NCDs, particularly in improving unhealthy diets. Policy measures recommended by WHO to address diet-related NCDs include: (i) restrictions on marketing of unhealthy foods (including digital marketing techniques that frequently target children); and (ii) nutrition labelling, including front-of-pack labelling (FOPL) (1). To support Member States in implementation of these measures, WHO held a three-day training workshop in Amman, Jordan, on 16–18 December 2024. Nine Member States participated,¹ along with experts from WHO headquarters, the WHO Regional Office for the Eastern Mediterranean, the WHO Regional Office for Europe, WHO country offices and United Nations partner organizations.

The training aimed to strengthen the capacity of participants, including national nutrition focal points, to develop, implement and enforce legal instruments restricting the marketing of unhealthy foods, particularly to children, and strengthening nutrition labelling requirements. It facilitated networking and sharing of information and experience on:

- relevant international instruments and country adaptation and implementation;
- legal justifications for action and typical stakeholder positions;
- the importance of a legally robust, evidence-based policy process;
- potential legal challenges relevant to policy design or implementation.

¹ Bahrain, Egypt, Jordan, Kuwait, Oman, Qatar, Saudi Arabia and United Arab Emirates attended in person, while Morocco participated virtually.

2. Summary of discussions

Nutrition labelling

Nutrition labelling policies can regulate several elements, including mandatory ingredient lists and nutrient declarations, health and nutrition claims, and front-of-pack nutrition labelling. Globally, WHO has long emphasized the role of nutrition labelling to tackle unhealthy diets (1, 2) and, more recently, to address the obesity pandemic (3).

Participants learned about existing international standards and guidance on nutrition labelling. Many aspects of nutrition labelling on prepackaged foods are covered by Codex Alimentarius standards, including nutrient declarations, nutrition and health claims and some principles for implementation of FOPL (without specific guidance on particular types of FOPL) (4, 5). In 2019, WHO published a set of guiding principles and a framework manual for FOPL (6). To further guide Member States, WHO is preparing a guideline on nutrition labelling. To inform its development, two systematic reviews summarized evidence and supported the formulation of good practice statements (7, 8).

According to WHO, good nutrition labelling practice implies including an ingredient list on prepackaged food, in line with the Codex standard, and regulation of nutrition and health claims to protect consumers from false, misleading and/or deceptive claims. In addition, the draft WHO guideline recommends policies to implement nutrient declarations and FOPL. It recommends interpretive FOPL (providing some explanation of the nutritional content or quality of foods) rather than non-interpretive schemes. Types of interpretive FOPL systems include summary indicators (e.g. Nutri-Score, Health Star Ratings), nutrient-specific systems (e.g. traffic light labels), negative nutrient-specific systems (e.g. warning labels) and

endorsement logos. The first three are the most effective, while evidence shows that endorsement logos can be misinterpreted as claims (7).

Interpretive FOPL systems rely on graphic elements to show the consumer simplified nutritional information through symbols, colours or words. The type of graphic element varies according to the overall objective – whether it is to promote healthier options among processed foods (e.g. endorsement logos), to warn about high levels of nutrients of concern (e.g. warning labels) or to promote both healthier options and/or warn about less healthy options (e.g. traffic lights, Nutri-Score, Health Star rating). The graphical format should be understandable to all population subgroups and based on the outcome of consumer testing, evidence of performance and stakeholder engagement.

In the WHO Eastern Mediterranean Region, implementation of nutrition labelling policies, and more specifically, front-of-pack nutrition labelling, is recommended in the regional nutrition strategy (9) and the framework for action on obesity (10). Nutrient declarations are mandatory in Gulf Cooperation Council (GCC) member countries but are not yet mandatory in all Member States of the Region.

Some countries have introduced forms of front-of-pack nutrition labelling: voluntary traffic light labelling is in place in Saudi Arabia, United Arab Emirates and in some settings in the Islamic Republic of Iran and Qatar. There is a voluntary Gulf Standards Organization (GSO) traffic lights standard for GCC members. Nutri-Score is being introduced on a voluntary basis in Morocco. In Bahrain, Egypt and Jordan studies will test different FOPL systems. One of the Emirates in the United Arab Emirates will introduce Nutremark on a mandatory basis. A new mandatory requirement for nutrient declarations for online food purchases came into force on 1 January 2025 in Saudi Arabia.

Further progress is particularly needed to implement mandatory measures (8). Health officials must collaborate with the trade and industry sectors. It can also be helpful to prepare evidence such as analyses of costs and cost-effectiveness before announcing measures, to anticipate and counter likely industry arguments. The use of high-profile advocates can raise awareness and build support for measures.

Choosing a particular FOPL system and the research to inform this choice were discussed. The first step is generally focus groups or web-based surveys testing consumer acceptance, interpretation and objective ability to discern healthier and less healthy options. Experimental trials can be conducted with virtual supermarkets, for example.

Food classification systems

Participants learned about different food classification systems, vital tools for categorizing foods to regulate. To bring population intake closer to recommendations it is important to classify foods into those to limit, restrict, regulate and disincentivize and those to promote, encourage and incentivize. Different tools can classify foods as healthy or unhealthy. Classifications can be based on food groups (food-based dietary guidelines), extent of food processing, nutritional composition (nutrient profiling) or contribution to daily intake recommendations.

Nutrient profiling is defined as “the science of classifying or ranking foods according to their nutritional composition for reasons related to preventing disease and promoting health” (11). Nutrient profiling generates nutrient-based criteria to describe foods and nutrient profile models are useful tools to implement interventions such as reformulation policies, nutrition FOPL, healthy public procurement, fiscal policies and marketing regulation. While nutrient profile models are a vital tool to support policy implementation, they are not a panacea

because diets are not only determined by the nutrient composition of individual foods. Factors such as portion size, frequency of consumption and variety and combinations of foods can also play a role.

Considerations when selecting a nutrient profile model include:

- The purpose of the model.
- Whether to use an existing model or develop a new model.
- The scope of the model (products covered and not covered).
- How many food categories will be used and the advantages and disadvantages of using many, few or even no categories.
- Which nutrients and other food components to include: advantages, disadvantages and feasibility.
- Reference amount for the model: per 100 g of food; per 100 kcal/kJ of food; per serving of food; per any given quantity.
- Whether to use scoring or thresholds (or both) for the model.
- The numbers to be used. There are three main ways to decide which numbers should determine thresholds or scores: (a) a pragmatic approach; (b) an approach that ensures consistency with other policies; (c) an approach derived from dietary recommendations.

WHO has six WHO nutrient profile models for marketing restrictions (*12–16*). The model from the WHO Regional Office for the Americas also applies to warning FOPL, regulation of school food environments, fiscal and other policies. Some countries have also adapted nutrient profile models for marketing restrictions to other policy areas. To guide reformulation, WHO has published a set of global sodium benchmarks for Member States (*17*). In addition, for developing healthy public procurement and services policies, WHO guidance on healthy diet can be used to set thresholds for nutrients to limit (*18*) and policies can be informed by national food-based dietary guidelines, national food compositional databases and food consumption surveys.

WHO aims at a global approach to nutrient profiling because the current proliferation of nutrient profile models and incoherence and inconsistency across approaches and settings risk diminishing its credibility. Public health rationale needs to be strengthened and consistency in messaging increased. A forthcoming information brief on classifying foods for food environment policies will do this.

Participants also learned about legal issues around nutrient profile models. Such models must be developed with or before regulations and can strengthen governments' positions against claims that a measure is arbitrary or discriminatory. Any exemptions or variations included need to be justified on a health or policy basis. The nutrient profile model selected must be well aligned with regulatory objectives. The categories and thresholds in a nutrient profile model should be consistent with science-based dietary recommendations for good health. Past legal proceedings have shown the importance of underpinning a nutrient profile model with a scientific approach; some companies have challenged some models legally but only countries that have failed to follow their own stated process have lost these challenges.

Marketing of unhealthy foods and beverages

Clear evidence shows that food marketing remains prevalent globally, that exposure to it is associated with significant increases in intake, choice and preference for the marketed foods and that it tends to promote unhealthy food options (19, 20). Policy action to restrict food marketing to children has long been recommended by WHO, both globally (21, 22) and regionally (9, 10) and it is a recommended area of intervention for the WHO acceleration plan to stop obesity (3). New global guidance and technical resources (20, 23) support countries in protecting children from harmful food marketing, thereby protecting their rights. Nonetheless, implementation of marketing restrictions

remains slow in the Eastern Mediterranean Region, especially in relation to digital marketing (24, 25).

The WHO Regional Office for the Eastern Mediterranean has supported Member States to boost implementation of measures to protect children from the harmful impact of food marketing in the Region. At an expert meeting for six Member States in December 2023, held in partnership with the WHO Regional Office for Europe, it was agreed to pursue collaboration and, in a stepwise approach, to: (i) raise awareness among governmental and nongovernmental stakeholders; (ii) map the specific context for food marketing restrictions in each country; (iii) monitor children's exposure through pilot projects; and (iv) identify and engage with relevant government lawyers to advance regulation of the marketing of unhealthy foods to children (26).

To build on the progress made at the 2023 expert meeting, workshop participants learned about WHO global guidance, tools and legal considerations relating to the development of marketing restrictions. Marketing includes any form of commercial communication or message that advertises or otherwise promotes a product, a related brand or a service and increases the recognition, appeal and/or consumption of particular products and services. The three main forms of marketing are advertising, promotion and sponsorship.

Country action remains insufficient and, where marketing restrictions exist, they tend to only cover younger children and/or a narrow range of techniques, rely on an insufficiently robust nutrient profile model, focus on marketing explicitly targeting children rather than marketing they are exposed to and/or do not include cross-border marketing. There is growing evidence on effective policy elements (27) and examples of country implementation of these (28). In Ireland, the Republic of Korea and Türkiye, for example, measures cover children up to 18. In Quebec,

Canada, the Consumer Protection Act covers a broad set of marketing communication channels (commercial advertising on television, radio, print, Internet, mobile phones, signage and with promotional items). Restrictions in Peru prohibit the use of celebrities or characters and of giveaways or prizes of any kind to encourage purchase or consumption of food or drinks. A strict government-led nutrient profile model, based on the WHO nutrient profile model for the European Region (29) underpins restrictions in Türkiye. An effective enforcement mechanism combining different approaches such as notifying those concerned about relevant rules, negotiation with relevant actors to change their practices and prosecution for violations – has been adopted in Quebec.

To further support national regulatory efforts, WHO has published a new guideline on protecting children from the harmful impact of food marketing in 2023 (20) and, jointly with the United Nations Children's Fund (UNICEF), an implementation toolkit (28). In addition, guidance has been issued on the digital marketing of breast-milk substitutes (30) and a resource on regulating the digital marketing of tobacco, alcohol, food and non-alcoholic beverages, and breast-milk substitutes was published in 2023 (31).

The guideline on policies to protect children from the harmful impact of food marketing sets out a statement of good practice and WHO's recommendation (Box 1) (20). Food marketing negatively affects many rights enshrined in the Convention on the Rights of the Child, and governments have the duty to impose strong regulatory systems and prevent businesses causing or contributing to children's rights abuses.

Box 1. Protecting children from the harmful impact of food marketing**WHO Good practice statement**

Children of all ages should be protected from the marketing of foods that are high in saturated fatty acids, trans-fatty acids, free sugars and/or salt.

WHO recommendation

WHO recommends policies to restrict the 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 restricted foods;
- 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).

Participants learned about key legal issues in the design and implementation of marketing restrictions, country approaches and legal challenges. There is no universal approach to restricting food marketing, with approaches varying by country depending on existing legislation. A comprehensive assessment of the legal environment can identify the best path, because different, generally applicable laws (e.g. advertising laws), product specific laws (e.g. food law) or laws governing specific marketing channels – such as broadcasting, telecommunications, digital media – or settings may exist. WHO and the United Nations Development Programme have developed a legal environment assessment tool to guide countries (32). When designing marketing restrictions, it is important to set clear regulatory objectives and consider the country's intellectual property law. It is also helpful to have supportive, local evidence of children's exposure and global evidence on the adverse health impacts of marketing and to ensure regulatory coherence across different channels, media and settings, which are often governed by different regulatory frameworks.

When drafting the law, terms must be defined carefully, ensuring all children (WHO recommends up to the age of 18) are covered and marketing is understood broadly enough to capture all channels and marketing (including packaging, sponsorship and product display, and advertising) to which children are exposed. To strengthen their position against common legal challenges to mandatory marketing restrictions, governments should follow required procedures, consider and respond to stakeholder comments, conduct a legal environment assessment, work with government lawyers to draft the law and frame the measure as protecting or fulfilling the right to health, child rights or consumer rights. A robust nutrient profile model, engaging enforcement agencies in developing the law and presenting evidence on the public health risk addressed, global guidance and likely effectiveness of the policy can reinforce government positions. In relation to international trade agreements, governments retain broad discretion to regulate in the interests of public health if the measure can be shown to be necessary and proportionate to achieve a legitimate public health objective without discriminating between domestic and imported products.

Whatever legal mechanism is used for marketing restrictions, a high degree of health protection needs a mandatory approach, an underlying nutrient profile model with appropriate thresholds and a broad approach to regulation of marketing.

Setting and applying appropriate sanctions and enforcement were discussed. Ideally, sanctions should be considered when the law is in development and either included or linked to other existing law and enforcement mechanisms. Governments need to work with all relevant enforcement mechanisms to prepare. It would be useful for governments to know how industry has responded to marketing restrictions and what the impact on practices and products had been.

Participants were reminded that countries can draw on binding international law – such as the Convention on the Rights of the Child – to support introducing marketing restrictions. WHO can support them in this.

As with the implementation of FOPL, countries report difficulties in working across the necessary sectors to develop marketing restrictions as they do not recognize its importance. Support from WHO for health ministry communication across multiple sectors would be welcome, and Jordan requested an intersectoral legal workshop for officials in other ministries and departments. Some countries that have established cross-sectoral coordination bodies – such as Bahrain and Saudi Arabia – reported it had helped to accelerate progress.

Restricting digital marketing

The meeting explored restricting digital food marketing in depth. Digital marketing gives companies a new channel for advertising, sponsorship, promotion and cross-promotion. Features specific to digital marketing are product placement in online video games and influencer content, influencer marketing, strong use of user engagement techniques creating viral content, direct marketing through SMS and emails, display banners, search advertising and in-app advertising. These techniques increase marketing exposure and power due to high use time, viral sharing, hyper-targeting and immersive, personalized and trusted content.

Digital marketing has a different supply chain with many more actors involved. The advertisers are still the manufacturers, distributors and retailers, but the publishers are social media platforms, streaming services, websites, search engines, app developers and Internet service providers. The supply chain involves automated negotiations between advertisers and publishers, based on algorithms and virtual advertising marketplaces.

In 2023, WHO published guidance on regulating digital marketing in the context of marketing restrictions on tobacco, alcohol, food and beverages, and breast-milk substitutes (31), including legislating, monitoring and enforcing restrictions on digital marketing. Addressing digital marketing means looking at privacy/data protection and digital markets laws, as well as traditional laws related to food marketing (e.g. advertising, consumer protection, broadcasting and food laws). Relevant rules may be spread across different legal instruments. To address this fragmentation, it is important to coordinate applicable laws, based on a legal environment assessment (see Annex 2 of (31)).

One key challenge for restricting digital marketing is that advertisements may have been produced or published abroad by foreign advertisers and publishers. Countries can tackle cross-border marketing by defining a broad territorial scope of the law covering all marketing targeted to the population within its jurisdiction, wherever it is produced or published – just as data protection laws around the world cover personal data in one country even if data processing takes place in another. Another solution is for countries to cooperate at regional level – such as in the GCC – to address cross-border marketing and enforcement through regional standards and/or harmonization.

Several countries have shown how to legislate to protect children from digital marketing. Different approaches regulate influencers and their use by advertisers. These include specific influencer laws, a licensing system for individual advertisers and informing influencers that advertising law applies to them. Online sales and delivery, including meal delivery apps, present different challenges because such activities relate to both retail and marketing, and this requires attention.

Monitoring and enforcement of restrictions on digital marketing

Digital marketing is particularly difficult to monitor because content is short-lived and highly targeted and personalized, and therefore invisible to non-target audiences, including inspectors or enforcement officers.

However, there are several policy options for monitoring and enforcing digital marketing restrictions. These include: provisions on monitoring and enforcement in the law; requiring companies to disclose marketing activities (e.g. content; where, time and duration of availability; targeting patterns); use of automatized monitoring tools for digital marketing; enabling civil society and individuals to bring claims when it is unlawful; cooperation with other government authorities to enforce digital marketing rules; expansion of liability rules across the supply chain; and adaptation and expansion of enforcement measures to address the challenges of digital marketing. When establishing enforcement measures, governments need to define who is liable, where to enforce, how to enforce, when to enforce and what sanctions to apply. Sanctions should become more onerous the more serious the offence and should be proportionate while respecting rights and freedoms.

Effective monitoring and enforcement require a whole-of-government approach and cooperation with relevant enforcement authorities. Current arrangements for monitoring in the Region include annual monitoring exercises on specific issues and media channels (in Saudi Arabia) and disclosure obligations requiring prior approval of all adverts (in Oman, Qatar, Saudi Arabia and the United Arab Emirates).

As human inspectors cannot monitor all digital marketing activity, automated and/or AI-assisted methods can expand capacity. WHO has developed tools to support country monitoring (see Box 2).

Box 2. The KidAd app for monitoring digital food marketing to children

Monitoring children's exposure to marketing for unhealthy food and drink products demonstrates the need for marketing restrictions and evaluates the effectiveness of existing restrictions. To help national authorities monitor food marketing to which children are exposed, the WHO Regional Office for Europe has developed several protocols, templates and tools.

Its KidAd platform addresses the specific challenges of monitoring digital marketing. Its three main components are: the KidAd app to collect data; a data analyser that uses AI and machine learning; and a data browser to navigate collected data.

The KidAd data collector is available as an app for Android phones and tablets. Installed in children's devices, it takes screenshots in specified apps (e.g. YouTube, TikTok) at a pre-defined frequency. A filter removes unrelated and privacy-related images, such as chats or banking information, before sending to the server. The app extracts all text and image from screenshots on the devices, then blurs out faces.

To conduct a study using KidAd, the study boundaries are defined (e.g. age and number of children, which social media platforms/apps to monitor and how often), children's and parents' consent are obtained, data security agreed, IT hosting and administration selected, necessary approvals obtained (e.g. ethical committee approval), the budget planned and a small pilot study conducted. The full study can then be rolled out, using refined methods, and should be monitored throughout to ensure it is running smoothly. Post-study, the data can be analysed – whether manually or using the AI tool – and reported, before data archiving and deletion. The data can also be used to retrain the AI tool for screenshot analysis.

In the European Region, several countries are in the advanced stages of implementing monitoring studies with KidAd. The WHO Regional Office for the Eastern Mediterranean and the WHO Regional Office for Europe support countries in their regions to conduct monitoring studies with KidAd and the other tools developed in the European Region.

In discussion, the complementary role of governments in promoting healthy diets using marketing techniques and channels was emphasized. It was recognized that governments struggle to compete with companies with large budgets to promote their messages.

Industry opposition, legal arguments and conflicts of interest

As noted above, countries reported strong resistance from the food industry to labelling requirements and/or marketing restrictions (as well as to other measures such as sugar-sweetened beverage taxation, food reformulation, fortification and regulation of breast-milk substitutes). Experience in countries has shown that industries with vested interests can interfere in health policy-making in a variety of ways, including:

- hijacking the political and legislative process;
- exaggerating the economic importance of the industry;
- manipulating public opinion to gain respectability, often through corporate social responsibility activities;
- fabricating support through industry-funded front groups;
- discrediting proven science and funding competing studies; and
- intimidating governments with actual or threatened litigation.

Resources and technical support help countries to overcome such opposition and manage policy process conflicts of interest (33–35).

Industry opposition to FOPL

A common industry argument calls a mandatory approach unnecessary, claiming voluntary labels are equally effective. Evidence shows, however, that mandatory FOPL policies are more likely to be effective and that voluntary FOPL policies have led to selective display on the labels of foods with more favourable ratings (7). Another common argument is the high expense of label changes (with consequences for the overall economy). However, manufacturers often change their labels. Modelling by the Organization for Economic Cooperation and Development (OECD) in 36 countries estimated the costs of implementing mandatory food labelling at less than half of the benefit to a country's gross domestic product (36). The costs of overweight and obesity, in contrast, are borne by individuals and

governments. A grace period for implementation can be given and it can be staggered (e.g. starting with a particular category, exempting small businesses initially or allowing temporary stickers) and/or capacity-building support for small or medium enterprises.

Industry opposition to restrictions on food marketing

The WHO/UNICEF toolkit on protecting children from the harmful impact of food marketing includes a compilation – based on country experience – of useful counterarguments to the common arguments put forward to oppose marketing restrictions (Table 1) (28).

Table 1. Useful arguments to counter opposition to measures to protect children from the harmful impact of marketing

Common arguments	Counter-argument
Parents and caregivers are responsible for what their children eat, not the government or businesses.	Marketing negatively influences food values and preferences, undermining efforts of parents and caregivers.
There is no proof that the marketing of unhealthy food and beverages is linked to children's health outcomes, such as overweight and obesity.	A large body of consistent and independent evidence has determined that marketing influences children's food preferences, purchase requests and dietary intake, and ultimately impacts their health.
The food industry is better placed than the government to reduce the harmful impact of food marketing: the adoption of industry-led, self-regulatory pledges is more efficient and less expensive than mandatory restrictions.	Research has established that voluntary actions by industry, such as pledges to promote food responsibly to children, contain significant gaps that prevent them from reducing the exposure of children to unhealthy food marketing.
Sweeping restrictions are excessive: they limit business activity too much and infringe on marketing food to adults. A stepwise approach, starting with more narrowly defined approaches, would be better. Marketing restrictions are unlawful.	Stepwise approaches may be perceived as representing small and cumulative gains over time, but research has shown that they can have counterproductive effects and can lead to an increase (rather than a decrease) in children's exposure to such marketing. Governments that have ratified the Convention on the Rights of the Child have a legal obligation to ensure the enjoyment of the highest attainable standard of health for all children. They have discretion in determining how to do this most effectively, including through regulations.

Legal challenges and managing conflicts in policy-making

Legal challenges by industry to public health measures on food are threatened much more often than they materialize. To date, all such challenges have been decided in favour of the government. Under international trade law, governments retain broad discretion to regulate in the interest of legitimate public health purposes, as long as this is proportionate to the risk and evidence-based. Governments must comply with all their obligations to follow specific procedures and to notify relevant bodies such as the World Trade Organization (WTO). A key message is the importance of working with government lawyers from early in the process to ensure compliance with all procedural requirements and consistency with domestic law.

There was discussion of how countries can best navigate interactions with industry. This varies between countries, but national legal procedures must be followed. Transparent consultation with industry will ideally take place later in the process when the government has drafted the objectives and other elements of the policy. Such considerations are part of the process of managing conflicts of interest in the policy process, key elements of which include:

- a clear mandate, authority and role of government;
- applying a conflict of interest policy to government officials (not only health officials) and industry representatives;
- requiring transparency of interactions (publishing interactions between government and industry and comments in consultations);
- defining how to identify and assess conflicts of interest and partially excluding those with a potential conflict from the policy process;
- identifying parts of the policy process where different stakeholders may or may not be engaged; and
- engagement with civil society, who can have a role in monitoring.

Participants discussed their experience in dealing with conflicts of interest. Some reported that other ministries and/or government agencies with close links to trade and industry bodies are at risk of conflicts of interest and sometimes obstruct policy measures. Ministries of finance may be concerned about the economic impact and falling tax revenue. Concrete opposition to health policy implementation is not the only barrier; the lack of importance accorded to health policy – and specifically prevention of NCDs – is a major issue. All these underline the need for robust economic arguments for implementing policy.

Countries also reported international pushback and opposition to policy initiatives – including threats for action under WTO and representations from other countries with close links to major producers and international trade bodies.

Recent developments on nutrition labelling and food marketing in participating countries, and planned next steps

Participants briefly provided country updates on nutrition labelling and food marketing to children. They outlined planned next steps and highlighted specific needs for support and assistance.

Bahrain

For food labelling, the GSO standard on nutrition declarations and claims has been adopted, as has the GSO traffic light labelling^o measure on a voluntary basis. A study on FOPL is being conducted with the World Bank Group; the results should gain stakeholder support for mandatory FOPL in due course. In addition, application of traffic light labelling guidelines to vending machines in all health workplaces, universities, airports and shopping malls is planned.

Easier to implement marketing regulation options include controlling marketing inside and around schools and universities, and restricting breast-milk substitute marketing. More challenging actions are controlling social media marketing, and this requires dialogue with the regulatory authority and collection of baseline data and examples of other laws. Initiatives in place or planned include: a prohibition on selling energy drinks to children under 18 (including online) that remains in place despite fierce opposition; introducing a breastfeeding and children's food law by 2026; a regulation on marketing in schools and universities under the 2020 Public Health Law (planned for 2026); and a child law (including digital marketing) planned for 2025–2026.

Egypt

The national food and nutrition strategy and roadmap to accelerate action on obesity present opportunities to work on food labelling and marketing to children. A market study suggests that around 60% of products on the domestic market do not have proper nutrition labels. No FOPL scheme is in place.

Planned next steps include: a consumer focus group study to determine the most appropriate FOPL option; a workshop with industry; drafting a law on mandatory nutrient declarations and FOPL; disseminating the draft law in parliament; and adopting, implementing, monitoring and enforcing it. The draft law is to be submitted to parliament in 2025, followed by implementation in the second half of 2026. Action on food marketing to children will be explored after the work to develop the FOPL law. Support is needed to develop the nutrient profile model and to build technical capacity in laboratories.

Jordan

In relation to food labelling, there is a technical committee on food labelling and nutrient declarations are mandatory. The Ministry of Health is leading work on exploring options for FOPL.

Support needs expressed include: financial resources for a workshop on food labelling; human resources for monitoring; technical support to build laboratory capacity and to define the appropriate FOPL model. There was a specific request for support to organize an intersectoral legal workshop for officials in other ministries and departments.

Kuwait

Kuwait has adopted the GSO 2333 regulation, which mandates nutrient declarations on food products. In early 2024, the voluntary implementation of GSO 2751 front-of-pack traffic light labels was introduced; only three companies have participated so far. Due to this low uptake, FOPL is planned to become mandatory, although no specific timeline has been set.

There is currently no specific regulation or requirement for prior approval of advertisements marketing food to children. Efforts are underway to adopt the GSO 2725 guideline on marketing and make it mandatory. The Ministry of Commerce is drafting regulations on digital marketing, while the Public Authority for Food and Nutrition will lead in regulating and approving all food advertisements.

Morocco

Nutrient declarations on food labels have been mandatory since 2016. A study in 2020, conducted by the Ministry of Health with WHO,

examined consumer perception and understanding of different FOPL schemes. Of the included schemes, Nutri-Score performed best and was associated with the greatest improvement in ability to correctly classify foods by nutritional quality. A legal framework is being developed for the national implementation of Nutri-Score, with a roadmap and coordination mechanism to ensure success.

In relation to food marketing to children, a WHO context mapping questionnaire was sent to all relevant stakeholders. Few responses have been received, so a national workshop will raise awareness among all stakeholders, complete the mapping exercise and plan next steps. A study on food consumption patterns will lay the foundation for future work and inform the national nutrient profile model. Preliminary work will start on drafting a law to control aggressive food marketing. Technical support is needed for training and awareness-raising, coordination and implementation of the different interventions, and research, monitoring and evaluation.

Oman

The GSO standard on labelling prepackaged foodstuffs (GSO/9/2022) is mandatory, requiring nutrient declarations. The GSO standard on traffic light labelling (GSO/2571/2024) is applied on a voluntary basis, but a mandatory basis is under consideration. A recent knowledge, attitudes and practices study showed that people do not read the nutrient declarations, reinforcing the case for a graphic FOPL scheme. Labelling is a priority area in the draft acceleration plan to stop obesity.

In relation to food marketing, Article 23 of the child law prohibits advertising and promotion of fast food on children's television and radio. Strict rules prohibit marketing in schools. The GSO guideline for marketing requirements of food directed at children (GSO/2725/2023)

has been adopted on a voluntary basis. In addition, there is a Ministerial Decree (69/2024) regulating registering foodstuffs and advertising or promotion of foodstuffs and prohibiting advertising or promotion of food products without prior approval. Ministerial Resolution 619/200 regulating the marketing and promotion on websites and social media was implemented in March 2023. During 2024, an advocacy workshop was held for stakeholders, a healthy nutrition task force formed and a landscape analysis/stakeholder mapping completed.

Current plans are to formulate a task force, meet with the task force to discuss opportunities, hold another advocacy workshop on restricting food marketing, conduct a study on children's exposure to digital marketing using the KidAd app and then, in 2026, draft a decree on protecting children from digital food marketing. Policy development has been supported by a large study on nutrient content, level of processing and labelling of highly-consumed foods in hypermarkets. To support future efforts, a food consumption survey is also planned in 2025, if finance is available.

Qatar

The GSO standard is followed requiring nutrient declarations, and there are specific initiatives for mandatory nutrition information on menus in restaurants with more than five outlets. School canteen guidelines set standards for food served in schools. Voluntary guidelines on food and beverages products in cafeterias and vending machines in health care facilities and workplaces use the traffic light system.

In relation to food marketing, it is noted that the GSO standard (GSO 2725-2023) is currently voluntary and is hoped to become mandatory. This is a planned action area in the forthcoming nutrition and physical activity action plan.

Saudi Arabia

Nutrient declarations are mandatory on back-of-pack labels with voluntary traffic light FOPL. Since 2019, calorie labelling on menus in restaurants and cafés has been mandatory. An economic impact analysis for FOPL may be carried out, to advocate for mandatory FOPL. Educational consumer information campaigns are also envisaged.

In 2022, voluntary restrictions on food marketing to children up to 12 were introduced. The Saudi Nutrient Profile Model has been introduced to classify food as being of either high or low nutritional value. The current policy only covers television, YouTube, some cinema screenings and areas where children gather (e.g. schools, parks and playgrounds, and events targeting children). The intention is to expand to cover other apps and platforms, and increase the age of children covered to 18 years. The plan is to evaluate existing unhealthy food-related interventions and further develop nutritional policies to tackle NCDs.

United Arab Emirates

Currently, a specification mandates labelling with nutrient declarations. There is also voluntary traffic light FOPL. Abu Dhabi recently issued a new Nutri-Mark scheme, to be mandatory within six months. Improving nutrition labelling is an important pillar of the national nutrition strategy. The Ministry of Health cannot issue regulatory measures for other jurisdictions, so will work with each individual Emirate and with municipalities. The planned next step is to decide a FOPL model. Further work with each municipality for monitoring will be needed. This is an ongoing project, although currently on pause, but should be completed by 2026 according to the national strategy.

There is no specific regulation on food marketing to children, although there are individual rules on marketing in different Emirates. Abu Dhabi has a specification on digital marketing and has been asked to collaborate with the federal Government on a federal specification. The GCC has issued a draft voluntary standard on marketing. National food and beverage guidelines include recommendations on marketing in school environments (including during field trips and at events). The Public Health Law (2020) states that any harmful marketing is prohibited, including food products.

The next steps are to form a national committee (or work with existing national committees) to develop a nutrient profile model, develop national guidelines on digital marketing and conduct a marketing monitoring study and situation analysis. This is an important area of action under the national nutrition strategy, currently scheduled for 2026–2027, but the Ministry will try to advance that schedule.

A need for technical support from WHO to establish the national nutrient profile model was expressed.

3. Conclusion

The capacity of officials from nine countries to implement restrictions on marketing of unhealthy foods to children and strengthen nutrition labelling requirements was reinforced over three days. Through the sharing of information and experience from within and outside the WHO Eastern Mediterranean Region, participants gained a deeper understanding of justifications for action, how to develop and enforce legal instruments using a legally robust, evidence-based process and how to effectively counter opposition to measures. The participating countries identified planned next steps and areas where support from WHO is needed.

The WHO Regional Office for the Eastern Mediterranean – with the support and expertise of WHO headquarters and the WHO Regional Office for Europe – is committed to supporting the countries in the Region to take further action to improve access to meaningful nutrition information and protect children from the harmful impact of food marketing.

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