

## Online public consultation on the “Draft WHO guideline on policies to protect children from the harmful impact of food marketing”

### *IFBA comments*

#### **Introduction**

The International Food and Beverage Alliance (IFBA) welcomes the opportunity to provide comments on the “Draft WHO guideline on policies to protect children from the harmful impact of food marketing”.

IFBA is a group of eleven international food and non-alcoholic beverage companies – The Coca-Cola Company, Danone, Ferrero, General Mills, Grupo Bimbo, Kellogg’s, Mars, Mondelēz International, Nestlé, PepsiCo and Unilever – who share a common goal of helping people around the world achieve balanced diets and healthy, active lifestyles. IFBA is a non-commercial, non-profit making organization, in special consultative status with ECOSOC.

Since its establishment in 2008, IFBA has been championing voluntary food industry action to improve nutrition and health outcomes. IFBA recognises the need for responsible marketing practices. Among its global commitments, IFBA abides by a [Global Responsible Marketing Policy](#), which sets a common global standard for all member companies (many individual companies go beyond), and is aligned with WHO’s Set of recommendations on the marketing of foods and non-alcoholic beverages to children.

The IFBA policy – last updated and strengthened in 2021 - applies in every country where IFBA members market their products and prohibits the marketing of any products to children under 13 years of age that do not meet specific nutrition criteria, based on accepted science-based dietary guidance. Some member companies have decided not to market their products to children under age 13 at all.

This policy has led to positive changes in that the foods that continue to be marketed to children are, overall, now lower in sugar, salt and saturated fat and provide more whole grains, non-fat dairy, fruits and vegetables, while many other foods are no longer marketed to children at all. The IFBA Global Responsible Marketing Policy is further implemented through voluntary initiatives at regional and national level in [over 50 countries](#). Countries with strong traditions of advertising self-regulation and voluntary industry initiatives have demonstrated substantial reductions in children’s ‘HFSS’ ad exposure. In 2021, the World Federation of Advertisers partnered with Nielsen to gain an estimation of the extent to which children are exposed to ‘HFSS’ food and beverage ads online. Nielsen looked at online environments in 12 countries around the world and concluded that on average only 1.45% of online ads served to children are for ‘HFSS’ foods and beverages.<sup>1</sup>

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<sup>1</sup> The *Digital Avatar Project* used four avatars (simulated consumer profiles) to track advertising activity across 12 markets (Belgium, Brazil, Czechia, Denmark, Ireland, Japan, Mexico, Netherlands, Nigeria, Philippines, South Africa, and Spain). Through the findings, Nielsen estimated the general pervasiveness of ‘HFSS’ advertising, as well as the probabilistic rate of a child’s exposure to ‘HFSS’ advertising. Available: <https://wfanet.org/knowledge/item/2022/03/29/Only-145-of-online-ads-served-to-children-are-for-‘HFSS’-foods>

These figures have been corroborated by a study recently commissioned by the European Commission<sup>2</sup>, which showed that just 1.7% of ads that children see online are for food products, in the EU. The study also found that YouTube accounted for over 80% of children's online 'HFSS' advertising exposure. Another 2019 analysis commissioned by the UK government concluded that children under 16 were exposed to just 13.2 seconds (0.22 minutes) of HFSS advertising per day online.<sup>3</sup>

This does not mean that no additional action is required to further ensure that food and beverage marketing is responsible and that comprehensive policy responses are put in place to address the major global challenge of NCDs, including childhood obesity. On the contrary, IFBA appreciates the WHO's leadership in driving Member States to implement appropriate policies and to encourage non-State actors, including the private sector, to take action against NCDs too.

### **Comments on the draft WHO guideline**

As reflected by the long-standing investment in self-regulation describe above, IFBA fully recognises the need for responsible food and beverage marketing practices, in particular as regards children. IFBA also believes, however, that policy recommendations need to be based on robust evidence of likely effectiveness. The "conditional" recommendations included in the draft guideline admit to being based on "very low certainty evidence". Indeed, the research underpinning the guideline found:

- Very low certainty evidence on the effect of policies on children's exposure to food marketing and the power of food marketing, as well as on children's dietary intake and product change.
- Very low certainty evidence on the impact of exposure to food marketing on children's food preferences, beyond evidence from randomised control trials on evidence of the impact of exposure on short term intended food choices and requests.
- Low certainty evidence on the effect of policies to restrict food marketing to children on children's food purchasing.
- No relevant studies on the impact of exposure to food marketing on diet-related NCDs (or validated surrogate indicators) or on the effect of policies to restrict food marketing to children on food preferences, food choice, product requests, dental caries/erosion, body weight/BMI/obesity and diet-related NCDs (or validated surrogate indicators).

Publishing WHO guidance that recommends a much more rigid and restrictive approach than the existing 2010 WHO recommendations, on the basis of this very limited evidence, risks promoting regulation that is both disproportionate and ineffective.

### **Conclusion**

We do not believe that guidance that is "conditional" and based on "very low certainty of evidence" is going to be effective. All stakeholders need guidance that is strongly grounded in evidence. Revising existing and widely recognised guidance with new guidance that is not underpinned by such evidence is of questionable value. Instead, we would encourage WHO to support further research to

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<sup>2</sup> [Study on the exposure of children to linear, non-linear and online marketing of foods high in fat, salt or sugar](#), ECORYS, 2021

<sup>3</sup> <https://www.gov.uk/government/consultations/total-restriction-of-online-advertising-for-products-high-in-fat-sugar-and-salt-hfss/evidence-note#child-exposure>

better understand the relationship between marketing and health-related outcomes in children, including how marketing can be leveraged for health promotion, as well as empirical research to better understand the impact of different policies to restrict food marketing to children.

This does not mean that meanwhile nothing should be done on a policy level. As stated above, IFBA believes in the need for responsible marketing practices; all IFBA companies apply a global standard; and all have individual global policies for responsible marketing, many of which go beyond. Often the IFBA policy is the *only* collective standard applied in the marketplace: as the draft WHO guideline points out, many countries are not equipped with policies in this area. We would therefore encourage WHO to focus on how public and private sector actors can collaborate to identify what approaches work locally and broaden standards so that they apply beyond leading international companies, to others, levelling the playing field and ensuring universal enforcement at national level, rather than dismissing these approaches based on weak evidence. Self- and co-regulatory systems need to be incentivised to deliver more, not less, and not in substitution to, but within the right regulatory frameworks, and with proper government recognition.

A collaborative multi-stakeholder, whole-of-society approach is required throughout any policy development process, to support policy interventions that are science-based and grounded on solid evidence.

The sweeping approach proposed in the draft WHO guideline would not just restrict marketing to children, but marketing in general. A recommendation that promotes such an approach based on weak evidence and in a “conditional” manner seems questionable. Marketing is among other things an enabler of innovation, including for better nutrition and health outcomes. A targeted policy approach would therefore be advisable.

IFBA and its member companies remain at the disposal of the WHO and its Member States to provide evidence, insights and perspectives on this and related issues as deemed appropriate.

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