



**World Health Organization
Interim Report of the Commission on
Ending Childhood Obesity
2015**

**Submission from the
Obesity Policy Coalition**

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The **Obesity Policy Coalition** (OPC) is a coalition between Cancer Council Victoria, Diabetes Victoria and the WHO Collaborating Centre on Obesity Prevention at Deakin University. The OPC advocates for evidence-based policy and regulatory change to address overweight, obesity and unhealthy diets in Australia.

EXECUTIVE SUMMARY

The Obesity Policy Coalition (OPC) is grateful for this opportunity to comment on the Interim Report of the Commission on Ending Childhood Obesity. While numerous reports have been produced on the causes and impacts of childhood obesity across the globe, and the need for multi-sectoral and government led reform, the policy and regulatory response by countries to date has been poor. The food and advertising industries are derailing public health agendas and industry self-regulation is warding off the development and implementation of meaningful government led reforms.

Through its report, the Commission has a valuable opportunity to encourage global action and make a real impact on childhood obesity rates and population health. While the OPC broadly supports the approach taken in the Interim Report it also encourages the Commission to strengthen its final report by:

- highlighting the vital need for World Health Organization (WHO) and government led policy and regulatory reform;
- recognising the problems with industry self-regulation and need for governments to manage inherent conflicts of interest;
- more strongly recognising the social and environmental drivers of overweight and obesity (and the strategies to address them);
- advocating for the elevation of the WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children to code or preferably convention status, and/or advocating for a framework convention on food, diets, weight and non-communicable disease; and
- having regard to the monitoring criteria and progress of the International Network for Obesity/NCD Research, Monitoring and Support (INFORMAS) and the accounting framework recently outlined by Swinburn et al in the Second Lancet Series on Obesity (February, 2015).

Introduction

The Obesity Policy Coalition ('OPC') welcomes the Director-General of the World Health Organization's (WHO) establishment of the Commission on Ending Childhood Obesity and appreciates this opportunity to comment on its Interim Report (Interim Report). The OPC is pleased that the report recognises the need for government action across sectors to address the myriad of influences on children's diets and the associated weight and health outcomes. However, the OPC encourages the Commission to strengthen its final report by more strongly highlighting the vital need for WHO and government led action in this area. It should also place greater focus on the social and environmental drivers of overweight and obesity and the strategies required to address them.

The OPC also wishes to highlight its support for the detailed submission provided by our partner organisation, the WHO Collaborating Centre for Obesity Prevention, Deakin University, Australia.

1. Are there issues or strategies that have been overlooked in the Commission's interim report?

As discussed in the Interim Report, rates of overweight and obesity have escalated around the world, bringing with them significant health and economic costs for low and high income countries. Urgent action led by government is required across sectors and prevention must be the focus.

The OPC submits that the commission's final report should place a stronger focus on prevention, the social and environmental causes of childhood obesity and the need for a systems based approach. Indeed, these matters should be at the very centre of the report. The final report should also place a stronger focus on the need for government leadership. While the Interim Report does make some references to policy and regulatory approaches to prevent childhood obesity, including restrictions on unhealthy food advertising to children and improved food labelling, these cursory discussions are inadequate and should be strengthened and expanded upon.

Firstly, restricting children's exposure to, and the power of, unhealthy food advertising should be the priority. The WHO has conclusively recognised that a relationship exists between children's exposure to unhealthy food advertising and harmful food behaviours and health outcomes. The WHO and public health experts agree that the evidence justifies government led intervention, and that action is urgently required.^{1 2} There are also strong rights based and ethical reasons for protecting children from this type of advertising. Children cannot be expected to make informed choices based on advertising if they cannot properly understand the persuasive intent of advertising or interpret it (regarding it simply as information or entertainment).³ Given the particular vulnerability of children to advertising, and its potentially harmful impacts, it may arguably be regarded as a form of exploitation. Under the United Nations *Convention on the Rights of the Child* (to which Australia is a signatory), countries have a responsibility to protect children from all forms of exploitation prejudicial to any aspects of their welfare (Article 36), and to encourage guidelines to be developed to ensure children are protected from information that may be injurious to their wellbeing (Article 17).

¹ World Health Organization. Set of recommendations on the marketing of foods and non-alcoholic beverages to children. Geneva: World Health Organization, 2010. Available at http://whqlibdoc.who.int/publications/2010/9789241500210_eng.pdf ; Final report of the Preventative Health Taskforce (2009) Australia: the Healthiest Country by 2020, available at <http://www.preventativehealth.org.au/> ; MacKay S, Antonopoulos N, Martin J, Swinburn B. A comprehensive approach to protecting children from unhealthy food advertising. Obesity Policy Coalition, Melbourne, 2011, available at <http://www.opc.org.au/paper.aspx?ID=foodadvproposal&Type=policydocuments#.VQDp47ccSUK>

² For more information on the evidence supporting restrictions on this type of advertising, see the [OPC's Policy Brief's on unhealthy food advertising to children](#) and the OPC's publication, [A comprehensive approach to protecting children from unhealthy food advertising and promotion \(including a blueprint for legislation\)](#).

³ Kunkel D, Wilcox B, Cantor J, Palmer E, Linn S, Dowrick P. Report of the APA Taskforce on Advertising and Children. Washington DC: American Psychological Association, 2004

We do not agree with the statement in the discussion paper that there should be a focus on how the promotion of healthy foods may be encouraged, and the potential for incentives to industry to promote such foods. An increase in healthy food advertising will have little impact if children continue to be bombarded with unhealthy food advertisements. It is the saturation of unhealthy food advertising that is the problem and it is this that must be acted upon. We are also concerned that this approach would encourage *brand* marketing to children (disguised as healthier food marketing) by unhealthy food brands.

Most importantly, the final report provides a rare opportunity to identify the steps that must be taken by member states to reduce unhealthy food advertising to children and in particular, for the commission to advocate for the elevation of the WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children ('WHO marketing recommendations') to convention status, or at the very least code status. Given the lack of progress since these recommendations were made a binding convention led by the WHO is likely to be the catalyst needed to support real action by governments and effect a meaningful reduction in children's exposure to, and the power of, this type of advertising

Secondly, while we would support the development of international norms and standards for food labelling, the final report should clearly specify that it is interpretive front of pack labelling which is supported by the evidence and recommended, in addition to nutrition information panels. It should also be noted that a regulatory approach is likely to be needed in this area given the failures of industry to develop or adequately adopt voluntary measures, to ensure consistency and or to ensure widespread application. While the Australian government, in consultation with stakeholders, developed and commenced implementation of a voluntary Health Star Rating System ('HSRS') on the front of most packaged foods in 2014, food manufacturers have been slow to adopt it. In addition, previous front of pack labelling systems adopted by industry in Australia and internationally (i.e. Daily Intake Guides in Australia and Reference Intakes in Europe) have been found to be confusing for consumers (particularly consumers with low literacy and from lower socio-economic groups). In some cases these are coexisting with the new Health Star Rating. It is also arguable that they are misleading, particularly when used on children's products. For more information, see the [OPC's Policy Briefs on food labelling \(including on the HSRS and the problems with Daily Intake Guide labels\)](#). As recognised in the Interim Report, any new labelling system must be accompanied by appropriate education and a social marketing campaign.

Thirdly, the final report should include a stronger call for schools and early childhood settings to be health promoting environments. Children spend a large proportion of their time at school and the school food environment can be a powerful influence over their food preferences and diets. While educational strategies are also important, these should be used to reinforce a healthy school environment (and not vice-versa as is suggested by the structure of paragraph 35 of the interim report).⁴

Fourthly, the final report should include a stronger call for the introduction of fiscal measures to improve diets and weight and health outcomes. As recognised in the consultation paper, there is strong evidence of the rationale for and effectiveness of taxation measures to influence the

⁴ Hawkes C et al. Smart food policies for obesity prevention. *Obesity* 2 (2015) *The Lancet*, published online 15 February 2015, available at [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61745-1/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61745-1/abstract); Story M et al. Schools and Obesity Prevention: Creating School Environments and Policies to Promote Healthy Eating and Physical Activity (2009) 87(1) *Millbank Quarterly* 71-100; Hawkes C. 2013. Promoting healthy diets through nutrition education and changes in the food environment: an international review of actions and their effectiveness. Rome: Nutrition Education and Consumer Awareness Group, Food and Agriculture Organization of the United Nations. Available at www.fao.org/ag/humannutrition/nutritioneducation/69725/en/

consumption of sugar sweetened beverages (SSBs) and energy-dense foods (including emerging evidence from countries that have adopted fiscal measures). In particular, stronger regard should be had to the evidence that taxes on SSBs could reduce children's and adolescent's (as well as adults) consumption and improve population weight and health outcomes, if the tax is set at a sufficiently high level.⁵ Stronger regard should also be had to the evidence that Mexico's tax of approximately 10% is shifting consumption patterns away from SSBs towards healthier drinks.⁴⁰ For more information, see the [OPC's Policy Brief: The case for an Australian Tax on Sugar Sweetened Beverages](#).

Fifthly, when considering research gaps, we would encourage the commission to place a greater focus on the research gaps relating to strategies to address the problems of overweight and obesity in children, rather than predominantly looking to the causes (as the list in the Interim Report, p. 24 – 25 tends to do). While the causes of childhood overweight and obesity are now well understood, policy makers need evidence to support the development and implementation of measures to halt the increase in rates of overweight and obesity and reduce health and economic impacts.

2. How can your sector/entity contribute to the proposed policy options to end childhood obesity?

The Obesity Policy Coalition (Cancer Council Victoria, Diabetes Victoria and the WHO Collaborating Centre for Obesity Prevention at Deakin University) can continue to contribute as a leading expert and advocacy group for childhood obesity prevention policy and regulation.

The OPC has had significant influence in shaping obesity policy agendas in Australia, particularly in the areas of food marketing and labelling. The OPC is also a leading voice in Australian media on childhood obesity policy related issues, improving consumer awareness and holding the food and advertising industries to account. For example, the OPC has undertaken a substantial amount of research and drafted detailed position statements on unhealthy food advertising to children, front of pack labelling and fiscal measures to improve diets. It has engaged extensively with government and non-government stakeholders on these issues and participated in numerous consultations. The OPC played an integral role in the development of the Health Star Rating system, as a member of a Project Committee established by the national Food Regulation Standing Committee and through numerous submissions and public campaigns. It has also successfully complained to regulators about breaches of food labelling regulations in Australia, including in relation to children's products. The OPC has held the food and advertising industries to account for several breaches of their industry codes, as well as highlighting the failures of these codes and the need for improved regulation. It has also prepared a blueprint for legislation to restrict unhealthy food advertising to children and would be pleased to share this knowledge with countries interested in a government led approach. The OPC has provided advice upon request to the Western Pacific region on unhealthy food marketing to children.

For more information and access to the OPC's work (including policy briefs, submissions, complaints to regulators and media releases) please visit the OPC's website at <http://www.opc.org.au>.

3. What are the important enablers to consider when planning the implementation of these proposed policy options?

⁵ Andreyeva et al. 'Estimating the potential impact of sugar-sweetened beverages to reduce consumption and generate revenue' (2011) 52(6) *Preventive Medicine* 413; Wang YC et al. 'A penny-per-ounce tax on sugar-sweetened beverages would cut health and cost burdens of diabetes' (2012) 31 *Health Affairs* 199–207; Eyles et al. 'Food Pricing Strategies, Population Diets, and Non-Communicable Disease: A Systematic Review of Simulation Studies' (2012) 9(12) *Plos Medicine* 1.

As discussed above, strong government leadership (not just coordination, as suggested in the consultation paper) across sectors will be the key to developing and implementing effective policy and regulatory options in this area. The Commission's final report should urge government leadership and could better support governments by providing greater detail about potential regulatory options, targets and timelines.

Stronger guidance from the WHO, ideally through a framework convention, would also support government action. As discussed above, the commission should use this opportunity to advocate for the elevation of the WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children to convention status, or at the very least code status. It should also consider advocating for a broader framework convention bringing together and building upon current international policy on food, diets, weight and non-communicable disease. See for example, the [Global Convention to Protect and Promote Healthy Diets](#) proposed by Consumers International and World Obesity.

4. What are the potential barriers to implementation to be considered for these proposed policy options?

Governments have a range of competing priorities and interests, and working across sectors can be challenging. However the key barriers to policy development and implementation are the ultra-processed food and advertising industries.

The OPC is concerned that approaches by these industries that purport to improve the food environment, consumption patterns and weight and population health outcomes are generally of limited affect. This is essentially because they have little incentive to take meaningful steps. They have no desire to reduce sales and indeed have obligations to their shareholders to maximise profits. The only real incentive for the food and advertising industries is to appear to take action to ward off government intervention.

In particular, there is evidence that globally, industry led self-regulatory approaches have failed to meaningfully reduce children's exposure to, or the power of, unhealthy food advertising to children.⁶ The food and advertising industry codes in Australia are no exception. For more information on the problems with industry self-regulation in Australia, see the OPC's [Exposing the Charade report](#).

The food industry has also failed to develop and implement effective front of pack labelling schemes (particularly for low socio-economic and low literacy groups).⁷ In Australia, the food industry's Daily Intake Guide labels are confusing and arguably misleading, particularly when used on children's food products. For more information, see the [OPC's Policy Brief: Problems with the Daily Intake Guide Food labelling Scheme](#).

While we understand that industry engagement in policy development and implementation will continue, government leadership is essential to manage the inherent conflicts of interest that arise and ensure *government led* actions are being developed, implemented and soundly evaluated.

5. How would your sector/entity measure success in the implementation of these proposed policy options?

⁶ See for example, Galbraith-Emami S and Lobstein T. The impact of initiatives to limit the advertising of food and beverage products to children: a systematic review (2013) 14(12) Obesity Reviews 960–974; K Ronit and J D Jensen. Obesity and industry self-regulation of food and beverage marketing: a literature review (2014) 68 European Journal of Clinical Nutrition 753-759.

⁷ See for example, Lobstein, T., Landon, J., & Lincoln, P. (2007) *Misconceptions and misinformation: the problems with Guideline Daily Amounts (GDAs)*, National Heart Forum: London.

The success of any policy options should be measured against short and long-term goals. For example, while long term goals may include improved weight and population health outcomes, shorter term goals may include increased engagement with relevant sectors and reduced sales of unhealthy food. They may also relate more specifically to policy implementation, such as effective implementation of a front of pack labelling system, reductions in children's exposure to unhealthy food advertising and behavioural changes. In particular, the Commission should have high regard to the monitoring criteria and progress of the [International Network for Obesity/NCD Research, Monitoring and Action Support \(INFORMAS\)](#)

Consideration should also be given to encouraging countries to require food companies to disclose financial and marketing information. This is done in the US where the Federal Trade Commission collects this information as part of its consumer protection role. This information would provide data for the shorter term targets. Broadcasting regulators should also be encouraged to monitor the exposure of children to unhealthy food advertising, particularly on television.

6. How would your sector/entity contribute to a monitoring and accountability framework for these proposed policy options?

The OPC supports the protocols being developed by INFORMAS (as discussed above) and the accountability framework outlined by Swinburn et al in [Strengthening of accountability systems to create healthy food environments and reduce global obesity](#) (The Lancet, 2015).

Conclusion

The OPC thanks the Commission again for this opportunity to comment on its interim report. It presents a rare and valuable opportunity to advocate for much needed WHO and government leadership in this area. We are hopeful that the Commission's final report will be ground breaking and effect a real reduction in the burdens of childhood obesity across the globe.

Please contact Nicole Antonopoulos, Legal Policy Adviser to the OPC at nicole.antonopoulos@cancervic.org.au if you have any queries about this submission or require further information. The OPC otherwise looks forward to the release of the Commission's final report to the Director-General of the WHO towards the end of 2015.

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