Japan-WHO Regional Consultation for Promoting Healthier Dietary Options for Children
Saitama, Japan, 26–29 March 2012
REPORT

JAPAN-WHO REGIONAL CONSULTATION
FOR PROMOTING HEALTHIER DIETARY OPTIONS FOR CHILDREN

Convened by:

WORLD HEALTH ORGANIZATION
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NOTE

The views expressed in this report are those of the participants in the Japan-WHO Regional Consultation for Promoting Healthier Dietary Options for Children and do not necessarily reflect the policies of the Organization.

This report has been prepared for the World Health Organization Regional Office for the Western Pacific for the use of governments from Member States in the Region and for those who participated in the Japan-WHO Regional Consultation for Promoting Healthier Dietary Options for Children held at the National Institute of Public Health, Saitama, Japan, from 26 to 29 March 2012.
SUMMARY

Unhealthy diet is a significant and modifiable risk factor for noncommunicable diseases (NCDs) and improving population nutrition is a key NCD prevention strategy. The risks associated with unhealthy diets commence in childhood and accumulate over a life span. The effects of unhealthy diets may manifest as malnutrition and obesity, and these co-exist in many societies and populations. Where obesity levels are low, there is a valuable opportunity to intervene to prevent potential escalation and minimize risks of dramatic increases in NCDs.

The Regional Office for the Western Pacific and the Japanese Government jointly organized the Japan-WHO Regional Consultation for Promoting Healthier Dietary Options for Children.

The objectives of the meeting were:

1. Discuss the WHO recommendations on the marketing of foods and non-alcoholic beverages to children in the context of Member States in the Western Pacific Region;

2. Review existing policies and programmes in the Region for restricting marketing of foods high in saturated fats, trans-fatty acids, free sugars or salt and non-alcoholic beverages to children; and

3. Identify approaches for the implementation and monitoring of the set of recommendations on the marketing of foods and non-alcoholic beverages to children, including school-based approaches, using the WHO framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children.

There is a range of evidence-based interventions to promote healthier diets, including actions to reduce food marketing, health-promoting school initiatives, fiscal strategies and banning trans fats. WHO has worked out recommendations and resources to guide Member States in addressing NCD. In particular, WHO is a partner in a number of global initiatives on school health and has produced a School Policy Framework and has drawn up an Implementation Framework following World Health Assembly resolutions endorsing recommendations on marketing of foods and non-alcoholic beverages to children.

In addressing the topic of improving dietary options for children, this consultation meeting focused on school nutrition initiatives and the Implementation Framework for action to address marketing of foods and non-alcoholic drinks to children. These themes
were complementary and convergent, as one of the WHO recommendations on food marketing to children specifically addresses “settings where children gather” and states that these “should be free from all forms of marketing of foods high in saturated fats, trans-fatty acids, free sugars or salt”.

The consultation meeting sought to strengthen policy and programme initiatives across the 11 participating countries and to bolster systems for ensuring communication of accurate nutrition information across school and community settings consistent with national dietary guidelines.

Each of the countries has some nutrition and/or school programmes that provide starting points for further action on improving children’s dietary options. Some countries are very advanced, with well-developed systems for nutrition education across population groups, including children.

While all countries have identified concerns regarding the high prevalence of marketing of unhealthy food and beverages, some had conducted specific studies to guide policy development.

All countries were able to identify key stakeholders relevant to implementing WHO recommendations on marketing of foods and non-alcoholic beverages to children and existing policy or infrastructure that provides a basis for further policy development. Some countries had formulated and implemented regulations or guidelines restricting unhealthy food and beverage marketing; others were in the process of working out policies.

Each country identified appropriate policy approaches and priorities for improving dietary options for children, which were consistent with their existing infrastructure. The value of an incremental approach to initiatives to reduce unhealthy food marketing was accepted widely. Some countries identified new ways of getting started and to increase capacity for addressing the negative impact of unhealthy food marketing while others identified ways of extending existing efforts to implement WHO recommendations on marketing of foods and beverages to children.

All participants supported the value of establishing new regional systems to exchange information and experience regarding efforts to limit unhealthy food marketing across countries. Countries also sought continuing technical support and guidance from WHO. Cross-border food marketing was a specific issue, which was identified as requiring leadership by international agencies (including WHO) and which could not be addressed at a country level in the first instance.
A set of specific recommendations addresses the conclusions of the meeting regarding the value of continuing communications and technical exchanges among Member States, WHO and resource people.
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1. INTRODUCTION

1.1 Background

Unhealthy diet is a significant and modifiable risk factor for NCDs and improving population nutrition is a key NCD prevention strategy. Unhealthy (or poor) diets contribute to NCD risk through high blood pressure, high blood glucose, abnormal blood lipids and overweight and obesity. While prevention can occur across the course of life, children are a particularly important target group for NCD prevention strategies. The risks associated with unhealthy diets commence in childhood and accumulate over the life span\(^1\), and poor childhood nutrition is associated with overweight and obesity as well as increased risk of immediate and long-term health problems. There is a strong and accumulating global commitment to NCD, further endorsed by the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases in September 2011.

NCDs are a significant public health concern for countries in the Western Pacific Region, and there is a Regional Action Plan (2008-2013) to guide prevention initiatives in support of the implementation of the Global Strategy on Diet, Physical Activity and Health\(^2\). Promoting dietary options for children is a key aspect of this strategy and regional action plan. A briefing paper summarizing the work to date and evidence specifically related to Asian countries had been disseminated to all participants before the meeting.

A meeting of senior policy-makers from ministries of health, food policy and administration and information and communication from Member States, along with experts, was held at the National Institute of Public Health, in Saitama, Japan, from 26 to 29 March 2012.

1.2 Objectives

(1) To discuss the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children in the context of Member States in the Western Pacific Region.

(2) To review existing policies and programmes in the Region for restricting marketing of foods high in saturated fats, trans-fatty acids, free sugars or salt and non-alcoholic beverages to children.
1. To identify approaches for the implementation and monitoring of the set of recommendations on the marketing of foods and non-alcoholic beverages to children, including school-based approaches, using the WHO framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children.

1.3 Participants

The meeting was attended by 26 delegates from Member States and temporary advisers and resource people. The participating Member States were Brunei Darussalam, Cambodia, China, Hong Kong (China), Japan, the Republic of Korea, the Lao People’s Democratic Republic, Malaysia, Mongolia, the Philippines, Singapore and Viet Nam. The meeting was hosted by NIPH. Two WHO staff from the Western Pacific Regional Office and one from WHO Headquarters in Geneva, Switzerland, formed the Secretariat for the meeting. The list of participants, temporary advisers, resource persons and Secretariat members are in Annex 1.

1.4 Organization

The meeting comprised 15 sessions and the opening and closing ceremonies. The sessions included presentations from temporary advisers, resource people, WHO Secretariat and Country Representatives. Participants also were engaged in group discussions and presentations on current policy and programme arrangements in their countries and potential next steps for action in their countries. The programme also included a visit to a school. A full outline of the programme is presented in Annex 2. A background paper was drawn up with a brief review of the current situation and potential actions and was provided to the participants (Annex 6).

1.5 Opening ceremony

The meeting was opened by Dr Haruka Sakamoto, International Affairs Division, Minister's Secretariat Ministry of Health, Labour and Welfare, Japan; Dr Hai-Rim Shin, Team Leader, National Health Policy (NHP), Western Pacific Regional Office; and Dr Kenji Hayashi, President, National Institute of Public Health (NIPH), Japan. This meeting formed the seventh round of the Japan-WHO international visitors programme, which began in 2005.

Dr Shin addressed the importance of NCD prevention and “whole-of-society” approach specifically tailored to each country’s situation. Dr Hayashi described Japan’s
commitment to chronic disease prevention through Health Japan 21 and the promising results to date. Dr Tomofumi Sone, Director of the Department of International Health and Collaboration, NIPH, Japan, also provided further information about the work of the institute in training and capacity-building.

2. PROCEEDINGS

2.1 Session 1 - Overview of NCD prevention and control and objectives of the consultation

Dr Cherian Varghese, Medical Officer (NCD), Western Pacific Regional Office, presented the objectives of the consultation and explained the key concepts underpinning the topic of Improving Dietary Options for Children. Unhealthy diet, which is taken to refer to diets high in salt, sugar and saturated fats and low fruit and vegetable consumption, is a major modifiable risk factor for NCDs. The effects of unhealthy diets may manifest as malnutrition and obesity and in many societies and populations, these co-exist. Where obesity levels are low, there is a valuable opportunity to intervene to prevent potential escalation and to minimize risks of dramatic increases in NCDs.

Unhealthy diets are influenced by a range of individual and societal factors, including poverty, lack of availability of healthy food choices and food marketing of foods high in fat, sugar and salt. There is a range of evidence-based interventions to promote healthier diets, including actions to reduce food marketing, health-promoting school initiatives, fiscal strategies and banning trans-fats. The WHO recommendations on marketing of foods and non-alcoholic beverages to children and the framework for implementation of these recommendations guide Member States in planning, policy development surveillance and monitoring.

2.2 Session 2 - Approaches for improving dietary options for children

Lesley King, Executive Officer, Physical Activity Nutrition Obesity Research Group, The University of Sydney, introduced three main action areas for improving dietary options for children: providing accurate and balanced information and limiting dissemination of contrary messages; agricultural programmes consistent with a healthy diet; and school policies and programmes. These action areas are particularly important in the context of the increasing availability of food and beverages that are high in fat, sugar and/or salt, as well as total energy, and the marketing of such products.
The heavy marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugar or salt is a specific aspect of the food environment which is known to have a significant and independent effect on children’s food preferences and food consumption and is amenable to change\(^3,4\). The use of persuasive messages to promote foods and beverages high in saturated fats, trans-fatty acids, free sugar or salt competes with health and nutrition messages and creates misinformation among community members. Thus there is a strong rationale for reducing children’s exposure to the marketing of unhealthy foods.

2.3 **Session 3 - Experiences of Japan in improving healthier diets for children**

Dr Megumi Haga, from the Office for Life-Style Related Diseases Control, General Affairs Division, Health Service Bureau of the Ministry of Health, Labour and Welfare, Japan, described Japan’s intersectoral approach to improving population food and nutrition, which encompasses the education sector (school education and lunches), agriculture (food production), consumer affairs (food labelling), health (surveillance, dietary guidance) and “Shokuiku promotion”. Shokuiku refers to the Japanese approach to food and nutrition education, which recognizes nutrition as the foundation for living and the basis of intellectual, moral and physical education.

2.4 **Session 4 - Set of recommendations on the marketing of foods and non-alcoholic beverages to children**

Dr Godfrey Xuereb, Team Leader, Surveillance and Population-based Prevention (SPP), Headquarters, described the process for the development of the WHO set of recommendations on the marketing of food and non-alcoholic beverages to children. In May 2010, the World Health Assembly Resolution WHA63.14 specifically endorsed these recommendations and urged Member States to take necessary measures to implement them.

The recent United Nations High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (September 2011) also called upon Member States and private industry to implement the recommendations. The issues addressed by these recommendations were also noted by Prof Olivier De Schutter, the United Nations Special Rapporteur on the right to food (2011), including the statement: “Significant concerns are expressed today about the marketing practices of the agrifood industry, particularly as regards marketing to children. The range of such practices is wide. Self regulation by the agrifood industry has proven ineffective…”.

The WHO 2010 food marketing recommendations were formulated on the basis of the work of an Ad Hoc Expert Group, which considered the peer-reviewed empirical
evidence, material generated through WHO meetings with international nongovernment organizations (NGOs), global food and beverage industries and the advertising sector and input from Member States.

In particular, the expert group advice to WHO took account of evidence on the effects of food marketing to children, the nature and extent of food marketing and available policy and regulatory options for reducing the impact of food marketing on children. As a result, the WHO recommendations provide a sound framework of principles to guide actions by Member States to reduce the impact of food marketing.

The WHO recommendations and Implementation Framework have adopted a broad definition of marketing, which includes paid advertising, product placement, paid sponsorship and other self-promotional methods such as websites and shop promotions. Increasingly, companies conduct integrated marketing, which uses a range of methods simultaneously. Marketing works through the use of persuasive messages (the content of the message, giving the marketing “persuasive power”) and reaching large proportions of the population or target group (the “reach”), and frequently is seen repeatedly over a given period (the frequency or volume of exposure).

The stated purpose of the WHO recommendations are "to guide efforts by Member States in designing new and/or strengthening existing policies on food marketing communications to children in order to reduce the impact on children of marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt". The 12 recommendations are structured into five sections: rationale; policy development; policy implementation; monitoring and evaluation; and research.

2.5 Session 5 - Country presentations

Each of the participating countries provided an overview of the situation in each country, with information regarding:

1. NCD mortality/premature mortality;
2. prevalence of diet-related risks, including obesity and undernutrition;
3. dietary guidelines and nutrition policies;
4. school nutrition initiatives;
5. food marketing patterns;
6. opportunities for promoting-health diet to children and limiting unhealthy food marketing; and
7. relevant regulations, responsibilities, stakeholders and framework for further actions.
2.5.1 All countries had some form of school nutrition initiatives, such as:

(1) school lunches (e.g. Hong Kong (China), Japan, Mongolia);
(2) food guides for school lunches or school canteens (e.g. Hong Kong (China), Brunei Darussalam, Malaysia);
(3) nutrition education (e.g. Japan, China, Hong Kong (China), Viet Nam, the Philippines); and
(4) school health eating accreditation (e.g. Singapore, Hong Kong (China).

2.5.2 Some countries had specific government regulation on food marketing:

(1) Special Act on the Safety Management of Children’s Dietary Life (the Republic of Korea);
(2) Guideline on Advertising of Fast Foods to Children and Nutrition Labelling 2008; Development of Guideline of Marketing of Food and Beverages to Children in Malaysia, 2011 (Malaysia); and
(3) Formulation of guidelines for food advertising targeted at children in progress (Singapore).

Many countries also noted their regulations restricting tobacco advertisements and how these may provide an example as a basis for further NCD prevention initiatives.

Table 1 in Annex 3 provides further details on each country’s nutrition policies and school nutrition policy and initiatives, while Table 2 presents information on the status of food marketing regulations in each participating country. Annex 3 also provides an integrated summary of relevant policy arrangements as presented by participating countries in this session. This information provides an update on information reported in previous studies on international regulatory arrangements\textsuperscript{5,6}.

2.6 Session 6 - A framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children

The World Health Assembly Resolution WHA63.14 recommends Member States take necessary measures to implement the WHO recommendations, while taking into account existing legislation and policies, as appropriate. WHO recently has created a framework to guide Member States in their implementation processes. The same resolution also requires WHO to report on implementation of the recommendations to the 65\textsuperscript{th} World Health Assembly in 2012.

Dr Xuereb presented the Implementation Framework section by section: What is marketing; policy development; policy implementation; and monitoring, evaluation and research. As part of their policy development processes, countries may want to undertake
situation analyses and determine the policy approach most suitable to their circumstances. In most cases, an incremental approach is warranted. The policy development process requires specification of key parameters, including:

1. definition of “child”;
2. selection of applicable communication channels;
3. determining cut-off time periods or locations when or where restrictions would apply; and
4. specifying nutritional criteria for determining foods inappropriate for advertising to children and subject to restriction.

Many Member States receive media across borders and it is recognized that international cooperation is needed to initiate cross-border restrictions and regulation to avoid dumping of advertising.

WHO recommends that the policy development process be undertaken by governments in consultation with stakeholders but that industry not be involved directly in the process. WHO has recommended that governments take a lead role in self-regulation by setting key specifications, as occurs in Spain, for example.

2.7 Session 7 - Regional experience and potential interventions

In this session, King drew from the emerging regional situation analyses and discussed ways of getting started and implementing policy interventions, consistent with the WHO Implementation Framework. Situational analyses and local research can be particularly valuable in guiding policy development for limiting food marketing to children. Table 3 presents ideas on ways of getting started, with examples of practical actions discussed in the meeting.

Two case study examples of how research information can be used to guide policy specifications were presented: television food marketing and outdoor advertising around schools. Table 4 provides an outline of the basic research methods for investigating television and outdoor food marketing, drawing from published studies in these topics. Monitoring is also an important part of the WHO Implementation Framework. This can occur at many levels, and in the first instance comprises tracking countries’ capacity and policy initiatives. WHO has a system for monitoring and reporting on countries’ health promotion, partnership and collaboration activities in relation to NCD prevention, which specifically includes two relevant items: initiatives to regulate food marketing to children and enforcement of food marketing regulations. There may be a
potential to refine and clarify reporting on these items to generate more specific information.

Table 1. Getting started on implementing recommendations on marketing of foods and beverages to children

<table>
<thead>
<tr>
<th>Action steps</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OVERALL</strong></td>
<td></td>
</tr>
<tr>
<td>General nutrition and school health initiatives</td>
<td>National dietary guidelines; Food guides</td>
</tr>
<tr>
<td></td>
<td>Nutrition communication and education</td>
</tr>
<tr>
<td></td>
<td>School health programmes; health-promoting schools</td>
</tr>
<tr>
<td></td>
<td>Maternal and child health programmes; Baby-friendly health services</td>
</tr>
<tr>
<td></td>
<td>Nutrition and health surveys</td>
</tr>
<tr>
<td></td>
<td>Other nutrition initiatives: food labelling; food re-formulation (e.g. salt reduction); promoting local foods; healthy foods in restaurants</td>
</tr>
<tr>
<td><strong>RESEARCH</strong></td>
<td></td>
</tr>
<tr>
<td>Generating evidence on the extent and nature of</td>
<td>Research studies that measure the nature, extent and effects of children’s exposure to high fat, sugar and salt food and beverage marketing</td>
</tr>
<tr>
<td>the problem and need for policy on food</td>
<td>Research on the extent of outdoor food marketing around schools</td>
</tr>
<tr>
<td>marketing</td>
<td>Information on media audiences</td>
</tr>
<tr>
<td><strong>PARTNERSHIPS AND STAKEHOLDERS</strong></td>
<td></td>
</tr>
<tr>
<td>Government contributions to building momentum</td>
<td>Collating available information on food marketing, inquiries and cross-sector discussion</td>
</tr>
<tr>
<td></td>
<td>Supporting further research</td>
</tr>
<tr>
<td></td>
<td>Formulating guidelines for food and drinks in schools</td>
</tr>
<tr>
<td>Engaging with community and professional</td>
<td>Link with health and education professionals</td>
</tr>
<tr>
<td>stakeholders</td>
<td>Links, meetings with parent groups</td>
</tr>
<tr>
<td>Communication and advocacy; awareness raising</td>
<td>Continuing teacher education</td>
</tr>
<tr>
<td></td>
<td>National and local workshops on food marketing</td>
</tr>
<tr>
<td></td>
<td>Translating key WHO documents</td>
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<td></td>
<td>Focus on positive messages</td>
</tr>
</tbody>
</table>
Table 2. Basic steps for investigating television and outdoor food marketing

<table>
<thead>
<tr>
<th>OUTDOOR ADVERTISING</th>
<th>TELEVISION FOOD ADVERTISING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify sample locations (e.g. schools)</td>
<td>1. Identify most popular TV channels (using commercial audience data if possible)</td>
</tr>
<tr>
<td>2. Map the study area</td>
<td>2. Identify sample time periods, including weekday and weekend days</td>
</tr>
<tr>
<td>3. Walk and scan – recording details of all food advertisement</td>
<td>3. View the broadcasts, and record information on all advertised food products, TV programme, broadcast time</td>
</tr>
<tr>
<td>4. Classify advertised food products according to nutritional profile</td>
<td>4. Classify advertised food products according to nutritional profile</td>
</tr>
<tr>
<td>5. Calculate average number of HEALTHY and UNHEALTHY food advertisement per square km in zone around sites (e.g. schools)</td>
<td>5. Calculate average number of HEALTHY and UNHEALTHY food advertisement per hour, for weekdays and weekend days</td>
</tr>
<tr>
<td>6. Identify most frequently advertised types of unhealthy foods</td>
<td>6. Identify most frequently advertised types of unhealthy foods</td>
</tr>
</tbody>
</table>

2.8 Session 8 - Consumers' perspectives

Satya Sharma, Regional Project Officer, Consumers International (CI) Office of the Asia Pacific and the Middle East, Malaysia, described the work of CI in campaigning against the marketing of unhealthy foods to children. CI has produced reports documenting research on food marketing in the Region, as well as a manual to guide monitoring of food marketing\(^9\), a model international code on marketing food and non-alcoholic beverages to children\(^10\), and calls to governments to take action. He promoted opportunities for building stronger links among professionals, governments and consumers within each country.
2.9 Session 9 - National nutrition policy and the role of regulatory agencies

Dr Hye-Kyung Park, Director General of the Nutrition Policy Office of the Korean Food and Drug Administration (KFDA), gave a presentation on policy and regulatory initiatives in the Republic of Korea, where they have as a regulatory base the “Special Act on the safety assurance of food and eating/nutrition environment of children (Safenet)”. This act was endorsed in association with a set of nutrition standards, which vary according to food type and are based on serve size. The act limits the advertisement of high energy, low nutritional value foods, including snacks and meal substitutes popular among children during the hours 17:00-19:00. Violations are subject to fines of up to US$10 million.

The act also creates a green food zones where food advertisements are not permitted within 200m of schools. The regulations for restrictions on food advertisements came into effect in 2010, with a sunset clause requiring a review in 2012. The specifications were worked out following research on TV food marketing in the Republic of Korea. Initial evaluation data, based on TV programme monitoring conducted every three months, indicates reductions in children’s exposure to TV advertising and changes in the nutritional composition of some food products. A review report is due to be presented in July 2012.

2.10 Session 10 - Group discussions on potential country-level actions to address unhealthy food marketing

Each country identified relevant policy and regulatory systems and stakeholder groups using a standard format. Annex 3 summarizes relevant policy and regulatory arrangements as presented by participating countries. While there were differences among countries, the types of stakeholders were similar (see Box 1).
### Box 1. Examples of key Government stakeholder groups

<table>
<thead>
<tr>
<th>Ministry of Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food administration and food safety agencies</td>
</tr>
<tr>
<td>Ministry of Food and Agriculture</td>
</tr>
<tr>
<td>Nutrition councils or high-level committees</td>
</tr>
<tr>
<td>Ministry of Education;</td>
</tr>
<tr>
<td>Maternal and infant health/ Family health agencies;</td>
</tr>
<tr>
<td>Ministry of Information and Communication</td>
</tr>
<tr>
<td>Advertising standards authorities</td>
</tr>
<tr>
<td>Office of the Prime Minister, State Council or equivalent</td>
</tr>
</tbody>
</table>

#### 2.11 Session 11 - Promoting better dietary habits for children in Japan

Dr Noriko Kato, Research Managing Director of NIPH-Japan, outlined Japan’s comprehensive system for maternal and child health (MCH), and the value of this system in promoting healthy dietary choices for children. The system is organized around the use of an MCH handbook and a set of antenatal and child health checks. The MCH handbook system has been operating since 1938, with a revised version to be released in the near future. The handbook uses a version of the spinning top food guidance tool, tailored to pregnancy.

#### 2.12 Session 12 - An underweight epidemic? Current nutritional problems regarding child health in Japan

Dr Hidemi Takimoto, Chief Senior Researcher Department of Health Promotion NIPH-Japan, presented information on the weight status of Japanese children and adults. Obesity in Japan is defined as BMI >25. During the period 1986-2009, obesity had increased in males, although reduced in women aged 50-59 and 60-69 years old. The prevalence of underweight (BMI<18.5) is high, particularly in women 20-29 years old, at 22%. The prevalence of underweight has increased in women up to the age of 49 years old during the period 1986-2009.
Also for girls aged 15-19 years old, underweight prevalence is up to 25%, particularly in metropolitan areas. The prevalence of low birth weight in newborn infants also has increased since 1993. Japan has endorsed guidelines for weight gain during pregnancy and for infant feeding in 2007 (note that the recommendation is to introduce solids 5-6 months old, based on their national research).

Skipping breakfast also has been identified as increasing and potentially may be related to changes in weight patterns, although skipping breakfast is particularly high in young men.

2.13 Session 13 - Site visit to school

The delegation visited the Minami Elementary School in Sakado City, where we toured the school, participated in a school lunch and were given information about the system for preparing school lunches in their school. Sakado City has a strong mayoral leadership for promotion of healthier diets among all citizens in collaboration with Kagawa Nutrition University, which is located in the city.

School lunches have a long tradition in Japan, and are associated with nutrition education and Shokuiku promotion. They also could be associated with hygiene education and training of table manners. The school lunch programme greatly contributes to maintaining well-balanced diets among Japanese school children.

2.14 Session 14 - School-based interventions and approaches

This session included presentations from China, Hong Kong (China), Malaysia, Philippines and Singapore.

China described the “Happy10” classroom physical activity programme (a 10 minute structure), which has been developed systematically from an initial pilot programme, to an evaluation study and is now disseminated as a government supported programme across China.

Hong Kong (China) has adopted an “EatSmart School Accreditation Scheme” under the “EatSmart@school.hk (ESS) Campaign” across primary school setting and has launched an “EatSmart@restaurant (ESR) Campaign” targeting the catering industry. Training workshops on healthy lunches and snacks are provided under the ESS campaign. Riding on the success of that campaign, promotion of healthy eating has been expanded to preschool children 2-6 years old with the launch of the StartSmart@school.hk Campaign since January 2012. Hong Kong (China) has launched
a “Live it! Use it! Nutrition Labelling Promotion Award Scheme” and incorporated nutrition and nutrition labelling in the school curriculum.

Malaysia presented an account of the development and implementation of its current healthy school policy. It has a guideline regarding appropriate foods and the policy applies to canteens, vending machines and mobile food vendors outside schools.

The Philippines’ delegates described their integrated school health and nutrition programme. Specific initiatives, including school vegetable gardens, are designed and implemented to reach more disadvantaged areas.

In Singapore, healthy eating in schools forms part of an overall strategy, which also comprises nutrition and physical activity guidelines, school environment and physical activity initiatives and the CHERISH award system. The healthy eating in schools programme involves 80% of schools and is being extended to preschools. Other initiatives include monitoring, counseling for obese students and capacity-building to support the school curriculum in nutrition.

### 2.15 Session 15 - Monitoring and surveillance of children’s nutrition

Dr Miki Miyoshi, Head of the Section of International Nutrition Research and Development NIPH-Japan, presented Japan’s system for surveillance and monitoring of children’s nutrition. The current key surveillance system comprises the National Health and Nutrition Survey (previously a national nutrition survey). The implementation processes for the current survey system are governed by the Health Promotion Law. The survey includes dietary surveys and physical and biomedical measures. Japan has a workforce of dietitians and registered dietitians engaged in health centres, local governments and schools that support implementation of various forms of nutrition education, guided by survey results.

### 2.16 Session 16 - Identifying priority actions and next steps in countries

Each country made final presentations outlining their plans for action following the meeting. A summary of draft next steps as presented by delegates in this session is in Annex 4. Countries’ plans included the following steps:

1. Further situational analyses regarding current food marketing practices (including outdoor advertising) and regulatory arrangements and opportunities.
(2) Communicating with other government stakeholders regarding the impact of food marketing on children and the WHO recommendations on marketing of food and non-alcoholic beverages.

(3) Building links with a range of stakeholder groups, including NGOs, consumer groups and key industry groups.

(4) Convening structured meetings and forums, at national and regional levels, to build awareness of the issues across stakeholders.

(5) Further situation analyses, development and expansion of school health initiatives.

(6) Identifying opportunities to reduce or ban unhealthy food marketing in school settings and school environs, similar to the Republic of Korea’s green food zone.

(7) Implementation of complementary collaborative initiatives between governments and food industry groups related to food reformulation, including salt reduction, food labelling and taxation of unhealthy high fat, salt, and sugar foods.

(8) Pilot studies to refine implementation arrangements for any new initiatives.

(9) Strengthen and continue nutrition education for school teachers.

(10) Strengthen and continue nutrition surveillance and monitoring.

There was consensus that the capacity for action on improving dietary options for children and implementation of WHO food marketing recommendations could be supported and strengthened through:

(1) Continuing information exchange and linkages among countries regarding actions, particularly food marketing regulatory initiatives and country negotiations with food industry groups.

(2) Collaboration with local consumer groups and Consumers International.

(3) Technical advice and support from WHO, including continuing input regarding implementation of recommendations on food marketing and the monitoring and evaluation of nutrition and health activities.
(4) WHO technical guides, tools and expert representation and participation in support of national forums and meetings with policy-makers and food industry groups (e.g. overview presentations).

(5) Assistance with school health food guidelines (e.g. Cambodia, the Lao People’s Democratic Republic).

(6) Technical assistance for conducting surveys regarding children’s food consumption patterns and children’s media exposure.

(7) Initiatives by WHO, Consumers International and other international agencies to address cross-border marketing

An evaluation of the consultation was conducted. The structured questionnaire used and detailed results are in Annex 5. The overall impression of the meeting generally was excellent (63%), the rest was good (37%). A good proportion of participants also have indicated that they have collected information in the sessions and have learnt from the experiences of other countries.

2.17 Session 17 - Closing ceremony

WHO thanked delegates for their contributions and, similarly, delegates were appreciative of Western Pacific Regional Office and NIPH for hosting the meeting.
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

The objectives of the consultation meeting on strategies to improve dietary options for children were met and the meeting successfully engendered an exchange of experience and expertise among Member States, WHO and resource people. Suggestions for strengthening regional networks and communication also will be advanced through further consultation.

3.2 Recommendations

3.2.1 Countries have the option to do the following:

1. Member States may want to implement a communications strategy on initiatives for improving dietary options for children as part of their overall efforts to address NCDs. The communications strategy may engage with other government portfolios, parent and consumer groups and private industry.

2. Member States may want to undertake situational analyses to systematically identify policy opportunities and key stakeholders related to children’s nutrition and support monitoring and research on children’s nutrition and key factors influencing nutrition.

3. Member States may want to implement and/or extend implementation of school-based initiatives to improve children’s nutrition, such as school food guidelines and healthy zones around schools, as a stepping stone or part of a more comprehensive strategy.

4. Member States may want to plan and adopt an incremental approach to implementation of WHO recommendations on marketing of foods and non-alcoholic beverages to children, taking account of benefits and opportunities for guidelines, policy and regulation.

5. Member States may want to implement systems for monitoring and evaluating implementation of WHO recommendations on marketing foods and beverages to children, which include reporting on policy actions, impact of policies on marketing practices and children’s exposure and policy compliance.
(6) Member States may want to work with food and beverage industries for responsible marketing of foods and beverages to children that are consistent with WHO recommendations and objectives and implement them consistently across Asian-Pacific countries to reduce children’s exposure to cross-border advertising.

(7) Member States may want to obtain consistent and accurate information of the marketing practices of food and beverage industries.

3.2.2 Partners have the option to do the following:

(1) Partner NGO and academic organizations may want to support the adoption and implementation of strategies for improving children’s nutrition through advocacy, independent research and monitoring and disseminating information.

3.2.3 WHO can do the following:

(1) Provide continuing technical guidance and tools to support countries in their communications strategy on initiatives for improving dietary options for children in designing and implementing policies and for related complementary initiatives such as food reformulation and salt reduction in food.

(2) Provide continuing technical support for Member States, including dissemination of information on international policy developments, implementation and monitoring and model programmes and initiatives that can be implemented across countries.
REFERENCES


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PROGRAMME OF ACTIVITIES

Monday, 26 March 2012

09:00-09:30  Registration
09:30-10:15  Opening ceremony
            Dr Haruka Sakamoto
            Dr Hai-Rim Shin
            Dr Kenji Hayashi

10:15-11:00  Coffee break and group photo

11:00-11:20  Overview of NCD prevention and control
            and objectives of the consultation
            Dr Cherian Varghese

11:20-11:40  Approaches for improving dietary options
            for children
            Ms Lesley King

11:40-12:00  Experiences of Japan in promoting healthier
            diets for children
            Dr Megumi Haga

12:00-12:20  Set of recommendations on the marketing
            of foods and non-alcoholic beverages to children
            Dr Godfrey Xuereb

12:20-12:30  Discussion

12:30-13:30  Lunch

13:30-15:30  Country presentations
            Brunei Darussalam, Cambodia, Lao People's
            Democratic Republic, Viet Nam

15:30-16:00  Coffee break
16:00-16:40  China, Mongolia, Philippines
16:40-17:30  Hong Kong (China), Republic of Korea, Malaysia, Singapore
18:00-19:00  Reception

Tuesday, 27 March 2012

09:00-09:15  Recap of Day 1  Dr Cherian Varghese
09:15-10:00  A framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children  Dr Godfrey Xuereb
10:00-10:30  Coffee break
10:30-11:00  Regional experience and potential interventions  Ms Lesley King
11:00-11:20  Consumers' perspectives  Mr R.S.N. Sharma
11:20-11:40  National nutrition policy and role of regulatory agencies  Dr Hye-Kyung Park
11:40-12:30  Discussion
12:30-13:30  Lunch break
13:30-15:30  Group work  Dr Godfrey Xuereb and Ms Lesley King

  *Group 1* - Brunei Darussalam, Cambodia, Lao PDR, Viet Nam
  *Group 2* - China, Mongolia, Philippines
  *Group 3* - Hong Kong (China), Malaysia, Republic of Korea, Singapore
15:30-16:00  Coffee break
16:00-17:30  Group presentations and discussion
### Wednesday, 28 March 2012

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00-09:15</td>
<td>Recap of Day 2</td>
<td>Dr Cherian Varghese</td>
</tr>
<tr>
<td>09:15-09:35</td>
<td>Promoting better dietary habits for children in Japan</td>
<td>Dr Noriko Kato</td>
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<tr>
<td>09:35-10:00</td>
<td>An underweight epidemic? Current nutritional problems regarding</td>
<td>Dr Hidemi Takimoto</td>
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<td>10:00-10:30</td>
<td>Coffee break</td>
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<td>10:30-15:00</td>
<td>Site visit to Minami Elementary School, Sakado City</td>
<td>NIPH</td>
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<td>15:00-15:30</td>
<td>Coffee break</td>
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<tr>
<td>15:30-17:30</td>
<td>School-based interventions in Hong Kong (China)</td>
<td>Dr Hai-Rim Shin</td>
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<tr>
<td></td>
<td>School-based approaches in the Malaysia</td>
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<td>School-based approaches in Singapore</td>
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<td>School-based approaches in the Philippines</td>
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### Thursday, 29 March 2012

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>09:00-09:15</td>
<td>Recap of Day 3</td>
<td>Dr Cherian Varghese</td>
</tr>
<tr>
<td>09:15-09:45</td>
<td>Monitoring and surveillance of children's nutrition</td>
<td>Dr Miki Miyoshi</td>
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<tr>
<td>09:45-10:15</td>
<td>Discussion</td>
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<tr>
<td>10:15-10:45</td>
<td>Coffee break</td>
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<tr>
<td>10:45-12:00</td>
<td>Identifying priority actions and next steps in countries</td>
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<tr>
<td>12:00-13:00</td>
<td>Lunch break</td>
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<tr>
<td>13:00-15:00</td>
<td>Presentation by countries</td>
<td>Dr Cherian Varghese</td>
</tr>
<tr>
<td>15:00-15:15</td>
<td>Closing ceremony</td>
<td>Dr Hai-Rim Shin</td>
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<td></td>
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<td>Dr Kenji Hayashi</td>
</tr>
</tbody>
</table>
### Table 1. Policies and initiatives

<table>
<thead>
<tr>
<th>Country</th>
<th>Overall nutrition policies/ agencies</th>
<th>School-related policies</th>
<th>Specific school initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brunei Darussalam</td>
<td>Health Promotion Blueprint 2011-2015; National Dietary Guidelines 2000 Food Guide; National Committee on NCD prevention</td>
<td>Food and drinks in school canteens</td>
<td>School programmes</td>
</tr>
<tr>
<td>Cambodia</td>
<td>Implementation - Infant child feeding and baby friendly services</td>
<td>Rules and regulations for school health programmes</td>
<td>Happy 10 (physical inactivity)</td>
</tr>
<tr>
<td></td>
<td>Marketing of products for infants and young children (breastmilk substitutes)</td>
<td></td>
<td>School lunches (mostly in cities)</td>
</tr>
<tr>
<td></td>
<td>National nutrition programme</td>
<td></td>
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<tr>
<td></td>
<td>Micro-nutrient supplementation programmes</td>
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<tr>
<td>China¹</td>
<td>Dietary Guidelines (revised 2007)</td>
<td>Healthy school policy issued by Education Bureau</td>
<td><a href="mailto:EatSmart@school.hk">EatSmart@school.hk</a> Campaign</td>
</tr>
<tr>
<td></td>
<td>Pagoda Food Guide for Chinese People</td>
<td></td>
<td><a href="mailto:StartSmart@school.hk">StartSmart@school.hk</a> Campaign</td>
</tr>
<tr>
<td></td>
<td>China Plan of Action for Nutrition Improvement Plan</td>
<td></td>
<td>“Live it! Use it! Nutrition Labelling Promotion Award Scheme”</td>
</tr>
<tr>
<td>Hong Kong (China)</td>
<td>Nutrition Labeling Scheme 2010</td>
<td></td>
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<tr>
<td>Japan</td>
<td>Health Japan 21</td>
<td>Shokuiku Law – nutrition education</td>
<td>School lunch programme as a basic education</td>
</tr>
<tr>
<td></td>
<td>Dietary Guidelines 2000</td>
<td>School Lunch Law</td>
<td>Shokuiku promotion activities with various local resources</td>
</tr>
<tr>
<td></td>
<td>Japanese Food Guide 2005 (Spinning Top)</td>
<td>Policies of local authorities</td>
<td></td>
</tr>
<tr>
<td>Lao People’s Democratic Republic</td>
<td>Marketing of products for infants and young children (breastmilk substitutes)</td>
<td>School feeding programme</td>
<td></td>
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<tr>
<td>Malaysia</td>
<td>Malaysian Dietary Guidelines</td>
<td>Guideline on weight management</td>
<td>Nutrition education</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Country</th>
<th>Policy/Program</th>
<th>School Health and Nutrition Programme</th>
<th>School Nutrition Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mongolia</td>
<td>National programme for NCD prevention&lt;br&gt;National Strategy on diet and physical activity&lt;br&gt;Mongolia Food Guide</td>
<td>School Health and Nutrition Programme</td>
<td>School Health Nutrition Programme&lt;br&gt;Breakfast feeding programmes (40 provinces)</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>National Health Promotion Act, 1995.&lt;br&gt;Comprehensive Health Promotion Policy and Health Plan, 2010, including nutrition goals.&lt;br&gt;Korea Food and Drug Administration food and nutrition policies.&lt;br&gt;National Dietary Guidelines&lt;br&gt;Food balance wheel&lt;br&gt;Traffic light food labeling (colour not shape)</td>
<td>School Meals Act, 2006 (guideline for school lunches, ban sales of high energy foods)&lt;br&gt;Special Act of Safety Control on Children’s Food and Eating/ Nutrition Environment, 2008</td>
<td>School lunch programme&lt;br&gt;Nutrition Teacher System&lt;br&gt;Green food zone banning food advertisements 200m around schools</td>
</tr>
<tr>
<td>Singapore</td>
<td>2011 Dietary Guidelines.&lt;br&gt;Food pyramid&lt;br&gt;National Institute of Nutrition</td>
<td>Healthier Choice Symbol Programme</td>
<td>Health promoting schools&lt;br&gt;Healthy eating for children&lt;br&gt;Health promoting school canteen</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>National Dietary Guidelines&lt;br&gt;Food pyramid&lt;br&gt;National Institute of Nutrition</td>
<td></td>
<td>School milk (26 Provinces)&lt;br&gt;Nutrition education</td>
</tr>
<tr>
<td>Country</td>
<td>Government regulation food marketing</td>
<td>Industry self-regulation</td>
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<td>---------------------------------------------</td>
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</tr>
<tr>
<td>Brunei</td>
<td>No regulations</td>
<td>No</td>
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<tr>
<td>Cambodia</td>
<td>No</td>
<td>No</td>
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<tr>
<td>China</td>
<td>China’s Advertising Law (1995): advertisements must not be harmful to the physical and mental health of minors and disabled persons.</td>
<td>Self-regulatory guidelines for spiritual civilization in advertising (China Advertising Association 1997): children’s advertising should be beneficial to children’s mental and physical health, and should establish good moral standards.</td>
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<tr>
<td>Hong Kong (China)</td>
<td>No</td>
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<tr>
<td>Japan</td>
<td>No</td>
<td>No</td>
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<tr>
<td>The Lao People’s Democratic Republic</td>
<td>No</td>
<td>No</td>
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<tr>
<td></td>
<td>The Ministry of Health is in the process of formulating a Guideline on Marketing of Food and Beverages to Children in Malaysia (initiated in December 2011)</td>
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<td></td>
<td>Also, a Ministry of Information Advertising Code of Ethics stating that “all advertisements on foods and drinks must show the necessity of a balanced diet”. (Status unclear)</td>
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<tr>
<td>Mongolia</td>
<td>No</td>
<td>Yes; Ads Standards Council Philippine Advertising Board; National Council for Children’s Television</td>
<td></td>
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<tr>
<td>The Philippines</td>
<td>No</td>
<td>No</td>
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<tr>
<td>The Republic of Korea</td>
<td>Statutory regulation restricting food advertising to children (Special Act of Safety Control on Children’s Food and Eating/ Nutrition Environment, 2008); in effect from 2010. Relates to TV (including cable, radio and Internet) advertisements for energy-dense and low nutritional quality food, offering free toys in fast food advertising. Restrictions apply 5-7 pm.</td>
<td>Korea Federation of Advertising Associations, Code of Advertising Ethics.</td>
<td></td>
</tr>
</tbody>
</table>
Korean Food and Drug Administration reviews all new food products in terms of nutritional criteria; with monthly updates.

Restricted foods are determined by specific nutrient criteria based on serving size for snacks and meal substitutes (e.g. noodle soups, hamburgers, pizza) targeted to children.

This act also restricts the on sale of foods within the immediate vicinity of schools (green food zone) and Internet advertising

Children considered as those under 12 years old. National and local government monitoring; Review in 2012.

Singapore

Health Promotion Board in process of formulating guidelines for food advertising targeted at children.

Singapore Code of Advertising Practice (SCAP), limiting all advertisements in children’s programmes to 14 minutes per hour

Viet Nam

No
<table>
<thead>
<tr>
<th>FOOD MARKETING ISSUE FOR ACTION</th>
<th>Brunei Darussalam</th>
<th>Cambodia</th>
<th>China</th>
<th>Hong Kong</th>
<th>Lao PDR</th>
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<tr>
<td><strong>OVERALL POLICY CONTEXT</strong></td>
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<td>Health and nutrition</td>
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<td></td>
<td>Local TV Station is not allowed to advertise Breast Milk substitutes (1980)</td>
<td>Sub-Decree on Marketing of Products for Infant and Young Child Feeding Law of Management of Quality and Safety of Products and Service</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Children’s welfare and health</td>
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<td>Development of food classification or nutrient profiling</td>
<td>Early Childhood Care and Development</td>
<td>Yes</td>
<td>Yes</td>
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<td><strong>POLICY RELATED TO SPECIFIC COMMUNICATION CHANNELS</strong></td>
<td>Advertising in general</td>
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<td>Radio advertising</td>
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<td>School-based marketing</td>
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<td>倡导世界卫生组织的建议为儿童提供</td>
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<td>Other children’s settings e.g. sports</td>
<td>No</td>
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<td>Internet advertising</td>
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<td>Food retail environment</td>
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<td><strong>Food Law, art. 37, Reg.</strong></td>
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<td><strong>Journalist and Advertising law</strong></td>
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<td><strong>Journalist and Advertising law</strong></td>
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<td><strong>- on discussion</strong></td>
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<td><strong>Food Law, regulation</strong></td>
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<td>Food packaging</td>
<td>Labelling of food products</td>
<td>Nutrition labelling scheme</td>
<td>586 MOH</td>
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<td>Cross-border broadcast media</td>
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<td>Food Law Art. 36, regulation 586 MOH</td>
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<td>REGULATORY / POLICY DOMAIN</td>
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<td>Philippines</td>
<td>Korea</td>
<td>Singapore</td>
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<td>Health and nutrition</td>
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<td>Sale of Food Act, Singapore Food Regulations (Chp. 283 / 56(1))</td>
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<tr>
<td>Children’s welfare and health</td>
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<td>profiling</td>
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</table>
Note: Nutrient content specific claims on food products are governed under the Food Regulations and Handbook on Nutrition Labelling in Singapore | No       |
<table>
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<tr>
<th>Activity</th>
<th>Relevant Laws/Regulations</th>
<th>Self-Regulation Codes</th>
<th>Self-Regulation Reference</th>
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<tr>
<td>Radio advertising</td>
<td>Food Act 1983</td>
<td>Self-regulation</td>
<td>SCAP</td>
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<td>Print advertising</td>
<td>Food Act 1983</td>
<td>Self-regulation</td>
<td>SCAP</td>
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<td>School-based marketing</td>
<td>Administrative</td>
<td>Yes</td>
<td>School Canteen policy</td>
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<td>Other children’s settings e.g. sports</td>
<td>Administrative</td>
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<td>Outdoor advertising</td>
<td>None specific for children</td>
<td>Special Act on the</td>
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<tr>
<td>Sports sponsorship</td>
<td>None specific for children</td>
<td>Special Act on the</td>
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<tr>
<td>Internet advertising</td>
<td>None specific for children</td>
<td>Special Act on the</td>
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<tr>
<td>Food retail environment</td>
<td>Food Act 1983</td>
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<td>Food packaging</td>
<td>Food Act 1983</td>
<td>Food Fortification</td>
<td>Sale of Food Act, Reg 9, 11, 12 Handbook on nutrition labelling in Singapore</td>
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<tr>
<td>Cross-border broadcast media</td>
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### ANNEX 4: NEXT STEPS, SESSION 16

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<tr>
<th>ACTION STEPS</th>
<th>Brunei Darussalam</th>
<th>Cambodia</th>
<th>China</th>
<th>Hong Kong (China)</th>
<th>Lao PDR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governments to engage and/or strengthen ties with various stakeholders</td>
<td>Engagement across government, with civil society and</td>
<td>Seek cooperation within government (health and non-</td>
<td>Links across government school sector, catering industry and NGOs.</td>
<td></td>
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<tr>
<td>(health and non-health sectors, civil society)</td>
<td>private sectors</td>
<td>health and non-health), civil society and private</td>
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<td></td>
<td></td>
<td>industry</td>
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<tr>
<td>Review existing policies and guidelines and/or enact new ones</td>
<td>Through National Committee on Health Promotion, in</td>
<td>Develop policy guideline for school healthy diet;</td>
<td>Build on *National Food and Nutrition (2011-2020) *NCD Prevention</td>
<td>Build on NCD strategies and framework.</td>
<td>Revise the school healthy diet guideline; include</td>
</tr>
<tr>
<td></td>
<td>guidelines (e.g. school canteens)</td>
<td></td>
<td>Rural Students *Legislation on Nutrition Improving Committee for</td>
<td>restaurants</td>
<td>Review the school health programme and plan of</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Children Health</td>
<td></td>
<td>action, responsibilities.</td>
</tr>
<tr>
<td>Analyze current situation (existing programmes,</td>
<td>Baseline National Nutrition Survey data under analysis.</td>
<td>Analyze current situations on school health programme</td>
<td></td>
<td></td>
<td>Legislation development for school healthy diet</td>
</tr>
<tr>
<td>food consumption, regulations, media influence, etc,) and use this</td>
<td>Advocacy required to influence food imports.</td>
<td></td>
<td></td>
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<td>and marketing restriction for junk food, alcohol</td>
</tr>
<tr>
<td>information as evidence, Use other country's experiences for a start if</td>
<td></td>
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<td>drink and tobacco</td>
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<td>local data is not available</td>
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<tr>
<td>ACTION STEPS</td>
<td>Brunei Darussalam</td>
<td>Cambodia</td>
<td>China</td>
<td>Hong Kong (China)</td>
<td>Lao PDR</td>
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<tr>
<td>Communication activities.</td>
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<tr>
<td>Utilize media as a means for health promotion (radio, TV, newspaper)</td>
<td>Dissemination of available evidence</td>
<td>Conduct national advocacy meeting for leaders of MOE, MOH, MOIC, DP’s</td>
<td></td>
<td>Dissemination of available evidence</td>
<td>Conduct national advocacy meeting for leaders of MOE, MOH, MOIC, DP’s</td>
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<tr>
<td>Strengthen existing initiatives</td>
<td>Use Health Promotion Blueprint 2011-2015 as a framework.</td>
<td></td>
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<td>Enforcement of the Nutrition Labelling Scheme</td>
<td>Disseminate documents and guidelines for school healthy diet in Lao language</td>
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<td></td>
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<td>Launch of the <a href="http://startsmart.sch.hk">StartSmart@school.hk</a> Campaign targeting to preschool children age 2-6 since January 2012</td>
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<td>Ongoing nutrition training to school teachers and school lunch suppliers</td>
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<td>Monitoring and evaluate the pilot school health programme and improvement</td>
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<td>Develop media for school health promotion</td>
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<tr>
<td>Strengthen nutrition education programmes for school teachers and children</td>
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<td>Develop nutrition education programme for school teachers and training</td>
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<td>Develop media for school health promotion</td>
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<tr>
<td>Access resources to ensure initiation and continuation of initiatives</td>
<td>Specifically seek resources within Brunei</td>
<td>Financial support required</td>
<td>Funds and Donations: International, National, Private sector</td>
<td>NGO partners need grants and support from NGOs</td>
<td>Financial support required</td>
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<td>WHO support</td>
<td>Technical advice on</td>
<td>Technical support</td>
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<td>Lao PDR</td>
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<td>China</td>
<td>Cambodia</td>
<td>monitoring and evaluation</td>
<td>Brunei Darussalam</td>
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<td>ANNEX 4: NEXT STEPS (SESSION 16)</td>
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<td><strong>Malaysia</strong></td>
<td><strong>Korea</strong></td>
<td><strong>Philippines</strong></td>
<td><strong>Singapore</strong></td>
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<tr>
<td><strong>ACTION STEPS</strong></td>
<td><strong>AGENDA ITEMS</strong></td>
<td><strong>GOVERNMENTS TO ENGAGE WITH</strong></td>
<td><strong>Government Review of Existing Regulations</strong></td>
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<td>Governments to engage and/or strengthen ties with national and regional stakeholders.</td>
<td>TWG provides a structure for consideration of issues.</td>
<td>National stakeholders, health and non-health sectors, civil society.</td>
<td>Establish the steering committee to improve healthier dietary options for children under 18 age years old.</td>
<td></td>
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<tr>
<td>Build inter-sectoral cooperation mechanisms and establish working group which include representatives from public and private sectors.</td>
<td>Top-down approach most appropriate, through NSP-NCD &amp; Cabinet-level Declaration on NCD, WHA resolutions. For approval through Cabinet level.</td>
<td>National Nutrition Council must be established and mandate from Health Minister.</td>
<td>High-level meeting for Cabinet members and heads of organizations.</td>
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<td>Hold sectoral RTD intervention in national strategy.</td>
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<td>Build inter-sectoral cooperation mechanisms and establish working group which include representatives from public and private sectors.</td>
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<td>Need to obtain support of Sec of Health to focus on food marketing.</td>
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Note: The table continues with similar entries for the other countries.
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<tr>
<th>ACTION STEPS</th>
<th>Malaysia</th>
<th>Mongolia</th>
<th>Philippines</th>
<th>Singapore</th>
<th>Korea</th>
<th>Viet Nam</th>
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<tbody>
<tr>
<td>Review existing policies and guidelines and/or enact new ones</td>
<td>Further development of policy / guidelines</td>
<td>Capacity building</td>
<td>Existing marketing and advertising regulations and circulars (of FDA, DepED) can be retooled, adjusted or amended to be more appropriate and supportive to the objectives of the “project”</td>
<td>Continue consideration of regulatory options</td>
<td>Government review of existing regulations</td>
<td>Develop regulation, technique on marketing</td>
</tr>
<tr>
<td>Analyze current situation (existing programmes, food consumption, regulations, media influence, etc.) and use this information as evidence</td>
<td>Source AC Nielsen data on media research</td>
<td>Source information, data, and published literature, unpublished country experiences and data (Korea, UK, Malaysia, Norway and Denmark, France); studies from Liverpool, Yale-Rudd</td>
<td>Synthesize information base of WHO recommendation</td>
<td>Ongoing research on food marketing patterns and food re-formulation.</td>
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<tr>
<td>Use other countries’</td>
<td>Formalize position in relation to industry</td>
<td>Review literature for new research</td>
<td>Conduct of consumer/ marketing research</td>
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<td>Continue to seek information and experiences from</td>
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<td>1. Situation survey on current consumption of junk food</td>
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<td>2. Detailed data on distribution and sales for certain products which sold by shops near schools</td>
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<td>3. Situation analysis</td>
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<td>experiences for a start if local data is not available</td>
<td>others</td>
<td>on current regulation on food marketing (media advertisement etc...)</td>
<td>Conduct validation surveys re consumption patterns, media exposure of children, etc.</td>
<td>Learning from our “predecessors” promote sharing of best-practice</td>
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<td>4. Detailed information on marketing budget for certain products</td>
<td>Develop ‘My Plate’ food guide.</td>
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<td>5. Research on whether they have proper topics on healthy diet in current school curriculum</td>
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<td>6. Current situation on healthy diet promoting programmes via media (TV, radio, fm, newspaper article).</td>
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<td>7. Information on whether schools have their own regulations on food/drinks selling within the school property.</td>
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<td>8. Monitor current media programmes</td>
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<td>Communication activities.</td>
<td>Regional level stakeholder meetings; subregional</td>
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<td>Conduct information drive about the “project “ using big nutrition events like</td>
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<td>Utilize media as a</td>
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<td>means for health promotion (radio, TV, newspaper)</td>
<td>meetings. Organize advocacy meeting to local government Advocacy; training; study tour Increase public awareness on negative health consequences of fast food and soft drinks in the diet. Organize campaign to promote healthy diet among government organizations including schools</td>
<td></td>
<td>nutrition month, national conventions of professional groups with participation of local media networks and influentials e.g. wife of mayor</td>
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<td>Dissemination through multiple-media, training workshop.</td>
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<td>Strengthen existing initiatives</td>
<td>Extend work to achieve sodium intake reduction.</td>
<td>Revise PEM programme. Pilot/ expand programmes.</td>
<td>Fund competitive grants among schools, public, private sector for new initiatives for children's healthy</td>
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<td>Strengthen nutrition education programmes for school teachers and children</td>
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<td>Access resources to ensure initiation and</td>
<td>Request additional operational budget from government Health Promotion Board, Malaysia</td>
<td>Source funds through Government, Health promotion fund at the Ministry of Health of Mongolia (2% of revenue tax from alcohol and tobacco), Private sector funding, Donor organization fund (grants, loans)</td>
<td>Source funds through local governments, National budgetary appropriations for major agency stakeholders (DoH, DepED, NNC, etc.) Work with national experts on nutrition, health, early education, child specialists, behaviorists, social welfare, media and communications, regulations, research orgs International experts from UN organizations</td>
<td>WHO support Expert advice, information sharing</td>
<td>Technical assistance for conduct of meetings on healthier dietary options involving inter-agency technical specialists and experts;</td>
<td>Seek support for activities: fund for workshop, training courses, M&amp;E programmes on marketing</td>
</tr>
</tbody>
</table>

**Source funds through local governments, National budgetary appropriations for major agency stakeholders (DoH, DepED, NNC, etc.) Work with national experts on nutrition, health, early education, child specialists, behaviorists, social welfare, media and communications, regulations, research orgs International experts from UN organizations**

**WHO support Expert advice, information sharing**

**Seek support for activities: fund for workshop, training courses, M&E programmes on marketing**
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<tr>
<td>Cross-border initiatives</td>
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<td>Longer term: Consensus building for agreement on cross-border marketing guidelines (For paid TV, internet?)</td>
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</table>
ANNEX 5: EVALUATION OF THE CONSULTATION

A. Questionnaire

Evaluation of Japan-WHO Regional Consultation for Promoting Healthier Dietary Options for Children

26-29 March 2012

This evaluation aims to
-- know the participants' impressions and achievements in the consultation on Promoting Healthier Dietary Options for Children.

This evaluation takes 10 minutes to complete, on the average, and this will be used to identify the achievements obtained by the participant and to further improve international joint meeting designs.

We sincerely appreciate your very kind assistance.

(Please check)

☐ I was a participant
☐ a facilitator/a resource person
☐ an observer
☐ a secretariat

Questionnaire 1 – Overall impression
Please rate your impression of this meeting by filling the applicable number.

1: Excellent      2: Good      4: Not very good      5: Not good

A. The participation in this meeting was
Comments, if any.

B. The facilitation in this meeting was
Comments, if any.

C. The leadership in this meeting was
Comments, if any.

D. Transport for the meeting was
Comments, if any.

E. Facilities of this meeting was
Comments, if any.

F. Accommodation for this meeting was
Comments, if any.
G. Meals of this meeting were
Comments, if any.

H. The overall impression of this meeting was
Comments, if any.

Questionnaire 2 – What have you achieved?
Please rate your achievement by filling the applicable number.
1: Excellent  2: Good  4: Not very good  5: Not good

Day 1 “Overview and situational analysis”

a. to understand the objectives  
  

b. to participate in discussion (i.e., questions, analyses, or remarks)  
  

c. to collect information  
  

d. to exchange views and information in group discussion  
  

e. to learn from the experience of other countries  
  

f. Please add any examples you actually achieved.

Day 2 “WHO set of recommendations on marketing of foods and non-alcoholic beverages to children—options for implementation”

a. to understand the objectives  
  

b. to participate in discussion (i.e., questions, analyses, or remarks)  
  

c. to collect information  
  

d. to exchange views and information in group discussion  
  

e. to learn from the experience of other countries  
  

f. Please add any examples you actually achieved.

Day 3 “Japan experience and school-based initiatives”

a. to understand the objectives  
  

b. to participate in discussion (i.e., questions, analyses, or remarks)  
  

c. to collect information  
  

d. to exchange views and information in group discussion  
  

e. to learn from the experience of other countries  
  

f. Please add any examples you actually achieved.

Day 4 “Identifying next steps and monitoring”

a. to understand the objectives  
  

b. to participate in discussion (i.e., questions, analyses, or remarks)  
  

c. to collect information  
  

d. to exchange views and information in group discussion  
  

e. to learn from the experience of other countries  
  

f. Please add any examples you actually achieved.
Questionnaire 3 – Comments and suggestions

Please let us know your comments and suggestions. Please provide a maximum of 5 comments per question.

I. School-based interventions
A. How can your sector/department/agency contribute in improving healthier dietary options for children?
B. What are the additional support/information that will help you to do this work?

II. Implementation of the WHO set of recommendations on marketing of foods and non-alcoholic beverages
A. How can your sector/department/agency contribute in implementing the set of recommendations on the marketing of food and non-alcoholic beverages to children?
B. What are the additional support/information that will help you to do this work?

B. Results

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<tr>
<th>QUESTIONNAIRE 1</th>
<th>5</th>
<th>4</th>
<th>2</th>
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<tbody>
<tr>
<td>The participation in this meeting was</td>
<td>53%</td>
<td>47%</td>
<td>0%</td>
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<tr>
<td>The facilitation in this meeting was</td>
<td>73%</td>
<td>27%</td>
<td>0%</td>
<td>0%</td>
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<tr>
<td>The leadership in this meeting was</td>
<td>77%</td>
<td>23%</td>
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<tr>
<td>Transport for the meeting was</td>
<td>55%</td>
<td>45%</td>
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<td>Facilities of this meeting was</td>
<td>83%</td>
<td>17%</td>
<td>0%</td>
<td>0%</td>
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<tr>
<td>Accommodation for this meeting was</td>
<td>45%</td>
<td>55%</td>
<td>0%</td>
<td>0%</td>
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<tr>
<td>Meals of this meeting were</td>
<td>33%</td>
<td>60%</td>
<td>7%</td>
<td>0%</td>
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<tr>
<td>The overall impression of this meeting was</td>
<td>63%</td>
<td>37%</td>
<td>0%</td>
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<th>QUESTIONNAIRE 2</th>
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<tr>
<td>Day 1 “Overview and situational analysis”</td>
<td>52%</td>
<td>48%</td>
<td>0%</td>
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<tr>
<td>to understand the objectives</td>
<td>39%</td>
<td>61%</td>
<td>0%</td>
<td>0%</td>
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<tr>
<td>to collect information</td>
<td>45%</td>
<td>55%</td>
<td>0%</td>
<td>0%</td>
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<tr>
<td>to exchange views and information in group discussion</td>
<td>45%</td>
<td>55%</td>
<td>0%</td>
<td>0%</td>
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<tr>
<td>to learn from the experience of other countries</td>
<td>54%</td>
<td>46%</td>
<td>0%</td>
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</table>

Day 2 “WHO set of recommendations on marketing of foods and non-alcoholic beverages to children-options for implementation”
| to understand the objectives | 61% | 39% | 0% | 0% |
| to participate in discussion (i.e., questions, analyses, or remarks) | 39% | 61% | 0% | 0% |
| to collect information | 45% | 55% | 0% | 0% |
| to exchange views and information in group discussion | 61% | 39% | 0% | 0% |
| to learn from the experience of other countries | 54% | 46% | 0% | 0% |

Day 3 “Japan experience and school-based initiatives”
| to understand the objectives | 57% | 37% | 7% | 0% |
| to participate in discussion (i.e., questions, analyses, or remarks) | 30% | 63% | 7% | 0% |
| to collect information | 33% | 60% | 7% | 0% |
| to exchange views and information in group discussion | 37% | 60% | 3% | 0% |
| to learn from the experience of other countries | 37% | 59% | 4% | 0% |
Day 4 “Identifying next steps and monitoring”

- to understand the objectives: 38% 54% 8% 0%
- to participate in discussion (i.e., questions, analyses, or remarks): 29% 67% 4% 0%
- to collect information: 29% 63% 8% 0%
- to exchange views and information in group discussion: 33% 63% 4% 0%
- to learn from the experience of other countries: 50% 50% 0% 0%