

PREVENTION OF OVERWEIGHT AND OBESITY IN CHILDREN AND ADOLESCENTS

UNICEF Advocacy Strategy and Guidance



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Executive Summary

UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential.

UNICEF published its *Programme Guidance on the Prevention of Overweight and Obesity in Children and Adolescents* in 2019. The purpose of this accompanying Advocacy Strategy Guidance is to

help UNICEF offices translate that programming guidance into a whole-of-office approach to strong and effective advocacy work on this important issue. It is a tool that can inform work by UNICEF and its partners at the country, regional and global level.

Effective advocacy on the issue of child and adolescent overweight and obesity relies on a practical theory of change.

The key elements are:

1. Prevention sits at the centre and prevention must start early – during pregnancy and early childhood.
2. Prevention needs to focus on good nutrition at all stages of a child's life.
3. Improving the availability, affordability and desirability of nutritious diets is key.
4. Prevention efforts are needed in homes, in schools, but also in the wider community.
5. Work on this issue must address the role of the food and beverage industry and must include regulation of harmful practices.
6. Public policy and government action are indispensable tools.
7. Effective UNICEF advocacy on this issue requires effective partnerships.

In turn, this theory of change must be pursued through effective UNICEF advocacy that revolves around three basic planning questions:

PLANNING QUESTION 1

What is the problem to be solved and what are the solutions UNICEF is advocating?

PLANNING QUESTION 2

What is the map of key sectors and actors that needs to be navigated to achieve those goals?

PLANNING QUESTION 3

What advocacy activities will UNICEF engage in to advance those goals?

PLANNING QUESTION 1

What is the problem to be solved and what are the solutions UNICEF is advocating?

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What advocacy activities will UNICEF engage in to advance those goals?

Overweight and obesity are new and growing health threats for children globally: a new trap of unhealthy and highly processed foods, combined with a lack of physical activity. They are conditions that disadvantage children and can lead to a lifetime of diseases, including some of the biggest killers such as cancer, diabetes and heart disease. The coronavirus disease 2019 (COVID-19) pandemic has exposed how obesity can lead to dangerous health risks. For countries, this translates into a population that is less healthy and less productive, as well as health systems overburdened with soaring costs from preventable diseases.

1. The causes and prevalence of overweight and obesity in children

Overweight and obesity are the result of non-nutritious diets and a lack of physical activity. Healthy nourishment begins with adequate prenatal care, followed by breastfeeding and good nutrition, especially during a child's earliest years. Challenges families face in providing children with a nutritious diet include the cost and availability of healthy food and beverages at home and in schools – worsened by the widening economic divide, a global transition to mass-produced and ultra-processed foods, the growing power of commercial food interests, and a tendency toward sedentary lives.

The problem of overweight and obesity has been called 'a ticking time bomb' by the World Bank, with the data showing a rapid rise on every continent. According to joint research by UNICEF, the World Health Organization (WHO), and others, 6 per cent of children under 5 years are overweight and 18 per cent of those aged 5–19 are overweight, an amount equal to more than 380 million children globally. Among older children, the rate of overweight doubled from 2000 to 2016. In richer countries, overweight is concentrated among

poorer communities, while more than 80 per cent of children affected by overweight globally now live in low or middle-income countries.

[More detail on the causes and impacts of child obesity and overweight are included in the full Advocacy Guidance paper.]

2. The long-term overall solutions needed to address the issue

Overall, experts in the field support three basic, ongoing and long-term interventions:

- Promoting healthy diets: This includes clear messaging about healthy foods and action to make healthier food more available to children and adolescents in their homes, communities and schools.
- Regulating the food and beverage industry: The most effective policies include a tax on sugary beverages, requiring clear front-of-package labelling, and restricting marketing of unhealthy foods to children.
- Promoting physical activity: This includes better urban design and transportation policies, physical activity in the school curriculum, and clear messaging to support active lifestyles.

3. The shorter-term objectives that build toward those solutions

Effective advocacy requires a set of short-term objectives (for the next 1–2 years) that build toward long-term goals and solutions. These objectives need to both help advance the issue politically and begin to change the lives of the children involved. Potential short-term objectives include:

- Demonstrate UNICEF leadership on the issue
- Define the problem in the national context

- Form a strong coalition of allies
- Initiate a strategy for policy change
- Develop compelling public information campaigns and social and behaviour change communication
- Win general commitments from government
- Win first concrete actions from government

[More detail on the proposed solutions to child obesity and overweight and some of the potential shorter-term advocacy objectives that build toward them are included in the full Advocacy Guidance paper and its accompanying annexes.]

PLANNING QUESTION 1

What is the problem to be solved and what are the solutions UNICEF is advocating?

PLANNING QUESTION 2

What is the map of key sectors and actors that needs to be navigated to achieve those goals?

PLANNING QUESTION 3

What advocacy activities will UNICEF engage in to advance those goals?

Effective advocacy requires identifying key actors, mapping them based on their power and position on the issue, and prioritizing which actors to target. Those actors certainly vary a good deal by country and context, but in general terms, the process of mapping them may include:

1. Identifying your key advocacy targets

The first set of actors are those with the *formal authority* to act. These will generally include:

- Executive branch leadership
 - › Ministry of Health
 - › Ministry of Education
 - › Ministry of Urban Planning
 - › Ministry of Social Protection
 - › Ministries with authority over food systems, including Ministry of Agriculture
 - › Ministries with regulatory power over the food and beverage industry
 - › The legislative branch (Parliament/Congress)
 - › Local authorities (e.g., mayors, health and education departments)

The second set of actors are those who have substantial influence over how those with formal authority choose to use it. This will generally include:

- Global and United Nations institutions, most notably WHO and the Food and Agriculture Organization (FAO)
- Civil society organizations
- Private sector actors
- Parents and families
- Young people
- Social influencers and celebrities
- Researchers and academia
- The general public

2. Mapping the actors

Once you have identified these key actors it is important to map them out according to two key criteria:

- Where do they stand on your objectives (supportive, opposed, neutral, unknown)?
- How much power do they have on the issue (a lot, a little, or unknown)?

This assessment can be applied to a grid (see example in the full paper) to give you and your allies a solid and shared visual understanding of the whole political ecosystem in which your advocacy must be carried out. It is common to lack some of the information needed to fully map these actors; therefore, a first step is political intelligence gathering to complete your understanding.

3. Identifying the strategic changes you need to make in the mapping

The purpose of this mapping is to develop a strategic analysis of the most important moves that you need to make. Typically, this involves:

- Getting the powerful on your side

- Making your supporters more powerful
- Identifying your champions and deploying them wisely

[More detail on audience mapping on child obesity and overweight along with a full suggested exercise are included in the full guidance paper.]

PLANNING QUESTION 1

What is the problem to be solved and what are the solutions UNICEF is advocating

PLANNING QUESTION 2

What is the map of key sectors and actors that needs to be navigated to achieve those goals?

PLANNING QUESTION 3

What advocacy activities will UNICEF engage in to advance those goals?

Once you have determined your strategic advocacy objectives and mapped the actors you need to influence, the next step is to plan your advocacy actions. Three elements are critical.

1. Developing your key messages

The core of an effective advocacy campaign, including campaigns on the prevention of overweight and obesity in children and adolescents, is its message: a narrative about the problem and what must be done. A good way to think about your message is according to three different levels of complexity:

- **The top message, where the basics made simple:** Overweight and obesity in children and adolescents is a serious and growing health concern across the world. Governments must recognize the seriousness of the issue and take clear policy action to ensure nutritious diets and regular physical activity.
- **The next level, adding more detail:** The number of children affected; the health impacts they face; the economic impacts for the country; and specifics about what should be done and what UNICEF is proposing.
- **The technical level:** Trends, deeper data, more detail on the proposals, etc.

UNICEF teams working on this issue need to know the components of each level of messaging and when each is most appropriate (with reporters, the public, top levels of ministries, technical staff, etc.).

2. Taking advocacy action

Every step up to now has been aimed at determining what action to take. What will you actually do? What does the task list look like? Some UNICEF teams will be farther along in their trajectories than others and the circumstances will be different, but the essence of advocacy work is similar:

- *Get your advocacy case together:* The key data and arguments
- *Do your initial outreach:* To allies and other key actors
- *Project your message broadly:* Through a report or media work
- *Directly engage key actors:* Key ministries and other audiences
- *Mobilize your base of support:* Acting in unison with your key allies
- *Be aware of unexpected opportunities or challenges*

3. Evaluating your advocacy work

An advocacy strategy is a work in progress; as it moves forward, it needs to be evaluated to see where it is working and where it should be changed. Evaluating advocacy is different from evaluating programmes. Progress is not smooth and linear, and it can be hard to assess direct impact in an advocacy environment where UNICEF is just one among many actors. Nonetheless, there are some key success indicators that can be recorded and evaluated to allow you to adjust your strategy going forward:

- *Are the assumptions in your strategy valid and is the strategy working?* Strategies are based on assumptions: that the public is aware of the problem, that the ministry of finance would be willing to support more funding, that the backlash from affected industries won't be strong enough to block action. It is important to identify the assumptions in your advocacy strategy up front, and to examine their accuracy for signs that you guessed wrong and need to adjust your approach as you move forward.
- *Are your tactics working?* Within the strategy is a set of tactics, which are specific actions UNICEF takes as part of its larger vision. You issued a new report; did it get the attention you hoped? You requested a high-level meeting to discuss the issue; did the meeting happen? You launched an outreach initiative to private sector actors with expectations of winning some new allies; did it succeed?
- *Do you have what is required?* Have you run into any capacity issues – related to time, resources, expertise or something else – that are limiting your progress? If so, how can you adjust to fill those gaps?

Your advocacy evaluation can consider both UNICEF outputs and the reaction of your key targets. Some of these might include:

UNICEF outputs:

- Number of contacts and meetings you have with key actors
- Amount of press coverage you generate on the issue of child and adolescent overweight and obesity
- Growth of your alliances and partnerships

Reaction of key targets:

- A favourable private comment from an official
- A favourable public comment from an official
- The formal introduction of a programme, budget item or policy change
- The advancement of that change through the political process

It is important to prepare these lists of inputs and indicators at the start and keep track of them in a methodical way.

[More detail on key messages on child obesity and overweight, examples of advocacy action on the issue, and information on how to evaluate those actions are included in the full Advocacy Guidance paper.]

Annex 1: List of tools and templates

Annex 2: Key policy objectives and intervention strategies

Annex 3: Key resources for data and evidence



UNICEF advocacy strategy guidance for the prevention of overweight and obesity in children and adolescents

A theory of change for reducing overweight and obesity in children and adolescents

Effective advocacy relies on a practical theory of change and an analysis of what it takes to make a difference in the lives of the people affected. The theory of change revolves around the following components:

1. Prevention sits at the centre: Longstanding research and analysis in the field concludes that the key to reducing overweight and obesity in children is prevention before overweight begins and that prevention efforts need to begin at the earliest possible ages. Prevention begins with proper prenatal care and is especially urgent in a child's earliest years and through their school years. While management of childhood obesity is also important, UNICEF's focus is squarely on prevention.

2. Prevention needs to focus on nutrition throughout all stages of life: Experts in the field also conclude that, while physical activity is important for reasons of overweight prevention and other health goals, changes to the population's diet over time have been the primary driver of the obesity epidemic and shifting children's diets toward more nutritious foods and beverages is essential. Nutrition affects a child's development throughout the entire life cycle: beginning with maternal nutrition through breastfeeding, early childhood feeding, and in schools during adolescence.

3. Improving the availability, affordability and desirability of nutritious diets for children is key: Experts agree that all three of these elements are essential and each requires a different type of intervention.

4. Those efforts must take place in the home, school, and wider community: Each of these environments shape the diets of children and each requires its own type of intervention.

5. Work on this issue must address the role of the food and beverage industry: The environment that shapes what children eat and drink is influenced in large part by the food and beverage industry – by what they sell and how they market to children. Sugary drinks, for example, are a business model propelled by giant enterprises that use their power to market to children relentlessly. Regulation is the clearest path to ensure that the food and beverage industry respects children's basic rights to healthy food and to easy-to-understand information about what is in the foods they market.

6. Public policy and government action are indispensable tools: Public awareness-raising important but not sufficient to reduce overweight and obesity. Direct advocacy with government is critical to influence decision-making and change public policy.

7. Effective UNICEF advocacy on this issue requires strategic partnerships: Overweight and obesity in children is not an issue that UNICEF 'owns' or one where it can make substantial advancement without effective advocacy partnerships with agencies such as WHO, civil society groups, and key public health officials in government.

Effective UNICEF advocacy on child overweight and obesity: Three planning questions

Advocacy for children has been core to UNICEF's mission since its founding, and it is only through effective advocacy that it can achieve many of its key programme objectives on child overweight and obesity. To be effective, this advocacy must be strategic; it must be based on a clear vision of what UNICEF seeks to achieve and how it will do so. To that end, this Advocacy Guidance is structured around three basic planning questions for advocacy. It is a planning model that UNICEF offices around the world have used effectively on a wide variety of children's issues. We encourage country offices to use a whole-office approach when discussing these three planning questions:

PLANNING QUESTION 1

What is the problem to be solved and what are the solutions UNICEF is advocating?

PLANNING QUESTION 2

What is the map of key sectors and actors that needs to be navigated to achieve those goals?

PLANNING QUESTION 3

What advocacy activities will UNICEF engage in to advance those goals?

While the suggestions and goals within these categories of strategy development are, by necessity, broad enough to cover advocacy on child overweight and obesity in a range of countries and situations, this guidance also offers suggestions on how to contextualize these planning questions to the specific context in which that advocacy is carried out.

PLANNING QUESTION 1

What is the problem to be solved and what are the solutions UNICEF is advocating?

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WHAT IS THE PROBLEM TO BE SOLVED AND WHAT ARE THE SOLUTIONS UNICEF IS ADVOCATING?

PLANNING QUESTION 1 | TOOLS:

- **Problem statement template**
- **Prioritization tools**
- **SWOT analysis (barriers, opportunities)**
- **SMART objectives (advocacy outcomes) template**

An effective advocacy strategy, on any issue, should begin with a clear articulation of the problem that needs to be addressed, a vision of what is required long-term to solve it, and a set of shorter-term objectives that build toward those longer-term solutions. Here is what that looks like on the issue of overweight and obesity in children.

A. The problem of child and adolescent overweight and obesity

Overweight and its extreme form, obesity, are new and growing health threats for children globally. Obesity, a form of malnutrition, is a threat facing almost every country – rich and poor alike – in every continent around the world,¹ and it is quickly on the rise. While obesity rates overall have tripled since 1975, children and adolescents are almost five times more likely to be affected by obesity now than in the mid-1970s.² Obesity is a relatively new twist to the long-standing issue of malnutrition in children. The failure of governments and societies to provide enough nutritious food to their people (which has resulted in tens of millions of children with undernutrition) has now been compounded by a new problem: too much unhealthy and highly processed food. That situation is exacerbated by environments and daily lives that prevent people from being physically active. Together, these circumstances have created a rapidly growing surge in overweight and obesity – a major burden for individuals, families, and communities.

For the children impacted, this can translate to physical, social and emotional problems in the short term, including high blood pressure, early markers of cardiovascular disease, diabetes and musculoskeletal problems, as well as emotional issues and mental illness made worse by social stigmas. It can also lead to a greater likelihood of obesity in adulthood, and a range of diseases later in life including some forms of cancer, diabetes and heart disease, which are now ranked as the biggest killers in the world.³ For countries, these issues translate into a population that is less healthy, less happy, and less productive, with national healthcare systems overburdened by soaring costs for what are largely preventable diseases.

The unprecedented COVID-19 pandemic has brought the threat of obesity into acute focus and reminds us that any form of malnutrition disadvantages a population in responding to public health threats and socioeconomic crises. First, obesity is the catalyst for a series of underlying conditions and poor health that can make many individuals more vulnerable to the virus. The failure to provide food in a way that is healthy, accessible, and sustainable, has meant that millions of people are unnecessarily disadvantaged from the outset. In addition, healthy diets can be threatened by the loss of family income and the lack of access to nutritious food as a consequence of the pandemic response and its subsequent socioeconomic impact.⁴

1. The causes of overweight and obesity in children

These include a set of factors that impact what children and adolescents eat and drink and whether they have regular access to physical activity. Both *physical activity* (movement and exercise naturally incorporated into one's daily life, such as walking to work or biking to school) and *exercise* (more formal or structured activity, such as football leagues) are included here. Other health factors, such as the quality and amount of a child's sleep, play a role. Children's diets and physical activity are influenced by their direct personal situation and the larger economic and nutritional contexts that surround them:

Factors directly related to the *child's own immediate situation* include:

- *Maternal/paternal health factors:* Healthy nourishment begins before conception and thus maternal and parental health and nutritional status are key to a child's early development. Specifically, children are at greater risk of overweight if their mother or father are overweight and if the mother is undernourished before and/or during pregnancy.
 - *Early childhood experiences:* A critical factor in a child's development is whether and for how long they have been breastfed. Optimal breastfeeding practices, including six months of exclusive breastfeeding and continued breastfeeding for up to two years, protects against overweight and obesity. Non-breastfed children and children who are fed unhealthy complementary foods are at increased risk of overweight and obesity.⁵ The first years of a child's life are key to establishing healthy habits for eating and adequate physical activity.⁶
 - *Barriers to a healthy diet:* Daily pressures in the home create obstacles to eating healthy foods, including cost, accessibility, availability, lack of time, and the influence of social norms, marketing initiatives and cultural practices.⁷ More women entering the workforce – a positive development for many reasons – has also translated into fewer caretakers at home and less time for preparing healthy and regular meals, especially if there is no support from other family members.
 - *Barriers to physical activity:* Time constraints, lack of access to safe outdoor spaces, parks, facilities, equipment and organized sports are among the limitations that keep children from exercising.
- A series of indirect factors also pressure children and their families away from healthy diets and physical activity. These factors related to the *wider context* include:
- *A globalizing world that is changing the way we eat:* We have experienced a major transition from traditional healthier foods to more modern mass-produced, ultra-processed and low-nutrient foods that do not offer the same nutrition. More people have moved to the cities, where they are disconnected from the cultivation of food and where lifestyles make healthy diets less accessible.
 - *The growing power of commercial food interests:* Linked to this shift with globalization, intense profits for food and beverage companies have led to the proliferation of heavily-marketed, easily-accessible and unhealthy processed foods.⁸ The concentration of unhealthy food production is astounding: 77 per cent of processed food sales worldwide are controlled by just 100 large firms.⁹ A large and authoritative body of evidence suggests that these changes to food environments are the major drivers of the rise in overweight over the past 30–40 years, including by increasing availability, affordability and promotion of ultra-processed unhealthy foods.
 - *A tendency toward sedentary lives:* Technology and changing social and cultural norms have created more sedentary lives where children have less access to physical activity and exercise and are less motivated to seek it out. Increased technology not only means more mechanized transport – private and public – but also an unprecedented growth in children's use of and access to screens, including computers, telephones and tablets.
 - *Urbanization:* As the population of many countries moves to crowded urban centers for economic and other reasons, city-life generally promotes unhealthy diets for children through greater access to supermarkets, food marketing, and mass media, and less access to open markets and food

stands. In addition, living in cities can promote less physical activity through more sedentary jobs, less open space, and mass transportation that does not empower children to walk or bike.¹⁰ That said, cities – especially those that are more densely populated – have the potential to be positive incubators for smart green spaces and infrastructure, and can promote cultural norms around walking and biking as practical means for local transport.

- *The widening socioeconomic divide:* Lower incomes usually mean less ability to choose and access healthy food sources and less time to prepare nutrient-rich meals. This means that poorer, more disadvantaged communities are more susceptible to unhealthy eating habits since they do not have access to, or cannot afford, fresh and nutritious foods. This is especially true in richer countries, but increasingly the case in low- and middle-income countries too. This is exacerbated by the fact that these same communities are often targeted heavily in marketing for highly processed and unhealthy foods. Lack of infrastructure and access to safe spaces for regular physical activity in poorer communities can compound the problem of unhealthy diets, leading to higher rates of obesity.¹¹
- *Cultural factors:* Different cultural norms affect the way children and their caretakers perceive the role of healthy food, physical exercise, and what it means to be overweight. Depending on the local context, there is a spectrum of positive or negative cultural messages that influence children around these issues.

2. The prevalence and impact of obesity and overweight in children and adolescents

The issue of obesity and overweight in children is steeply on the rise and has been called ‘a ticking time bomb’ by the World Bank because of its longer-term implications for global health.¹² The data show a rapid rise in overweight and obesity across every continent – for young children and especially among older ones. According to joint research by UNICEF, WHO, the World Bank and the NCD Risk Factor Collaboration, 6 per cent of children under 5 and 18 per cent of children aged 5–19 are affected by overweight.¹³ This translates into more than 380 million children affected by overweight globally. Equally troubling is that the trend lines upward are

stark. Among older children, the rate of overweight doubled from 2000 to 2016.¹⁴

Overweight is often perceived as a ‘rich country issue’”. While overweight is indeed prevalent in high-income countries, it is concentrated among poorer communities that often have less disposable income for healthy food, are disproportionately targeted by promotions for unhealthy foods, and have less access to safe spaces for physical activity. At the same time, overweight has risen markedly in low- and middle-income countries, reflecting a rapid growth in sales for ultra-processed foods, relatively unaffordable nutritious foods, and increases in sedentary lifestyles in these countries.¹⁵ More than 80 per cent of children affected by overweight globally now live in low- or middle-income countries.¹⁶ Many of these countries were already burdened by the effects of malnutrition in the form of *undernutrition*, such as stunting or wasting, and *hidden hunger*, or micronutrient deficiencies. Now they are confronting a third form of malnutrition – overweight – where children are eating too much unhealthy food and *too little* nutritious food. This is referred to as the triple burden of malnutrition.

These problems of malnutrition do not lie on opposite ends of a spectrum from starvation to obesity: the reality is much more complex. In fact, undernutrition and overweight/obesity frequently coexist within the same country, community, and even within the same individual. Children affected by stunting, for example, face a greater risk of becoming overweight as adults. The causes of undernutrition and overweight and obesity are similar and intertwined. Poverty, lack of access to healthy diets, poor feeding of infants and young child, and the marketing and sale of unhealthy foods and drinks can lead to undernutrition as well as to overweight and obesity. Ultimately, this means that overweight prevention is an issue that needs to be addressed by almost every country and on a global scale as a core part of the overall response to malnutrition. Policies and interventions to prevent malnutrition now need to incorporate the factors of overweight prevention. Significant progress in tackling all forms of malnutrition can be achieved by securing access to good diets, good practices and good nutrition services. However, policy and programmes will need to be nuanced to confront the distinct aspects of each type of malnutrition; where

overweight is high or rapidly increasing, specific new actions to stem the rise will be needed.¹⁷

The effect of overweight and obesity on countries and national development is considerable and must be positioned within the framework of sustainable development. An unhealthy population means more resources must go to health services, potentially drawing away much needed investment elsewhere. National economies are already seeing health costs related to obesity skyrocket, linked to the fact that obesity has short and long-term health effects. Projections of the exact impact on national economies vary, but can be as high as a 3 per cent loss of gross domestic product (GDP).¹⁸ Examples from Indonesia (US\$28.4 billion) and the United States (US\$147 billion) give a taste of how childhood obesity, blooming into adulthood diseases, can drain a country's bottom-line. Globally, this is estimated to equal economic losses of upwards of \$2 trillion.¹⁹

B. The long-term overall solutions needed to address the issue

Overweight and obesity will persist unless smart and ongoing interventions are made now, through strategic advocacy, to ensure children grow up healthily in a supportive environment.

A comprehensive and sustained set of actions is needed. It is important for UNICEF and its partners to lay out a set of long-term solutions – which can be advanced with short and medium-term responses – to guide policy makers, the public, and other key actors. The primary reference for the public health strategy to end child overweight and obesity comes from WHO, which established the Commission on Ending Childhood Obesity (ECHO) in 2014 and published its recommendations in 2016.²⁰

Distilling these conclusions for the purpose of advocacy, two clear solution points and three cross-cutting themes emerge:

Promoting healthy diets

Governments need to take clear and unequivocal action to promote healthy diets at every stage of a child's life. This must include 1) clear messaging about the healthy foods mothers and children should be eating, from the very start of a child's life, in addition to messaging about the unhealthy food they should *not* be eating; and 2) concrete actions to secure access to more nutritious diets for mothers, children and adolescents. This means making healthy food desirable, affordable and accessible and requires a special focus on maternal diets, breastfeeding practices, early childhood habits and healthy eating, and healthy food environments in schools. A strategy to promote healthy diets cannot focus on education alone; it must take a *food systems approach*, which means considering the multiple factors that affect how food is grown, distributed, marketed and made accessible.²¹ UNICEF is positioned to make the convincing argument that healthy food must be affordable and accessible to disadvantaged and poorer communities.

Firm government action to regulate harmful practices of the food and beverage industry will be needed to support healthy diets. Regulation has proven the most effective way of reducing the consumption of sugary beverages and high-calorie unhealthy foods, which contribute to overweight. The type of regulation on the food and beverage industry will vary according to context, but recommended policies include taxes on unhealthy foods and beverages, strict rules on front-of-package labelling, limitations on marketing – traditional and digital – and limits on in-store retail marketing. The strategy required to prepare and support governments to do this work requires a sound analysis and strong advocacy.

Key actors that the government needs to engage with in this effort are: health officials, schools and education officials, social protection and social welfare sectors, government sectors related to food production and distribution, the general public, communities and families. The government also needs to address the role the private sector, especially the food and beverage industry, by requiring them to improve and/or regulate their practices.



Why regulations are essential to help protect children and promote healthy diets

Why are regulations necessary? The food industry has shown that it is not capable, nor does it have an interest in, self-regulating.⁶¹ Smart food policies – especially targeted regulations around unhealthy foods and harmful industry practices – can effectively combat overweight and obesity by influencing how people make healthy choices and access healthy food options.⁶²

How does it work? Policy makers and governments at national and subnational levels need to work with civil society and academic partners to design the most effective regulations, depending on the unique factors of a given country and community, including socioeconomic, behavioural, and political factors. Ideally, a suite of policies is implemented together to be mutually reinforcing – such as a sugar tax along with front-of-package-labelling (FOPL) regulation and marketing restrictions.

What regulations are recommended? The most effective regulations are designed to suit a local, country-specific contexts, with the aim of reducing consumption of unhealthy foods and increasing intake of healthy foods. Solid examples of effective regulations that have shown decisive results in countries like Chile and Mexico include:

Taxes on sugary drinks: a 20 per cent price increase has the potential to drive a 20 per cent reduction in consumption.⁶³

Regulating FOPL to inform consumers of unhealthy foods: in Chile's experience, FOPL with clear warning labels, resulted in a decrease in purchases of high-sugar beverages by almost 24%.⁶⁴

Regulating marketing of unhealthy foods to children via traditional media, social media, and retail points of sale has been shown to be effective in significantly decreasing children and adolescents' exposure to unhealthy food marketing and in stopping companies from using child-directed appeals, such as cartoons or celebrities, in food marketing.⁶⁵

A more complete 'menu' of regulations and policies is provided in Annex 1.

Promoting physical activity

Many of these same key actors in society, especially in schools and government, need to promote healthy physical activity at every stage of a child's life, including through adolescence. Healthy physical activity is linked to healthy sleeping habits in children, another factor in overweight.²² Beyond schools, encouraging physical activity means smart urban planning that makes it a form of easy transportation via walking and biking, and makes exercise an attractive and socially integrated activity. This also includes countering sedentary behavior (promoted by urbanization, technology and the proliferation of screen-time) by using clever social messaging, educating the public, and promoting strategic school and community activities that encourage exercise.

The way we build our neighborhoods and cities and use public spaces such as parks and public transportation has a major impact on the amount of physical exercise people get. For instance, lower incomes generally translate to less physical activity because of housing quality and/or perceptions of safety, meaning that socioeconomic inequalities are a critical factor affecting children's habits around physical exercise.²³ For children, physical activity also tends to drop when moving into adolescence, particularly among girls. Policies must therefore address two sides of the coin: working with urban planners, architects and communities to make outdoor spaces and regular transportation safe, attractive and integrated into children's everyday lives, while also reversing the alarming trend of sedentary behaviour that is linked to screen time with television, computers, and gaming.

In terms of advocacy, it is critical to recognize the importance of physical activity without giving it undue prominence (known as the 'exercise trap'). Tactics by opposition groups, or even governments, who want to shift the focus away from the need for healthy diets – and associated solutions such as regulations on ultra-processed foods – find it convenient to identify physical activity as the sole, easy, and affordable solution to overweight. UNICEF advocacy efforts need to be on the lookout for these types of arguments and ready with justifications to counter over-simplified proposals that leave out nutrition.

Three cross-cutting approaches are therefore required to guide action to promote healthy diets and physical activity for obesity prevention:

1. *Interventions across the life cycle of every child:* This means strategically addressing critical points of development in a child's life, from before birth, through childhood and into adolescence. This includes improving maternal health care to counsel and support mothers and family members about healthy diets and monitor their health. It also involves promoting, protecting and supporting good nutrition – in the home, community, and school – with tailored policies and interventions during the three periods of childhood: early childhood (0–5 years of age), with a special focus on breastfeeding and healthy complementary foods; middle childhood (5–9 years of age); and adolescence (10–19 years of age).²⁴
2. *An integrated systems approach:* A systems approach to nutrition aims to make five key systems – food, health, water and sanitation, education and social protection – more accountable for preventing overweight and obesity and delivering improved nutrition outcomes for children. If a child does not have access to clean water at home or in school, they are more likely to buy a well-marketed cold sugary drink from a local store than drink water to quench their thirst. A systems approach also refers to working strategically at multiple levels of government, such as addressing budgetary issues while also proposing policy changes, considering the way results are being monitored or measured, or working with local and city-level governments.²⁵
3. *A focus on multiple aspects of malnutrition at once via 'triple-duty' actions:* As many countries are now facing multiple consequences of inadequate diets for children (undernutrition, hidden hunger, and overweight/obesity), smart interventions can address *multiple aspects* of malnutrition together, where possible. For instance, promoting healthy diets is the core response for any form of malnutrition, so countries can develop strategies that emphasize healthy diets as the solution for simultaneously addressing undernutrition and overweight and

obesity. A coordinated strategy can reduce costs and improve implementation and monitoring at the programming level, and eventually lead to a more effective and lasting impact on the root causes of malnutrition.²⁶

To date, most countries have largely missed the mark in confronting the issue of overweight and obesity. Some countries are yet to publicly recognize it as a central health issue. Others deflect the problem to individuals and families, implying that families are responsible for the problems of overweight. Another common deflection is to place an emphasis on physical activity and ignore the key component of healthy diets. Most countries are so heavily influenced by the commercial interests of highly processed and unhealthy foods that incentives for authorities and policymakers to stand up for a child's right to a nutritious diet are low and tactics used by the industry to divide, deflect and deny the evidence are effective in delaying policy-making. UNICEF and its partners are positioned to take a key role, through strategic partnership and smart advocacy, to overcome policy inertia and ensure governments no longer deflect their responsibility to protect children from overweight and obesity.

Taking the lead: UNICEF Argentina helps build a civil society voice

Civil society groups in Argentina had their own reason to be interested in overweight and obesity, but they were not organized and had no common voice. Their weakness was the lack of a single united front. UNICEF identified this great potential to catalyze action, and together with the International Heart Association of Argentina (FIC), established the National Coalition for the Prevention of Childhood Obesity in Children and Adolescents. This coalition was inspired by a Mexican counterpart, also with UNICEF, the Alliance for Food Health (*Alianza por la Salud Alimentaria*). Leveraging its unique role as a broad convener, UNICEF was able to bring 43 civil society groups – big and small – into the coalition, which in turn allowed the coalition to more strategically and powerfully express its position on policies and regulation around obesity.⁶⁶

C. The shorter-term objectives that build toward these solutions

Effective advocacy requires that we develop a set of shorter-term objectives (for the next 1–2 years) that methodically and effectively build toward our long-term goals and solutions. These strategic advocacy objectives need to put the issue on the political map and build public and political support for sustained action. They need to help mobilize new allies and frame the advocacy messages that can help build momentum. At the same time, these shorter-term objectives also need to accomplish real things that change the lives of the children involved.

On the issue of child and adolescent overweight and obesity, some possible shorter-term advocacy objectives (depending on context and possibly varying in sequence) are outlined below.

Demonstrate UNICEF leadership on the issue

In many countries, the case for preventing childhood obesity has been made by WHO and UNICEF is working to build further momentum for action. UNICEF, based on a close analysis of partners and country context, needs to be a strong additional voice, calling attention to the surge of childhood overweight and obesity and making the case that prevention needs to be prioritized in the context of children's basic rights and the best interests of the child. As the global advocate for children, UNICEF needs to show clear leadership, setting an example for governments and partners with strong messaging and strategic advocacy planning around the changes needed to promote healthy diets and physical activity to combat overweight/obesity and protect children's rights. UNICEF can demonstrate this kind of leadership by putting out strong information, by mobilizing others, by promoting solutions, and by initiating a range of activities that are covered in depth later in this Advocacy Guidance.

Internally, UNICEF country offices need to consider their strategy on overweight and obesity as being multi-faceted and assign roles across their teams to respond to those different dimensions. The elements of fundraising, advocacy, communications and strong technical support need to be envisioned as part of a larger whole, with responsibilities designated to specific UNICEF staff members from the beginning.

Form a strong coalition of allies

Another early step is to map existing partners and recruit new ones to catalyze a coalition of advocacy partners across the spectrum of national, subnational and local stakeholders. This may require weaving together the varying goals of different organizations to channel them towards the common purpose of a coalition to combat obesity. A strong series of partnerships would reach across government, educational institutions, UNICEF/WHO global institutions, and national and local civil society organizations.²⁷ A more detailed analysis of partners and key roles is addressed in Section 2.

Initiate a strategy for policy change

Together with UNICEF's allies, develop an overall and multilevel advocacy strategy that includes all the elements described in this guidance paper: long-term solutions and shorter-term objectives; an analysis of the actors of authority and influence that need to be moved; and a set of concrete messages, actions, and plans for evaluation of the strategy as you carry it forward. A list of potential policy changes is included in Annex 2 to this paper.

Compel public information campaigns and social and behaviour change communication

Even before any concrete policy action is won it may be possible to make substantial progress through a campaign to raise awareness among the general public and specific key audiences/constituencies (i.e., children, parents, health professionals, educators, caregivers) and to mobilize action to influence decision makers, particularly on why healthy foods and physical activity are important and why overweight/obesity is such a drain at the personal and societal level. There are generally two types of campaigns: those that raise awareness and seek behaviour change and those that raise awareness in support of a specific government policy or regulation. Campaigns targeting behaviour change should avoid using stigmatizing language and avoid focusing on individual responsibility; rather, the campaign should emphasize the day-to-day factors influencing behaviour, offer practical tips and support tools for healthier behaviours, and identify the policy solutions needed. These public facing campaigns can also serve the dual purpose of creating pressure on public officials to take policy and budgetary action. One example from Jamaica combined

awareness raising with an advocacy campaign. The 'Are you drinking yourself sick?' campaign, from 2017 to 2019, was a sustained multimedia campaign to raise awareness of the issue of obesity with the general public at the same time as calling for a sugar-sweetened beverage tax²⁸.

Win general commitments from government

In many contexts it is possible to win a statement of intent, or broad-ranging support from national and subnational governments to tackle an issue, before those governments are ready to approve a more concrete programme or budgetary change. A strong analysis of the actors involved, which is described in Section 2, will help guide the strategy and identify how and by whom these general commitments are demanded. In some cases, an argument can be made that overweight/obesity fits into existing nutrition commitments and those need to be highlighted anew. These kinds of commitments, in national plans and the like, help build momentum for concrete change afterwards. The advocacy case to a country, including data on the economic costs of obesity, is likely to play a key role in opening the door to government commitments.

Win first concrete actions from government

This could include launching innovative pilot projects, advancing one or two key policies, interventions or programmes, or allocating some added budget resources for effective interventions already in place. These kinds of short-term objectives serve the dual purpose of doing something concrete right now for children and signaling a growing momentum on the issue for your partners, the public and other key stakeholders.

D. Putting the problem, the solutions and the short-term objectives in the country context

While overweight and obesity among children are global concerns, the nature of the problem and the strategies for addressing it, like all advocacy, must fit the national and subnational context. What works well in one place may not work well in another. Below are some basic techniques for contextualizing this first aspect of UNICEF's advocacy work on the issue.

Define the problem in local terms

What do the national (or subnational) data say about the issue? What is its incidence? What are the trends? Who is affected? What are the implications for their health? What are the implications for the health system and national development? Take the broad global picture and fill in the local data and stories that ground it within your specific context. Simultaneously, note the political climate in which this public health issue sits: addressing overweight and obesity is not a mere technical 'fix'; its solutions exist within an economic and political reality that is unique to each country. UNICEF will need to address the issue not only within its nutrition programming but also as part of its political agenda if there is to be meaningful change.

Identify and target priority solutions in your context

UNICEF's Programming Guidance on the Prevention of Overweight and Obesity in Children and Adolescents and this Advocacy Strategy Guidance offer the panorama of solutions that have been identified on this issue, but not all are of equal importance in each national or subnational context. Consider the type of interventions that are most urgent in your context: access to healthy food in school, organizing community physical education programmes, public education campaigns around the health effects of soda, etc. What are the key priorities in your context and the most effective approaches for addressing those?

Remember that multiple actions are needed to reach your goal. For instance, while a public campaign on a sugar-sweetened beverage tax is an excellent platform for educating the public and government officials, and initiating regulation, UNICEF also needs

to maintain its advocacy around interventions early in the life cycle, including through quality antenatal care and by promoting breastfeeding and adequate child feeding. The promotion of physical activity or healthy eating alone will not help overcome the structural barriers that people face in eating well and being active. It is therefore important to ensure your priorities reflect the need to build an enabling environment that supports healthy choices and healthy behaviour in your country's context.

Identify short-term objectives that fit the context

The most strategic shorter-term advocacy objectives (for the next 1–2 years) depend on a variety of factors. What aspect of the issue is most urgent for attention? Where is there some existing momentum or political opening that can be leveraged? What can attract a broad organizational coalition of support? What can win public support and attention? Again, the idea is to identify a set of short-term objectives that lay the groundwork for longer-term action, that have a chance of success, and that will make a difference in children's lives. For example, in response to the current COVID-19 crisis, the UNICEF East Asia and Pacific Regional Office initiated the programme 'Chef's Challenge' to promote healthy cooking and eating as part of a broader advocacy strategy to build demand for healthy diets among young people.²⁹

UNICEF is currently developing a *Landscape Analysis Tool for Overweight and Obesity Prevention in Children and Adolescents* to support countries in doing a review of the epidemiological context and existing policies and programmes to see their current status, what is missing, and where action is most needed. This tool can help ground a country's local context analysis as part of designing their overall advocacy strategy.

PLANNING QUESTION 1

What is the problem to be solved and what are the solutions UNICEF is advocating

PLANNING QUESTION 2

What is the map of key sectors and actors that needs to be navigated to achieve those goals?

PLANNING QUESTION 3

What advocacy activities will UNICEF engage in to advance those goals?

WHAT IS THE MAP OF KEY SECTORS AND ACTORS THAT NEEDS TO BE NAVIGATED TO ACHIEVE THOSE GOALS?

PLANNING QUESTION 2 | TOOLS:

- **Stakeholder tools (powermapping, who influences our advocacy target, understanding our stakeholders (current/future) or empathy profile)**

Effective advocacy on any issue, including child and adolescent overweight and obesity, is about impacting the views and actions of a variety of key actors. It is about identifying those actors, mapping them based on their power and position on the issue, and prioritizing which actors to target in your advocacy work. Those actors certainly vary a good deal by country and context, but in general terms on the issue of overweight and obesity the process of mapping them will look something like this:

A. Identifying your key advocacy targets

Power over an issue takes two forms: the *formal authority* to take action and *influence* over how that authority will be exercised. It is important to look at the whole 'ecosystem of power' around the issue of overweight and obesity in a given advocacy context and to impact that whole ecosystem.

Who has the authority to take the actions needed?

In advocacy, 'authority' refers to the person or people with the official power to take actions that are required. As a rule, the authority is generally actors in government – usually multiple, located across various branches. The overall goal is to have well-informed policy makers at national and subnational levels who are willing and able to promote prevention and treatment of overweight and obesity through smart, effective, and complementary policy that is appropriately funded and monitored for implementation.

On the issue of overweight and obesity in children, six main areas of government policymaking and programmes are likely to hold the bulk of the authority you'll need to target in advocacy. These include:

- **Executive branch leadership:** This might be a National Planning Board, Coordinating Office, or a Cabinet office with general oversight.
- **Health sector:** Critical to any actions related to prevention, or management of obesity and overweight, whether that is done in schools, through a sugar-sweetened beverage tax or other regulations. This includes public health and primary care sectors (e.g., counselling).
- **Education sector:** Looking at how school-based policies impact the issue, from curriculums on nutrition in the classroom to regulations about physical activity and access to healthy food and drink in the school setting.
- **Urban planning sector:** Looking at issues such as transportation, parks, housing and urban regeneration.
- **Food systems:** Looking at all dimensions of food production, marketing, retail and distribution that either promotes or discourages nutritious diets. These might include the departments or ministries that oversee and regulate different aspects of food systems, such as:
 - › Food pricing
 - › Food labelling

- › Marketing of food, via traditional media, in retail and digital platforms
 - › Production and distribution of food
- **Social protection sector:** Looking at how inequality across socioeconomic and gender lines affects access to healthy food and the care of children, including their habits around diets and physical activity.

Who else will have substantial influence?

The actors of influence on the issue of overweight and obesity in children will vary significantly by country and context, but identifying them begins with taking a look at what groups and interests generally seek to influence policy decisions in the key sectors listed above (health, urban planning, food systems, education, and any others that are relevant). Many of these mentioned below may, in turn, serve as key partners within the core coalition that UNICEF can help consolidate.

Some key actors will likely include:

Civil society: This includes non-governmental organizations (NGOs) and non-profit associations, community-based groups, youth groups, sports groups, outdoor activity organizations, consumer associations, professional groups (especially medical associations with specialties in pediatrics, dentistry, and diabetes), religious associations, labour unions, and others.

Typical political responsibilities around child-friendly regulations and policies

Some general examples of the authority targets for advocacy, per policy type:

- Require front-of-package labelling: Ministry of Health and/or Ministry of Agriculture, Parliament or Congress (lawmakers)
- Implement a sugar tax: Ministry of Economics or Finance; Ministry of Health, Parliament or Congress (lawmakers)
- Regulate marketing of unhealthy foods to children: Ministry of Health and/or Ministry of Culture and Media, Parliament or Congress (lawmakers)
- Mandate guidelines for school foods: Ministry of Education, Ministry of Health, Parliament or Congress (lawmakers)
- Provide social protection: Ministry of Social Welfare, Labour or equivalent that oversees social protection and labor or employment, Ministry of Health, Parliament or Congress (lawmakers)

Research/academia: Local and national institutes of health, universities, and others who do research on children and health-related issues can be key partners in providing country-specific information on obesity issues. This type of research, sometimes commissioned by UNICEF specifically, can bolster UNICEF’s profile on the issues with key national actors and provide justification for strong action.



Keeping an eye on all actors with influence: Chile and food labeling

In 2012, the Chilean Senate passed a landmark law mandating warning labels on the front of food packages with excess levels of fats, sugars and salt. The achievement was the result of a joint initiative across a group of health professionals, researchers and legislators who wanted to address the obesity epidemic at the national level.³⁰ After being passed into law by the Senate, lawmakers charged the Ministry of Health with the task of regulating it. An expert group was designated to help define the details of the regulations, and WHO provided international support.

The initiative to pass the new law and implement its provisions faced important resistance. Certain lawmakers – allies to the food industry lobby – were outspoken in talking about the threat of violating freedom of expression, international trade law and disregarding the principle of self-responsibility. The food industry also launched a sustained low-profile campaign to lawmakers throughout the five-year discussion period and what appears to have been a media campaign to confuse public opinion about the process.³¹

The nutrition – and ‘undernutrition’ – community:

This includes technical experts as well as civil society and government-based advocates for undernutrition who are focused on the essential work to end stunting, wasting and hidden hunger in children. While these actors should be likely allies, there have been examples of conflict between the overweight and undernutrition communities due to perceived misalignment in priorities, lack of information-sharing and coordination, and the strong feeling that overweight and obesity are not in need of as much attention or resources. The UNICEF Nutrition Strategy 2020–2030 is clear about its vision to address all forms of malnutrition. It is critical to avoid fragmentation of the nutrition community, and UNICEF must take a central role in ensuring a united voice around aligned solutions to all malnutrition challenges.

Private sector: A range of private sector groups and interests will have a stake in this issue and influence over what actions governments take. Some of them will have goals that are aligned with the goals of UNICEF and its allies on the issue, such as companies that can play a role in securing access to healthy diets (local veggie/fruit markets) or incentivizing healthy behaviors (retailers and some health insurers). Others will be potential barriers to those policies, such as companies that produce and market ultra-processed foods (see below).

The food and beverage industry: UNICEF’s advocacy work, on issues such as WASH or child vaccinations, may face substantial funding and

logistical challenges in getting governments to act, but it does not usually face organized opposition to UNICEF’s goals. On the issue of overweight and obesity, however, UNICEF does face a formidable adversary in parts of the food and beverage industry – actors with a deep economic stake in resisting policies such as regulation, taxes and labeling. UNICEF advocates working on this issue need to consider two strategy points: How assertive or aggressive is UNICEF willing to be in challenging these powerful corporate interests? And second, how can UNICEF position itself as a strong advocacy counterweight to these actors? Within the public health movement there are strong and ample examples to draw from the anti-tobacco movement and others.

Parents and families: Parents and caregivers have the power and voice to make demands and to engage with policy makers around these issues, especially in their own communities. In some instances, there may already be organized parent groups or there may be an initiative to formalize a group as part of an alliance on nutrition to fight overweight and obesity.

Young people: This includes children and adolescents as agents of change who can demand nutritious food and physical exercise when they know it is key to their health and happiness. In some cases, young people are already organized in a movement that can deepen or expand to issues of nutrition and fighting obesity.

Global institutions: Whether they have a direct presence in the country or not, a set of institutions with deep credibility and expertise on child nutrition can provide key support with information, technical knowledge, lead messaging and direct advocacy in some cases. These efforts might include other United Nations agencies, international NGOs or academic consortiums: FAO, WHO, United Nations Population Fund (UNFPA), World Food Programme (WFP), the World Bank, World Obesity Federation, NCD Alliance, World Cancer Research Fund International, and others. In addition, the Scaling Up Nutrition (SUN) movement has been expanding its work on all forms of malnutrition, including overweight and obesity prevention.

Media figures: Leading media personalities and journalists, celebrities, sports figures, chefs, social media influencers, and other people and organizations with some form of prominence can also be mobilized to support your advocacy efforts.

Strategic partners and allies are likely to include a unique combination of many of the actors noted above. A few considerations, described below, are critical to keep in mind when consolidating partnerships as part of developing an advocacy strategy.

First, it is important for UNICEF to understand where it sits alongside other key partners in terms of relative strengths and weaknesses. Allies who have a long history and strong mandate on the issue, especially WHO, need to be part of any initial strategizing at any level. There are already strong linkages at the global level, for instance with WHO, but those need to be strengthened at the regional and country level to leverage the convening power, technical expertise and trust with governments that WHO has developed on issues of health and possibly already on overweight and obesity. Coordination with FAO on work around food systems is another global/local partnership with great potential.

Second, an understanding of relative strengths and weaknesses will draw out the roles that each partner can play, given the action or advocacy goal at hand. For instance, some allies will be able to speak out publicly – and more aggressively – than

UNICEF in a given political situation, whereas UNICEF and WHO may be able to advocate at a high level through guidance, diplomacy and more private actions. Technical know-how around labeling or sugar-sweetened beverage taxes may come more from academic partners or civil society groups, whereas on-the-ground communications work, via social media, may be a relative strength of UNICEF given its larger country office presence and excellent track record in communication strategies. Whatever the dynamics, UNICEF will benefit from recognizing its role as one of many actors working to end overweight and obesity: while leveraging its strengths, it will also be able to share the burden of addressing what may be a politically and culturally-sensitive topic.

Finally, it is important to consider the resources and support that regional level partnerships can offer. For example, there may be synergies between a WHO regional committee and a UNICEF regional office that can provide backing for region-wide initiatives – such as addressing marketing and advertising to children by the food and beverage industry that stretches across national borders or providing guidance on country-specific actions. Regional studies and data generation have been another source of support to country offices, setting the stage for more detailed studies at country level. Across civil society, regional networks have proven highly effective in public information campaigns.

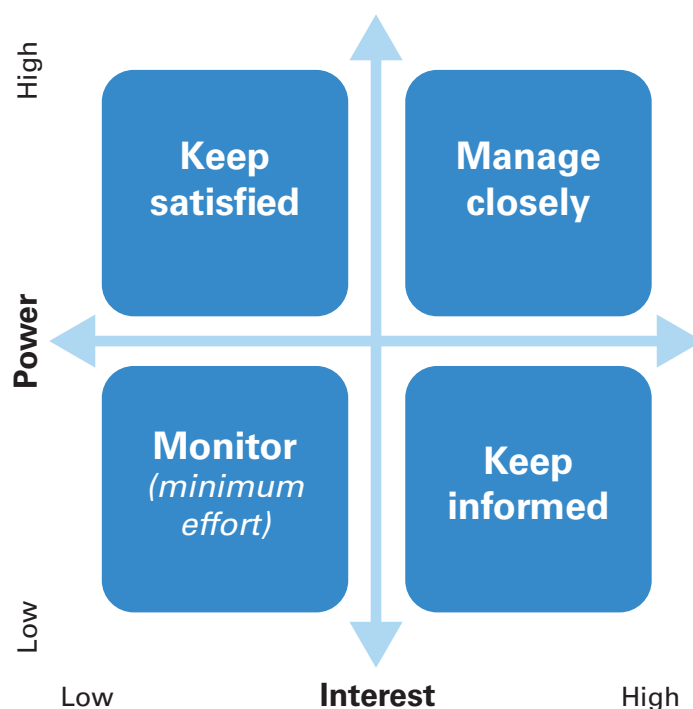
Mapping the actors

Once you have identified these key actors it is important to map them out according to two key criteria:

1. *Where do they stand on your objectives (supportive/high interest, opposed, neutral, unknown or low interest)?*

2. *How much power do they have on the issue (a lot, a little, or unknown)?*

This assessment of position and power can then be used to map out the key actors on a grid like the one below:



Doing this as an exercise gives you and your allies a solid and shared visual understanding of the actors you are dealing with and the larger ecosystem of power that will shape the outcome. It is very common to lack some of the information you need to fully map these actors. You may not know what position the Finance Minister will take on the issue, or how much actual influence is wielded by an industry group. Doing some political intelligence gathering on these unknowns is a part of completing this map so that you can study and act on its strategic implications.

Determining the characteristics of the stakeholders can also map the routes to take to reach or influence them, and identify them as primary or secondary-target audiences. Understanding our advocacy target's current beliefs and behaviour can help us to better plan and move them towards how we want them to behave or believe.

Identifying the most strategic changes you need to make in that map

As a visual tool, a power map like the one above describes how to determine a strategic way forward. An advocacy effort that has most of the actors in the top right quadrant (where the actors are both supportive and powerful) is in good shape. An advocacy effort that has most of the actors in the top left quadrant (where the actors are powerful but opposed) has its work cut out for it. Every advocacy effort has its own nature and challenges, but as a rule there are three moves you need to make on your map:

1. Getting the Powerful on Your Side

Whether it is a public official (a key minister) or a key influencer (a key industry group), if an actor has substantial power over the issue you need to deal with them and try to get them on your side, or at least not actively opposed. If they are not already on your side, try to find out why. Is it because:

- They don't know there is a problem?
- They know it's a problem but don't know a solution?
- They know the solution you are proposing but don't have the funding to support it?
- They know the solution you are proposing but don't like it or are being pushed not to like it by other interests?

Your advocacy approach will vary a good deal based on this analysis.

Preparing for resistance: The food and beverage industry

On the issue of front of pack labelling and marketing restrictions, some members of the food and beverage industry have a lot at stake and are prepared to fight against rules they think will impact their sales and profits. UNICEF advocates need to be prepared for that resistance.

In Mexico, the food industry effectively co-opted the first attempt to create FOPL by involving themselves as 'partners' in the process of determining that regulation and successfully creating labeling that was confusing.³² From this experience, UNICEF Mexico realized that the food industry lobby could not be trusted to put children's or the public's interest first. In 2019, there was a new push for an effective law on FOPL. This time the food industry used another tactic: legal pressures on a judge to halt the approval process. UNICEF and partners had to provide strategic counter-pressure to keep the approval process moving (via media and social media).

In Malaysia, a multinational beverage company went directly to the prime minister's office to try and weaken the sugar tax. It took smart advocacy, supported by UNICEF, to counter this move.

In Argentina, the food industry has attempted to deflect responsibility from its own actions and behaviour. For example, the leading lobby group representing the food industry has funded research that focuses exclusively on individual factors, such as healthy eating, exercise and portion control, and entirely omits key evidence on how pricing, accessibility and marketing by the food industry itself affects healthy diets.



2. Making your supporters more powerful

You may have a strong base of support among parent groups, line ministries, or others, but in the matrix of power on the issue, those allies might not be as powerful as they need to be. UNICEF and its allies can help enhance the power of these supportive actors. This might include equipping them with more information, helping them get more media attention or linking them with other influencers to develop a more powerful and unified voice. More on this will be discussed in the rest of this Advocacy Guidance.

3. Deploy your champions wisely

Finally, be sure you are making strong use of your champions – the groups or individuals who are on your side and wield some clout. Can they help you gather information about the thinking of others (such as the finance ministry, for example)? Can they advocate on your behalf with key targets for your advocacy? Can they develop a bigger public voice and win public support?

An audience map for advocacy is like a chess board. It tells you the reality that you are dealing with and there are only so many moves you can make. Which moves are the most strategic ones in terms of helping deliver an advocacy success on your objectives for child and adolescent overweight and obesity? Knowing this is an important prerequisite for the third overarching strategy question that remains: *What will you do?*

Collaborative advocacy on the ground

UNICEF Viet Nam: Extending paid maternity leave and expanding the ban on advertising of breastmilk substitutes³³

In 2012, Viet Nam’s National Assembly made a landmark decision to extend paid maternity leave from four to six months—a bold departure from other maternity leave policies in Southeast Asia. That same year, the National Assembly voted to expand the ban on advertising of breastmilk substitutes for infants aged 6–24 months, including feeding bottles and teats, as well as other nutrition foods for children under 6 months of age. Viet Nam’s law now more closely aligns with international recommendations on regulating the marketing of breastmilk substitutes. Both policy changes passed with more than 90 percent of the vote.

Success was the result of a hugely collaborative effort between government, non-governmental partners and international organizations, including UNICEF, WHO and Alive & Thrive (an initiative to reduce stunting and death caused by poor infant and young child feeding).

The path to policy change was methodical and comprehensive. The following components were essential to engage key partners, build consensus, and build critical momentum for policy change:

- Research to inform advocacy strategies and tactics: This included formative research on infant and young child feeding (IYCF) barriers, practices, and enablers; a detailed landscape analysis of existing IYCF policies; and opinion leader research to understand attitudes and perspectives on IYCF and related policies.
- Research to build the case for policy change: Evidence and arguments fell into four categories: 1) Conventions and global recommendations; 2) Scientific evidence-base; 3) Socioeconomic and cultural aspects, including local, tailored research (e.g., to understand employee attitudes toward breastfeeding and maternity leave); 4) Empirical experience and local application – i.e., how the law has been or will be implemented.
- Tailored messages for policymakers, using motivational frames: Messages reinforced Viet Nam’s recent growth and leadership status; referenced Ho Chi Minh and patriotic duty; and reinforced breastfeeding and infant feeding as a child’s right. Messages were brought together in simple, compelling materials (policy briefs, booklets, workshop presentations).
- Engaging the media: Throughout the process, the Viet Nam media was engaged to tell the story of how infant feeding and related policies impact health, social, and economic development outcomes. Sensitization workshops were held with reporters, which resulted in more than 60 articles and television features.

PLANNING QUESTION 1

What is the problem to be solved and what are the solutions UNICEF is advocating

PLANNING QUESTION 2

What is the map of key sectors and actors that needs to be navigated to achieve those goals?

PLANNING QUESTION 3

What advocacy activities will UNICEF engage in to advance those goals?

WHAT ACTIONS WILL YOU TAKE? PUTTING IT ALL TOGETHER.

ADVOCACY PLANNING QUESTION 3 | TOOLS:

- **Advocacy theory of change template and example**
- **Advocacy strategy canvas**
- **Advocacy messaging**
- **Advocacy M&E (PPPx) and SMQ Change Strategy 3 Guidance SMQ-CS-03-H3.a.2-4v1**

Once you have determined your strategic advocacy objectives (step one) and mapped the actors you need to influence and set your priorities among them (step two), you have the foundation for planning your advocacy actions. Here again, three elements are critical.

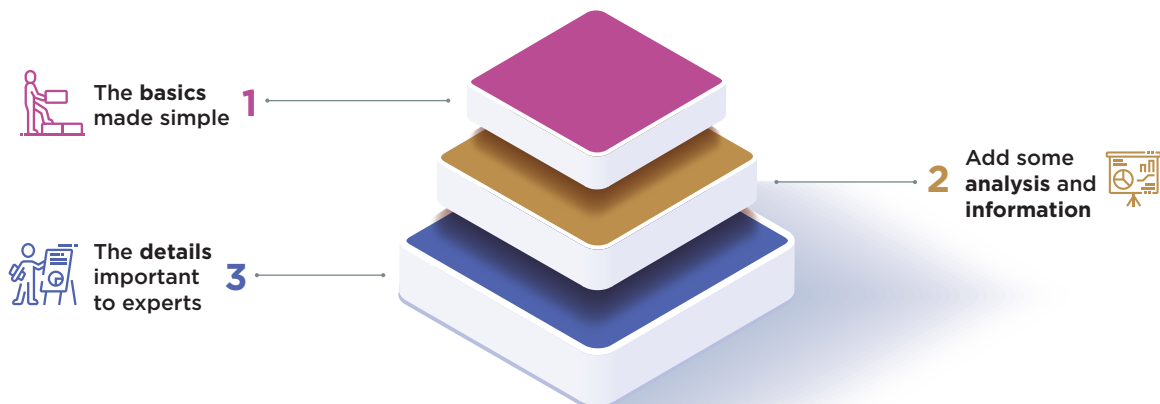
A. Developing your key messages

The core of an effective advocacy campaign, including on overweight and obesity in children and adolescents, is its message. A strong advocacy message is a narrative; a story about the problem, why it is urgent and the solutions, and why this is both important and feasible. An effective advocacy message is also carefully structured, leading with

a simple overview of the whole message (which may be enough for some general audiences) and then digging deeper into detail depending on what is relevant and appropriate to those with whom you are communicating (public officials, policy experts, etc.). This is especially true for an issue such as this one, which has a great deal of data and evidence involved that can overwhelm your basic narrative if you are not careful.

One way to think about structuring your advocacy message is the pyramid model below, which helps provide clarity about what part of your messaging and information fits into each level:

The Message Pyramid



Top message: The basics made simple

On the issue of overweight and obesity in children and adolescents, the top of that pyramid, i.e., the basic narrative, is well-established:

Overweight and obesity in children and adolescents are serious and growing health concerns across the world in both rich and poor countries, which threaten the basic rights of children. Obesity effectively puts a target on your back for a huge number of diseases that exist, such as heart disease, diabetes, cancer, and now COVID-19. The key to reducing obesity is prevention and prevention begins with children. While an important part of that effort is about promoting more exercise and physical activity, the most crucial thing is to assure that children have nutritious diets from the earliest days of life. To achieve that, governments need to take the actions necessary to ensure that nutritious diets for children are available, affordable and desirable, both at home and in school.

This top-level message is aimed at a general public audience and it will be similar in most countries and contexts; however, even at this first messaging level it is useful to see if there are ways to tailor it for local audiences and context, with local data and local framing.

Level two: Adding more detail

Here is where you begin to add more detail to that narrative, grounding your message in facts, data and again, local context. These kinds of messages are most relevant when speaking with a public official, for example:

- **Prevalence:** For context, it might be helpful to include global data. For example, at least one in three children under 5 is not growing well due to malnutrition (stunting, wasting and overweight); and, from 2000 to 2016, the proportion of children aged 5–19 with overweight doubled. However, what will really have value is national data. What are the rates of overweight and obesity in children and adolescents in your specific country? What are the trends?
- **Impacts:** Again, global analysis might be of some value, including analyses such as the ‘ticking time bomb’ metaphor used by the World Bank.³⁴ Consider projections that in the next 15 years, the costs of obesity are likely to reach more than US\$7 trillion in developing countries alone.³⁵ But for national level advocacy, it is important to add in national level data on the risks factors for children who affected by obesity or overweight, how those risk factors change and increase as obesity and overweight are carried into adulthood, the impact on national development and health costs, etc., and any other evidence on impact that will complete the story in that country.
- **What is needed:** Lastly, at this level of messaging it is important to introduce the basic outline of what is required to address the issue. These solutions will vary by country but generally will include:
 - › Healthy diets and physical activity are key to combatting malnutrition in all forms, including obesity.
 - › Governments must urgently move to promote healthy diets and physical activity for children – through all stages of their life – by implementing a range of complementary policies that support healthy choices and behaviours.
 - › Regulating the harmful practices of the sugary drink industry and other food and beverage industry actors that promote unhealthy diets is a critical component to combatting obesity. This may include policies such as a tax on sugar-sweetened beverages, restrictions on marketing, and restricting access to and promotion of unhealthy food in settings such as schools and retail outlets.
 - › Targeting education, food skills and regular physical activity in schools is key to promoting healthy diets and ensuring children get regular physical activity.
 - › Urban planning that is designed to build walking or biking into the children’s daily lives (e.g. travel to and from school every day) will also help promote physical activity.
 - › Identifying the complementary actions or policies that bolster healthy eating and regular physical activity especially in the health and social protection sectors, including counselling

and support for breastfeeding and early childhood nutrition in primary care as well as financial incentives and greater accessibility for poorer communities to eat healthily through social protection.

Level three: Filling in the more complex detail

On the issue of overweight and obesity in children and adolescents, there is a vast complexity of information and data available. With most audiences (the public, journalists, high level officials), these complex details will only detract from the more basic narrative you are working to communicate. But with some key audiences – policy experts, academics, etc. – this level of detail is also a part of the messaging that UNICEF uses. Here are some examples of that more complex level of detail:

The problem: Current obesity trends

- Overweight and obesity continue to rise. From 2000–2016, the proportion of children (aged 5 to 19 years) affected by overweight rose from 1 in 10 to almost 1 in 5.³⁶
- Many school-going adolescents consume highly processed foods: 42 per cent drink carbonated soft drinks at least once a day and 46 per cent eat fast food at least once a week.³⁷
- With the COVID-19 pandemic, we see how vulnerable one can become with underlying health issues. Overweight and obese populations are particularly vulnerable.

Factors leading to childhood obesity

- Globalization is shaping food options and choices: 77 per cent of processed food sales worldwide are controlled by just 100 large firms.³⁸

- In cities, many poor children live in ‘food deserts’, where there is an absence of healthy food options, or in ‘food swamps’, confronted with an abundance of high-calorie, low-nutrient, processed foods.³⁹

Dire consequences of unchecked childhood obesity

- The triple burden of malnutrition – undernutrition, hidden hunger and overweight – threatens the survival, growth and development of children, young people, economies and nations.⁴⁰
- Childhood obesity undermines the physical, social and psychological well-being of children and is a known risk factor for adult obesity and noncommunicable diseases, the world’s leading cause of preventable death and disability.⁴¹
- Child overweight can lead to early onset of type-2 diabetes, stigmatization and depression, and is a strong predictor of adult obesity, with serious health and economic consequences.⁴²
- The greatest burden of all forms of malnutrition is shouldered by children and young people from the poorest and most marginalized communities, perpetuating poverty across generations.⁴³
- The burden of overweight and obesity on national economies is dire: some projections suggest it will cost up to 3 per cent of a country’s GDP in health costs to confront the consequences of obesity.⁴⁴

Building country-specific evidence

UNICEF Mexico leveraged the launch of a regional UNICEF report on obesity to organize a major national event with lawmakers, academics and other officials with a view to advancing dialogue around country-level action to prevent childhood obesity. The regional report was done in conjunction with Mexico’s National Institute of Public Health (INSP), which is a well-regarded national research group. In 2017, UNICEF commissioned INSP to do a series of additional national studies around childhood obesity, including on the topics of FOPL, food availability and retail marketing. While building the evidence base for country-level advocacy, UNICEF was also building a key partnership with INSP, one of many in its cohort of allies.⁴⁵

The solution is clear and attainable

- The solution for preventing overweight/obesity – healthy diets and regular physical activity – aligns with a solution for other forms of malnutrition, such as undernutrition (wasting, stunting, and hidden hunger). Thus, governments can simultaneously address all forms of malnutrition. These complementary policies are referred to as double or triple duty interventions.
- Governments need to take clear responsibility, leading the charge to combat obesity through unequivocal promotion of healthy diets and regular physical activity for children and adolescents in every stage of life, from infancy, to childhood, and through their teenage years. This includes confronting the promotion and prevalence of unhealthy foods by the food and beverage industry and designing policies that will protect children and adolescents from harmful practices that are driven by profit over the public good.
- Families and caretakers must *demand* access to nutritious food and physical activity; and they need to promote it within their families and communities, especially with their children and adolescents.

Effective advocacy messages are always directly tied to local context and no one formula works in every country or situation. It is important to think through your messaging in a structure such as this one: What is the basic ‘problem and solution’ narrative at the top? What are the added details most relevant to key audiences looking deeper? What details are of interest only to serious experts? The entire UNICEF team should have a mastery of the top-level message and the team focused on the issue of overweight and obesity in children and adolescents must have a clear sense of what details are relevant to which audience.

Lastly, in UNICEF’s public messaging on the issue of child overweight and obesity, there is an opportunity to accomplish two objectives in one. By educating the public, not just with fear about obesity but also positive messages about the things that parents, educators and children can do, UNICEF has an opportunity to help turn them into agents of change in their own right (effectively a ‘communications for development’ approach). But those same messages

to the wider public can also be used to ‘soften the ground’ for UNICEF’s advocacy to government on the issue. They can make the case for action and combine what individuals can do with the needed actions by government as well.

B. Taking advocacy action

Every step up to now has been aimed at determining what action to take. What will you actually do? What does the task list look like? Some UNICEF teams will be farther along in their trajectories than others and the circumstances will be different, but the essence of advocacy work is similar:

Get your advocacy case together

First you need to clarify what your messages are and develop the tools you will use to deliver them. The basic narrative and the information to support it must be rooted in local information presented in clear formats and articulated by strong local voices. It is helpful to develop a basic fact sheet on the issue and UNICEF’s objectives. It nudges you to have a clear and simple message that everyone internally at UNICEF understands and can communicate in a unified way to all the external audiences you need to reach. Key resources, including global documents relevant to childhood overweight, can be found in Annex 2.

Do your initial outreach

First, there is essential information to be gathered; an effective advocacy effort does not fly blind. You need to find out where key actors stand on the actions UNICEF is proposing. You need to see who is really interested in forming a working alliance and what that would look like in terms of shared objectives, strategy, and collaboration. These allies are likely to be found across the spectrum: in academia, there may be top university professors or researchers who are tapped into issues of nutrition and obesity; within the Ministry of Health, there may be a lead on nutrition or children’s issues that already knows about the issue, or is open to being briefed by UNICEF on country-relevant data; a local or national NGO may be working on one angle of children’s health that already includes or could be expanded to include overweight and obesity.

Assessing Your Starting Point for Advocacy

Before planning your action, it is important to assess your starting point. Here are some of the questions UNICEF teams use to do that:

- Does country-specific information exist? Are basic data on childhood obesity at the national and subnational levels available and have they been disseminated in any form?
- Is childhood overweight/obesity recognized as a problem? Is this identified as a serious issue by a select group of experts and policy makers? Is the general public aware of its implications?
- Has there been any policy action taken around the issue, at the national or subnational level? If so, what type of policy/law/regulation has been adopted and is it enforced?
- What has been the response or effect of targeted action to date?

Then there is planning to be done with your allies, with a concrete calendar of actions. It is also a key moment to really check-in with your champions in government and establish a close working relationship around this specific issue.

Project your message broadly

Some UNICEF issue concerns are more important to project publicly than others. Overweight and obesity in children and adolescents are important public concerns for two reasons. First, every child, teen and adult is a potential direct agent for change – a very important UNICEF message. One of the best ways to make a difference is to encourage children to (i) decide that they want to live in a healthier way, and to have their parents and caretakers reinforce that idea, and (ii) demand change to the status quo.⁴⁶ Second, the government’s willingness to take the actions needed will depend, in many political contexts, on there being strong public support. How you do this is very different in every country. Each UNICEF team needs to identify the mix of traditional media, social media, and other tools, to get the message out.

UNICEF’s advocacy strengths, on all issues, are evidence and information. In many cases it is useful for UNICEF to package its data, analysis and recommendations into a well-written and produced report, something deeper and more developed than a fact sheet. It is important, however, that this report be targeted to the audiences you need to influence most and target its level of detail and complexity accordingly. In some cases, a national or subnational research institutes can issue this evidence and

information together with UNICEF, simultaneously building the partnership base while building trust with your audiences.⁴⁷

Direct engagement of key actors

The most complicated, and probably most important form of advocacy is direct engagement, especially when UNICEF and its allies meet with government officials. A lot of this advocacy is at the technical level, working with ministries and other parts of the government on the details of plans and policies. But in many cases the advocacy that will make the difference is at the highest levels of government and usually with the UNICEF Representative. Either way, it will always include a combination of technical know-how with smart advocacy that has an eye on the political agenda. For this, it is important that country office leadership has a clear vision of how the strategy on obesity fits into UNICEF’s political agenda. High-level meetings are not always easy to secure and they need to be used carefully and planned well. It is important to have a sense beforehand of what argument will be the most persuasive to that person and from whom. Practice these meetings beforehand with your team.

Mobilize your support base

UNICEF advocacy is usually strongest when it is done in unison with strategic partners; and in the best campaigns those partners are diverse. Some will have deep expertise while others will have good working relationships with key actors, strength with the media, or a grassroots base. An advocacy coalition is like an orchestra and each member has a particular part of the music to play. UNICEF’s part

UNICEF's role: one advocate among many

UNICEF does not carry out its advocacy work on child overweight and obesity alone. Generally, UNICEF works within well-established alliances with other key health and nutrition expert organizations (most notably WHO) as well as civil society organizations, parent groups, consumer organizations, and allies within government. In the jigsaw puzzle of an effective and strong advocacy alliance, it is important that UNICEF offices understand what pieces they bring to the table and focus on their strengths.

Typically, UNICEF's strengths lie in three key areas:

- **The voice for children:** Within typical advocacy alliances on overweight and obesity, no organization will speak as directly and clearly as UNICEF about the rights of children and the need for strong action to protect them. Framing the issue around children's rights and, as was effectively done in Mexico, placing the best interests of the child first and foremost in policy discussions, disarms any possibility that opposition can claim a superior 'commercial right'.
- **A source of solid evidence:** UNICEF advocacy is evidence-based and grounded in research, data and evidence about the impacts of obesity and overweight on children and adolescents.
- **Credibility:** UNICEF is more widely known than almost any ally, and often more instantly credible with a wide audience, including the public, policy makers and key influencers.

In an effective advocacy effort, UNICEF will look at each of these strengths, and others, and consider the best ways to deploy them to advocate for the change needed.



is usually a combination of solid credibility, hard evidence, child rights voice, as well as leadership and convening power. UNICEF needs partners that complement its strengths with other capacities.

Always keep an eye out for unexpected opportunities or challenges

Keep a steady eye on your strategy while remaining open to unexpected opportunities. Often, important advocacy victories come precisely because such an opportunity arises, and UNICEF teams are able to recognize and capitalize on it. This could be an unexpected statement of interest by a key official or key influencer on overweight and obesity in children. Or, it might be an event in the news (e.g., obesity and COVID-19) or special coverage from a major media outlet. It might be the interest of an unexpected ally (such as a strong private sector actor willing to support regulations). Similarly, an unanticipated challenge might arise that needs to be factored in, such as a change of government, a budget crisis, a new tactic by a group in opposition to a regulation or campaign, or a global pandemic.

What is the critical first step?

The first actions of an advocacy effort are key; like the first gear in a car, they are needed to move you forward. Some of the considerations that UNICEF teams use to determine an effective set of first steps on overweight and obesity in children could include:

- What actions are the most urgent? For example, if the major issue is linked to diets and sugary drinks, then building support around a sugar tax may need to be the primary short-term goal.
- Is there strong momentum behind any particular action that would allow you to move forward with the political winds at your back? For example, is there momentum for providing more healthy food in schools?
- What will help build your coalition or public interest? For example, a quick joint report with a key partner on the relationship between child obesity and COVID-19 may generate interest.

Even if the first step is small, it can be important for maintaining momentum and generating progress.

C. Evaluating your advocacy work

An advocacy strategy is a work in progress; as it moves forward it needs to be evaluated to see where it is working and where it needs to be changed. Evaluating advocacy can be confusing within UNICEF as it is different from programme evaluation. Evaluating a vaccination initiative, for example, is largely running numbers – how many doses and how many health workers and how much outreach combine to produce how many vaccinated children. Evaluating advocacy is different for two main reasons. First, its progress is not smooth and linear. It could look like you accomplished little one day and achieved a major victory the next because of a sudden announcement by the government that was catalyzed by UNICEF’s work. Second, it is hard to assess UNICEF’s direct impact in an advocacy environment in which it is just one among many actors. How much credit, for example, can be attributed to UNICEF versus another partner?

Nonetheless, it is both possible and important to evaluate your advocacy progress. Here are some things that can be evaluated:

Are the assumptions in your strategy valid and is the strategy working?

Strategies are based on assumptions: that the public is aware of the problem, that the finance ministry would be willing to support more funding, that the backlash from affected industries will not be strong enough to block action. It is important to identify up front the assumptions in your advocacy strategy and to examine their accuracy for signs that you guessed wrong and need to adjust your approach as you move forward.

For example, you might assume: *If we get strong support from the Ministry of Health, that will get us the support we need from the Ministry of Finance.* Did you in fact get the support from the Ministry of Health that you hoped for, and if not, why? If you received that support, did it translate into support from the Ministry of Finance, and if not, why? An advocacy effort is a learning machine that is constantly picking up information that helps you see how to adjust your approach to be more effective.

Are your tactics working?

Within the strategy is a set of tactics, which are specific actions UNICEF takes as part of that larger vision. You issued a new report; did it get the attention you hoped? You requested a high-level meeting to discuss the issue; did the meeting happen? You launched an outreach initiative to private sector actors with expectation of winning some new allies; did it succeed?

Do you have what is required?

Have you run into any capacity issues – of time, resources, expertise or something else – that are limiting your progress forward? If so, how can you adjust to fill those gaps?

How can you do that evaluation?

At the very start, identify what your team considers to be key inputs toward progress. This might include:

- Number of contacts and meetings you have with key actors
- Amount of press coverage you generate on the issue of child and adolescent overweight and obesity
- Growth of your alliances and partnerships

You also want to identify, in advance, what you consider to be measures of progress. These might include (in rough order):

- A favourable private comment from an official.
- This could be as subtle as a shift from a negative or neutral tone to a positive tone.
- A favourable public comment from an official.
- The formal introduction of a program a budget item or policy change.
- This might range from getting a new item on the agenda at an important meeting to tabling a new bill in the legislature.
- Advancement of that change through the political process.

This might include an online petition, a public protest or a hashtag developed around the issue to show greater public support; or a change in leadership, including the placement of an ally in a key position.

This ‘interim’ progress towards the final goal should be clearly defined and include details such as: (a) the target of the change you are attempting to catalyze (e.g., identify the public official); and (b) the action or change you are hoping they will make (e.g., a change in tone around the topic, making a public comment or getting an agenda item added for a key meeting).

It is important to identify both these lists of inputs and indicators at the start and keep track of them in a methodical way. This process of tracking interim progress can go a long way in guiding advocacy decisions, and if done effectively, can avoid costly and time-intensive evaluations later.

ANNEX 1

Tools and templates

A. Advocacy planning question 1

- **Problem statement template:** <https://unicef.sharepoint.com/:w:/t/DOC-AdvocacyPortal/Ebx0ESfoTdxBnvdhLCmLXUEB0FkhEuEzP220mBQ6vtwtrQ?e=XPCGGe>
- **Prioritization tools:** https://unicef.sharepoint.com/:w:/t/DOC-AdvocacyPortal/EXi_wUtwC0dAr24JBm4n0i8B-JJc0dtsH6g8RncJxgCWvg?e=0PVZZ3
- **SWOT analysis (barriers, opportunities):** <https://unicef.sharepoint.com/:w:/t/DOC-AdvocacyPortal/EY4ROdUNtgdFj9NUi1u6SDsB51X-cTubt45TnxHOXqLPIw?e=8IDiTH>
- **SMART objectives (advocacy outcomes) template:** <https://unicef.sharepoint.com/:p:/t/DOC-AdvocacyPortal/ExcSI35oWP5HvwEsD2KRHeAB9B3FG1Csz8rdszS8J84QYQ?e=LTOc7y>

B. Advocacy planning question 2

- **Stakeholder tools (powermapping, who influences our advocacy target, understanding our stakeholders (current/=future) or empathy profile):** <https://unicef.sharepoint.com/:w:/t/DOC-AdvocacyPortal/ETBnZlulT2BHjHGu6riUwWgB2OQIq0ObqfEJYPHG7hJj5g?e=aTn1hr>

C. What actions will you take. Putting it all together

- **Advocacy theory of change template and example:** https://unicef.sharepoint.com/:w:/t/DOC-AdvocacyPortal/ETH7qxNGE1hNpH5z51-JA_oBo5vQTBKTT5vf9fb2dQjPFw?e=fvDu9T
- **Advocacy strategy canvas:** <https://unicef.sharepoint.com/:p:/t/DOC-AdvocacyPortal/EYvZAJrkKTxKr-AgzuUydGABuWzMJB-4Ava4L61wSJiEWQ?e=ouRORC>
- **Advocacy messaging** https://unicef.sharepoint.com/teams/DOC-AdvocacyPortal/SitePages/Advocacy_messages.aspx
- **Advocacy M&E (PPPx):** <https://unicef.sharepoint.com/teams/DAPM-PPPX/SitePages/Monitoring-Communication-and-Advocacy.aspx>
and SMQ change strategy 3 Guidance SMQ-CS-03-H3.a.2-4v1: https://unicef.sharepoint.com/sites/DAPM/SitePages/SMQ_Guidance_Change_Strategies.aspx

ANNEX 2

Key policy changes and intervention strategies on child/adolescent overweight and obesity

A range of policies are available as tools to address overweight and obesity in children. The best policies – ideally a combination of mutually-reinforcing policies – are carefully crafted to respond to the characteristics of a given country, including economic, cultural, and demographic factors alongside realities of how food is produced, distributed and made accessible, and how people engage in physical activity.

To give a sense of the range of options, we offer a menu of policies and strategies that have been proposed or enacted globally, in an effort to confront the growing threat of obesity. A more exhaustive list can be found in the Executive Summary of the Implementation Plan for the WHO Report on the Commission to End Childhood Obesity (2017).⁴⁸

1. Overarching policies and strategies:

- Promote subnational or national strategy on addressing all forms of malnutrition or the early prevention of NCDs that addresses overweight/obesity: this provides a general framework for a country to (1) recognize the prevalence of obesity in its country context and its costs and consequences for health systems and society, and (2) make clear its commitment to reducing obesity as part of an overall strategy across sectors.
- Build capacities of policymakers around the issue and its impacts: this requires providing the information and arguments as to why policymakers should care about the issue and concrete steps they can take towards solutions. In various country experiences, this starts with a formal report on obesity prevalence and often with a special session, workshop or conference with lawmakers.

2. Specific policies and strategies:

The most urgent priority policies are those that regulate unhealthy foods produced by the food and beverage industry. However, a stratified and complementary advocacy strategy would incorporate smart policies across other complementary sectors that respond to the country's specific reality.

- Regulate the food and beverage industry and its marketing strategies:
 - › UNICEF and key coalition partners must take care to disassociate from food industry actors whose core business is the production, manufacture or distribution of unhealthy food products to avoid conflict of interest or perceived conflicts of interest.⁴⁹ Being free from conflict of interest will allow UNICEF to be a more effective advocate for children's right to nutrition and healthy diets and to engage on harmful industry practices. WHO has provided some guidance on managing conflicts of interest around nutrition programmes, which UNICEF is working to complement with forthcoming internal guidance.⁵⁰
 - › Implement 'the Code' (International Code of Marketing Breast-milk Substitutes and subsequent relevant World Health Assembly Resolutions): This set of recommendations from the World Health Assembly lays out the minimum requirements that countries should adopt into national law to protect and promote infant and young child feeding practices. It is meant to stop the aggressive and harmful advertising of breastfeeding substitutes that have lasting effects on a child's nutritional status, eating habits and long-term health.⁵¹
 - › Create a tax on sugar or sugary beverages: Taxation on products – from tobacco to alcohol – indisputably reduces consumption. A tax

on sugar, such as one on sugary drinks, is an effective way to lower the consumption of sugar, a major driver of obesity.⁵² A fiscal measure like this provides additional income for governments and can bring in powerful allies, as was the case with sugar taxes in Mexico and Chile, which were part of larger fiscal reforms.⁵³ WHO recommends a 20 per cent tax rate increase for greatest impact.⁵⁴ UNICEF provides specific guidance on implementing taxes on sugar-sweetened beverages, reviewing experiences from France, Hungary, Mexico and Norway.⁵⁵

- › Regulate labelling of unhealthy foods: FOPL can be highly effective in bringing attention to the excess fat, sugar and salt content in unhealthy foods and discouraging their consumption. Experiences across multiple countries demonstrate that labels must be highly visible, understandable and not misleading, and that different label designs can reach different target groups.⁵⁶ Food industry lobbies have co-opted this process in the past, in countries such as Mexico, where earlier food labels created more confusion than helpful information. Chile was the first country to implement a front-of-package labelling requirement that products carry 'high in' warning logos. This initiative has been followed by other countries including Mexico and Israel and offers key lessons when considering advocacy strategies around obesity.⁵⁷
- › Regulate marketing: These policies should have the objective of protecting all children under the age of 18. This also means prohibiting the use of specific persuasive techniques that appeal to children, such as the use of celebrities, characters and symbols that are especially powerful for young children. Regulations need to consider all angles of marketing, including broadcast advertising, sponsorship, packaging, retail and digital. The WHO Set of Recommendations provides the global framework and WHO has also produced guidance on digital marketing that targets children⁵⁸ and UNICEF has issued a report from the Latin America and Caribbean region that offers detailed options for regulating the promotion of unhealthy foods in retail settings.⁵⁹

- School food and nutrition policies: Four primary angles within school policies are important for overweight and obesity prevention. These include ensuring that (1) nutrition is taught within class curriculums – this should include a food skills component; (2) quality physical activity and physical education are regular parts of the school schedule; (3) school meals are regulated to represent appropriate healthy diets; and (4) advertising and the accessibility of unhealthy foods within the school space are regulated.⁶⁰
- Social protection policies: These may include legislation to improve paternity and maternity leave and consumer-facing subsidies to access healthy foods, among others.
- Urban planning policies: Promote access to healthy foods (e.g. community gardens, fresh local markets, limits on density of fast food outlets) and to environments conducive to safe physical activity (e.g., transport by bike; parks with infrastructure that invites physical activity).
- Health system policies: These should address issues of counselling as part of maternal health (during antenatal and postnatal care), as well as the promotion of breastfeeding and nutritious complementary foods in early childhood. While UNICEF's focus remains on prevention, it is important to note that health policies should involve both preventative and obesity management dimensions.

ANNEX 3

Key resources for data and evidence on child/adolescent overweight and obesity

Data and evidence-driven advocacy strategies will be the most effective. Below is a sampling of key documents that can help orient any country office to the key facts available publicly on childhood overweight and obesity at the global, regional and even country level. For other resources, refer to the endnotes of this advocacy note and the extensive bibliographies of the documents noted below.

UNICEF:

- Programming Guidance on Prevention of Overweight and Obesity in Children and Adolescents
- The State of the World's Children 2019: Children, Food and Nutrition. Growing well in a changing world
- <https://www.unicef.org/reports/state-of-worlds-children-2019>
- Protecting Children's Right to a Healthy Food Environment
- https://gallery.mailchimp.com/fb1d9aabd6c823bef179830e9/files/5ea0a8bf-30ae-4fc6-aea8-ce79944f7766/Protecting_Children_s_Right_to_a_Healthy_Food_Environment.pdf
- Childhood Overweight and Retail in Latin America and the Caribbean:
- https://gallery.mailchimp.com/fb1d9aabd6c823bef179830e9/files/5fb8ee61-0ea3-455f-a46a-90df19b44895/UNICEF_Childhood_Overweight_and_the_Retail_Environment_in_LAC.pdf
- Food Systems for Children and Adolescents: Working together to secure nutritious diets
- <https://mailchi.mp/013d2697bb47/unicef-working-to-improve-nutrition-at-scale-issue-724531?e=fa775e3db8>
- Advocacy Brief: Breastfeeding and Prevention of Overweight in Children
- https://mcusercontent.com/fb1d9aabd6c823bef179830e9/files/649406ce-1252-4c6b-ad33-2ed800c057f5/unicef_GBC_advocacy_brief_obesity_v8_2.24.20.pdf
- Guidance Note on Financial and In-Kind Contributions
- https://www.nutritioncluster.net/Resources_Financial_In-kind_contributions_Food_Beverage_companies?mc_cid=e5f227bbf7&mc_eid=a8fedd48a4
- Guidance on Engaging the Private Sector on Nutrition Agenda (forthcoming)

The World Health Organization:

- Commission to End Childhood Obesity (ECHO) – reports and related documents
- <https://www.who.int/end-childhood-obesity/info-resources/en/>
- WHO Set of Recommendations on the Marketing of Food and Non-Alcoholic Beverages to Children
- <https://www.who.int/dietphysicalactivity/marketing-food-to-children/en>
- Guiding principles and framework manual for front-of-pack labelling for promoting healthy diets
- <https://www.who.int/nutrition/publications/policies/guidingprinciples-labelling-promoting-healthydiet/en/>
- Fiscal policies for diet and the prevention of noncommunicable diseases

- <https://www.who.int/dietphysicalactivity/publications/fiscal-policies-diet-prevention/en/>
- Tackling Food Marketing to Children in a Digital World: Trans-disciplinary Perspectives
- http://www.euro.who.int/__data/assets/pdf_file/0017/322226/Tackling-food-marketing-children-digital-world-trans-disciplinary-perspectives-en.pdf
- Conflict of Interest in Nutrition Programmes: Safeguarding against possible conflicts of interest in nutrition programmes:
- <https://www.who.int/nutrition/consultation-doi/nutrition-tool.pdf?ua=1>
- Guidelines on Physical Activity, Sedentary Behaviour and Sleep for Children Under 5 Years of Age
- <https://apps.who.int/iris/handle/10665/311664>

World Bank:

- Obesity: Health and Economic Consequences of an Impending Global Challenge. Human Development Perspectives Series <https://www.worldbank.org/en/topic/nutrition/publication/obesity-health-and-economic-consequences-of-an-impending-global-challenge>

World Obesity Federation:

- Global Atlas on Childhood Obesity
- <https://www.worldobesity.org/nlsegmentation/global-atlas-on-childhood-obesity>

Studies and guidance on sugar-sweetened beverage taxes:

- Implementing Taxes on Sugar-Sweetened Beverages (UNICEF, 2019)
- https://gallery.mailchimp.com/fb1d9aabd6c823bef179830e9/files/08e73191-c279-4179-b54b-e7f79c217432/190328_UNICEF_Sugar_Tax_Briefing_R09.pdf
- Building Momentum: Lessons on Implementing a Robust Sugar-Sweetened Beverage Tax (World Cancer Research Fund International, 2018)
- <https://www.wcrf.org/sites/default/files/PPA-Building-Momentum-Report-WEB.pdf>

- Advocating for Sugar-Sweetened Beverage Taxation: A Case Study of Mexico (Johns Hopkins University School of Public Health)
- https://www.jhsph.edu/departments/health-behavior-and-society/_pdf/Advocating_For_Sugar_Sweetened_Beverage_Taxation.pdf

Academic articles on obesity and overweight with data relevant to advocacy efforts:

- Role of Government Policy in Nutrition – Barriers to and Opportunities for Healthier Eating
- <https://www.bmj.com/content/bmj/361/bmj.k2426.full.pdf>
- Nutrition Policies and Interventions for Overweight and Obesity. A Review of Conceptual Frameworks and Classifications
- <https://www.ifpri.org/publication/nutrition-policies-and-interventions-overweight-and-obesity-review-conceptual-frameworks>
- History of Modern Nutrition Science—Implications for Current Research, Dietary Guidelines, and Food Policy
- <https://www.bmj.com/content/361/bmj.k2392>
- Dietary Policies to Reduce Noncommunicable Diseases (from the Handbook of Global Health Policy)
- <https://onlinelibrary.wiley.com/doi/abs/10.1002/9781118509623.ch9>
- CVD Prevention through Policy: A Review of Mass Media, Food/Menu Labelling, Taxation/Subsidies, Built Environment, School Procurement, Worksite Wellness, and Marketing Standards to Improve Diet
- <https://pubmed.ncbi.nlm.nih.gov/26370554/>
- World Cancer Research Fund International. NOURISHING framework: 2017:
- <https://www.wcrf.org/int/policy/nourishing-database>
- The Healthy Food Environment Policy Index (Food-EPI)
- <http://www.informas.org/food-epi>

Endnotes

- 1 United Nations Children's Fund, *The State of the World's Children 2019*. Children, Food and Nutrition – Growing well in a changing world. UNICEF, New York, 20109, p18, <www.unicef.org/au/Upload/UNICEF/Media/Documents/SOWCReport-2019.pdf>, accessed 8 September 2020.
Popkin BM, Adair L, Ng S. 'Global nutrition transition and the pandemic of obesity in developing countries', *Nutr. Rev.*, vol. 70, no.1, 2012, pps. 3–21.
- 2 World Health Organization, 'Obesity and overweight', <<http://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>>, accessed 28 March 2020.
- 3 *The State of the World's Children 2019*, pp.36.
- 4 https://www.nutritioncluster.net/Resources_UNICEF_COVID-19
- 5 Horta, BL., Loret de Mola, C., Victora, CG., 'Longterm consequences of breastfeeding on cholesterol, obesity, systolic blood pressure and type 2 diabetes: a systematic review and metaanalysis', *Acta Paediatrica*, 2015, vol. 104, no. 467, December 2015. As cited in UNICEF Advocacy Brief on Breastfeeding and Prevention of Overweight in Children, 2020: https://musercontent.com/fb1d9aabd6c-823bef179830e9/files/649406ce-1252-4c6b-ad33-2ed800c057f5/unicef_GBC_advocacy_brief_obesity_v8_2.24.20.pdf.
- 6 World Health Organization, 'Report of the Commission on Ending Childhood Obesity: Implementation plan. Executive summary', Geneva, World Health Organization, 2017, pp.15.
- 7 Jewell, J., 'Childhood Obesity: A Sustainable Development Issue' UNICEF Connect, <<https://blogs.unicef.org/blog/childhood-obesity-sustainable-development-issue/>> Accessed 5 April 2020.
- 8 *The State of the World's Children*, pp.47.
- 9 *The State of the World's Children*, pp.47
- 10 Hawkes, C., Harris, J. and Gillespie, S. 'Changing diets: Urbanization and the nutrition transition'. In *2017 Global Food Policy Report*, pp. 34–41, International Food Policy Research Institute (IFPRI), Washington DC, 2017 as cited in *The State of the World's Children*, 2019.
Harvard T. H. Chan School of Public Health, 'Obesity Prevention Source', <<https://www.hsph.harvard.edu/obesity-prevention-source/obesity-and-urbanization/>>, accessed 29 April 2020.
- 11 *The State of the World's Children*, pp.47.
- 12 Shekar, M., and Popkin B., eds. 'Obesity: Health and Economic Consequences of an Impending Global Challenge', Human Development Perspectives series, World Bank, Washington, DC, 2020, pp.20.
- 13 UNICEF/WHO/World Bank Group Joint Malnutrition Estimates, May 2018 edition and NCD Risk Factor Collaboration (NCD-RisC), 'Worldwide trends in body-mass index, underweight, overweight and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults', *The Lancet* vol. 390, no. 10113, October 2017, pps. 2627–2642 as cited in: United Nations Children's Fund, 'Prevention of Overweight and Obesity in Children and Adolescents: UNICEF Programming Guidance', UNICEF, New York, 2019.
- 14 *Worldwide trends in body-mass index, underweight, overweight and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults*.
- 15 *The State of the World's Children*, pp.47.
- 16 Shekar, Meera, and Barry Popkin, eds. 2020. *Obesity: Health and Economic Consequences of an Impending Global Challenge*, p5.
- 17 *The State of the World's Children*, UNICEF. Pp.47; and *Childhood Obesity: A Sustainable Development Issue*.
- 18 *Obesity: Health and Economic Consequences of an Impending Global Challenge*, pp.21.
- 19 *Obesity: Health and Economic Consequences of an Impending Global Challenge*, pp.21.
- 20 The Report of the Commission to End Childhood Obesity, and other resources, can be found on the WHO website: <https://www.who.int/end-childhood-obesity/info-resources/en/>
- 21 United Nations Children's Fund. *Interim Summary Report: Food Systems for Children and Adolescents*, UNICEF Innocenti Research Center, Rome, 2018, pp.2.
- 22 World Health Organization, *Guidelines on Physical Activity, Sedentary Behavior and Sleep for Children under 5 years of age*, WHO, Geneva, 2019, <<https://apps.who.int/iris/handle/10665/311664>>, accessed 8 September 2020.
- 23 World Health Organization, *Adolescent obesity and related behaviors: trends and inequalities in the WHO European region 2002–2014*, WHO, May 2017, < <https://www.euro.who.int/en/health-topics/disease-prevention/nutrition/publications/2017/adolescent-obesity-and-related-behaviours-trends-and-inequalities-in-the-who-european-region,-20022014>>, accessed 8 September 2020.
- 24 United Nations Children's Fund, *Prevention of Overweight and Obesity in Children and Adolescents: UNICEF Programming Guidance*, UNICEF, New York, 2019, pps. 31-32.
- 25 *Prevention of Overweight and Obesity in Children and Adolescents: UNICEF Programming Guidance*, pp. 32.
- 26 *Prevention of Overweight and Obesity in Children and Adolescents: UNICEF Programming Guidance*, pp. 17.
- 27 All three draft country case studies on UNICEF strategy on overweight/obesity point to the key role of effective and smart partnerships.
- 28 McGraw, B., 'Jamaica's Response: Are you Drinking yourself Sick? Campaign.' Jamaica Heart Foundation, < <https://www.healthycaribbean.org/wp-content/uploads/2019/05/5-Jamaicas-Response-HCC-Webinar-Series-Apr-23.pdf> > accessed 8 June 2020.
- 29 United Nations Children's Fund, 'Chefs Unite for Better Food in East Asia and Pacific', < <https://www.unicef.org/eap/stories/chefs-unite-better-food-east-asia-pacific>>, accessed 8 September 2020.
- 30 Corvalan, et al. 'Structural responses to the obesity and non-communicable

- diseases epidemic: The Chilean Law of Food Labeling and Advertising', *Obesity Reviews*, September 2013, <<https://onlinelibrary.wiley.com/doi/full/10.1111/obr.12099>>, accessed 31 May 2020.
- 31 *Structural responses to the obesity and non-communicable diseases epidemic: The Chilean Law of Food Labeling and Advertising*.
- 32 *The State of the World's Children*, pps. 146–147.
- 33 Content adapted from United Nations Children's Fund, 'UNICEF partners with Viet Nam's National Assembly to protect breastfeeding', <https://www.unicef.org/policyanalysis/vietnam_62324.html>, accessed 11 September 2020.
- 34 *Obesity: Health and Economic Consequences of an Impending Global Challenge*, pp. 20.
- 35 *Obesity: Health and Economic Consequences of an Impending Global Challenge*, pp. 21.
- 36 *The State of the World's Children*, pp. 8.
- 37 *The State of the World's Children*, pp. 9.
- 38 *The State of the World's Children*, pp. 9.
- 39 *The State of the World's Children*, pp. 9.
- 40 *The State of the World's Children*, pp. 8.
- 41 *Report of the Commission on Ending Childhood Obesity. Implementation plan: executive summary*.
- 42 *The State of the World's Children*, pp. 8.
- 43 *The State of the World's Children*, pp. 8.
- 44 *Obesity: Health and Economic Consequences of an Impending Global Challenge*, pp. 21.
- 45 *Case Studies on UNICEF's Experience Engaging with and on Business for Nutrition Outcomes (forthcoming)*.
- 46 Bite Back, a youth-generated movement in the UK about impacting the food system for healthier lives is a pointed example of the power of the younger generation as agents of change. See: <https://biteback2030.com/about-us>
- 47 In the case of Mexico, UNICEF commissioned the National Institute of Health (INSP) to conduct a regional study, which was used in Mexico to present the case to authorities to launch their advocacy on a specific goal: regulating the labelling of high processed-foods. For further details, see the forthcoming publication 'Case Studies on UNICEF's Experience Engaging with and on Business for Nutrition Outcomes'.
- 48 *Report of the Commission on Ending Childhood Obesity. Implementation plan: executive summary*
- 49 Experiences with UNICEF initiatives in Mexico and Argentina show that this is a critical step before engaging high level advocacy and public campaigns on obesity. For further details, see the forthcoming publication 'Case Studies on UNICEF's Experience Engaging with and on Business for Nutrition Outcomes'.
- 50 An online consultation hosted by the WHO provides more in-depth experience and suggestions for managing conflicts of interest. See: *Safeguarding against possible conflicts of interest in nutrition programmes: Approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level*.
- 51 World Health Organization, *The International Code of Marketing of Breast-milk Substitutes (2017 Update)*, World Health Organization, Geneva, 2017, <<https://www.who.int/nutrition/publications/infantfeeding/breastmilk-substitutes-FAQ2017/en/>>, accessed 8 September 2020.
- 52 *Taxes on Sugary Drinks: Why do it?*
- 53 Fuster et al., *Understanding policy change for obesity prevention: Lessons from sugar-sweetened beverage taxes in Mexico and Chile*, Oxford University Press, 2020, pp. 3, <<https://academic.oup.com/heapro/advance-article-abstract/doi/10.1093/heapro/daaa045/5835399?redirectedFrom=fulltext>> accessed 8 September 2020.
- 54 World Health Organization, *Fiscal Policies for Diet and Prevention of Noncommunicable Diseases: Technical Meeting Report*, Geneva, WHO, 2016.
- 55 United Nations Children's Fund, *Implementing taxes on sugar-sweetened beverages: Overview of current approaches and the potential benefits for children*, UNICEF, New York, March 2019
- 56 *Smart food policies for obesity prevention*.
- 57 Reyes et al., 'Development of the Chilean front-of-package food warning label', *BMC Public Health*, vol.19, no.906, 2019, <<https://bmc-publichealth.biomedcentral.com/articles/10.1186/s12889-019-7118-1>>, accessed 8 September 2020.
- 58 *Tackling food marketing to children in a digital world..*
- 59 UNICEF Regional Office for Latin America and the Caribbean, *Childhood Overweight and the Retail Environment in Latin America and the Caribbean: Synthesis report*, UNICEF, Panama City, September 2019, <https://gallery.mailchimp.com/fb1d9aabd-6c823bef179830e9/files/5fb8ee61-0ea3-455f-a46a-90df19b44895/UNICEF_Childhood_Overweight_and_the_Retail_Environment_in_LAC.pdf> accessed 8 September 2020.
- 60 *Prevention of Overweight and Obesity in Children and Adolescents: UNICEF Programming Guidance*, pp. 27.
- 61 United Nations Children's Fund, *Case Studies on UNICEF's Experience Engaging with and on Business for Nutrition Outcomes (forthcoming)*.
- 62 Hawkes et al. 'Smart food policies for obesity prevention.' *The Lancet*, vol. 385, no.9985, February 201, <https://www.researchgate.net/publication/272751187_Smart_food_policies_for_obesity_prevention>, accessed 8 September 2020.
- 63 World Cancer Research Fund International, *Building momentum: lessons on implementing a robust sugar sweetened beverage tax*, 2018, <www.wcrf.org/buildingmomentum>; World Health Organization, *Taxes on Sugary Drinks: Why do it?* <[https://apps.who.int/iris/bitstream/handle/10665/260253/WHO-NMH-PND-16.5Rev.1-eng.pdf;jsessionid=46CF6A842B3C1E32851063929D-13999C?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/260253/WHO-NMH-PND-16.5Rev.1-eng.pdf;jsessionid=46CF6A842B3C1E32851063929D-13999C?sequence=1;)>; Colchero, MA et al. 'In Mexico, evidence of sustained consumer response two years after implementing a sugar-sweetened beverage tax', *Health Aff*, vol. 36, no.3, pps.564–571.; 2017.
- 64 Taillie LS et al., 'An evaluation of Chile's Law of Food Labeling and Advertising on sugar-sweetened beverage purchases from 2015 to 2017: A before-and-after study', *PLoS Med*, vol.17, no.2, February 2020, <https://doi.org/10.1371/journal.pmed.1003015>, accessed 8 September.
- 65 Dillman Carpentier, F. et al., 'Evaluating the impact of Chile's marketing regulation on unhealthy foods and beverages: preschool and adolescent children's changes in exposure to advertising on television', *Public Health Nutrition*, vol. 23, no.4, March 2020, <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7060093/>>, accessed 11 September 2020.
- 66 United Nations Children's Fund, *Case Studies on UNICEF's Experience Engaging with and on Business for Nutrition Outcomes (forthcoming)*.

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