



Global Report

Evaluation of UNICEF Work to Prevent Overweight and Obesity in Children and Adolescents

Evaluation of UNICEF Work to Prevent Overweight and Obesity in Children and Adolescents. Global Report.

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United Nations Children's Fund
Three United Nations Plaza
New York, New York 10017

April 2024

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Please cite the work as follows: United Nations Children's Fund, "Evaluation of UNICEF Work to Prevent Overweight and Obesity in Children and Adolescents. Global Report", UNICEF, Evaluation Office, New York, 2024.

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Students queue during lunch at Pohnpei Island Central School, Federated States of Micronesia.

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Acknowledgements

The UNICEF Evaluation Office (New York, HQ) would like to thank the many people who generously participated in the process of this evaluation. We are particularly indebted to the country office staff, especially from the nutrition, health, education, and social policy sections in Argentina, China, Ghana, Greece, Mexico, South Africa and the Philippines and the National Committee Staff from Norway and the Netherlands, who contributed their time and expertise to the development of the four thematic case studies produced as part of this evaluation. We also acknowledge with gratitude the contributions of staff from 48 UNICEF offices (47 country offices and one National Committee) who participated in the global online survey administered under this evaluation to inform its global synthesis report. Special thanks go to UNICEF's partners in each of the aforementioned countries who shared their experiences and contributed important insights to this evaluation. The evaluation team would like to highlight the crucial role played by the regional advisors (Aashima Garg, Christiane Rudert, Gabriele Fontana, Maaïke Arts, Roland Kupka, Simeon Nanama, Zivai Murira) in supporting the identification of relevant survey respondents in the sample countries and enabling a significant response rate.

In addition, our appreciation goes to the evaluation reference group members - Victor Aguayo, Maaïke Arts, Roland Kupka, Claire Johnson, Vilma Tyler, Mauro Brero, and Alison Feeley. Their feedback and support throughout the evaluation were invaluable. We are sincerely grateful to Beth Ann Plowman, Senior Evaluation Specialist in UNICEF's Evaluation Office, who along with Mariel Kislig and Keitaro Hara, Evaluation Specialists, designed, managed and quality-assured the global evaluation process. Finally, thanks to Geeta Dey, who provided timely administrative support.

On behalf of the UNICEF Evaluation Office, we would also like to extend our gratitude to our partner – the Economic Policy Research Institute (EPRI) – for successfully conducting and coordinating this global evaluation. The evaluation team consisted of Michael Samson (evaluation team leader), Sonia Jose (evaluation coordinator and specialist), Dileep Vardhan Reddy Karna (evaluation specialist) and thematic experts: Erica Reeves, Julie Lanigan, Bridget Kelly and Gary Sachs.

In sum, the UNICEF Evaluation Office appreciates the contributions of participating staff from UNICEF, its partners (governments, development agencies and civil society) and EPRI for conducting a methodologically solid, evidence-based and comprehensive evaluation. This report's evidence and analyses will help improve the design, reach and impact of UNICEF's ongoing efforts to prevent overweight and obesity among children and adolescents.

Abbreviations

A4H	Advocacy for Health
ASEAN	Association of Southeast Asian Nations
CAPHA	Coalition Actors for Public Health Advocacy
CDC	Center for Disease Control and Prevention
CO	Country Office
COAR	Country Office Annual Report
COVID-19	Coronavirus Disease
CPD	Country Programme Document
CRB	Child Rights and Business
CSO	Civil Society Organization
EAP	East Asia and the Pacific
EAPRO	East Asia and the Pacific Regional Office
ECA	Europe and Central Asia
ECARO	Europe and Central Asia Regional Office
EO	Evaluation Office
EPRI	Economic Policy Research Institute
ERG	Evaluation Reference Group
ESA	Eastern and Southern Africa
ESARO	Eastern and Southern Africa Regional Office
FAO	Food and Agriculture Organization
F&B	Food and Beverage
FIC	Interamerican Heart Foundation
FOPNL	Front-of-Package Nutrition Labelling
HEALA	Healthy Eating and Living Alliance
HFSS	High in Fat, Sugar or Salt
HQ	Headquarters
INSP	Instituto Nacional de Salud Pública or National Institute of Public Health
IRB	Institutional Review Board
IHT	Institute for Health Transformation
JME	Joint Malnutrition Estimates

ABBREVIATIONS

KII	Key Informant Interview
LAC	Latin America and the Caribbean
LACRO	Latin America and the Caribbean Regional Office
MENA	Middle East and North Africa
MENARO	Middle East and North Africa Regional Office
NatCom	National Committee
NCD	Non-Communicable Disease
NINH	National Institute for Nutrition and Health
OECD-DAC	Organisation for Economic Co-operation and Development's Development Assistance Committee
OECS	Organisation of Eastern Caribbean States
PAHO	Pan American Health Organization
PCA	Programme Cooperation Agreement
RAM	Results Assessment Module
RO	Regional Office
ROSA	UNICEF Regional Office for South Asia
RTI	Research Triangle Institute
SA	South Asia
SBCC	Social and Behavioural Change Communication
SDG	Sustainable Development Goal
SESAN	Secretariat of Food and Nutritional Security
SMQ	Strategic Monitoring Question
SSB	Sugar-Sweetened Beverage
ToC	Theory of Change
UN	United Nations
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
WASH	Water, Sanitation and Hygiene
WCA	West and Central Africa
WCARO	West and Central Africa Regional Office
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization
WOF	World Obesity Federation



In a remote area in Chiang Mai Province, Thailand, migrant and stateless children enjoy their lunch at a school's cafeteria.
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Executive Summary

Overweight and obesity in children and adolescents is emerging as a major development concern globally, impacting countries across various economic strata. Factors contributing to this trend include poor feeding practices in early childhood, increased consumption of ultra-processed foods, expensive nutritious and diverse food options, limited physical activity spaces, and social and gender norms. The prevalence of childhood overweight and obesity is rising across most regions, with 37 million children under five and 300 million children and adolescents aged 5-19 years affected worldwide. The coronavirus disease (COVID-19) pandemic exacerbated challenges related to malnutrition by limiting access to nutritious diets and physical exercise. In 2012, the World Health Assembly (WHA) set a goal to halt the rise in overweight in early childhood by 2025 and reduce its prevalence to three per cent by 2030. However, less than 17 per cent of countries are currently on track to meet this target, threatening children's right to healthy growth and development.

In 2019, UNICEF expanded its nutrition programming to prevent overweight and obesity in children and adolescents, thus addressing the triple burden of malnutrition in children: undernutrition (stunting and wasting), micronutrient deficiencies, and overweight and obesity. This programmatic shift to include the prevention of overweight and obesity in children and adolescents is reflected by the inclusion of specific targets and monitoring indicators in the UNICEF Strategic Plan 2022-2025 and the development of comprehensive programming guidance for

the prevention of childhood overweight and obesity in 2019. Since then, UNICEF headquarters (HQ) and regional offices (ROs) have developed several guidance documents to assist country offices (COs) in their efforts to address overweight and obesity in children and adolescents. By 2021, 73 UNICEF COs were engaged in advocacy and programme implementation to prevent overweight and obesity in childhood and adolescence, with Latin America and the Caribbean (LAC) and East Asia and Pacific (EAP) regions leading in this area. UNICEF's approach towards addressing childhood and adolescent overweight and obesity evolved from a fragmented response to one that is structured and coordinated globally, focusing on multi-sectoral policy actions and programmatic interventions.

The UNICEF Evaluation Office commissioned the Economic Policy Research Institute (EPRI) to conduct an evaluation of UNICEF's work on preventing overweight and obesity among children and adolescents. This evaluation serves two primary purposes: firstly, to ensure accountability for UNICEF's investments in this area, assessing the organization's work across various levels. Secondly, to reinforce evidence-based organizational learning within UNICEF, with a focus on enhancing future programming and performance through reflection on the evaluation's key findings.

Adopting a mixed method approach, the evaluation utilized both qualitative and quantitative methodologies, incorporating primary and secondary data sources. Primary qualitative data was collected

through key informant interviews (KIIs) and evaluation surveys. KIIs were conducted with 87 key informants comprising UNICEF staff at global, regional, and country level, as well as representatives from government agencies, civil society organizations (CSOs), and development partners. Interviews at the country level were focused on eight countries, selected across five regions and covering four case study areas: South Africa and Ghana for 'Improving School Food Environments'; the Netherlands and the Philippines for 'Restrictions on Marketing of Unhealthy Foods and Beverages to Children'; China and Greece for 'National Strategies to Prevent Childhood Overweight and Obesity'; and Argentina and Mexico for 'front-of-pack nutrition labelling (FOPNL)'. Participation in the evaluation surveys included 87 UNICEF staff, of whom 64 were from country offices/National Committees (NatComs) involved in addressing childhood and adolescent overweight and obesity and 23 UNICEF staff from COs/NatComs who are not engaged on the topic. In addition, the evaluation included a structured desk review of secondary qualitative data, analysing UNICEF documents, academic research, and other relevant materials.

The evaluation was organized around six key criteria: relevance, coherence, effectiveness, efficiency, sustainability, and UNICEF's positioning and leadership in preventing overweight and obesity among children and adolescents. This global synthesis report is the final one developed as part of the evaluation, complementing the four individual case study reports introduced in the paragraph above. A fifth case study on UNICEF's work on increasing taxes on sugar-sweetened beverages (SSBs) and unhealthy foods is incorporated in this report. This final report offers insights into UNICEF's overall approach and work at different organizational levels (HQ, RO, and CO) to prevent childhood and adolescent overweight and obesity. The key findings and recommendations from this comprehensive global evaluation are outlined below.

Key Findings

1. UNICEF's approach to preventing overweight and obesity in children and adolescents leverages a robust evidence-based approach, integrating extensive data gathering and research spanning from global directives to nuanced regional and country office-specific actions.
2. UNICEF's strategic approach for preventing overweight and obesity in children and adolescents leverages collaborative partnerships across multiple levels within and outside of UNICEF, integrating expertise and resources to align interventions with global best practices and specific country needs.
3. UNICEF has effectively utilized public awareness and social and behavioural change communication (SBCC) strategies, particularly with youth, to strengthen its policy advocacy to prevent childhood and adolescent overweight and obesity.



A child eating his lunch, Madagascar.
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4. UNICEF's provision of technical assistance to governments has contributed effectively towards shaping national policies, laws, and regulations for preventing overweight and obesity in children and adolescents, focusing on policies and actions to improve school food environments, restrict marketing of unhealthy and obesogenic foods and beverages to children, and ensure front-of-pack nutrition labelling to inform caregivers, children, and adolescents.
5. UNICEF is pursuing a principled and evidence-based approach to private sector engagement that aims to avoid conflict of interest, halt interference by the food and beverage industry with public policymaking for child nutrition and promote policies and regulations to effectively combat overweight and obesity in children and adolescents. UNICEF senior management's support has been critical for the elimination of conflict of interest in UNICEF partnerships in some countries.
6. In some regions and countries, UNICEF's policy and programmatic work to prevent overweight and obesity in children and adolescents faces implementation challenges due to human and financial resource constraints and government changes, affecting progress and effectiveness.
7. While UNICEF HQ has prioritized policy action on the taxation of unhealthy ultra-processed foods and SSBs, country level results have been limited due to varying reasons, including capacity gaps among CO staff on fiscal policies. Nevertheless, some UNICEF offices have undertaken effective advocacy on this fiscal measure in coalition with civil society and other United Nations (UN) agencies, achieving intermediate results and policy change. UNICEF COs identified the need for more support from HQ and ROs on evidence mobilization, government and public engagement, and countering lobbying by the food and beverage (F&B) industry to initiate and scale up UNICEF's work on the taxation of unhealthy foods and beverages.

Key Recommendations

1. Continue to strengthen practical, localized advocacy and guidance transfer from HQ and regional offices to country offices through tailored and interactive capacity building and knowledge dissemination initiatives, focusing on their application for the prevention of childhood overweight and obesity in diverse contexts.
2. Strengthen support to COs in advocating for and supporting taxation of unhealthy foods and sugar-sweetened beverages, leveraging UNICEF's partnership with and expertise of the World Health Organization (WHO), and focusing on high-level government engagement, evidence mobilization, and industry interference.
3. Continue to leverage UNICEF's comparative advantage in child-rights advocacy, coordination, and resource mobilization to strengthen global partnerships, coalitions, and initiatives for the prevention of overweight and obesity in children and adolescents.
4. Enhance support to COs in closing financial and human resource gaps for effective policy advocacy and implementation by providing resource mobilization support.



People walk past a large billboard advertising fast food near a mall in Manila, Philippines.
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Introduction

The UNICEF Evaluation Office (EO) commissioned EPRI to conduct a summative and formative evaluation of UNICEF's childhood and adolescent overweight and obesity prevention efforts since 2018. This global evaluation, focusing on low- and middle-income countries with some high-income contexts, assessed five key areas of work: (i) front-of-pack nutrition labelling, (ii) restrictions on marketing of food and beverages to children, (iii) national strategies on overweight and obesity prevention, (iv) improving school food environments, and (v) increasing taxes on SSBs and unhealthy foods. Dedicated case studies were developed on the first four key areas based on cross-country analysis. However, considering limited activities undertaken in the fifth key area, an analysis of the status of work by various country offices is included in this final report instead of in a dedicated case study.

The evaluation encompassed data collection on UNICEF's initiatives at the global, regional, and country level. KIIs were conducted with UNICEF staff at the headquarters and all regional offices for global and regional insights. The evaluation team conducted an extensive survey at the country level with participation from 48 countries. Additionally, in-depth KIIs were held with UNICEF staff and other key stakeholders in eight countries spanning five regions. These included China and the Philippines

in EAP, Argentina, and Mexico in LAC, South Africa in Eastern and Southern Africa (ESA), Ghana in West and Central Africa (WCA), and Greece and the Netherlands in Europe and Central Asia (ECA). This global report is compiled by triangulating the qualitative insights gained from the interviews with UNICEF staff and with various stakeholders from other UN agencies, governments and CSOs, along with quantitative data from a primary survey and secondary desk review on UNICEF's work on overweight and obesity prevention in children and adolescents.

Context

Overweight and obesity, once considered a challenge in primarily high-income countries, is emerging as a significant risk factor for children and adolescents in lower- and middle-income countries due to a combination of factors such as poor early childhood feeding practices, the rise in the sale and consumption of ultra-processed foods, unaffordable healthy food options, limited physical activity spaces, and cultural and gender norms. Globally, almost six per cent (37 million) of children under five and 18 per cent (300 million) of children and adolescents aged 5-19 years have overweight.^{1,2} The prevalence rates of overweight and obesity are continuing to rise across most

1 UNICEF, WHO and World Bank. (2023). *Levels and Trends in Child Malnutrition*. Retrieved from <https://data.unicef.org/reports/jme-report-2023/>

2 UNICEF. (2023). *State of the World's Children Report*. Retrieved from <https://www.unicef.org/india/reports/state-world-s-children-2023>

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regions globally.³ The COVID-19 pandemic intensified the challenges, impacted children's access to nutritious diets and physical exercise due to supply shocks, income loss, movement restrictions, and disrupted nutrition services.⁴ In 2012, the WHA adopted the *Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition*, which aimed to halt the rise in childhood overweight by 2025 and reduce prevalence to three per cent by 2030.⁵ However, less than 17 per cent of countries are on track to meet the 2030 target, posing a threat to children's right to a healthy childhood and transition to productive adult life.⁶

UNICEF's global work to prevent overweight and obesity among children and adolescents

UNICEF's focus on preventing childhood and adolescent overweight and obesity has expanded significantly in recent years. Initially, the organization's nutrition work was primarily concerned with stunting, wasting, and micronutrient deficiencies. However, recognizing the rising global rates, UNICEF gradually included overweight and obesity prevention in its nutrition efforts. A significant initial step was the inclusion of overweight and obesity prevention targets and monitoring indicators in the Strategic Plan 2018-2021, followed by the recruitment of dedicated staff at the HQ level to engage in the issue. In 2019, UNICEF published two important programme guidance documents: one focusing on

the prevention of overweight and obesity in children and adolescents, prepared by the nutrition section at UNICEF Programme Division,⁷ and the other addressing early life prevention of non-communicable diseases (NCDs), developed by the UNICEF multisectoral NCD Core Group.⁸

Acknowledging the growing burden of malnutrition in low- and middle-income countries, UNICEF integrated childhood and adolescent overweight and obesity prevention into its Nutrition Strategy 2020-2030 and Strategic Plan 2022-2025.^{9,10} Both the nutrition strategy and the strategic plan emphasize the need for integrated and multisectoral approaches to address the issue of childhood and adolescent overweight and obesity. In 2020, UNICEF developed advocacy guidance and, in 2022, introduced a landscape analysis tool. The latter was developed to assist country offices in shaping strategies in different contexts and reinforces the organization's dedication to evidence-based policymaking.^{11, 12}

There has been a notable increase in the engagement of UNICEF COs in advocacy efforts to promote policies and programmes to prevent overweight and obesity among children and adolescents increasing from 56 to 73 out of 157 countries between 2018-2021 as per UNICEF's strategic monitoring data (see **Figure 1** below). The increase in engagement is also reflected in the specific actions undertaken by various COs (see **Figure 2** below). The growing trend underscores the expanding reach of UNICEF's efforts in tackling childhood and adolescent overweight and obesity on a global scale.

- 3 UNICEF. (2020). *Nutrition, for Every Child: UNICEF Nutrition Strategy 2020–2030*. Retrieved from <https://www.unicef.org/media/92031/file/UNICEF%20Nutrition%20Strategy%202020-2030.pdf>
- 4 UNICEF. (2022). *Goal Area 1, Every child survives and thrives: Global Annual Results Report 2021*. Retrieved from <https://www.unicef.org/media/121836/file/Global-annual-results-report-2021-goal-area-1.pdf>
- 5 World Health Organization. (2014). *Comprehensive implementation plan on maternal, infant and young child nutrition*. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/113048/WHO_NMH_NHD_14.1_eng.pdf
- 6 UNICEF, WHO & IRBD/World Bank Group. (2021). *Levels and trends in child malnutrition: key findings of the 2021 edition of the joint malnutrition estimates*. Retrieved from <https://www.who.int/publications/i/item/9789240025257>
- 7 UNICEF. (2019). *Prevention of overweight and obesity in children and adolescents: UNICEF programming guidance*. Retrieved from <https://www.unicef.org/media/92336/file/Programming-Guidance-Overweight-Prevention.pdf>
- 8 UNICEF. (2019). *Programming Guidance for Early Life Prevention of Non-Communicable Diseases*. Retrieved from <https://www.unicef.org/media/61431/file>
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- 10 UNICEF. (2021). *UNICEF Strategic Plan, 2022–2025*. Retrieved from <https://www.unicef.org/media/107516/file/UNICEF%20Strategic%20Plan%202022-2025.pdf>
- 11 UNICEF. (2020). *UNICEF advocacy strategy guidance for the prevention of overweight and obesity in children and adolescents*. Retrieved from <https://www.unicef.org/media/92331/file/Advocacy-Guidance-Overweight-Prevention.pdf>
- 12 UNICEF. (2022). *Landscape analysis tool on overweight and obesity in children and adolescents*. Retrieved from <https://www.unicef.org/media/130991/file/UNICEF%20Overweight%20Obesity%20Landscape%20Analysis%20Tool%202022.pdf>

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Figure 1. The number of UNICEF COs supporting policy actions or programmes for preventing overweight and obesity in children and adolescents (2018-2021) [Source: SMQ Data 2018-2021]

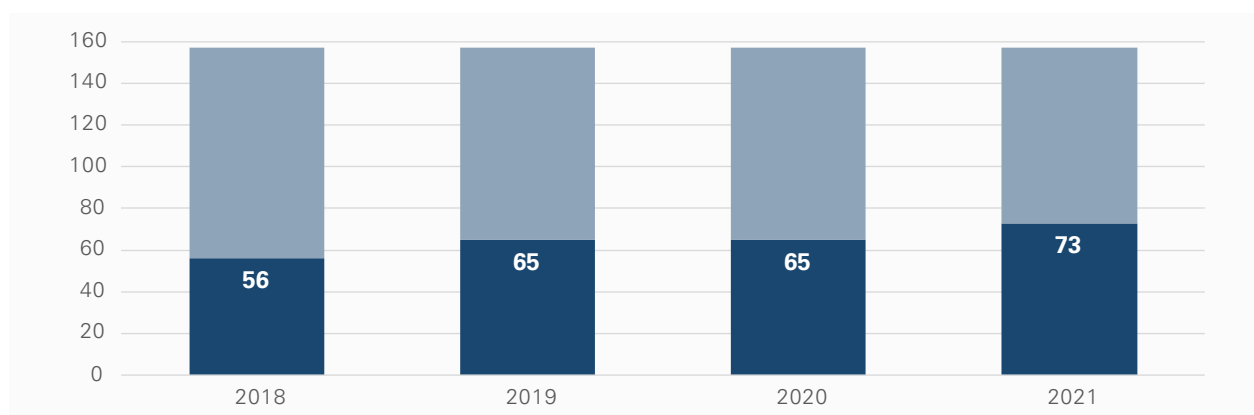
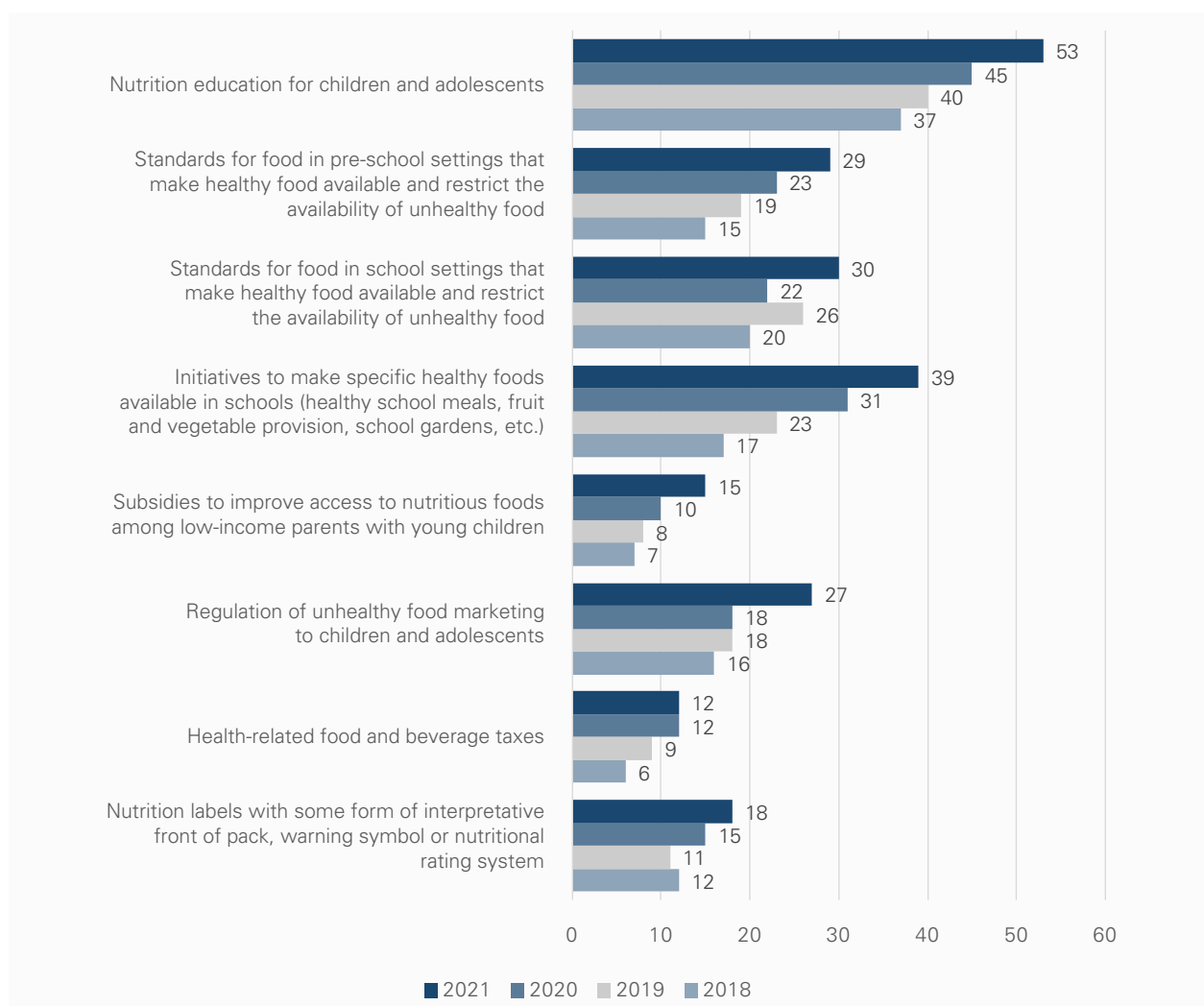


Figure 2. The number of UNICEF COs supporting the implementation of various specific policy actions or programmes for preventing overweight and obesity in children and adolescents (2018-2021) [Source: SMQ Data 2018-2021]

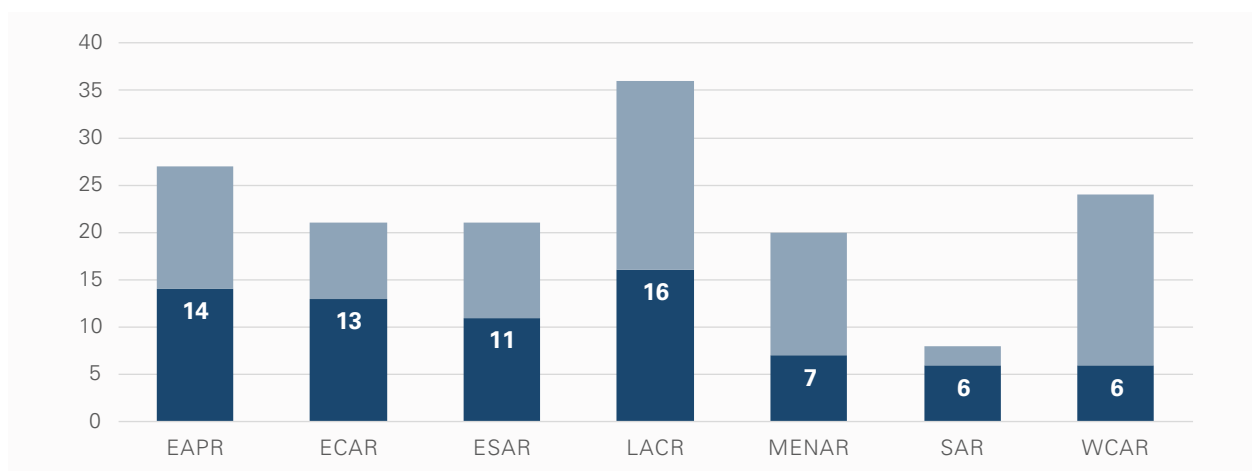


INTRODUCTION

Regionally, the UNICEF Latin America and Caribbean Regional Office (LACRO) and East Asia and Pacific Regional Office (EAPRO) have been the pioneers in addressing childhood and adolescent overweight and obesity. As per data from UNICEF Strategic Monitoring Questions (2021), the LAC and EAP regions have the highest number of COs supporting policy actions and programmes to combat childhood and adolescent overweight and obesity (see **Figure 3** below). LACRO's efforts, driven by alarming overweight and obesity rates among children, include advocacy, policy support, and resource mobilization. EAPRO, working in the region where children face the highest burden of overweight and obesity with 9.7 million children under five affected by overweight,¹³ initiated several policy actions and regional partnerships.

Other regions such as ESA, the Middle East and North Africa (MENA), and South Asia (SA) have also started integrating overweight and obesity prevention into their broader nutrition work, albeit at different stages. In addition to the growing number of COs supporting the prevention of overweight in children and adolescents, UNICEF's approach towards overweight and obesity prevention evolved from a fragmented response in a few countries and regions to one that is more structured, global, and which emphasizes multi-sectoral interventions and policy actions. The organization's efforts are currently geared towards building a critical mass of countries undertaking comprehensive work on addressing overweight and obesity, using evidence and momentum to expand its impact globally.

Figure 3. The number of UNICEF COs supporting policy actions or programmes for preventing overweight in children and adolescents (2021) [Source: SMQ Data 2021]



13 UNICEF. (2019). *UNICEF Programming Guidance: Prevention of Overweight and Obesity in Children and Adolescents*. Retrieved from <https://www.unicef.org/media/92336/file/Programming-Guidance-Overweight-Prevention.pdf>

Ex-post evaluation theory of change

In this evaluation, an ex-post theory of change (ToC) was formulated for UNICEF's work on overweight and obesity prevention among children and adolescents. The ToC defines the specific pathways through which inputs into overweight and obesity prevention are expected to have led and continue to lead to intermediate and long-term outcomes, resulting in overall impact. Based on the pathways, relevant questions for the primary data collection instruments were developed to assess the effectiveness of the pathways and the achievement of expected outcomes and impact.

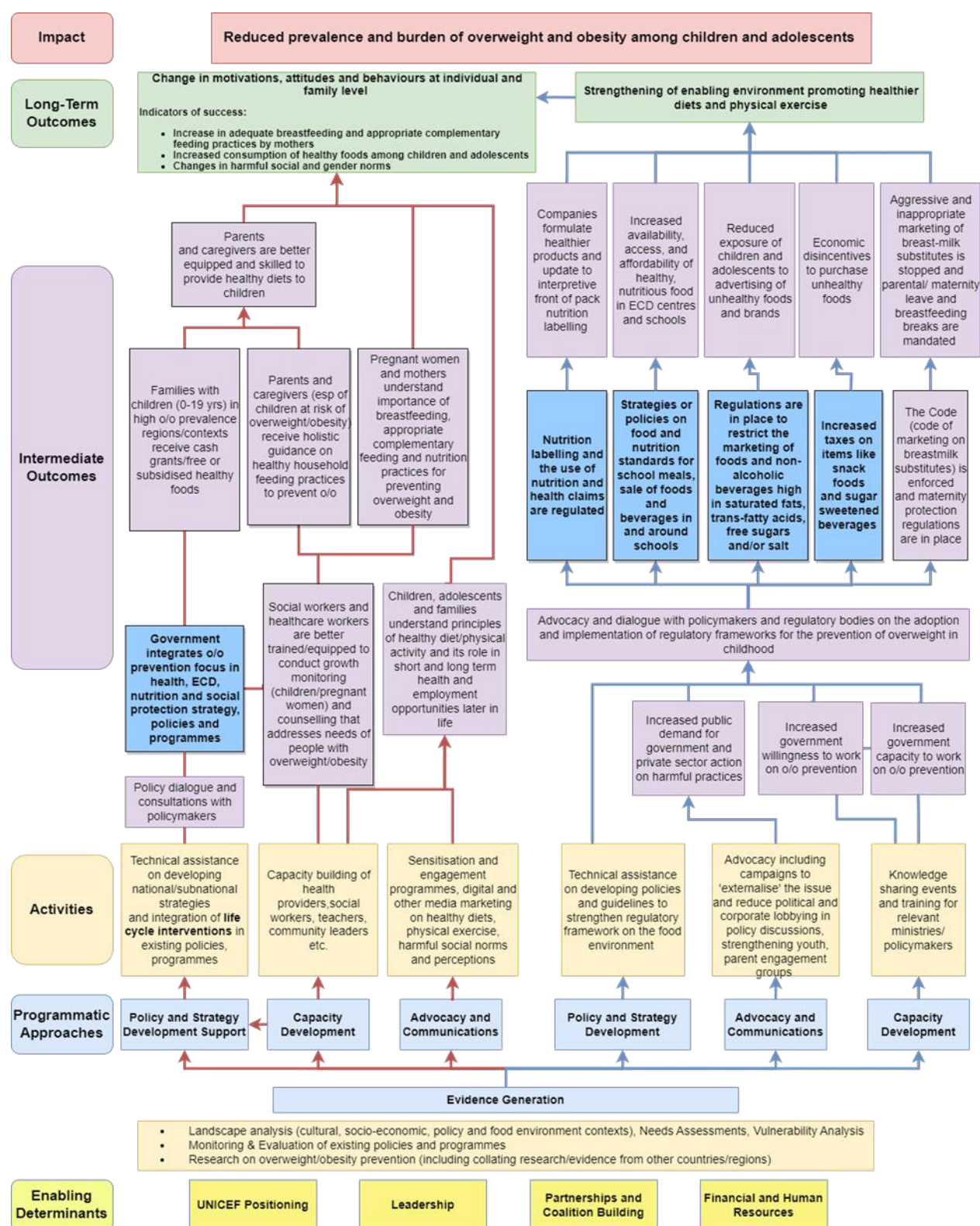
As shown in the ToC illustration in **Figure 4** below, different inputs from UNICEF in the form of support for evidence generation, policy and strategy development, capacity building, advocacy, and communications will result in the achievement of intermediate outcomes such as integrating obesity prevention into national nutrition and health strategies, implementing policies on nutrition labelling, school food environments, and marketing restrictions. The intermediate outcomes, in turn, are expected to contribute towards progress for long-term outcomes, focusing on changing individual, family, and community behaviours and attitudes and strengthening enabling environments for healthier diets and physical activity. The long-term outcomes are expected to translate into the impact of an overall reduction in the prevalence and burden of overweight and obesity in children and adolescents. This evaluation assesses the extent of the contribution of the various inputs towards the expected intermediate and long-term outcomes. However, considering that UNICEF's work on overweight and obesity prevention among children and adolescents is currently in its early stages, the evaluation does not include an impact-level analysis.



Students receiving a nutritious lunch from cafeteria servers at their primary school in South Africa. © UNICEF/UNI205820/Hearfield

INTRODUCTION

Figure 4. Validated Theory of Change





A shelf labeled “Healthy food zone”, which sold bars and dried fruit in a movie theatres in Kazakhstan.
© UNICEF/UNI209780/Karimova

Evaluation Approach and Methodology

Purpose

The UNICEF Evaluation Office commissioned EPRI to undertake this evaluation for two primary purposes:

- ▶ To ensure accountability of UNICEF’s investments in overweight and obesity prevention among children and adolescents, involving assessments of the work undertaken at various organizational levels (HQ, RO, CO) evaluating both the nature and value of these efforts.
- ▶ To reinforce evidence-based organizational learning within UNICEF, to improve future programming, implementation, and overall performance through reflection on the evaluation’s key findings.

Objectives

The evaluation of UNICEF’s work on overweight and obesity prevention in children and adolescents is designed to meet both summative and formative objectives. The summative component focused on evaluating the relevance, coherence, effectiveness, efficiency, and sustainability of UNICEF’s prevention efforts. It also examined how the organization’s positioning, structures, and leadership at the HQ, RO and CO level influence these prevention efforts. This component aligned with the strategic

goal set in 2018, specifically targeting Sustainable Development Goal (SDG) 2.2.2, which aims to reduce the percentage of children aged 0-19 years who have overweight by documenting and evaluating UNICEF’s programmes and policy actions, activities, and the resulting outputs and outcomes.

The formative component of the evaluation is geared towards the future to identify lessons learned, formulate clear conclusions, and provide actionable, practical recommendations based on the evidence gathered. The recommendations are intended to guide the future decision-making processes at the HQ, RO, and CO level, focusing on identifying opportunities and risks for enhancing UNICEF’s impact and leadership on overweight and obesity prevention. The evaluation is intended to strengthen UNICEF’s internal capacities, programming, partnerships, and positioning in current and future strategic cycles, enhancing its response to prevent overweight and obesity among children and adolescents.

Scope

The evaluation comprehensively covered UNICEF’s actions and results from the strategic cycle 2018-2021 and extended into the ongoing 2022-2025 cycle. It encompassed all three organizational levels of UNICEF – global, regional, and country – focusing on in-depth case studies and quantitative data collection at the country office level. Geographically,

while maintaining a global outlook, the primary qualitative data collection activities at the CO level were concentrated in eight countries across five regions: Argentina and Mexico in LAC, South Africa in ESA, the Philippines and China in EAP, Ghana in WCA, and Greece and the Netherlands in ECA. The KIs at the CO level were complemented by a comprehensive survey covering 47 countries across UNICEF regions to provide a global perspective.

Evaluation questions

This evaluation is structured around six primary questions aligned with the evaluation objectives. The questions, presented in **Table 1** below, were developed based on the Terms of Reference, the ToC,

and a structured desk review during the project's inception phase. They delve into various aspects of UNICEF's work and are segmented further into sub-questions. The evaluation questions are categorized under five key Organisation for Economic Co-operation and Development's Development Assistance Committee (OECD-DAC) criteria: relevance, coherence, effectiveness, efficiency, and sustainability. Notably, this evaluation did not assess the 'impact' criterion, as UNICEF's engagement in overweight and obesity prevention is currently in its early phase, with significant work undertaken since 2018. The evaluation primarily focuses on outputs and early-stage outcomes. Besides the five criteria, the evaluation also analyses how UNICEF's positioning and leadership affected its work on overweight and obesity prevention.

Table 1. Evaluation questions

Relevance	How relevant have UNICEF's interventions been in preventing overweight and obesity among children and adolescents? ▶ To what extent has UNICEF mobilized evidence (on the nature of the problem and solutions) to understand key stakeholder (including intended beneficiaries) needs? ▶ To what extent are UNICEF's interventions responsive to the specific needs of key stakeholders and identified features of the surrounding context?
Coherence	How coherent are UNICEF's interventions with country priorities to prevent overweight and obesity among children and adolescents? ▶ To what extent are the various UNICEF strategies and actions under Goal Areas mutually reinforcing (or standalone/contradictory) with regard to preventing overweight and obesity? ▶ To what extent are UNICEF's interventions coherent with policies and programmes of other partners working on overweight/obesity prevention at global, regional, and national level? ▶ To what extent is UNICEF's programming on overweight and obesity prevention coherent with the national government's policies and strategies?
Effectiveness	How effective are UNICEF's interventions in achieving long-term outcomes towards preventing overweight and obesity among children and adolescents? ▶ To what extent are UNICEF's policy actions/programmes effective in changing motivations, attitudes and behaviours at individual and family levels? ▶ To what extent are UNICEF's policy actions/programmes effective in creating less-obesogenic environments that enable healthier diets and more physical activity?
Efficiency	How efficient have UNICEF's interventions been in achieving intended results within an expected timeframe and in a cost-effective manner? ▶ What strategies/activities has UNICEF undertaken to ensure resources are allocated efficiently? ▶ To what extent are the interventions implemented in a timely manner and how are delays arising from internal and external barriers mitigated/managed?

Sustainability	How sustainable are UNICEF's interventions to prevent overweight and obesity? ► <i>What actions does UNICEF take to embed sustainability in its programming to ensure ownership and resourcing in the long term?</i> ► <i>To what extent have these approaches resulted in the sustainability of programmes?</i>
Positioning and Leadership	How has UNICEF's positioning, organizational structures and leadership affected programmes and policy actions to prevent overweight and obesity?

Evaluation methodology

The evaluation of UNICEF's work on overweight and obesity prevention among children and adolescents employed a comprehensive and multifaceted methodology. It incorporated various data collection and analysis methods to thoroughly comprehend and analyse the topic. The four data collection and analysis techniques: (i) structured desk review, (ii) key informant interviews, (iii) evaluation survey, and (iv) mixed method analysis and triangulation of findings are explained in detail below.

Structured desk review: The evaluation team conducted an extensive desk review of documents relevant to UNICEF's work in the specific programmatic areas. It included an analysis of various UNICEF documents, such as country office annual reports (COARs), country programme documents (CPDs), programme cooperation agreements (PCAs), and results assessment modules (RAMs). Additionally, the team reviewed academic literature, national policy documents, media articles, and reports from government agencies, civil society, and development partners. To enhance the desk review, the evaluation team also analysed the SMQ data, Nutridash data, and the data available on InSight, a UNICEF portal.

Key informant interviews: The evaluation team's qualitative data collection activities involved conducting KIIs with individuals across four stakeholder categories: UNICEF staff at HQ, RO, and CO level, government ministries and agencies, CSOs, and development partners. Key informants were identified through an expert sampling technique and a chain referral approach. For KIIs involving UNICEF staff, individuals engaged in nutrition and other

pertinent thematic areas were identified. Interviews at the country office level were primarily conducted with representatives from the eight countries chosen for case studies on four key areas of work (FOPNL, restrictions on marketing of food and beverages to children, national strategies on overweight and obesity prevention and improving school food environments).

The COs chosen for the case studies were initially proposed by EPRI during the inception phase and finalized post discussions with the Evaluation Reference Group (ERG). The regional offices provided focal points for the selected COs, who subsequently helped identify relevant key informants at the CO level. The evaluation team used the chain referral approach, where stakeholders suggested other potential interviewees. In total, the evaluation team reached out to 98 key informants, of whom 87 participated in the KIIs. The evaluation team also conducted seven additional KIIs at a later stage with the CO/NatCom focal points in case study countries to validate the initial key findings.¹⁴ A summary of the key informants interviewed is presented in **Table 2** below. The detailed list of key informants and the KII questionnaires for various stakeholders are presented in **Annex 1** and **Annex 2**, respectively.

14 Of the eight case-study countries, UNICEF Argentina provided their feedback and inputs over email instead of the validation KII.

Table 2. The number of persons interviewed by the evaluation team

Type of stakeholder	Number of persons interviewed
UNICEF staff in HQ	9
UNICEF staff in ROs	9
UNICEF staff in CO/NatCom	29
External stakeholders (including government representatives, CSOs and development partners)	40
Total	87

Evaluation survey: The evaluation team’s quantitative data collection included two online surveys targeting country office staff in nutrition and other relevant areas, including education, health, social and behaviour change, partnerships, and early childhood development, in 66 COs and one NatCom (the Netherlands). Tailored for countries that reported working on overweight and obesity prevention, the first survey’s objective was to gather data on the scope, variety, and perceived relevance, coherence, efficiency, effectiveness and sustainability of the COs’ initiatives. For countries not working on overweight and obesity prevention, the second survey aimed to explore reasons for inaction and

the interest and readiness for future work. EPRI employed an expert sampling technique for survey respondent selection. Regional nutrition advisors (and the regional survive and thrive advisor in the case of LAC) nominated country level focal points, who subsequently identified country-specific survey participants. In total, 87 UNICEF staff members representing 47 COs and one NatCom took part in the surveys. An overview of the survey participants (including their COs and NatComs) is presented in **Table 3** below. The online survey questionnaires and the evaluation team’s analysis of the survey responses are presented in **Annex 3** and **Annex 4**, respectively.



A student pays for lunch in the school cafeteria, Federated States of Micronesia. Despite the free nutritious meals available, many students still buy less healthy options, including snacks and sugary drinks. © UNICEF/UNI521900/San Diego

Table 3. Summary of the countries which participated in the EPRI evaluation survey (2023)

Region	Number of COs working on the issue of over-weight and obesity prevention	Countries	Number of COs not working on the issue of over-weight and obesity prevention	Countries
LAC	12	Argentina, Belize, Bolivia, Brazil, Costa Rica, Cuba, Ecuador, Fiji MCO, Guatemala, Mexico, Nicaragua, Panama	0	--
EAP	8	China, Kiribati, Malaysia, Mongolia, the Philippines, Suriname, Thailand, Vanuatu	1	Papua New Guinea
ECA	6	Bosnia and Herzegovina, Greece, Kazakhstan, North Macedonia, Republic of Uzbekistan, the Netherlands	2	Azerbaijan, Belarus
ESA	2	South Africa, Uganda	4	Angola, Comoros, Malawi, Zambia
MENA	3	Iraq, Jordan, Tunisia	1	Iran
SA	2	India, Sri Lanka	3	Afghanistan, Nepal, Pakistan
WCA	1	Ghana	3	Gambia, Republic of Cameroon, Senegal

Mixed method analysis and triangulation of findings:

The evaluation team leveraged a mixed method approach, integrating qualitative and quantitative data to expand understanding and corroborate findings on UNICEF's work on overweight and obesity prevention among children and adolescents. The evaluation team utilized Nvivo, a software package for qualitative analysis, for an integrated analysis of different information sources and synthesis across cases. During this analysis, triangulation methodology was used to validate propositions and test various hypotheses based on the ToC. Following this, validation KIs with case study countries were held to validate the findings and gather additional insights to refine further the understanding of UNICEF's work on the topic. This approach enhanced the evaluation's robustness, providing a comprehensive assessment of UNICEF's work on overweight and obesity prevention among children and adolescents.

Ethical considerations

EPRI conducts high-quality work guided by professional standards and ethical and moral principles in line with the Norms and Standards for Evaluation (2016), developed by the UN Evaluation Group (UNEG) and the UNICEF Procedures for Ethical Standards in Research, Evaluation, Data Collection and Analysis.¹⁵ The design of the evaluation received ethics approval from the Institutional Review Board (IRB), and data collection only started upon receipt of the official approval. During the data collection process, EPRI ensured ethical compliance by obtaining informed consent from all key informant interviewees and UNICEF CO staff participating in the online survey. Participants were provided with detailed information about the evaluation and assured of the anonymity and voluntariness of their responses and were also informed of their right to

15 UNEG. (2016). *Norms and Standards for Evaluation*. New York: UNEG. and UNICEF. (2015). *Procedures for Ethical Standards in Research, Evaluation, Data Collection and Analysis*. Washington, D.C.: UNICEF.

skip questions or discontinue participation in the interview or survey at any time.

In line with its ethical standards, EPRI adhered to ethical research principles, including impartiality, independence, credibility, and accountability. EPRI proactively addressed a potential conflict of interest involving a consultant with past associations with UNICEF China, one of the case study countries. This was resolved by fully disclosing the conflict to the UNICEF EO and ensuring that the consultant did not participate in any data collection or reporting activities for the case study involving UNICEF China, maintaining the integrity of the evaluation process.

Limitations

The evaluation encountered a few methodological constraints, which are detailed below, along with EPRI's strategies to mitigate the constraints:

► **Geographical scope and representation limitations:** The qualitative research component of KIIs at the CO level was focused on eight countries from five regions, limiting external validity and generalizability. To mitigate this, insights from the broader online survey covering 67 countries were incorporated into the findings, and consultations with regional and headquarter stakeholders were conducted to comprehensively enhance the evaluation's understanding. To ensure maximum participation in the KIIs and surveys and comprehension of the questions, key informants and respondents from the LAC region were provided the opportunity to take part in the KIIs and survey in Spanish, and the participants from China were provided an opportunity to take part in the KIIs in Chinese.

► **Challenges in isolating specific inputs and results:** The integration of overweight and obesity prevention into the broader nutrition efforts of UNICEF and other stakeholders presented some difficulties in isolating specific contributions by UNICEF towards overweight and obesity prevention. EPRI addressed this challenge by directing respondents to concentrate on overweight and obesity prevention within UNICEF's programming, thereby identifying the unique impacts of UNICEF initiatives.

► **Challenges in data verification:** Verifying information from key informants was challenging due to the limited availability of secondary data on UNICEF's relatively new work in this area and the potential for biased responses from UNICEF staff actively engaged in the work being subjected to the evaluation. Data triangulation across multiple sources (KIIs with UNICEF COs/NatComs, KIIs with external stakeholders such as government, CSOs and development partners, and the quantitative data analysis) was employed to effectively overcome the data verification challenges despite the limited capacity for independent verification.

Limited work undertaken by COs on increasing taxes on SSBs and unhealthy foods: The initial plan of the evaluation team was to develop five case studies, including one focused on UNICEF's efforts to increase taxes on sugar-sweetened beverages and unhealthy foods. Based on consultations with ERG, EPRI identified Mexico and South Africa for the cross-country analysis of the case study topic. However, during the data collection phase, representatives of both country offices mentioned that the CO had undertaken limited work on increasing taxes on sugar-sweetened beverages and unhealthy foods. A desk review by the evaluation team indicated that limited work on taxes on SSB and unhealthy foods was a common trend among most UNICEF COs. Consequently, the evaluation team modified their approach from a detailed cross-country analysis of UNICEF's initiatives in two countries to a more concise global overview. This revised analysis focused on examining the status of activities by various UNICEF COs regarding efforts to increase taxes on sugar-sweetened beverages and unhealthy foods. The team also aimed to analyse the underlying reasons for the limited engagement in this area by including dedicated questions on this topic in the country-level KIIs and evaluation survey. The analysis is presented in **Chapter 4** of the report.



As part of its support, UNICEF Peru carries out childhood overweight prevention activities at schools.
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Evaluation Findings

This chapter presents the evaluation findings of the analysis assessing the contributions of UNICEF's work on overweight and obesity prevention among children and adolescents using six evaluation criteria – relevance, coherence, effectiveness, efficiency, sustainability, and positioning. While the evaluation team used a framework comprising evaluation questions, sub-questions and indicators guided by the six criteria mentioned above to evaluate UNICEF's work, the findings have been synthesized to provide an overall assessment of UNICEF's engagement on overweight and obesity prevention among children and adolescents, highlighting the factors enabling and impeding progress on overweight and obesity prevention.

Factors enabling UNICEF's work to prevent overweight and obesity in children and adolescents

Finding 1: UNICEF's approach to preventing overweight and obesity in children and adolescents leverages a robust evidence-based approach, integrating extensive data gathering and research spanning from global directives to nuanced regional and country office-specific actions.

UNICEF's approach to preventing overweight and obesity in children and adolescents is rooted in an evidence-based approach, emphasizing extensive data collection activities, research, and the development of targeted guidance documents. This approach is evident in UNICEF's global, regional, and country level initiatives, demonstrating a commitment to informed and evidence driven decision-making. A key example of this is the development of a landscape analysis tool in 2020, which helps to understand the status of childhood nutrition and factors contributing to overweight and obesity in various regions.¹⁶ The landscape analysis tool has been implemented in Indonesia, Mongolia, the Philippines, Vietnam, and Chengdu City (China), guiding UNICEF CO's policy work and programme development.¹⁷

16 UNICEF. (2022). *Goal Area 1, Every child survives and thrives: Global Annual Results Report 2021*. Retrieved from <https://www.unicef.org/media/121836/file/Global-annual-results-report-2021-goal-area-1.pdf>

17 UNICEF. (2022). *Goal Area 1, Every child survives and thrives: Global Annual Results Report 2021*. Retrieved from <https://www.unicef.org/media/121836/file/Global-annual-results-report-2021-goal-area-1.pdf>

UNICEF's evidence-based approach is exemplified through the creation of guidance documents such as *Shifting The Narrative: A Playbook For Effective Advocacy On The Prevention Of Childhood Overweight And Obesity*, which was informed by a global audience segmentation study involving 7,000 people across seven countries.¹⁸ Furthermore, UNICEF, in collaboration with WHO and the World Bank, has been a part of the Joint Malnutrition Estimates (JME) initiative since 2011¹⁹ which provides comprehensive and annually updated data on child malnutrition, including aspects such as overweight and obesity. Through continuous methodological improvements, the JME initiative is enhancing the effectiveness of the work in overweight and obesity prevention, backed by solid, evidence-based insights.²⁰ The initiative enables UNICEF and its partners to tailor prevention approaches more effectively. The data informs targeted interventions by detailing factors such as age, sex, and geographic region. UNICEF HQ also collaborated with academic and research institutions to conduct a study into the "lived experiences" of children from the Philippines, South Africa, and Tunisia to gather critical insights on the influence of systemic factors on children's diets.²¹ The findings published in the report *A Systems Approach To Improving Children's Diets: Learning From Lived Experience*²² made the case for COs to advocate for place-based food environment policy actions tailored to local contexts.

At the regional level, ROs leveraged evidence-based approaches to guide the actions of COs. For instance, UNICEF LACRO published the *Childhood Overweight and the Retail Environment in Latin America and the Caribbean Synthesis* report, which analysed the role of F&B marketing in retail environments and offered recommendations for promoting healthier dietary choices. Another report by LACRO, *Childhood Overweight On The Rise: Is It Too Late To Turn The Tide In Latin America And The Caribbean?*, showcased regional policy initiatives and called for collaborative efforts to ensure proper nutrition and health for children and adolescents.²³ Additionally, UNICEF ECARO published *A Review Of The School-Aged Children and Adolescent Nutrition In Europe And Central Asia Region*, providing a comprehensive overview of the nutritional challenges and dietary behaviours of school-aged children and adolescents in the ECA region and offered evidence-based guidance for policies and programmes to improve the nutritional well-being of children and adolescents and prevent overweight and obesity.²⁴ In addition to these publications, UNICEF regional offices have employed several methods to support the dissemination of the evidence to country offices. UNICEF ESARO developed a matrix, *Food Policy Options, Pathways and Tools*, to guide country level evidence mobilization by listing the tools and resources for supporting each policy action.²⁵ Similarly, UNICEF EAPRO utilized a series of blogs to disseminate evidence on childhood obesity in the region.²⁶

18 UNICEF. (2023). *Goal Area 1, Every child survives and thrives: Global Annual Results Report 2022*. Retrieved from <https://www.unicef.org/media/143436/file/Global%20annual%20results%20report%202022%20-%20Goal%20Area%201.pdf>

19 UNICEF. (2021). *Joint Malnutrition Estimates 2021 – Technical notes on country consultations*. Retrieved from <https://data.unicef.org/resources/jme-2021-country-consultations/>

20 UNICEF. (2021). *Joint Malnutrition Estimates 2021 – Technical notes on country consultations*. Retrieved from <https://data.unicef.org/resources/jme-2021-country-consultations/>

21 UNICEF. (2023). *Goal Area 1, Every child survives and thrives: Global Annual Results Report 2022*. Retrieved from <https://www.unicef.org/media/143436/file/Global%20annual%20results%20report%202022%20-%20Goal%20Area%201.pdf>

22 UNICEF. (2022). *A Systems Approach to Improving Children's Diets: Learning from lived experience*. New York: UNICEF. Retrieved from <https://www.unicef.org/media/129066/file/A%20Systems%20Approach%20to%20Improving%20Children%E2%80%99s%20Diets%20.pdf>

23 UNICEF Regional Office for Latin America and the Caribbean . (2019). *Childhood Overweight and the Retail Environment in Latin America and the Caribbean: Synthesis Report*. Retrieved from <https://cesni-biblioteca.org/archivos/UNICEF-Childhood%20Obesity%20and%20the%20Retail%20Environment%20LAC%20%281%29.pdf>

24 UNICEF. (2020). *A Review of the School-Aged Children and Adolescent Nutrition in Europe and Central Asia Region*. Retrieved from <https://www.unicef.org/eca/media/16916/file/A%20review%20of%20the%20School%20Age%20Children%20and%20Adolescent%20Nutrition%20in%20Europe%20and%20Central%20Asia%20Region.pdf>

25 UNICEF ESARO. (n.d.). *Food Policy Options, Pathways, and Tools*.

26 UNICEF East Asia and Pacific. (n.d.). *Preventing Obesity and Improving Diets in Children*. Retrieved from <https://www.unicef.org/eap/preventing-obesity-and-improving-diets-children>

At the country level, UNICEF's evidence-driven approach translated into targeted advocacy efforts and the development of a draft bill. As outlined in the case study on *Restrictions on Marketing of Unhealthy Foods and Beverages to Children*, in the Netherlands and the Philippines, UNICEF's advocacy efforts for regulating the marketing of unhealthy food marketing were supported by robust studies that identified gaps in existing regulations. In the Netherlands, UNICEF supported the alliance on child food marketing (Alliantie Stop kindermarketing ongezonde) to develop a position paper in 2020, highlighting gaps in implementing the 2018 National Prevention Agreement and existing self-regulation mechanisms.²⁷ In 2020, UNICEF Netherlands conducted a comprehensive review of supermarket practices, revealing limited attention to children's nutritional needs in the core business activities of supermarkets, leading to significant media attention on the supermarket marketing environment that avidly promotes unhealthy foods to children.²⁸ In the Philippines, UNICEF's 2021 report on unhealthy digital food marketing to children informed the draft bill on child marketing regulations, emphasizing the impact of social media marketing on children's preferences and consumption behaviours.²⁹

In Argentina and Mexico, UNICEF effectively mobilized evidence for FOPNL policies by collaborating with organizations such as the Interamerican Heart Foundation (FIC) in Argentina³⁰ and Instituto Nacional de Salud Pública or National Institute of Public Health (INSP) in Argentina and Mexico³¹, conducting studies, and advocating for policy changes based on international best practices and unique local contexts. The evidence-based approach

significantly contributed to developing and implementing comprehensive FOPNL systems in both countries. UNICEF Argentina and UNICEF Mexico leveraged evidence to advocate for and build capacities of government representatives at both executive and legislative levels. Additionally, UNICEF's comprehensive study in South Africa on diet and physical activity in adolescents and young people is another testament to the strength of evidence-based methodology.³² The study revealed significant insights into the prevalence of overweight and obesity among different age groups and the barriers preventing nutritious diets and physical activity. The findings from the study were critical in shaping South Africa's National Strategy for the Prevention and Control of Obesity 2022–2027, emphasizing that creating environments is conducive to healthy food choices and physical activity.³³



Young children drink from milk cartons that are handed out as part of the nutrition intervention programme, Rwanda.
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- 27 Alliantie Stop Kindermarketing ongezonde voeding. (2020). *Stop the marketing of unhealthy food aimed at children!* Retrieved from <https://www.unicef.nl/files/position%20paper%20alliantie%20stop%20kindermarketing%20ongezonde%20voeding.pdf>
- 28 UNICEF. (2020). (rep.). *Enticement: From Unhealthy to Healthy Choices*. Retrieved November 12, 2023, from https://www.unicef.nl/files/UNI_RAPPORT_ENG_def.pdf.
- 29 UNICEF Philippines. (2021). *Unhealthy Food Marketing to Children in the Philippines*. Retrieved from <https://www.unicef.org/philippines/reports/unhealthy-food-marketing-children-philippines>
- 30 UNICEF and FIC (2016). *Brechas sociales de la obesidad en la niñez y adolescencia*. Retrieved from: <https://www.unicef.org/argentina/informes/brechas-sociales-de-la-obesidad-en-la-ni%C3%B1ez-y-adolescencia>.
- 31 Instituto Nacional de Salud Pública de México and UNICEF. (2016). *Review of current labelling regulations and practices for food and beverage targeting children and adolescents in Latin America countries (Mexico, Chile, Costa Rica and Argentina) and recommendations for facilitating consumer information*. Retrieved from [https://www.unicef.org/lac/media/1876/file/PDF_An%C3%A1lisis de regulaciones y pr%C3%A1cticas para el etiquetado de alimentos y bebidas ING.pdf](https://www.unicef.org/lac/media/1876/file/PDF_An%C3%A1lisis%20de%20regulaciones%20y%20pr%C3%A1cticas%20para%20el%20etiquetado%20de%20alimentos%20y%20bebidas%20ING.pdf).
- 32 UNICEF. (2023). *Goal Area 1, Every child survives and thrives: Global Annual Results Report 2022*. Retrieved from <https://www.unicef.org/media/143436/file/Global%20annual%20results%20report%202022%20-%20Goal%20Area%201.pdf>
- 33 UNICEF. (2023). *Goal Area 1, Every child survives and thrives: Global Annual Results Report 2022*. Retrieved from <https://www.unicef.org/media/143436/file/Global%20annual%20results%20report%202022%20-%20Goal%20Area%201.pdf>

WCARO supported UNICEF Gabon to collaborate with the government on the *National Survey on Food, Health, Nutrition, and Lifestyles of Adolescents in Schools*. The survey assessed the rising issue of overweight and obesity among adolescents in Gabon by examining their dietary habits, food environment, and related health behaviours and identified policy gaps for effective intervention approaches.³⁴ One of the report's critical insights regarding overweight prevalence in many regions underscored the emerging need for overweight prevention action in the country. UNICEF Gabon is using the report as an advocacy tool to consolidate government support for policy changes to improve the country's school food environment.

Findings from EPRI's evaluation survey underscore UNICEF's commitment to an evidence-based approach. Among the UNICEF CO respondents who reported their countries are working on overweight and obesity prevention among children and adolescents, an overwhelming majority (59 out of 63) agreed to some extent that their country office is undertaking evidence-based actions to address this issue (see **Figure 15 in Annex 4**). Additionally, two-thirds of respondents (40 out of 64) indicated that their CO undertook research and analysis on the prevalence and the causes of overweight and obesity among children in their countries (see **Figure 11 in Annex 4**), out of which two-thirds of the respondents (24 out of 39) indicated that their COs specifically disaggregated information for vulnerable/excluded groups in their research (see **Figure 12 in Annex 4**).

Finding 2: UNICEF's strategic approach for preventing overweight and obesity in children and adolescents leverages collaborative partnerships across multiple levels within and outside UNICEF, integrating expertise and resources to align interventions with global best practices and specific country needs.

UNICEF's approach to preventing overweight and obesity in children and adolescents operates on multiple levels, from global initiatives to regional- and country-specific interventions, leveraging a diverse range of expertise and resources. At the global level, UNICEF's approach involves forming alliances with various organizations to streamline efforts against childhood obesity. An example is the Global Obesity Coalition, founded in 2021 by UNICEF, WHO, and the World Obesity Federation (WOF). The coalition aims to strengthen global leadership and coordination in addressing childhood and adolescent overweight and obesity, scale up national policymaking efforts for creating healthier food environments, and aid health systems to recover more effectively and equitably from the COVID-19 pandemic.³⁵ UNICEF and WHO also collaborated at the global level to jointly undertake initiatives such as developing a toolkit to help countries in implementing policies to restrict food marketing targeting children, demonstrating the power of collaborative efforts in health system engagements and regulatory issues.³⁶

An example of UNICEF's global partnership is the *Acceleration Plan to Stop Obesity*, an initiative endorsed during the 75th WHA to address the global challenge of reducing overweight and obesity prevalence.³⁷ WHO, in partnership with UNICEF, provided tailored support to 28 frontrunner countries by supporting the development of country-specific roadmaps.³⁸ These roadmaps were designed with

34 UNICEF. (2023). *ENQUÊTE NATIONALE sur l'alimentation, la santé, la nutrition et les styles de vie des adolescents en milieu scolaire au Gabon*. Retrieved from <https://www.unicef.org/gabon/media/1616/file/Enquête%20nutrition%20en%20milieu%20scolaire.pdf>

35 UNICEF. (2022). *Goal Area 1, Every child survives and thrives: Global Annual Results Report 2021*. Retrieved from <https://www.unicef.org/media/121836/file/Global-annual-results-report-2021-goal-area-1.pdf>

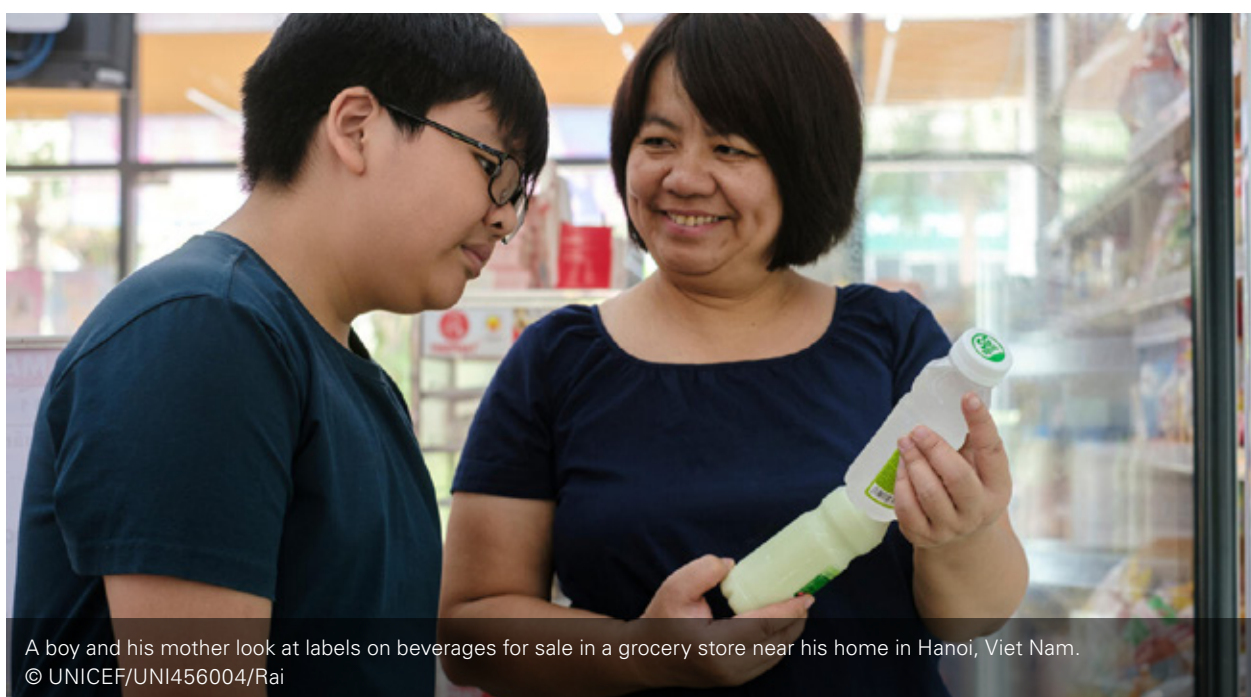
36 WHO. (2023). *WHO and UNICEF release toolkit to help countries protect children from harmful food marketing*. Retrieved from <https://www.who.int/news/item/07-07-2023-who-and-unicef-release-toolkit-to-help-countries-protect-children-from-harmful-food-marketing>

37 WHO. (2023). *WHO acceleration plan to stop obesity*. Retrieved from <https://iris.who.int/bitstream/handle/10665/370281/9789240075634-eng.pdf?sequence=1>

38 Branca, F., Ursu, P., & Aguayo, V. (2023). A plan for accelerated action on obesity. *The Lancet. Global health*, 11(8), e1170–e1171. Retrieved from [https://doi.org/10.1016/S2214-109X\(23\)00257-7](https://doi.org/10.1016/S2214-109X(23)00257-7)

clearly defined targets for 2025 and 2030, laying out strategic approaches for action. The partnership also facilitated inter-country dialogue, establishing a shared platform for exchanging insights and aligning efforts. Contributions from civil society and families affected by obesity have been key in shaping the initiative, ensuring that approaches are inclusive and responsive to community needs. Through the acceleration plan, both UN agencies have built a synergistic collaboration, leveraging WHO's technical expertise and UNICEF's country level implementation capacities and strong resource mobilization capabilities. However, key informants highlighted that progress on the acceleration plan has been slower than expected, identifying the need to strengthen the collaboration further. More than a year since its endorsement, the plan is maturing towards the implementation phase. UNICEF is expected to play a key role in this phase, particularly in the country level implementation of integrated and costed plans on obesity prevention. The World Obesity Coalition contracted an independent consultant to develop its resourcing strategy, and one of its predetermined focus areas is to support financing the implementation of the Acceleration Plan to Stop Obesity.

At the regional level, UNICEF collaborated with various stakeholders to advance the work on the prevention of overweight and obesity. UNICEF EAPRO and UNICEF Regional Office for South Asia jointly collaborated with the Food and Agriculture Organization (FAO), World Food Programme (WFP), and WHO to develop the joint report *Asia and the Pacific Regional Overview of Food Security and Nutrition 2022 – Urban Food Security and Nutrition*.³⁹ The report provided an overview of the escalating food security and nutrition crisis in Asia and the Pacific, focusing particularly on the increasing challenges of overweight and obesity, alongside other forms of malnutrition, amid a backdrop of urbanization, economic shocks, and the COVID-19 pandemic. Additionally, UNICEF EAPRO collaborated with WFP and the Association of Southeast Asian Nations (ASEAN) Secretariat to develop the *ASEAN Food and Nutrition Security Report 2021*, which focused on the challenges of malnutrition, including the rising issues of overweight and obesity, in ASEAN member states and outlined strategies to address the challenges.⁴⁰ Furthermore, UNICEF EAPRO collaborated with the Global Centre for Preventive Health and Nutrition at Deakin University's Institute for Health Transformation (IHT) to tackle childhood and



A boy and his mother look at labels on beverages for sale in a grocery store near his home in Hanoi, Viet Nam.
© UNICEF/UNI456004/Rai

- 39 FAO, UNICEF, WFP and WHO. (2023). *Asia and the Pacific – Regional Overview of Food Security and Nutrition 2022. Urban food security and nutrition*. Bangkok, FAO. Retrieved from <https://doi.org/10.4060/cc3990en>
- 40 ASEAN, UNICEF and WFP. (2022). *ASEAN Food and Nutrition Security Report 2021 Volume 1*. Retrieved from <https://www.unicef.org/eap/media/10691/file/%20ASEAN%20Food%20and%20Nutrition%20Security%20Report%202021.pdf>

adolescent overweight and obesity by researching and influencing healthier food marketing and retail environments in the EAP region.⁴¹ The partnership aims to shape policy and consumer behaviour to promote better nutrition and address the alarming obesity levels among children and adolescents in the EAP region.⁴²

In another collaborative effort, UNICEF ECARO, in partnership with WHO, FAO, and WFP, worked with member states in Central Asia and the Caucasus through the *Regional Nutrition Capacity Development and Partnership Platform* to combat childhood and adolescent overweight and obesity.⁴³ This initiative enhanced nutrition education, governance, and inter-sectoral programming, focused on improving infant and young child feeding practices, increasing investments in food security and nutrition, and promoting multisectoral approaches to address the double burden of malnutrition in the region. In the LAC region, UNICEF LACRO collaborated with the INSP to conduct a study that reviewed and evaluated food labelling regulations and practices in Latin American countries, particularly Argentina, Chile, Costa Rica, and Mexico.⁴⁴ The study specifically analysed the food products targeted at children and adolescents to understand their impact on consumer behaviour and provided recommendations for more effective food labelling to promote healthier eating habits among children and adolescents.

At the country level, UNICEF's partnerships are diverse and tailored to local contexts. In the Netherlands, UNICEF joined forces with health organizations and alliances to advocate for restricting marketing of unhealthy foods towards children, emphasizing a child rights perspective and leveraging alliances to amplify advocacy efforts. In the Philippines, the division of responsibilities with WHO covers different areas of action between both organizations, with UNICEF funding the work on child food marketing and school nutrition while WHO coordinates the work on FOPNL and nutrient profiling. UNICEF China's approach to evidence-based advocacy also emphasizes collaboration with academic and research institutions to inform policy development. This approach is demonstrated through the CO's partnerships with notable institutions, including the National Institute for Nutrition and Health (NINH) of China CDC, the Chinese Nutrition Society, Xi'an Jiaotong University, and the Institute of Child and Adolescent Health at Peking University. UNICEF Greece works with Harokopio University to support creating the European Centre against Obesity.⁴⁵ In Argentina, UNICEF collaborated with the Pan American Health Organization (PAHO) and FAO to advocate healthy eating laws and front-of-package labelling.⁴⁶ The collaboration was instrumental in advancing policies to regulate obesogenic environments and to protect children's health. In the field of digital and media engagement, UNICEF's collaborations have been particularly impactful. In Colombia, UNICEF, and Novo Nordisk co-designed training workshops for journalists, enhancing the quality and

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- 41 Cameron, A. J., Reeve, E., Marshall, J., Scapin, T., Huse, O., Riesenbergs, D., Jeyapalan, D., Demaio, A., Watson, F., Kupka, R., Correa, K. P., Blake, M., Backholer, K., Peeters, A., & Sacks, G. (2021). A proposed research agenda for promoting healthy retail food environments in the East Asia–Pacific region. *Current Nutrition Reports*, 10(4), 267–281. Retrieved from <https://doi.org/10.1007/s13668-021-00381-1>
 - 42 IHT and UNICEF: Working together to tackle obesity. (2023, November 3). *Institute for Health Transformation*. Retrieved from https://iht.deakin.edu.au/2023/11/iht_and_unicef/
 - 43 UNICEF (n.d.). *Central Asia and Caucasus Regional Nutrition Capacity Development and Partnership Platform commits to eliminate double burden of malnutrition*. Retrieved from <https://www.unicef.org/eca/press-releases/central-asia-and-caucasus-regional-nutrition-capacity-development-and-partnership>
 - 44 Instituto Nacional de Salud Pública de México and UNICEF. (2016). *Review of current labelling regulations and practices for food and beverage targeting children and adolescents in Latin America countries (Mexico, Chile, Costa Rica and Argentina) and recommendations for facilitating consumer information*. Retrieved from <https://www.unicef.org/lac/media/1876/file/PDF%20Análisis%20de%20regulaciones%20y%20prácticas%20para%20el%20etiquetado%20de%20alimentos%20y%20bebidas%20ING.pdf>
 - 45 UNICEF. (2023). *UNICEF and Greek Government sign National Action Plan against Childhood Obesity*. Retrieved from <https://www.unicef.org/greece/en/press-releases/unicef-and-greek-government-sign-national-action-plan-against-childhood-obesity>
 - 46 UNICEF. (2022). *Goal Area 1, Every child survives and thrives: Global Annual Results Report 2021*. Retrieved from <https://www.unicef.org/media/121836/file/Global-annual-results-report-2021-goal-area-1.pdf>

ethics of reporting on childhood obesity.⁴⁷ This initiative demonstrates how partnerships can effectively mobilize action and reshape public narratives around critical health issues.

Findings from the EPRI evaluation survey demonstrate UNICEF's collaborative approach towards overweight and obesity prevention at the country level. Among the respondents who reported their country office are working on overweight and obesity prevention among children and adolescents, 80 per cent indicated working with WHO, 73 per cent indicated that their COs work with CSOs, and 67 per cent indicated working with academic institutions (see **Figure 18** in **Annex 4**). Furthermore, most respondents (71 per cent) agreed that their country office's policies and programming approaches align with those of other partners working in their respective countries on overweight and obesity prevention among children and adolescents (see **Figure 19** in **Annex 4**). Similarly, 68 per cent also agreed that their CO strategically leverages the strengths of UNICEF and other partners to maximize results on the issue of overweight and obesity prevention (see **Figure 19** in **Annex 4**).

Given the intersectoral nature of programming and policy actions on overweight and obesity prevention among children and adolescents, coordination, and collaboration internally between the UNICEF nutrition section and other sections are crucial. At the country office level, there is evidence of staff participation from the education, water, sanitation and hygiene, social and behaviour change, social policy, and health sections (where health and nutrition are separate sections) in the conceptualization stages of programmes on overweight and obesity prevention. Almost 90 per cent of respondents from COs working on overweight and obesity prevention agreed to a certain degree (32 per cent somewhat agreed, 47 per cent agreed, and 11 per cent strongly agreed) that their CO's work on this topic aligned with the work of other sections and thematic areas (see **Figure 17** in **Annex 4**). Eighty per cent of the respondents reported working with other UNICEF sections (see **Figure 16** in **Annex 4**).

At the HQ level, the evaluation saw glimpses of cross-sectoral collaboration. For example, the nutrition team initiated discussions with the education team on interventions and policy actions related to school food environments for school-age children and adolescents, given that the mandate of school meals lies with the education section. There is close alignment between overweight and obesity prevention work and early life NCD prevention, two agendas led by the nutrition and health sections within UNICEF. However, collaboration between the two sections to synergize actions to address obesity risk factors to prevent NCDs is presently limited to discussions and an informal matrix to guide aligned activities.



Cooking helps children to develop a positive connection to all different types of foods including fruits and vegetables. © UNICEF/UN0428635/Calkic

47 UNICEF. (2021). *Goal Area 1, Every child survives and thrives: Global Annual Results Report 2020*. Retrieved from <https://www.unicef.org/media/102426/file/Global-annual-results-report-2020-goal-area-1.pdf>

Finding 3: UNICEF has effectively utilized public awareness and social and behaviour change communication strategies, particularly with youth, to strengthen its policy advocacy to prevent childhood and adolescent overweight and obesity.

UNICEF HQ's advocacy guidance highlights the importance of developing compelling public information campaigns and SBCC for addressing overweight and obesity issues, even before policy changes are enacted.⁴⁸ While recognizing that public awareness campaigns and SBCC raise awareness among the public and encourage behaviour change, UNICEF also acknowledges that they contribute to supporting specific government policies or regulations by putting pressure on public officials for policy and budgetary changes. UNICEF HQ's advocacy guidance to COs provided practical insights into the development of campaigns to target diverse audiences, including children, parents, health professionals, educators, and caregivers, using non-stigmatizing language and focusing on day-to-day factors influencing behaviour.⁴⁹ UNICEF HQ also developed a toolkit focused on SBCC for the prevention of childhood and adolescent overweight and obesity, which provides UNICEF staff and partners with detailed steps for designing, implementing, monitoring, and evaluating SBCC initiatives focused on preventing overweight and obesity in children.⁵⁰

UNICEF HQ has taken significant steps to transform the global discourse on childhood and adolescent overweight and obesity. This involved working closely with 15 'front-runner' UNICEF offices to

set unified advocacy objectives. UNICEF HQ also conducted an extensive audience segmentation analysis in seven countries to gain insights into the narratives on childhood and adolescent overweight and obesity.⁵¹ Learnings from the analysis are documented in *Shifting The Narrative: A Playbook for Effective Advocacy on the Prevention of Childhood Overweight and Obesity*, which provides a clear, evidence-based strategy for COs to convey crucial ideas about preventing childhood and adolescent overweight and obesity by concentrating on five topics: failing food systems, misleading labels, harmful marketing to children, sugary drinks tax and junk food villains.⁵²

Several regional offices, particularly EAPRO and LACRO, also undertook campaigns and promoted SBCC at the regional level. UNICEF EAPRO launched the *Fix My Food* campaign aimed at empowering youth to advocate for healthier food environments in 2023. This multi-year, multi-country campaign focuses on increasing demand for healthier food and drink options, supporting policies that ensure food is available, affordable, appealing, and aspirational for children and their families.⁵³ UNICEF LACRO supported the education and health ministries in at least nine countries in the region to implement SBCC interventions to improve school food environments.⁵⁴ UNICEF LACRO has also collaborated with the Healthy Caribbean Coalition, PAHO, Organisation of Eastern Caribbean States (OECS) Commission to launch *Now More Than Ever: We Need To Protect Our Children* campaign in the LAC region to raise awareness about the dangers of ultra-processed foods and promoting nutritious diets

48 UNICEF. (2020). *UNICEF advocacy strategy guidance for the prevention of overweight and obesity in children and adolescents*. Retrieved from <https://www.unicef.org/media/92331/file/Advocacy-Guidance-Overweight-Prevention.pdf>

49 UNICEF. (2020). *UNICEF advocacy strategy guidance for the prevention of overweight and obesity in children and adolescents*. Retrieved from <https://www.unicef.org/media/92331/file/Advocacy-Guidance-Overweight-Prevention.pdf>

50 UNICEF. (2022). *Social and behavioural change communications for prevention of childhood overweight and obesity: a toolkit for country teams*. Retrieved from <https://www.unicef.org/media/116656/file/Social%20and%20Behavioural%20Change%20Communications%20for%20Prevention%20of%20Childhood%20Overweight%20and%20Obesity:%20A%20toolkit%20for%20country%20teams.pdf>

51 UNICEF. (2022). *Shifting the Narrative: A Playbook for Effective Advocacy on the Prevention of Childhood Overweight and Obesity*. Retrieved from <https://www.unicef.org/media/129741/file/Shifting%20the%20Narrative%20on%20Childhood%20Overweight%20&%20Obesity:%20A%20new%20playbook%20for%20effective%20advocacy.pdf>

52 Ibid.

53 UNICEF. (n.d.). *Fix My Food: Bringing young people together to campaign for a better food system in East Asia and the Pacific*. Retrieved from <https://www.unicef.org/eap/media/13271/file>

54 UNICEF. (2022). *Childhood overweight: A call for prevention in Latin America and the Caribbean - Executive summary*. Retrieved from <https://www.unicef.org/lac/en/media/36991/file/Summary-Childhood-overweight-010922.pdf>

and physical activity among children.⁵⁵ Additionally, UNICEF MENARO has also emphasized addressing behavioural risk factors for tackling overweight and obesity in the region.⁵⁶

At the country level, there are numerous examples of initiatives by COs that leveraged public information campaigns and SBCC strategies as part of their advocacy approaches. In China, UNICEF's *Know Your Food* campaign in 2022 empowered children and young people to make informed dietary choices⁵⁷ and highlighted the dangers of highly processed snacks and beverages, achieving 77 million social media impressions, and led to the establishment of three mock convenience stores in Chengdu, Enshi, and Weihai, offering information on popular pre-packaged foods. Meanwhile, in South Africa, the *My Body, My Health: My Wealth* campaign, supported by AstraZeneca's Young Health Programme, focused on reducing NCDs among adolescents and young people. Developed with contributions from young individuals, this youth-driven movement utilized digital and in-person methods, including interactive challenges and role models, to emphasize the importance of health and consolidate youth's voice to demand better food environment policies such as FOPNL.⁵⁸

In Argentina, the *Ojos Cerrado* (Eyes Closed) campaign, a collaboration between UNICEF, PAHO and FAO, used the hashtag #LeydeEtiquetadoYa (#LabellingLawNow) to advocate for clear food

labelling.⁵⁹ This campaign, which led to the passage of the FOPNL law in 2021, involved public participation through sharing photos with eyes covered, symbolizing ignorance about food content, and achieved more than 250,000 views and interactions online.⁶⁰ Similarly, in Uruguay, a social media campaign supported by UNICEF, PAHO and FAO employed the hashtag #EiEtiquetadoMeAyuda (#LabellingHelpsMe), rallying support for the front-of-pack nutrition labelling decree, countering food industry lobbying and resulting in the successful enactment of the decree.⁶¹

Other countries in Latin America have also launched campaigns. In Colombia, the digital campaign *I Wear the Number 10 to Prevent Childhood Obesity* reached 1.9 million people and achieved over 245,666 interactions, promoting healthy lifestyles among parents and caregivers.⁶² In Mexico, the Heroes for Health social media campaign, led by the National Institute of Public Health and the Ministry of Health, reached over four million users, including 120,000 children, to encourage the active use of food labels during food shopping.⁶³ In Guatemala, UNICEF provided technical assistance to the Secretariat of Food and Nutritional Security (SESAN) for the intersectoral and participatory construction of the Communication Strategy for Social and Behavioural Change as part of the Great National Crusade for Nutrition and also supported the design of a university diploma course on the same topic for members of Food and Nutritional Security Commissions.⁶⁴

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- 55 UNICEF Eastern Caribbean. (n.d.). *HCC, PAHO, OECS, UNICEF launch phase II of regional campaign "Now More Than Ever" to promote healthy*. Retrieved from <https://www.unicef.org/easterncaribbean/stories/hcc-paho-oecs-unicef-launch-phase-ii-regional-campaign-now-more-ever-promote-healthy>
 - 56 UNICEF Middle East and North Africa Regional Office and Burnet Institute. (2023). *Young people's health and well-being in the Middle East and North Africa region*. Retrieved from <https://www.unicef.org/mena/media/23791/file/Young%20people's%20health%20and%20well-being.pdf>
 - 57 UNICEF China. (n.d.). *#KnowYourFood*. Retrieved from <https://www.unicef.cn/en/know-your-food>
 - 58 UNICEF South Africa. (n.d.). *My body, my health: my wealth*. Retrieved from <https://www.unicef.org/southafrica/my-body-my-health-my-wealth>
 - 59 UNICEF. (2020). *#LeyDeEtiquetadoYa: impulsan una campaña para pedir la sanción de la ley de etiquetado frontal de productos alimentarios*. Retrieved from <https://www.unicef.org/argentina/comunicados-prensa/ley-etiquetado-frontal-alimentos>
 - 60 UNICEF. (2021). *Goal Area 1, Every child survives and thrives: Global Annual Results Report 2020*. Retrieved from <https://www.unicef.org/media/102426/file/Global-annual-results-report-2020-goal-area-1.pdf>
 - 61 UNICEF. (2021). *Goal Area 1, Every child survives and thrives: Global Annual Results Report 2020*. Retrieved from <https://www.unicef.org/media/102426/file/Global-annual-results-report-2020-goal-area-1.pdf>
 - 62 UNICEF. (2023). *Engaging business for children's rights, Latin America and the Caribbean - 2022*. Retrieved from <https://www.unicef.org/lac/media/42386/file/LAC-Regional-Report-Engaging-Business.pdf>
 - 63 UNICEF. (2023). *Engaging business for children's rights, Latin America and the Caribbean - 2022*. Retrieved from <https://www.unicef.org/lac/media/42386/file/LAC-Regional-Report-Engaging-Business.pdf>
 - 64 UNICEF. (2022). *Childhood overweight: A call for prevention in Latin America and the Caribbean, rev. ed*. Retrieved from <https://www.unicef.org/lac/media/39241/file/childhood-overweight-full-report-010922.pdf>

While public information campaigns and SBCC strategies are contributing towards improving public awareness on issues surrounding childhood and adolescent overweight and obesity prevention, UNICEF recognizes that these are short-term objectives that build toward long-term solutions, such as developing policies and regulations to improve the food environment.⁶⁵ Key informants highlighted this is an area of improvement and ongoing focus, where more emphasis needs to be placed on making the campaigns and SBCC strategies focus on contributing to policymaking, as demonstrated in the examples of the *Ojos Cerrado* campaign in Argentina and #ElEtiquetadoMeAyuda (#LabellingHelpsMe) in Uruguay. Such examples highlight that public awareness campaigns and SBC strategies can play an effective complementary role towards the development of policies.

Finding 4: UNICEF's provision of technical assistance to governments has contributed effectively towards shaping national policies, laws, and regulations for preventing overweight and obesity in children and adolescents, focusing on policies and actions to improve school food environments, restrict marketing of unhealthy and obesogenic foods and beverages to children, and ensure front-of-pack nutrition labelling to inform caregivers, children, and adolescents.

UNICEF's programming guidance on overweight and obesity prevention outlines 'technical assistance to governments on the adoption and implementation of policies to support interventions for the prevention of overweight, and the creation of a healthy, non-obesogenic environment' as one of the central roles of UNICEF Country Offices.⁶⁶ To support the COs in providing evidence-based and expert technical assistance to governments, UNICEF HQ has published technical policy briefs on three of the four priority policy actions (FOPNL, restrictions on marketing of unhealthy foods to children, and sugar-sweetened beverage taxes).⁶⁷ UNICEF HQ developed complementary technical documents for CO staff, such as the 2022 technical note on effective regulatory approaches to create healthy food environments for children⁶⁸ and certain documents directed towards policymakers, including the 2018⁶⁹ and 2023⁷⁰ guides on developing child-centred food marketing restrictions. Nutrition advisors from regional offices act as technical contributors to such documents and play an important role in the dissemination process to relevant CO staff.



A member of Mother Support Group is explaining to the mothers and caregivers how to prepare a nutritious food for children, Timor-Leste.
© UNICEF/UNI572608/Valente Basmeri Dos Reis Araujo

- 65 UNICEF. (2022). *Social and behavioural change communications for prevention of childhood overweight and obesity: a toolkit for country teams*. Retrieved from <https://www.unicef.org/media/116656/file/Social%20and%20Behavioural%20Change%20Communications%20for%20Prevention%20of%20Childhood%20Overweight%20and%20Obesity:%20A%20toolkit%20for%20country%20teams.pdf>
- 66 UNICEF. (2019). *Programming Guidance on Overweight and Obesity Prevention among Children and Adolescents*. Retrieved from <https://www.unicef.org/media/92336/file/Programming-Guidance-Overweight-Prevention.pdf>
- 67 UNICEF. (n.d.). *UNICEF advocacy packages for food environment policies*. Retrieved from <https://www.unicef.org/documents/advocacy-packages-food-environment-policies>
- 68 UNICEF. (2022). *Effective regulatory approaches to protect, support and promote better diets and create healthy food environments for children*. Retrieved from <https://www.unicef.org/media/116671/file/UNICEF%20Technical%20Note.pdf>
- 69 UNICEF. (2018). *A child rights-based approach to food marketing: a guide for policymakers*. Retrieved from <https://www.unicef.org/media/139591/file/A%20Child%20Rights-Based%20Approach%20to%20Food%20Marketing.pdf>
- 70 WHO. (2023). *WHO and UNICEF release toolkit to help countries protect children from harmful food marketing*. Retrieved from <https://www.who.int/news/item/07-07-2023-who-and-unicef-release-toolkit-to-help-countries-protect-children-from-harmful-food-marketing>

However, certain stakeholders highlighted the theoretical and bulky nature of most documents, sharing concerns about their effectiveness in building practical knowledge and capacities among UNICEF staff on the ground. Other knowledge dissemination and capacity building activities were limited to a few global webinars (in partnership with WHO, Global Health Advocacy Incubator) on policy actions and an introductory e-course on overweight and obesity prevention.⁷¹ Results of EPRI's evaluation survey show that almost 84 per cent and 68 per cent of respondents from COs working on overweight and obesity prevention indicated that HQ could further support their work by organizing more knowledge sharing and capacity building activities, respectively. Multiple respondents also indicated the need for similar support from their respective ROs (see **Figure 27 in Annex 4**). Forty per cent of respondents from COs yet to undertake work on overweight and obesity prevention were unfamiliar with key documents on the topic, such as UNICEF's Advocacy Strategy and Guidance: Prevention of Overweight and Obesity in Children and Adolescents, UNICEF Programme Guidance for Early Life Prevention of Non-Communicable Diseases. Over 60 per cent of respondents from COs yet to undertake work on overweight and obesity prevention were unfamiliar with the Landscape Analysis Tool on Overweight and Obesity in Children and Adolescents (see **Figure 31 in Annex 4**).

UNICEF HQ and ROs also provide direct, bilateral support to COs on ongoing programmes and policy actions on overweight and obesity prevention among children and adolescents in many cases. According to the respondents, support by HQ and RO strengthens the CO's technical assistance to governments on policy and programme design and implementation by providing access to international evidence and expertise. For instance, HQ staff undertook a mission to UNICEF Ghana to support dialogue with the Ghana Health and Education Services on developing the Nutrition-Friendly School Initiative guidelines. Similarly, HQ provided technical advice to UNICEF Mexico to help navigate policy discussions with the government on including artificial sweeteners in labels despite limited evidence of its harmful health impact. Examples of technical assistance by ROs include UNICEF ESARO's support to UNICEF South Africa in developing a government-owned blueprint to improve school food environments, LACRO's support to UNICEF Mexico and Argentina in engaging government officials in regional evidence-sharing exercises on FOPNL, LACRO's study to identify policy options for subnational city governments Santiago (Chile) and Mexico City (Mexico) to improve local food environments for children, and ECARO's support to the recently formed country office in Greece on supporting the Ministry of Health in developing the National Action Plan Against Childhood Obesity.



71 UNICEF Online Courses. (n.d.). *Summary of Prevention of childhood overweight and obesity*. Retrieved from <https://agora.unicef.org/course/info.php?id=32570>

HQ and ROs played a crucial role in supplementing CO's technical capacities, especially on food environment policies, given the early stages of UNICEF's overweight and obesity prevention work globally. Sixty-seven per cent of respondents from COs working on overweight and obesity prevention identified 'strategic guidance from HQ and RO' as one of the enabling factors for achieving programmatic and policy results (see **Figure 23** in **Annex 4**). Policy actions require diverse technical skill sets, ranging from knowledge and expertise in the field of public health, food environment policymaking, advocacy, and law. UNICEF's nutrition work has traditionally been focused on undernutrition and consequently, knowledge and experience in developing legislation and implementation plans on food environments is relatively low. Certain ROs with recently emerging overweight and obesity prevention work are still in the process of hiring specialists on this topic.

Nevertheless, many UNICEF COs delivered quality technical assistance to governments and emerged as trusted advisors on childhood and adolescent overweight and obesity prevention policies. In addition to utilizing existing technical capacities and acquiring hands-on experience through a learning-by-doing approach (especially in front-runner countries such as Mexico and Argentina and regions such as LAC and EAP), COs hired new staff (South Africa), requested RO and HQ support (Ghana, Greece, the Philippines, Mexico), contracted technical consultants and agencies (Ghana, the Philippines) and established collaboration with academia, other UN agencies and civil society (Argentina, Greece, the Netherlands, the Philippines) to adapt to the need for more sophisticated policy dialogue with relevant ministries on food environment legislations. More than 70 per cent of respondents from COs working on overweight and obesity prevention expressed agreement with the statement 'the country office is building the knowledge and capacities of relevant ministries and government officials on this issue', and 86 per cent agreed that 'relevant government ministries/agencies view UNICEF as a credible technical advisor on overweight and obesity prevention' (see **Figure 26** and **Figure 20** in **Annex 4**, respectively).

In Argentina, UNICEF advised the government to design evidence-based and comprehensive warning labels and participated in the government-led working group to develop a national and sub-national FOPNL implementation plan. Similarly, UNICEF Mexico was invited to participate in a working group convened by the Ministry of Health and Economy to provide technical expertise on designing the replacement for the former industry-led guidelines daily amount labels and developing a guideline for government agencies on monitoring its implementation. Another example is South Africa's technical assistance to the National Department of Health in revising the country's strategy for the Prevention and Management of Obesity 2023-2028. UNICEF China shared international good practices and guidance documents with stakeholders to support the drafting of China's first comprehensive and dedicated strategy towards addressing childhood and adolescent overweight and obesity in 2020. At the sub-national level, the China CO supported the Municipal Government of Chengdu in developing a city-wide action plan in 2021.

To diversify its technical input to the Department of Health and National Nutrition Council, UNICEF Philippines contracted ImagineLaw, a public-interest law agency with a history of advocating for anti-tobacco legislation, to develop a draft bill (national regulation) on the marketing of foods to children in consultation with the National Nutrition Council and the Department of Health. Similarly, considering limited human and financial resources, the Netherlands leveraged the resources and expertise of two national coalitions to strongly advocate with the government and parliamentarians for regulations on marketing unhealthy foods and beverages to children and taxes on sugar-sweetened beverages.

Factors impeding UNICEF's work to prevent overweight and obesity in children and adolescents

Finding 5: UNICEF is pursuing a principled and evidence-based approach to private sector engagement that aims to avoid conflict of interest, halt interference by the food and beverage industry with public policymaking for child nutrition and promote policies and regulations to effectively combat overweight and obesity in children and adolescents. Support from UNICEF senior management has been critical for the elimination of any conflict of interest in UNICEF partnerships in some countries.

As UNICEF-supported policy actions on overweight and obesity prevention aim to reduce the consumption of ultra-processed foods and SSBs, they threaten the revenue and growth of the F&B industry. Hence, UNICEF's guidance documents and policy briefs identify industry interference and pushback as significant barriers to achieving policy changes and prescribe strategies and tactics to prepare for and counter interference and pushback. For instance, UNICEF HQ organized a webinar on "Addressing food and beverage industry interference in policymaking" in 2022, convening experts from UNICEF, academia, and civil society to capacitate UNICEF staff by sharing global experiences, evidence, and resource materials.⁷²

Numerous COs witnessed industry interference in policy development processes at the country level and supported governments and partners to identify and minimize the industry's influence. In the Philippines, UNICEF and external key informants cited industry lobbying and opposition as the biggest hurdle towards introducing stricter and mandatory

legislation on the marketing of unhealthy food and beverages to children based on previous experiences. UNICEF Philippines witnessed lobbying efforts by F&B companies during discussions on the national policy on overweight and obesity prevention and WHO-led consultations on front-of-pack nutrition labelling. Both UNICEF and WHO countered industry suggestions to dilute certain provisions by highlighting the need to adhere to global guidelines and standards, which WHO and UNICEF have developed. Similarly, UNICEF and WHO opposed private sector interference in the policy dialogue to finalize the Philippines' Nutrient Profile Model for Promoting Healthier Diets by identifying participants with a conflict of interest.

Ahead of the Argentinian FOPNL policy approval process in 2021, the country office supported two media articles on the food industry's conflict of interest and interference in the design of healthy eating policies in Argentina⁷³ and common myths associated with FOPNL.⁷⁴ UNICEF Mexico witnessed a more apparent and aggressive form of industry opposition during the FOPNL norm modification process. In addition to spreading misinformation and causing delays during open consultations, 40 big companies, including Coca-Cola, presented "amparo trials"⁷⁵ against the norm modification, arguing that there was no clear evidence that labelling has a positive health impact. UNICEF responded by mobilizing and publicizing evidence in favour of clearer FOPNL and partnering with civil society and the Ombudsman for Children and Adolescents to serve as the official legal representation of Mexican children and adolescents in court during the trials. Moreover, UNICEF coordinated efforts, along with PAHO and CSOs, to disseminate key messages among ministries and judges involved and facilitated dialogue among legal teams from the Ministry of Health and the Ombudsman for Children and Adolescents in the judiciary, joining efforts against the positive

72 UNICEF. (2022). *Webinar 1: Addressing food and beverage industry interference in policy-making*. Retrieved from <https://www.unicef.org/media/142236/file/UNICEF%20GHA%20Webinar%201%20-%20Industry%20Interference%20Summary%20of%20Key%20Points%20and%20Resources.pdf>

73 National Coalition to Prevent Obesity in Children and Adolescents. (2020). *Conflicto de interés e interferencia de la industria de alimentos en el diseño de políticas de alimentación saludable*. Retrieved from https://www.prevenirobesidadinfantil.org/wp-content/uploads/2020/06/coalicion_docu_v4_WEB-1.pdf

74 UNICEF. (2021). *La Ley de Promoción de la Alimentación Saludable no es "una ley para ricos": UNICEF derriba mitos sobre el etiquetado frontal de alimentos*. Retrieved from <https://www.unicef.org/argentina/comunicados-prensa/etiquetado-claro-derribamos-mitos>

75 Judicial action in Mexican law to protect individuals against authorities' actions that violate the Mexican Constitution.

resolution of these trials. Judiciary resolutions published in 2023 declared the modification constitutional. However, certain amparo trials, referred to in the Plenary of the Supreme Court, are still unresolved. UNICEF South Africa is anticipating similar industry pushback against the proposed FOPNL law and has initiated South-South cooperation with UNICEF Mexico to enable cross-country knowledge sharing between the governments on managing private sector influence on policies. Notably, both Argentina and Mexico prepared for private sector opposition in FOPNL advocacy by participating in a regional knowledge exchange exercise where previous lawmakers and CSOs from countries with existing FOPNL policies (Brazil, Chile, Ecuador, Peru, and Uruguay) shared industry interference strategies witnessed in their respective countries.⁷⁶

Acknowledging the vested interest of the food and beverage industry in participating in and financing evidence generation activities and policy discussions on childhood and adolescent overweight and obesity, UNICEF recently published two important documents to guide organization-wide engagement with the industry. First is research conducted in partnership with the University of Oxford and George Institute for Global Health to inform UNICEF's corporate engagement and sponsorship arrangements by quantifying the proportion of sales of the world's top 20 food and beverage companies coming from unhealthy products (foods high in fats, salt, sugar, and non-nutritive sweeteners).⁷⁷ The second document is UNICEF's *Programming Guidance on Engaging with the Food and Beverage Industry*, published in 2023 which outlines ten principles that all UNICEF programmes must follow in their financial and non-financial engagements.⁷⁸ The guidance comes as a follow-up to UNICEF's 2012 publication on *Children's Rights and Business Principles*⁷⁹, albeit with a specific focus on engaging the F&B sector. Many key informants, including external stakeholders, highlighted that the new guidance is clearer than the previous, more generic guidance on private sector engagement and takes a decisive stance on how and when engaging with the sector is responsible and useful. However, there is scope for including more practical information in the guidance to facilitate the application of the prescribed principles in real-world cases.

To avoid reputational risks, relevant sections in numerous COs coordinated efforts to identify and eliminate partnerships with private sector companies that posed a conflict of interest in UNICEF's advocacy work. In internal efforts by UNICEF towards more responsible private sector engagement related to addressing unhealthy food marketing, UNICEF Philippines prohibited companies engaging with



School lunch in Liberia.
© UNICEF/UNI47387/Pirozzi

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- 76 SP and UNICEF. (2021). *Experiences in the design and implementation of front-of-pack nutrition warning labels in Latin America and the Caribbean*. Retrieved from <https://www.unicef.org/lac/media/29541/file/Labeling-regional-experiences.pdf>
- 77 University of Oxford, The George Institute for Global Health and UNICEF. (n.d.). *Developing a reference tool for UNICEF and other international agencies to inform principles of engagement with the food and beverage industry*. Retrieved from <https://www.unicef.org/media/143406/file/Tool%20to%20inform%20principles%20of%20engagement%20with%20the%20food%20and%20beverage%20industry.pdf>
- 78 UNICEF. (2023). *Programming Guidance on Engaging with the Food and Beverage Industry*. Retrieved from <https://www.unicef.org/media/142056/file/Programme%20Guidance%20on%20Engagement%20with%20the%20Food%20and%20Beverage%20Industry.pdf>
- 79 UNICEF, The Global Compact and Save the Children. (2012). *Children's Rights and Business Principles*. Retrieved from <https://www.unicef.org/media/96136/file/Childrens-Rights-Business-Principles-2012.pdf>

the UNICEF Child Rights and Business (CRB) team from using UNICEF's logo or positioning in advertisements. Staff members from UNICEF South Africa mentioned that the CO's partnerships section had shared clear instructions with the nutrition team on private sector engagement, including a list of organizations not to engage with to avoid conflict of interest. After initiating support for FOPNL, UNICEF Argentina avoided participation in events sponsored by F&B companies and refrained from engagements that could give rise to a conflict of interest. Similarly, the Mexico CO ended sponsorship partnerships with the ultra-processed food industry and companies with a history of interfering in child nutrition policies and cleared existing conflicts of interest. Both Argentina and Mexico COs were able to proactively remove conflict of interest owing to strong management support (at representative and deputy representative levels) to disengage from risk-prone private sector engagements. A resounding 80 per cent of respondents from COs working on overweight and obesity prevention participating in the evaluation survey reported 'no conflict of interest/contradictions in the country office's work on overweight and obesity prevention and its other programmes or functions'.

While COs are being careful about avoiding financial partnerships with the food and beverage industry to prevent obvious credibility risks, some staff expressed concerns about balancing UNICEF's engagement principles with practical needs. For example, the Philippines shared that some of their corporate partnerships still include food and beverage companies considering constrained funding. A CO staff member from South Africa remarked on the cumbersome nature of ensuring that all civil society, research, and academic partners are not receiving any funding from ultra processed foods companies for other projects unrelated to UNICEF. While HQ and RO staff have been guiding COs in navigating the complicated private sector engagement opportunities and situations, such as participating in forums and inviting industry speakers, some informants highlighted that case-by-case scrutiny of such engagements in consultation with leadership can be time-consuming and undermine sensibilities of the due diligence teams and UNICEF programming staff.

Multiple stakeholders highlighted fundraising challenges associated with financing overweight and obesity-related and other work in both humanitarian and high-income contexts. An RO staff member pointed out the complexity of ensuring principled engagement with the food and beverage industry in line with the guidance during humanitarian and highly resource-constrained settings. UNICEF's emerging work in high-income countries sometimes includes financial partnerships with governments to implement projects (for example, Greece). In such scenarios, UNICEF may face unique conflicts of interest challenges with the governments in its advocacy for stronger public programmes and policy actions while receiving funds from them.

UNICEF's fundraising relationships with pharmaceutical companies also carry the potential for scrutiny by the public and other stakeholders. For example, Eli Lilly and Co., a pharmaceutical company with a weight loss drug offering, is financing UNICEF's work on NCD prevention. Similarly, Novo Nordisk, the world's largest and long-time manufacturer of insulin and the manufacturer of a popular weight loss and type 2 diabetes treatment drug called Ozempic is UNICEF's long-term funding partner for work on improving food environments for children globally. However, UNICEF's exclusively preventative focus on childhood and adolescent overweight and obesity means no direct conflict of interest with such companies. However, stakeholders suggest that UNICEF exercise caution in such engagements to ensure pharmaceutical companies do not play a role in creating a self-serving obesity epidemic discourse that promotes treatment and management through drugs and surgery-based interventions.

Finding 6: In some regions and countries, UNICEF's policy, and programmatic work to prevent overweight and obesity in children and adolescents faces implementation challenges due to human and financial resource constraints and government changes, affecting progress and effectiveness.

Food environment policies are novel legislative actions that emerged as policy options for governments in the last few years. Globally, a limited number of countries in the ECA and LAC regions adopted policies such as FOPNL, mandatory restrictions on the marketing of unhealthy foods and beverages and regulations on school food environments. Hence, UNICEF's technical assistance to governments and other stakeholders is not just limited to advocacy and legislation development. In countries where policy actions successfully materialized into legal mandates, ensuring country-wide implementation and monitoring enforcement is a critical piece of the puzzle for governments to navigate. A country's federal structure and commitment levels of authorities at national and subnational levels have strong implications on the implementation's design and results, necessitating tailored solutions. Hence, UNICEF country offices in many contexts are extending technical and financial assistance to support the implementation of programmes and policy actions adopted by governments with UNICEF's support. For instance, UNICEF Argentina and UNICEF Mexico are

supporting their respective governments at different levels in the implementation and enforcement monitoring of the recently approved FOPNL policy. In the Philippines, UNICEF and its partners are mobilizing political support from provinces for the national bill on restrictions on marketing to children by supporting the development, approval, and implementation of local ordinances on the same topic. In Ghana and South Africa, UNICEF supported the development of guidelines on improving school food and nutrition and is now supporting implementation and planning in the latter and former countries, respectively.

Given the more investment-intensive nature of implementation planning and support activities, many COs are facing human capacity and financial resource constraints. In South Africa, an example of human capacity constraint, one staff member holds the portfolio of undernutrition work as well as overseeing the development and implementation planning of the blueprint for improving school food environments. Like South Africa, Argentina currently has one staff overseeing the CO's childhood and adolescence overweight and obesity prevention portfolio. Despite the FOPNL law's adoption in 2021, the country's highly decentralized nature, unclear directives from the government on the law's subnational implementation, and varying commitments across provincial governments have impacted the law's enforcement. Albeit limited, UNICEF Argentina is undertaking action at provincial and municipal levels to support implementation by leveraging



Boys eat snacks bought from street vendors outside of their school during snack time, Bangladesh.
© UNICEF/UNI210978/Sujan

the presence of members of the National Coalition to Prevent Obesity in Children and Adolescents across the country. The Government of Greece onboarded UNICEF as an implementation partner for the National Action Plan Against Childhood Obesity and is funding the work. Despite financing from the government, UNICEF Greece's limited in-house technical expertise due to the absence of a dedicated nutrition team has led to delays in the coordination and implementation of the action plan, with the country office relying significantly on global experts from HQ and RO to support the action plan development process.

The implementation of Ghana's Nutrition-Friendly School Initiative is government-led and has already reached more than 2,156 schools across all provinces with financial support from UNICEF. In contrast to South Africa, Argentina and Greece, UNICEF Ghana is unable to support a more rapid national scale-up of the programme despite government willingness due to financial constraints. In the evaluation survey shared with staff from COs working on overweight and obesity prevention, more than 50 per cent of respondents disagreed with the statement 'The country office has adequate funding to finance its work on overweight and obesity prevention among children and adolescents' while only eight per cent respondents reported not adopting strategies to maximize the value for money for their CO's programmes/policy actions on overweight and obesity prevention (see **Figure 25** in **Annex 4**).

In the Netherlands and the Philippines, elections affected the pace of progress made towards introducing and passing legislation on marketing restrictions. After the last planned elections in the Netherlands in 2021, UNICEF wrote letters to the House of Representatives, identified, and supported champion Members of Parliament and worked with the Ministry of Health, Welfare and Sports to mobilize government and political support. However, with the government's unexpected collapse in early 2023 and subsequent snap elections in November 2023 to elect the members of the House of Representatives, the gains already made could be threatened. Particularly if the newly appointed state secretary of health, welfare and sport does not view the proposed legislation on restrictions on unhealthy foods marketing to children as necessary for introduction in the parliament next year and if UNICEF's existing political champions are not re-elected to vote favourably upon the proposed legislation. UNICEF Philippines also highlighted the 2022 elections as an impeding factor in the organization's work to support the government in drafting national legislation. Political champions identified during UNICEF's early discussions with ImagineLaw were not re-elected, and the new government's priorities changed from health (owing to long COVID-induced lockdowns and school closures lasting until 2022) to infrastructure and inflation management. When ImagineLaw was officially contracted by UNICEF, this change in the political landscape required the public interest agency to pivot its strategy and undertake additional work to identify and lobby potential political supporters.



Schoolgirls having lunch in the primary school canteen, Amoron'i Mania Region, Madagascar.
© UNICEF/UNI428022/Ramasomanana



A student at the University of Pretoria looks for a drink at a wholesale supermarket in Johannesburg, South Africa.
© UNICEF/UNI558981/Paul

Case Study: UNICEF's work on increasing taxes on sugar-sweetened beverages and unhealthy foods

This section presents evaluation findings and insights on UNICEF's overall work on the 'increasing taxes on sugar-sweetened beverages and unhealthy foods' policy action. During the inception phase, the evaluation team identified this topic as one of UNICEF's five priority action areas. While the initially proposed evaluation design included a separate fifth case study report on this topic, the team subsequently agreed to include a short, dedicated section in this global synthesis report instead. The decision, taken in consultation with the UNICEF Evaluation Office, responded to UNICEF's relatively limited work on this policy action at the country level. The section below reports findings based on data from UNICEF staff that participated in KIIs and evaluation surveys.

Context

Rapid urbanization and the widespread marketing and affordability of sugar-sweetened beverages have led to their increased global consumption, especially in developing countries.⁸⁰ The intake of sweetened drinks increased worldwide by 16 per cent between 1990 and 2018 and varies across regions, with Latin America and the Caribbean reporting an increase more than seven times that of South Asia.⁸¹ Consumption of SSBs increased 6.6 per cent annually in lower-middle-income countries compared to 2.2 per cent in upper-middle-income countries between 2009 and 2019.⁸² There is a global evidence base that links excess consumption of sugar-sweetened beverages to a higher risk of weight gain, type 2 diabetes and heart disease.⁸³

80 Harvard. T.H. Chan School of Public Health. (2023). *Sugary Drinks* | *The Nutrition Source*. Retrieved from <https://www.hsph.harvard.edu/nutritionsource/healthy-drinks/sugary-drinks/>

81 Tufts University, Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy. (2023) *Global Sugary Drink Consumption Surges 16% Since 1990*. Retrieved from <https://nutrition.tufts.edu/news/global-sugary-drink-consumption-surges-16-1990>

82 UNICEF. (2019). *Implementing Taxes on Sugar-Sweetened Beverages: An overview of current approaches and the potential benefits for children*. Retrieved from https://gallery.mailchimp.com/fb1d9aabd6c823bef179830e9/files/08e73191-c279-4179-b54b-e7f79c217432_UNICEF_Sugar_Tax_Briefing_R09.pdf

83 UNICEF. (n.d.). *Policy Brief: Sugar Sweetened Beverage Taxation*. Retrieved from [https://www.unicef.org/media/116681/file/Sugar-Sweetened%20Beverage%20\(SSB\)%20Taxation.pdf](https://www.unicef.org/media/116681/file/Sugar-Sweetened%20Beverage%20(SSB)%20Taxation.pdf)

Children consuming high amounts of SSBs are more likely to be overweight compared to those with a low intake.⁸⁴

UNICEF's approach towards increasing taxes on sugar-sweetened beverages and unhealthy foods

To address the global shift towards consumption of ultra-processed sugary drinks and the resulting increase in overweight and NCDs, WHO recommends increasing SSB taxes as a “best buy” policy for its member states worldwide.⁸⁵ In line with WHO's technical guidance, UNICEF identified the “best buy” policy as one of its four priority areas of work towards preventing overweight and obesity among children and adolescents. UNICEF's 2019 programming guidance on childhood and adolescent overweight and obesity prevention states, ‘adoption of health-related food taxes, such as increased taxes on sugary and sweet beverages and ‘junk food’ and subsidies for healthy foods’ is an important policy action for country offices to support enabling food environments.⁸⁶

Following the programming guidance, UNICEF HQ published multiple reports to share knowledge, evidence, and guidance with COs on the effectiveness of and pathways to instituting SSB taxes. UNICEF partnered with a global law firm, DLA Piper, in 2019 to research the different SSB tax approaches and models adopted by four countries and shared

lessons for other COs initiating similar work.⁸⁷ UNICEF HQ recently published a policy brief on SSB taxes, providing technical guidance on engaging with governments and addressing food and beverage industry pushback on such taxes.⁸⁸ A toolkit on effective regulatory approaches to improve food environments published by UNICEF in 2022 lays out the guiding principles for undertaking action on food environment policies, including fiscal measures such as increasing SSB taxes.⁸⁹



A view of a sign advertising sweetened drinks in the window of a storefront in Hanoi, Viet Nam. © UNICEF/UNI456038/Rai

- 84 UNICEF. (2019). *Implementing Taxes on Sugar-Sweetened Beverages: An overview of current approaches and the potential benefits for children*. Retrieved from https://gallery.mailchimp.com/fb1d9aabd6c823bef179830e9/files/08e73191-c279-4179-b54b-e7f79c217432/190328_UNICEF_Sugar_Tax_Briefing_R09.pdf
- 85 UNICEF Indonesia. (2022). *Policy Brief: Sugar Sweetened Beverage Taxation*. Retrieved from <https://www.unicef.org/indonesia/media/17011/file/Policy%20brief:%20Sugar-sweetened%20beverages%20taxation.pdf>
- 86 UNICEF. (2019). *Programming Guidance: Prevention of Overweight and Obesity among Children and Adolescents*. Retrieved from <https://www.unicef.org/media/92336/file/Programming-Guidance-Overweight-Prevention.pdf>
- 87 UNICEF. (2019). *Implementing Taxes on Sugar-Sweetened Beverages: An overview of current approaches and the potential benefits for children*. Retrieved from https://gallery.mailchimp.com/fb1d9aabd6c823bef179830e9/files/08e73191-c279-4179-b54b-e7f79c217432/190328_UNICEF_Sugar_Tax_Briefing_R09.pdf
- 88 UNICEF. (n.d.). *Policy Brief: Sugar Sweetened Beverage Taxation*. Retrieved from [https://www.unicef.org/media/116681/file/Sugar-Sweetened%20Beverage%20\(SSB\)%20Taxation.pdf](https://www.unicef.org/media/116681/file/Sugar-Sweetened%20Beverage%20(SSB)%20Taxation.pdf)
- 89 UNICEF. (2021). *Effective regulatory approaches to protect, support and promote better diets and create healthy food environments for children*. Retrieved from <https://www.unicef.org/media/116671/file/UNICEF%20Technical%20Note.pdf>

UNICEF's global work on increasing taxes on sugar-sweetened beverages and unhealthy foods

There has been an increase in the number of COs (six in 2018 to 12 in 2021) reportedly working on the policy action area of health-related food and beverage taxes.⁹⁰ More than 40 per cent of the countries reporting work on the policy action in 2021 were in the EAP region according to SMQ data. The overall number of COs reportedly working on 'health-related food and beverage taxes' in 2021 was the lowest compared to other UNICEF programmes and policy action areas related to childhood and adolescent overweight and obesity prevention. Like SMQ data, the global survey commissioned by EPRI as part of this evaluation in 2023 found that 67 per cent of respondents from COs working on overweight and obesity prevention reported no work on increasing taxes on SSBs and unhealthy foods in their countries (see **Figure 9** of **Annex 4**). Furthermore, 12 out of 34 countries that participated in the evaluation survey reported working on the policy action area (Argentina, Fiji, India, Kazakhstan, Malaysia, Mexico, Mongolia, South Africa, Sri Lanka, the Netherlands, the Philippines, and Vanuatu), through activities ranging from evidence generation and advocacy to participation in working groups. Of these, two countries, South Africa and Mexico, reported undertaking limited work advocating for increasing sugar tax rates, citing unfavourable policy environments.

Analysis of UNICEF's work on increasing taxes on sugar-sweetened beverages and unhealthy foods

While UNICEF HQ has prioritized policy action on taxation of unhealthy ultra-processed foods and sugar-sweetened beverages, country level results have been limited due to varying reasons, including capacity gaps among CO staff on fiscal policies. Of the eight countries (seven COs and one NatCom) included in the evaluation's in-depth case studies, UNICEF staff from all countries reported limited or no work on increasing taxes on unhealthy foods and SSBs. In South Africa, Argentina, Mexico, and the Netherlands, sugar taxes are currently not a priority for governments, and hence, CO staff deprioritized discussions on this policy action to ensure coherence with government plans. Reasons for government reluctance include strong pushback from the sugar industry (South Africa, China), the complexity of reorganizing the tax system to accommodate sugar taxes (the Netherlands), concerns around taxes affecting businesses during ongoing periods of economic slumps (Argentina, Ghana, and South Africa) and public perception of sugar taxes being anti-poor. In South Africa, the Philippines and Mexico, existing sugar taxes, albeit low, are seen as policy wins by governments. Hence, the focus in policy dialogue moved to other food environment regulations such as FOPNL and restricting the marketing of unhealthy foods and beverages to children.

90 COs are required to answer Strategic Monitoring Questions annually to help UNICEF HQ's Division of Data, Analytics, Planning and Monitoring to track progress made against the indicators in UNICEF global strategic plan.

Notably, the discussion on taxes is not limited to SSBs – UNICEF supported the advocacy of CSOs and WHO in South Africa to include fruit juices in the ambit of sugar taxes. Owing in part to this advocacy, South Africa announced this policy reform in August 2023.⁹¹ Similarly, the Government of the Philippines is considering introducing taxes on junk foods to complement its existing tax on sugary drinks. UNICEF Philippines is engaging with the government to discuss equity issues by exploring how such a tax may affect the poor, given the relatively high junk food consumption in urban food deserts. In the Netherlands, the government is considering reducing the taxes on fresh fruits and vegetables to incentivise healthy behaviours rather than disincentivizing the consumption of SSBs and junk foods.

Other UN agencies and civil society coalitions are leading the advocacy for increasing taxes on unhealthy foods and sugar-sweetened beverages in most countries. WHO is the lead technical agency supporting policy discussions on sugar-sweetened beverage taxes in countries such

as China, Ghana, South Africa, Sri Lanka, and the Philippines. Vital Strategies also supports national advocacy efforts in both China and South Africa. Coalitions comprising health funds, CSOs, and consumer groups are leading public advocacy in the Netherlands, South Africa, and Ghana. In South Africa, Healthy Eating and Living Alliance (HEALA) is spearheading a campaign to increase the existing health promotion levy from 11 per cent to 20 per cent and partnering with academic institutions such as the University of the Witwatersrand and the University of the Western Cape to generate evidence on the efficacy and limitations of the existing tax and its impact on employment. In the Netherlands, key informants highlighted an alliance named “Alliantie voeding voor de Gezonde Generatie” as the leading voice. Notably, UNICEF is a member of this alliance, but its role is limited to co-signing letters to the parliament and lending its reach among youths to amplify the coalition’s work. UNICEF South Africa also adopted a similar approach of leveraging the work and resources of other organizations to support the agenda to a small extent.



In Brazil, as part of UNICEF-supported activities to promote citizen participation and awareness of the relationship between food systems and climate, teenagers take part in an interactive activity (board game) that addresses food choices and impacts of processed food. © UNICEF/UNI542115/Marques

91 Global Compliance News. (2023). *South Africa: The bittersweet extension of sugar tax to pure juice*. Retrieved from https://www.globalcompliancenews.com/2023/08/01/https-insightplus-bakermckenzie-com-bm-consumer-goods-retail_1-south-africa-the-bittersweet-extension-of-sugar-tax-to-pure-juice_07272023/#:~:text=The%20HPL%20is%20calculated%20as,Customs%20and%20Excise%20duty%20payable.

Ghana introduced a 20 per cent tax on sugar-sweetened beverages (including fruit juices) in early 2023, partly in response to sustained advocacy by Coalition Actors for Public Health Advocacy (CAPHA), Ghana Public Health Association and Advocating for Health (A4H) Coalition.⁹² However, there is no evidence of UNICEF Ghana's participation in any coalitions. Some key informants across many country offices mentioned the need for UNICEF to leverage its close working relationship with governments further to open discussions on unhealthy foods and drinks taxes. It is important to note that many COs have deprioritized work on this policy action due to financial constraints and limited technical abilities among CO staff. Unlike other policy actions like marketing restrictions and FOPNL, successful advocacy and technical assistance to governments on SSB and unhealthy food taxes requires UNICEF staff to possess strong technical expertise in tax policy and health economics. At present, staff engaging in this work are predominantly nutrition and health specialists. While staff in sections like social policy in some COs have capacities and experience in fiscal policies, evidence of collaboration is limited. Of the 34 UNICEF offices (33 COs and one NatCom) that reported working on overweight and obesity prevention in the EPRI-administered global evaluation survey, only 12 offices (11 CO and one NatCom) reported undertaking work on increasing taxes on unhealthy foods and SSBs. Of these, respondents from only four COs (Malaysia, the Philippines, South Africa, and Mexico) reported collaborating with the social policy section in their overall work.

Some UNICEF offices have undertaken effective advocacy on this fiscal measure in coalition with civil society and other UN agencies, achieving some intermediate results and policy changes.

For instance, UNICEF Malaysia collaborated with the WHO, the World Bank and UN Development Programme to commission simulations to model the impacts of various levels of sugar taxes on the consumption of SSBs. They presented the findings at a high-level inter-ministerial meeting, and a sugar tax (at a rate lower than advocated) was promptly imposed in April 2019 because of these advocacy efforts.⁹³ UNICEF Malaysia continues to support the government in evaluating the impact of the new tax and advocating for an increased rate to improve its efficacy in reducing SSB consumption. UNICEF India and other consortium partners submitted a draft policy brief on taxation on foods high in fat, salt, and sugar (HFSS) to the government and organized a joint webinar with the National Institute of Nutrition on the topic in 2022.⁹⁴ Similarly, in 2022, UNICEF Mongolia, in collaboration with the Ministry of Health and National Development Planning, developed a policy brief on SSB taxation⁹⁵ and is supporting the government by working with experts to propose a draft law for the implementation of SSB taxation. CO staff is engaging with parliamentarians to mobilize political will for the proposed tax increase.

92 Ghana News Agency. (2022). *Increase taxes on sugary beverages - GPHA urges government*. Retrieved from <https://gna.org.gh/2022/10/increase-taxes-on-sugary-beverages-gpha-urges-government/>

93 UNICEF Malaysia. (2019). *Country Office Annual Report*. Retrieved from <https://www.unicef.org/media/90286/file/Malaysia-2019-COAR.pdf>

94 ICMR National Institute of Nutrition. (2022, Dec 16). *5th E-dialogue series "Taxing HFSS Foods To Discourage Consumption"*. YouTube. Retrieved from https://www.youtube.com/watch?v=8Bek1__76kw

95 UNICEF Indonesia. (2022). *Policy Brief: Sugar Sweetened Beverage Taxation*. Retrieved from <https://www.unicef.org/indonesia/media/17011/file/Policy%20brief:%20Sugar-sweetened%20beverages%20taxation.pdf>

Despite the current government's disinterest in reviewing the existing sugar tax rate, UNICEF Mexico is proactively generating evidence to facilitate advocacy with the new government administration that will come into effect after the 2024 elections. An investment case demonstrating the high effectiveness and efficiency (highest return on investment among all policy options) of taxing SSBs and junk foods developed by the Research Triangle Institute (RTI) with UNICEF funding was recently published in the *Obesity Review Journal*.⁹⁶ UNICEF is replicating this novel investment case methodology, analysing the economic and health returns of different policy actions on childhood and adolescent overweight and obesity prevention, including unhealthy foods and beverage taxes, in China and Peru.⁹⁷ On the other hand, UNICEF Fiji and UNICEF Kazakhstan are working closely with their respective governments by participating in working groups on taxes related to unhealthy foods and beverages.

UNICEF COs identified the need for more support from HQ and RO on evidence mobilization, government and public engagement, and countering lobbying by the F&B industry to initiate and scale up UNICEF's work on the taxation of unhealthy foods and beverages.

Considering so few country offices and National Committees report tax-related work in SMQ reports and COARs (an observation made during the desk review in the inception phase), EPRI's evaluation surveys included questions to understand the support required by UNICEF staff to initiate or strengthen this work. Among the respondents who reported working on overweight and obesity prevention among children and adolescents, 63 per cent (39 out of 62) expressed the need for support with high-level engagement with government stakeholders, while 57 per cent (35 out of 62) highlighted the need for more quality evidence to inform advocacy for increasing taxes. Low public support and potential food and beverage industry resistance featured high on respondents' concerns (see **Figure 10** of **Annex 4**). On the other hand, those who reported their COs are not working on overweight and obesity prevention among children and adolescents highlighted the need for more evidence mobilization, high-level engagement with government stakeholders and technical assistance on taxes-related advocacy if they are to undertake advocacy on increasing taxes on unhealthy foods and beverages (see **Figure 36** in **Annex 4**).



A primary school student eats a healthy lunch prepared by a cook at her school, Kyrgyzstan. © UNICEF/UNI212826/Zhanibekov

- 96 Brero, M., Meyer, C. L., Jackson-Morris, A., Spencer, G., Ludwig-Borycz, E., Wu, D., Espinosa De Candido, A. F., Ferre Eguiluz, M. I., Bonvecchio Arenas, A., Jewell, J., & Nugent, R. (2023). *Investment case for the prevention and reduction of childhood and adolescent overweight and obesity in Mexico*. *Obesity reviews : an official journal of the International Association for the Study of Obesity*, 24(9), e13595. Retrieved from <https://doi.org/10.1111/obr.13595>
- 97 RTI International. (n.d.). *Preventing and reducing overweight and obesity among children and adolescents*. Retrieved from <https://www.rti.org/impact/preventing-childhood-obesity-with-unicef>



Community Health Worker show women and children key health practices in the community of Camdenba Uri, Guinea Bissau.
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Conclusions and Recommendations

Conclusions

This section consolidates the key findings from the evaluation, highlighting both the factors that enable and impede UNICEF's work on preventing overweight and obesity in children and adolescents.

Factors enabling UNICEF's work to prevent overweight and obesity in children and adolescents

Evidence-based approach: UNICEF's work to prevent childhood and adolescent overweight and obesity is driven by an evidence-based approach, integrating data collection, research, and dissemination across all organizational levels. Key initiatives by UNICEF HQ include the landscape analysis tool and the development of various guidance documents. UNICEF HQ's collaboration with WHO and the World Bank through the Joint Malnutrition Estimates initiative is an important mechanism to promote the use of data-driven decisions. Regionally, reports and tools such as the *Childhood Overweight and the Retail Environment* report in LAC and the *Food Policy Options, Pathways and Tools* matrix in ESA guide evidence-based policymaking in corresponding regions. At the country level, targeted advocacy and programmatic efforts are notable, such as the UNICEF Netherlands' focus on supermarket practices and the UNICEF Philippines' focus on digital food marketing.

Collaborative partnerships: UNICEF leveraged collaborative partnerships, integrating expertise and resources across various levels in its work to prevent overweight and obesity in children and adolescents. Globally, initiatives such as the Global Obesity Coalition and the Acceleration Plan to Stop Obesity, endorsed by the WHA, demonstrate UNICEF's commitment to collaboration. Regional efforts include joint reports with FAO, WFP, and WHO in Asia and the Pacific, and initiatives such as the *Regional Nutrition Capacity Development and Partnership Platform* in Central Asia and the Caucasus. At the country level, partnerships are diverse and context-specific, with notable collaborations in several countries, such as Argentina, China, Greece, Mexico, the Netherlands and the Philippines. These efforts show a strong alignment with global best practices, yet some key informants indicated that progress, particularly in the acceleration plan, has been slower than expected, highlighting the need for strengthened and more effective collaborations.

Public awareness campaigns and SBCC strategies: UNICEF's use of public awareness campaigns and SBCC strategies is a critical component in combating childhood and adolescent overweight and obesity. Globally, initiatives such as *Shifting the Narrative: A Playbook for Effective Advocacy on the Prevention of Childhood Overweight and Obesity* and the *Fix My Food* campaign aim to change the global discourse around overweight and obesity. Regionally,

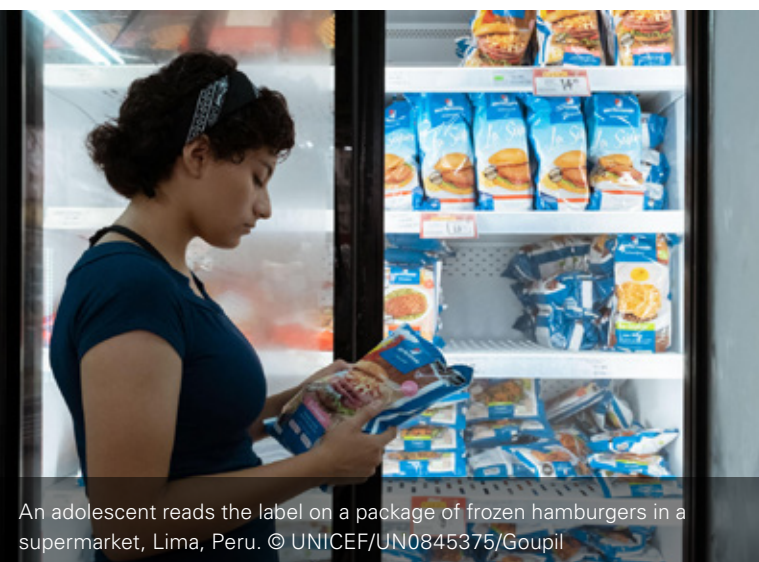
initiatives such as the *Fix My Food* campaign in EAP, the *Now More Than Ever* campaign in the Caribbean and educational interventions in Latin America demonstrate the reach of these efforts. Nationally, campaigns such as China's *Know Your Food* and South Africa's *My Body, My Health: My Wealth* target specific audiences with tailored messages. However, while these campaigns raise awareness and support policy changes, they face the challenge of translating awareness into long-term policy changes, especially in settings where policymaking and implementation are complex or slow.

Technical assistance in shaping policies and regulations: UNICEF's technical assistance to governments in shaping laws and regulations for preventing overweight and obesity is a critical aspect of its approach. Assistance includes support in adopting and implementing policies for creating a healthy, non-obesogenic environment, as evidenced by the technical policy briefs and guides developed by UNICEF HQ. Direct support from HQ and ROs to COs has been crucial, especially in areas such as food environment policies. Examples include UNICEF's involvement in Argentina's comprehensive warning labels and Mexico's food labelling guidelines. However, some challenges have been noted in the practical application of these theoretically robust documents, and there is a recognized need for building more hands-on knowledge and experience, particularly in new areas of work. Despite these challenges, many UNICEF COs have emerged as credible advisors in their respective regions, demonstrating the influence of their technical guidance.

Factors impeding UNICEF's work to prevent overweight and obesity in children and adolescents

Industry opposition and conflict of interest: At the global, regional, and country level, UNICEF faces significant challenges in combating childhood and adolescent overweight and obesity due to industry pushback, particularly from the F&B sector. This opposition manifests in lobbying against strict legislation and promoting misinformation. For example, in the Philippines and Mexico, UNICEF encountered substantial resistance from F&B companies against policies such as FOPNL and restrictions on marketing. Despite these challenges, UNICEF has made strides in countering industry influence by emphasizing adherence to global guidelines and partnering with organizations such as WHO. Additionally, UNICEF's internal policies, such as those in Argentina and South Africa, focus on reducing conflict of interest and carefully managing private sector engagement. However, the inherent tension between public health advocacy and the economic interests of the F&B industry continues to be a complex issue, requiring nuanced and strategic approaches.

Implementation hurdles: UNICEF's efforts in preventing childhood and adolescent overweight and obesity are hindered by various implementation challenges, such as limited resources and varying levels of government commitment. Despite successful advocacy for policies such as FOPNL in countries such as Argentina and Mexico, practical implementation issues arise due to factors such as federal structures and inconsistent governmental support. For instance, in South Africa, resource constraints impacted the implementation of school food environment improvements, while in Greece, limited technical expertise slowed down action plan implementation. These challenges are contrasted by countries such as Ghana, where government-led initiatives show more progress, but funding limitations remain a key concern. Additionally, political changes, such as elections in the Netherlands and the Philippines, can disrupt the momentum of legislative progress highlighting the need for adaptable strategies and sustained advocacy to navigate the dynamic political and resource landscapes in different regions.



An adolescent reads the label on a package of frozen hamburgers in a supermarket, Lima, Peru. © UNICEF/UN0845375/Goupil

UNICEF's work on increasing taxes on SSBs and unhealthy foods

Challenges in implementing taxes on SSBs and unhealthy foods: UNICEF's approach to increasing taxes on SSBs and unhealthy foods, that are in line with WHO recommendations, has seen varied levels of implementation and success across different regions. The policy has been advocated by UNICEF through the publication of multiple reports and partnerships, such as with DLA Piper, to research SSB tax models. However, the uptake of this policy action varies significantly among UNICEF COs. While there is an increasing trend in country offices reporting work on health-related food and beverage taxes, the overall number remains low compared to other policy areas. Notably, some countries such as South Africa and Mexico have implemented sugar taxes, albeit with limitations, and are focusing on other regulatory measures such as FOPNL and marketing restrictions. The challenges in advancing SSB taxes are multifaceted, including strong industry pushback, economic concerns, complexity in tax system reorganization, and public perception issues. The inclusion of fruit juices in sugar taxes in South Africa and the consideration of junk food taxes in the Philippines highlight the evolving nature of these fiscal measures.

Need for enhanced support and advocacy in tax-related policies: UNICEF's policy action on increasing taxes on SSBs and unhealthy foods faces significant hurdles in some countries, including low government willingness (Argentina, Mexico, among others), limited financial and human resources constraints (Ghana, South Africa), and the need for more robust evidence on the effectiveness of such fiscal measures. This has led many COs to deprioritize this policy action. Advocacy by other agencies and civil society coalitions, such as WHO and HEALA, plays a prominent role in some countries, but UNICEF's participation is often limited or, in some cases, non-existent. For instance, in South Africa and the Netherlands, UNICEF's role is more supportive, amplifying the work of alliances rather than leading initiatives. The need for UNICEF to leverage its close relationship with governments more effectively is evident, especially in opening discussions on unhealthy food and beverage taxes. COs express a need for greater support in evidence mobilization, engaging with governments and the public, and countering industry lobbying to initiate or scale up efforts towards introducing or strengthening such taxes. This indicates a gap between UNICEF's policy guidance and the practical implementation and advocacy on the ground, highlighting the need for more tailored support and strategic approaches to enhance the effectiveness of tax-related policies in reducing childhood and adolescent overweight and obesity.



In Peru, UNICEF has carried out childhood overweight prevention interventions at schools, are part of broader nutrition programme that seeks to improve health and nutrition among children and adolescents in an area with a high incidence of childhood overweight and obesity. © UNICEF/UNI543264/Herrera

Recommendations

The evaluation recommends that UNICEF:

Recommendation 1: Continue to strengthen practical, localized guidance from HQ and ROs to COs through tailored and interactive capacity building and knowledge dissemination initiatives, focusing on the application of UNICEF's advocacy and programming guidance for the prevention of childhood overweight and obesity in diverse contexts.

Since formalizing overweight and obesity prevention among children and adolescents as a priority action area in nutrition in 2019, UNICEF has published multiple foundational guidance to establish UNICEF's overall approach and role in this agenda at global, regional, and national levels. While bilateral assistance by HQ and some ROs to front-runner countries during the early stages has yielded significant intermediate outcomes on programme development and policy changes in many countries, a sustainable scale-up of this work across all regions requires capacity building by the global technical team that provides practical information to COs with no or limited experience. In recent years, UNICEF HQ's technical documents have slowly expanded from 'what' and 'why' focused guides to toolkits that offer models and templates to initiate sophisticated actions such as landscape analysis and regulatory reforms on restricting the marketing of unhealthy foods and beverages to children. UNICEF should continue this focus on 'how to' knowledge generation and integrate detailed regional and country case studies (on conceptualizing, approving, and implementing programmes and policy actions) to demonstrate the applicability of UNICEF's approach and principles in different contexts and highlight the unique challenges they present. The evaluation also recommends that UNICEF HQ and ROs diversify their knowledge dissemination strategy from predominantly sharing technical documents (that assumes the time and capacity of CO staff to read and understand the applicability of complex materials) to organizing a series of masterclasses that present, discuss, and demonstrate the practical use of such documents among global staff. HQ should pay special attention to the provision of bilateral assistance to ROs, adding a focus on overweight

and obesity prevention within their regional nutrition agenda. Learning from examples of South-South cooperation through knowledge exchange in the LAC region and between Mexico and South Africa, UNICEF can promote forums that help showcase the work and experiences of COs with successful work (especially policy actions). These initiatives can complement continued bilateral assistance to COs on as needed basis.

Some examples of needs around practical guidance shared by UNICEF staff during this evaluation are on integrating gender and intercultural approaches in addressing overweight and obesity and adapting existing nutrition approaches and programming to effectively address the needs of school-age children and adolescents as endorsed by the UNICEF Nutrition Strategy 2020-2030. Additionally, making technical documents available in local languages in countries where English is not the operating language would facilitate COs to easily provide preliminary technical assistance to governments by sharing translated versions. There is also a call for the development of case studies focused on high-income contexts, which could offer valuable insights into navigating donor relationships with governments – a scenario somewhat atypical to UNICEF's usual approach. Lastly, specific guidance for regions or countries with low prevalence rates of childhood and adolescent overweight and obesity would be beneficial. By learning from experiences in regions such as LAC, where childhood obesity rates have rapidly increased, these areas can identify and implement strategies to maintain their low prevalence rates, thereby preventing future health crises.



A childcare worker feeds a child at textile factory's daycare centre, where the girl's mother works, Haiti. © UNICEF/UNI329314/Engelberth VII Photo

To complement the recently established UNICEF principles on engagement with the F&B industry, HQ can publish a compendium of case studies (real and fictional) to aid practical understanding of managing risks when engaging in activities directly or indirectly involving private sector actors. However, recognizing senior management's key role in enabling a principled approach at the CO level, the global technical team should also design and implement specific training modules for management staff (representatives and deputy representatives). The training should aim to sensitize them on the importance of eliminating conflict of interest to gain credibility in their CO's advocacy and technical assistance to governments. As per the global evaluation survey analysis, COs where staff at P-4 and P-5 levels engaged in overweight and obesity prevention work reported a higher average number of lifecycle interventions (4.4 compared to an overall average of 3.4) and policy actions (7.4 compared to an overall average of 5.2) being undertaken. Hence, building senior management's technical capacities can also enable their engagement in high-level policy dialogues with governments and improve advocacy effectiveness.

Recommendation 2: Strengthen support to COs in advocating for and supporting taxation of unhealthy foods and SSBs, complementing WHO's expertise and focusing on high-level government engagement, evidence mobilization, and industry interference.

The evaluation recommends that UNICEF strengthen its support to COs in initiating or scaling up existing actions on increasing taxes on SSBs and unhealthy foods. A significant barrier contributing to less CO-level policy action on tax-based interventions is governments' low willingness to engage in policy discussions on SSBs. The survey data reveals that 63 per cent of the respondents from country offices working on overweight and obesity prevention, emphasize the need for support from HQ and RO in high-level engagement with government stakeholders (see **Figure 10** in **Annex 4**). Fifty-seven per cent of respondents from COs not working on overweight and obesity prevention echoed the need for this support in initiating policy action on increasing taxes on SSBs and unhealthy foods (see **Figure 36** in **Annex 4**). To address this, UNICEF HQ can offer more guidance on navigating sensitive and complex political landscapes to advocate for these taxes effectively. UNICEF needs to amplify its role in policy discussions by leveraging its close working relationship with ministries and departments of health and economy and providing child rights-based perspectives to complement the advocacy of other actors such as WHO and national coalitions. To initiate policy dialogue with ministries of economy on taxation, nutrition staff should collaborate with social policy colleagues or hire fiscal policy experts to leverage their strategic contacts and expertise to undertake effective technical discussions. Evidence generation on the efficacy of proposed policies can help inform and strengthen engagements with governments. UNICEF's partnership with RTI on modelling economic and health impacts of policy options such as fiscal measures is an encouraging step in this direction.



UNICEF Mexico rolled out a collaboration with the Mexican Social Security Institute for Wellness (IMSS Bienestar) to strengthen and create new social behavior change (SBC) materials for the Overweight and Obesity Prevention module of its Adolescent Health Care Centers (CASA).
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CONCLUSIONS AND RECOMMENDATIONS

Moreover, complementing WHO's strong technical expertise in health taxes, including tobacco and alcohol, with UNICEF's competence in child rights and social policy is vital. WHO is currently developing case studies in 16 countries to examine how political economy factors influence the design, adoption, and implementation of health taxes. UNICEF at different levels can take independent actions to strengthen collaboration with their WHO counterparts based on opportunities, willingness to collaborate and perceived strategic advantages. In countries where WHO faces resource constraints, UNICEF COs can lead in consultation with WHO counterparts to leverage knowledge and experience. Additionally, HQ and ROs should enhance technical support to COs in evidence mobilization, building public support, and countering industry interference in the SSB advocacy process.

Countries across the globe have implemented or are considering expanding fiscal measures to cover unhealthy foods. The Ministry of Finance and National Economic Development Authority are researching to assess the feasibility and impact of a 'junk food tax' in the Philippines. In the Netherlands, the government is alternatively considering reducing taxes on healthy fruits and vegetables sold in supermarkets to encourage their sales. However, UNICEF's support for such government priorities has been limited and should be emboldened to help establish global precedents on innovative food taxes. The Government of Colombia passed a landmark law taxing junk foods and SSBs in November 2023 marking an opportune time for the UNICEF country office to initiate policy dialogue on similar policies.

Recommendation 3: Continue to leverage UNICEF's comparative advantage in child-rights advocacy, coordination, and resource mobilization to strengthen global partnerships, coalitions, and initiatives for the prevention of overweight and obesity in children and adolescents.

This evaluation recommends that UNICEF continues to play a proactive role in catalysing global partnerships, particularly in mobilizing resources for childhood and adolescent overweight and obesity. Stakeholders widely acknowledged that UNICEF holds a significant comparative advantage in fundraising, positioning it as the most resourced international organization in this sphere. Despite its relatively recent engagement in global thought leadership and country-level policy actions on overweight and obesity prevention, UNICEF has emerged as a leading technical and implementation support partner for governments in many countries. There is evidence of international donors interested in this area of work proactively approaching UNICEF, given its well-established reputation for child-rights advocacy, and increasing global credibility on overweight and obesity prevention work. UNICEF can leverage its positioning to support overcoming the financial constraints that have slowed the progress of the Acceleration Plan to Stop Obesity. By collaborating in WHO's fundraising efforts, particularly for front-runner countries, UNICEF can effectively contribute to accelerating obesity prevention programmes. Moreover, a coordinated approach with WHO and WOF is essential. Each organization must clearly establish and leverage its distinguished comparative advantages. A coordinated approach would also involve mapping out and identifying countries where different organizations can assume leadership roles based on the available resources, ensuring a more strategic and efficient division of efforts and funds in the fight against obesity.

Additionally, UNICEF's global leadership can further regularize engagements and facilitate the dissemination of updates to regional and country offices about ongoing collaborative efforts. This will not only encourage stronger partnerships but also foster a cohesive framework for tackling obesity on a global scale. The establishment of an inter-agency task force on overweight and obesity prevention, as part of this coordinated effort, is also recommended. This task force should include organizations from various sectors, including agriculture and education, reflecting the multisectoral nature of the obesity issue.

Recommendation 4: Enhance support to COs in closing financial and human resource gaps for effective policy advocacy and implementation by providing resource mobilization support.

This evaluation recommends that UNICEF HQ enhance its support to ROs and COs in resource mobilization, especially in contexts where UNICEF's role in resource-intensive activities such as subnational implementation support is critical to achieving the meaningful impact of new laws on the availability and consumption of unhealthy foods and beverages in the long run. The resource support can help COs in financing additional staff positions or activities based on their needs. The recommendation emphasizes not just the need to equip staff with the necessary transferable knowledge and skills, but also integrate new technical profiles and staff into the organization to enable UNICEF's in-house capacity to offer niche technical expertise on food environment legislation design and related implementation planning to governments. The significant increase in childhood and adolescent overweight and obesity prevalence and burden in the last decade has considerably changed the face of malnutrition globally. Rethinking the human resource capabilities necessary to address food environment factors largely causing this paradigm shift will enable UNICEF to remain effective and relevant in its mission. Upskilling and recruiting new staff to build RO/CO capacities on law and health-based fiscal policies will enhance the organization's contribution towards improving food environment policies worldwide. The global technical team should also nurture personal commitment among staff to learn and adapt skillsets to tackle emerging nutrition challenges effectively.



A girl eats lunch in a kindergarten classroom in Jammu.
© UNICEF/UN0790069/Nazir



A family buys their food, Uruguay.
© UNICEF/UN0565500/Pazos

Annex 1: List of Key Informants Interviewed

Name of Key Informant ⁹⁸	Position	Organization
China		
Chongjun Bi	Nutrition officer	UNICEF China CO
Suying Chang	Nutrition Specialist	UNICEF China CO
Xinya Zhu	Nutrition officer	UNICEF China CO
Anuradha Narayan	Former Section Chief	UNICEF China CO
Cui Ying	Technical Officer	WHO
Cao Ying	China Country Director	Vital Strategies (USA) Jinan Representative Office
Wang Youfa	Dean, Global Health Institute	Vice President, Xi'an Jiaotong University Health Science Center
Greece		
Myrsini Kazakou	Child Protection Officer	UNICEF Greece CO
Antigoni Angelaki	Child Protection Specialist	UNICEF Greece CO
Ioannis Papachristodoulou	Child Rights Monitoring Specialist	UNICEF Greece CO
Konstantina Tsoutsouloupoulou	Dietitian-Nutritionist, MSc in Health Promotion, PhD student at Harokopio University	Ministry of Health
Mexico		
Fiorella Espinosa	Nutrition Officer - Mexico	UNICEF Mexico CO
Mauro Brero	Chief Nutrition - Mexico	UNICEF Mexico CO

98 The details of one key informant are not mentioned in the list as they preferred to share their insights anonymously.

ANNEX 1: LIST OF KEY INFORMANTS INTERVIEWED

Name of Key Informant ⁹⁸	Position	Organization
Catalina Gomez	Chief Social Policy - Mexico	UNICEF Mexico CO
Karina Sánchez Bazán	Food and Development Policy Consultant	Ex-FAO
Simon Barquera	Director of the Nutrition Policies and Programs Research Area, Nutrition and Health Research Center	Instituto Nacional de Salud Pública
Paulina Magaña	Food Policy Campaign Coordinator	El Poder del Consumidor
Alejandro Calvillo	President	El Poder del Consumidor
Argentina		
Verónica Risso Patrón	Nutrition Officer - Argentina	UNICEF Argentina CO
Luisa Brumana	Representative - Argentina	UNICEF Argentina CO
Victoria Tiscornia	Nutrition Researcher	FIC
Luciana Castronuovo	Project Coordinator	FIC
Carolina Tamagnini	Executive Director	FUNDEPS
Ana Caceres	President	FAGRAN
Malena Gai Malena Gai	Coordinator of the National Healthy Eating and Obesity Prevention Program	Ministerio de Salud
Philippines		
Georgina Belardo	Child Rights Business (CRB) Officer	ex-UNICEF Philippines CO
Alice Nkoro	Nutrition Manager	UNICEF Philippines CO
Maria Evelyn Carpio	Nutrition Specialist	UNICEF Philippines CO
Rene Gerard Galera	Nutrition Specialist	UNICEF Philippines CO
Maya Fachrani Faisal	Chief Social Policy	UNICEF Philippines CO
Chongjun Bi	CRB Office (Stretch Assignment)	UNICEF Philippines CO
Azucena Dayanghirang	Assistant Secretary & Executive Director	National Nutrition Council
Ellen Abella	Nutrition Officer and Officer-in-charge, Nutrition Surveillance Division	National Nutrition Council
Jovita Raval	Chief, Nutrition Information Education Division	National Nutrition Council
Dasha Uy	Health Programme Office	DOH-Health Promotion Bureau
Ma. Norma Thea Madeline Conjares	Planning Officer	DOH-Health Promotion Bureau

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Name of Key Informant ⁹⁸	Position	Organization
Luz Tagunicar	Supervising Health Program Officer	DOH-Disease Prevention & Control Bureau
Dr John Juliard Go	National Professional Officer	WHO
Maria Cecilia Pastores	Food Security and Nutrition Specialist	FAO
Carleneth San Valentin	Nutrition Programme Policy Officer	WFP
Sophia Monica San Luis	Executive Director	ImagineLaw
Natasha Daphne Marcelo	Head: Regulation of Unhealthy Food Marketing Project	ImagineLaw
Netherlands		
Leonie Barelds	Senior Specialist- Child Rights	UNICEF Netherlands NC
Loek Leenen	Coordinator	Alliantie voeding voor de Gezonde Generatie
Bart de Wolf	Senior Policy Officer: Healthy Weight & Lifestyle	Ministry of Health, Welfare and Sport
Eva van Esch	Member of Parliament	The Netherlands Parliament
South Africa		
Gilbert Tshitauzi	Nutrition Manager	UNICEF South Africa CO
Lea Castro	Nutrition Officer	UNICEF South Africa CO
Sufang Guo	Chief-Health and Nutrition	UNICEF South Africa CO
Andile Dube	Education Manager	UNICEF South Africa CO
Rebone Ntsie	Director: Nutrition	National Department of Health
Zandile Kubeka	Assistant Director: Nutrition	National Department of Health
Carina Muller	Chief Education Specialist	Department of Basic Education
Mr Nzama Mbalati	Healthy Living Alliance (HEALA)	HEALA
Luyanda Majija	Associate Director, Communications, Food Policy Program	Vital Strategies
Dr Agnes Erzse	Senior Researcher	SAMRC/Wits Centre for Health Economics and Decision Science- PRICELESS
Ghana		
Jevaise Aballo	Nutrition Officer	UNICEF Ghana CO
Porbilla Ofosu-Apea	Health and Nutrition Officer	UNICEF Ghana CO
Felix Osei-Sarpong	Health Specialist (OiC Chief of Health and Nutrition)	UNICEF Ghana CO

ANNEX 1: LIST OF KEY INFORMANTS INTERVIEWED

Name of Key Informant ⁹⁸	Position	Organization
Christopher Nkrumah	Education Officer	UNICEF Ghana CO
Theresa Oppong Mensah	Director: School Health Education Programme	Ghana Education Services
Catherine Adu-Asare	Programme Officer	Ghana Health Services
Veronica Quartey	Programme Officer	Ghana Health Services
Olivia Timpo	Deputy Director: Nutrition	Ghana Health Services
Norway		
Kyrre Lind	International Advisor	UNICEF Norway NC
Tajikistan		
Masumi Maehara	Nutrition Specialist	UNICEF Tajikistan CO
UNICEF Staff at ROs		
Alison Feeley	Nutrition Specialist - Overweight and Obesity Prevention	UNICEF EAPRO
Simeon Nanama	Regional Nutrition Advisor: WCA	UNICEF WCARO
Gabriele Fontana	Regional Nutrition Advisor: ECA	UNICEF ECARO
Aashima Garg	Regional Nutrition Advisor: MENA	UNICEF MENARO
Karan Courtney Haag	Nutrition Specialist	UNICEF ECARO
Maike Arts	Regional Adviser, Survive & Thrive	UNICEF LACRO
Christiane Rudert	Regional Adviser Nutrition	UNICEF ESARO
Roland Kupka	Regional Nutrition Adviser	UNICEF EAPRO
Zivai Murira	Nutrition Specialist	UNICEF ROSA
UNICEF Staff at HQ		
Vilma Tyler	Senior Advisor, School Age Children, Adolescents and Women	UNICEF HQ
Claire Johnson	Nutrition Specialist: Childhood Obesity Prevention	UNICEF HQ
Raoul Bermejo	Health Specialist	UNICEF HQ
Victor Aguayo	Director, Child Nutrition and Development	UNICEF HQ
Jo Jewell	Nutrition Specialist - Childhood Overweight Prevention	ex-UNICEF HQ
Rory Nefdt	Senior Advisor- Health	UNICEF HQ
Jasmininder Kaur-Smith	Programme Specialist Child Rights and Business Programme Group Leadership Team	UNICEF CRB HQ, Geneva

ANNEX 1: LIST OF KEY INFORMANTS INTERVIEWED

Name of Key Informant ⁹⁸	Position	Organization
Christopher Kip	Corporate Alliances Specialist, Child Rights & Business Team	UNICEF CRB HQ, Geneva
Carlotta Barcaro	Global Lead, Business Engagement and Child Rights (BECR) Programme Group	UNICEF CRB Headquarters, Geneva
Other External Stakeholders		
Johanna Ralston	CEO	WOF
Katrin Engelhardt	Scientist, Multisectoral Actions in Food Systems	WHO
Francesca Celletti	Senior Advisor, Office of the Director, NFS	WHO



Schoolchildren are having lunch in the canteen of the lyceum, Ukraine.
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Annex 2: Key Informant Interview Protocols

For UNICEF Staff at HQ level

Introduction:

Hello, thank you for joining us for this evaluation interview. I am <>, a researcher with the Economic Policy Research Institute (EPRI), a global social policy think-tank based out of South Africa specialising in research, capacity building and policy advisory. UNICEF has commissioned EPRI to undertake an evaluation to examine UNICEF's Work on Overweight and Obesity Prevention Among Children and Adolescents. As part of this evaluation, EPRI is conducting interviews with key HQ office staff to understand the overweight and obesity prevention approach, programming, and results globally. For this reason, we are interested in getting information from key stakeholders willing to share their experiences and knowledge with us. We have identified you as a critical voice in gaining insights on this topic. We have prepared a few questions for you. Please note that there are no 'right' or 'wrong' answers. We would like to hear about your experiences and opinions -so please feel free to share these with us as openly and honestly as possible. The interview will be one hour long.

Consent for Recording and Use of Transcripts:

In order to maximise the utilisation of insights generated during this interview, we would like to record the interview and use its transcripts for direct and indirect reference while drafting the evaluation reports. Kindly note that you will not be personally identified in any reporting of evaluation's findings. Your name will only appear in the annex of the evaluation reports. The data from this interview will be kept confidential and will only be shared with EPRI evaluation team and relevant UNICEF Evaluation Office members who are also bound by confidentiality requirements. Do you give consent to this interview being recorded?

Consent for Participation:

Thank you for sharing your consent to record the interview. Now we would like to take your consent to participate in the interview. Please note that your participation is voluntary, and you may choose to not respond to any or all questions or may withdraw any time without consequences. Do you give your consent to participate in the interview?

Thank you for your consent to participate in the interview. In case of queries or concerns after this interview, please contact Sonia Jose, senior researcher from EPRI at sonia@epri.org.za. In case you would like to keep the query within UNICEF, please reach out to Beth Ann Plowman, the Evaluation Manager at UNICEF EO at baplowman@unicef.org.

We would now like to start the interview by asking you a few questions. Please feel free to venture beyond the scope of our questions if you deem it necessary and useful. These questions are only guiding.

1. To what extent is childhood overweight and obesity prevention a priority for UNICEF?
2. What factors led to the HQ initiating work on preventing overweight and obesity among children and adolescents?
3. How has the HQ mobilised evidence on childhood overweight and obesity in the global context? (Prompt: evidence reviews and policy and programme landscape reviews? partnerships with academia or research orgs?)
4. How has this evidence been used to shape its overweight and obesity prevention strategy/approach/activities? Are there any specific target groups prioritised by UNICEF? (prompt: landscape analysis tool encourages disaggregation of data by gender, region, socio-economic status- what are the implications of this data on programming?)
5. How is UNICEF approaching overweight and obesity prevention and management among children under age 5, middle-age children and adolescents?
6. What are the key priorities for the HQ on the issue?
7. In what way is the HQ working to address childhood and adolescent obesity prevention in different regions? Which regions have been prioritised by the HQ for addressing this issue?
8. What gaps and opportunities did the HQ identify in the current policy and programmes undertaken by ROs and COs? (health systems and food systems)
9. What has UNICEF HQ done to raise the interests of ROs and COs to address this issue? To what extent has this been effective?
10. How do the activities on o/o prevention at HQ build on or complement UNICEF HQ's work in nutrition and other sections? In what ways does it compete with UNICEF's work in nutrition and other sections?
11. Is the work on preventing overweight and obesity also a priority of other UN organisations/ international organisations/ NGOs or coalitions etc.? In what ways is UNICEF HQ leveraging partnerships to advance the global agenda on this issue? What gaps does UNICEF fill through its work on this issue?
12. To what extent has the HQ supported ROs and COs in resource mobilisation? How would you characterise the adequacy of budget available to the HQ for this work and what (if any) cost-effectiveness strategies does the HQ use to maximise results from investments?
13. To what extent have planned activities been undertaken in a timely manner? How has HQ managed delays resulting from internal and external factors?
14. How does HQ plan and monitor progress and results on this issue at the HQ, RO, and CO levels?
15. How does the HQ guide RO/COs towards fostering long-term government ownership of this agenda?
16. What plans does the HQ have to increase the impact of UNICEF's work on this issue globally?
17. What are the main barriers UNICEF is facing or may face in expanding its footprint and impact in high risk and prevalence countries?
18. In your opinion, how has HQ's strategic and programming guidance (via guiding documents, evidence, direct technical assistance etc.) supported the design and implementation at the regional and country level? Are there any gaps or emerging needs the HQ can fulfil?
19. What conflicts of interest, if any, does UNICEF potentially face for the implementation of CHO prevention and management? And how is HQ helping ROs and COs to manage conflicts of interest in this policy agenda? (probe: direct engagement with food and beverage industry a recommended approach?)
20. Is there any other information you would like to add on your work on childhood and adolescent overweight/obesity in this region?

21. Are there any documents you could share with us that highlight your work on this issue?
22. Would you like for us to speak to any other internal or external stakeholder for this evaluation?

For UNICEF Staff at RO level

Introduction:

Hello, thank you for joining us for this evaluation interview. I am <insert name>, a researcher with the Economic Policy Research Institute, a global social policy think-tank based out of South Africa specialising in capacity building and policy advisory. UNICEF has commissioned EPRI to undertake an evaluation to examine UNICEF's Work on Overweight and Obesity Prevention Among Children and Adolescents. As part of this evaluation, EPRI is conducting interviews with regional office staff to understand the overweight and obesity prevention approach, programming, and results in the region. For this reason, we are interested in getting information from key stakeholders willing to share their experiences and knowledge with us. We have identified you as a critical voice in gaining insights on this topic. We have prepared a few questions for you. Please note that there are no 'right' or 'wrong' answers. We would like to hear about your experiences and opinions -so please feel free to share these with us as openly and honestly as possible. The interview will be one hour long.

Consent for Recording and Use of Transcripts:

In order to maximise the utilisation of insights generated during this interview, we would like to record the interview and use its transcripts for direct and indirect reference while drafting the evaluation reports. Kindly note that you will not be personally identified in any reporting of the evaluation's findings. Your name will only appear in the annex of the evaluation reports. The data from this interview will be kept confidential and will only be shared with EPRI evaluation team and relevant UNICEF Evaluation Office members who are also bound by confidentiality requirements. Do you give consent to this interview being recorded?

Consent for Participation:

Thank you for sharing your consent to record the interview. Now we would like to take your consent to participate in the interview. Please note that your participation is voluntary, and you may choose to not respond to any or all questions or may withdraw any time without consequences. Do you give your consent to participate in the interview?

Thank you for sharing your consent to record the interview. Now we would like to take your consent to participate in the interview. Please note that your participation is voluntary, and you may choose to not respond to any or all questions or may withdraw any time without consequences. Do you give your consent to participate in the interview?

Thank you for your consent to participate in the interview. In case you have any queries or concerns after this interview, please contact Sonia Jose, senior researcher from EPRI at sonia@epri.org.za. In case you would like to keep the query within UNICEF, please reach out to Beth Ann Plowman, the Evaluation Manager at UNICEF EO at baplowman@unicef.org.

We would now like to start the interview by asking you a few questions. Please feel free to venture beyond the scope of our questions if you deem it necessary and useful. These questions are only guiding.

1. When did the RO begin its work on overweight/obesity prevention? Were there any initial goals/focus areas associated with the launch? Were there any regional strategies or plans developed for this work or were any developed since then?
2. What are the main issues of interest in the region with respect to O/O (Overweight/Obesity) prevention?
3. How has the RO mobilised evidence on childhood overweight and obesity in the global context? (Prompt: evidence reviews and policy and programme landscape reviews? partnerships with academia or research orgs?)

4. How has this evidence been used to shape its overweight and obesity prevention strategy/approach/activities? Are there any specific target groups prioritised by UNICEF? (probes: landscape analysis tool encourages disaggregation of data by gender, region, socio-economic status- what are the implications of this data on programming?)
5. In what ways, if any, is the RO working to address childhood and adolescent obesity prevention in the region?
6. How has the RO engaged with stakeholders and sectors to undertake action on childhood and adolescent overweight and obesity?
7. What are the main activities undertaken by the RO to raise awareness and political support within countries to work on overweight and obesity prevention? To what extent have these activities achieved the intended results?
8. What are the main activities undertaken by the RO to encourage and support COs to work on overweight and obesity prevention at the health systems and food environment levels?
9. How has the RO supported COs to work with a range of government sectors and other stakeholders to support work on overweight and obesity prevention?
10. What has the RO done to raise the interests of partners, including regional economic and political unions of country governments to address this issue? To what extent has this been effective?
11. How has the RO employed coordination mechanisms to strengthen collaboration on childhood overweight and obesity in the region? (like MoUs, establishing national forums, coalitions etc.)
12. How has UNICEF harmonised strategies and actions on childhood and adolescent o/o prevention with nutrition and other sections' work? (probe: any work on retrospectively making actions double-duty/de-novo?)
13. To what extent has the region made progress on overweight and obesity prevention programming? In which areas has the progress been rapid and slow and what are the factors influencing progress?
14. To what extent has the RO supported country offices in resource mobilisation for O/O prevention? How would you characterise the adequacy of budget available to the RO for this work and what (if any) cost-effectiveness strategies does the RO use to maximise results from investments?
15. To what extent have planned activities been undertaken in a timely manner? How has the RO managed delays resulting from internal and external factors?
16. How does the RO guide COs to foster government ownership of the overweight and obesity prevention agenda?
17. How does the RO plan and monitor progress and results on this issue at the RO and CO levels?
18. What plans does the RO have to increase the impact of UNICEF's work on childhood and adolescent overweight and obesity prevention in the region?
19. In your opinion, how has HQ's strategic and programming guidance (via guiding documents, evidence, direct technical assistance etc.) supported the design and implementation of O/O prevention policies and programs at the regional and country level? What could HQ do more of? What should they do less of?
20. What conflicts of interest are RO and CO facing in the implementation of childhood obesity prevention and management? And how is RO helping CO to manage conflicts of interest in this policy agenda?
21. Is there any other information you would like to add on your work on childhood and adolescent overweight/obesity in this region?
22. Are there any documents you could share with us that highlight your work on this issue?

For UNICEF Staff at CO level

Introduction:

Hello, thank you for joining us for this evaluation interview. I am <insert name>, a researcher with the Economic Policy Research Institute, a social policy think-tank based out of South Africa specialising in research, evaluation, capacity building and policy advisory. UNICEF has commissioned EPRI to undertake an evaluation to examine UNICEF's Work on Overweight and Obesity Prevention Among Children and Adolescents. As part of this evaluation, EPRI is conducting interviews to evaluate the results of specific programmes/policy actions at the country level. We have identified your country as a relevant sample for a case study on 'National strategies to prevent overweight and obesity in children and adolescents'. For this reason, we are interested in getting information from key stakeholders willing to share their experiences and knowledge with us. Please note that there are no 'right' or 'wrong' answers. We would like to hear about your experiences and opinions -so please feel free to share these with us as openly and honestly as possible. The interview will be one hour long.

Consent for Recording and Use of Transcripts:

In order to maximise the utilisation of insights generated during this interview, we would like to record the interview and use its transcripts for direct and indirect reference while drafting the evaluation reports. Kindly note that you will not be personally identified in any reporting of the evaluation's findings. The data from this interview will be kept confidential and will only be shared with EPRI evaluation team and relevant UNICEF Evaluation Office members who are also bound by confidentiality requirements. Your name will only appear in the list of key informants in the annex of the reports. Do you give consent to this interview being recorded?

Consent for Participation:

Thank you for sharing your consent to record the interview. Now we would like to take your consent to participate in the interview. Please note that your participation is voluntary, and you may choose to not respond to any or all questions or may withdraw any time without consequences. Do you give your consent to participate in the interview?

Thank you for your consent to participate in the interview. Before we start, I want to highlight that in case of queries or concerns after this interview, you can contact Sonia Jose, senior researcher from EPRI at sjose@unicef.org. In case you would like to keep the query within UNICEF, please reach out to Beth Ann Plowman, the Evaluation Manager at UNICEF EO at baplowman@unicef.org.

We would now like to start the interview by asking you a few questions. Please feel free to venture beyond the scope of our questions if you deem it necessary and useful. These questions are only guiding.

Questions on overall work by the UNICEF CO/NC on overweight and obesity prevention work

1. To what extent is childhood and adolescence obesity prevention a priority for your CO/NC?
2. What factors led to the CO/NC initiating work that is specific to addressing this issue?
3. In what ways is the CO/NC working to address childhood and adolescent obesity prevention in your country?
4. How has the CO/NC mobilised evidence on childhood overweight and obesity in the country context? How has this evidence shaped NC's approach on this issue?
5. What has UNICEF CO/NC done to raise the interests of the government and partners to address this issue?
 - To what extent has this been effective?
6. How does the CO/NC view the efficacy and feasibility of 'increasing taxes on unhealthy foods and beverages' as a policy action in the country's context? Is it a priority in the CO's work on overweight and obesity prevention? Why/why not?

Overview of questions focusing on the case study topic

Based on desk review and inception interviews, we have identified 'National strategies to prevent overweight and obesity in children and adolescents' as the focus area for your CO/NC. For the remainder of the interview, we would ask you to reflect on this main programme area i.e., 'National strategies to prevent overweight and obesity in children and adolescents'.

1. When did the CO/NC begin its work on this programme/policy action? How did the CO/NC determine this programme/policy action as a focus area for UNICEF's work in the country? What are the factors that contributed towards this decision?
2. What were the main objectives of this programme/policy action?
3. What are the main activities undertaken under this programme/policy action?
4. Who are the key UNICEF staff working on this programme/policy action?

Relevance/Appropriateness

1. To what extent are the activities appropriate to achieve the intended results? How did the CO/NC mobilise and utilise evidence to determine the approach/activities?
2. How have external factors like political issues, shocks etc., impacted the action's design, planning and/or implementation? How did the CO/NC adapt to these changes?

Coherence

1. To what extent does the programme/policy action align with the government's national priorities and plans?
2. How does this programme/policy action build on or complement UNICEF's work in nutrition and other sections? In what ways does it compete with UNICEF's work in nutrition and other sections?
3. Is this programme/policy action also a priority of other UN organisations/international organisations/NGOs or coalitions etc.? In what ways is UNICEF leveraging partnerships to implement this programme/policy action?

Effectiveness

1. To what extent has the programme/policy action made progress in achieving its objectives? Is the progress satisfactory/faster/slower than planned? (Probe: understand factors accelerating or impeding progress)
2. In what ways are the progress/results achieved attributable to UNICEF's efforts? (Probe: what they think is UNICEF's comparative advantage/unique contribution)

3. Please discuss some of the main challenges UNICEF has faced/is facing in the design/implementation stages? *ask if relevant to policy action/programme*

Efficiency

1. How well is the programme/policy action funded and staffed to achieve its intended outcome and impact? What cost-effectiveness measures, if any, has the programme implemented?
2. How is UNICEF implementing their programme/policy action activities as per the planned time frame?

Sustainability

1. How is UNICEF working to build local capacity to support this policy action/programme in the long term? *(if relevant)*
2. In what ways is the policy action/programme equipping the government and strengthening government systems to scale up and sustain the programme? *if relevant*

Comprehensiveness

1. What additional areas could UNICEF CO/NC focus on to address overweight and obesity prevention more comprehensively?
2. What plans does the CO/NC have to increase its impact in this country?

UNICEF positioning and leadership

1. In your opinion, how has HQ's strategic and programming guidance (via guiding documents, evidence, direct technical assistance etc.) supported the design and implementation at the country level? Are there any gaps or emerging needs the HQ can fulfil?
2. What was/is the support provided by UNICEF RO in designing and implementing this and other programmes/policy actions? Are there any gaps or emerging needs the RO can fulfil?
3. What conflicts of interest, if any, does UNICEF potentially face for the implementation of overweight and obesity prevention and management? And how is HQ/RO helping COs/NCs to manage conflicts of interest in this policy agenda?

Learning

1. What are the key lessons learned from your experience in working on this case study area that other countries may benefit from? (success factors, impeding factors, preparatory steps etc.)
2. Are there any documents you could share with us that highlight your work on this issue?
3. Would you like for us to speak to any other internal or external stakeholder for this evaluation?

For Government Stakeholders

Introduction:

Hello, thank you for joining us for this evaluation interview. I am <insert name>, a researcher with the Economic Policy Research Institute, a social policy think-tank based out of South Africa specialising in evaluations, research, capacity building and policy advisory. UNICEF has commissioned EPRI to undertake an evaluation to examine UNICEF's Work on Overweight and Obesity Prevention Among Children and Adolescents. As part of this evaluation, EPRI is conducting interviews to evaluate the results of specific programmes/policy actions at the country level. We have identified UNICEF's work in <country name> as a relevant sample for a case study on 'National strategies to prevent overweight and obesity in children and adolescents'. For this reason, we are interested in getting information from key stakeholders willing to share their experiences and knowledge with us. We want to understand from your perspective, the work and contributions made by UNICEF on overweight and obesity prevention and on the two case study topics. Please note that there are no 'right' or 'wrong' answers. We would like to hear about your experiences and opinions -so please feel free to share these with us as openly and honestly as possible. The interview will be one hour long.

Consent for Recording and Use of Transcripts:

In order to maximise the utilisation of insights generated during this interview, we would like to record the interview and use its transcripts for direct and indirect reference while drafting the evaluation reports. Kindly note that you will not be personally identified in any reporting of evaluation's findings. Your name will only appear in the annex of the evaluation

reports. The data from this interview will be kept confidential and will only be shared with EPRI evaluation team and relevant UNICEF Evaluation Office members who are also bound by confidentiality requirements. Do you give consent to this interview being recorded?

Consent for Participation:

Thank you for sharing your consent to record the interview. Now we would like to take your consent to participate in the interview. Please note that your participation is voluntary, and you may choose to not respond to any or all questions or may withdraw any time without consequences. Do you give your consent to participate in the interview?

Thank you for your consent to participate in the interview. If you have any queries or concerns after this interview, please contact Sonia Jose, senior researcher from EPRI at sonia@epri.org.za. In case you would like to direct the query to UNICEF, please reach out to Beth Ann Plowman, the Evaluation Manager at UNICEF EO at baplowman@unicef.org.

We would now like to start the interview by asking you a few questions. Please feel free to venture beyond the scope of our questions if you deem it necessary and useful. These questions are only guiding.

Questions on UNICEF's support for overall work on preventing childhood and adolescence overweight and obesity

1. How has UNICEF generated or used quality evidence to inform government programme and policy work on preventing childhood and adolescence overweight and obesity?
2. In what ways has UNICEF been successful in elevating priority for childhood and adolescence overweight and obesity prevention as an issue in this country? (examples include integration into national development plans, health or education policy, increase in funding, engagement of political champions, high level forums, media etc)
3. What areas of overweight and obesity prevention and management is UNICEF supporting the most in this country?
4. How does the national government view the effectiveness and feasibility of 'increasing taxes on unhealthy foods and beverages' as a policy action to prevent childhood and adolescence

overweight and obesity? Is it a current priority for the government?

5. Which areas of overweight and obesity prevention and management could UNICEF do more to support in the future?

Based on initial desk review and interviews, we have identified <country name> as an important example to understand the work being done on the case study topic: 'National strategies to prevent overweight and obesity in children and adolescents'. For the remainder of the interview, we would ask you to reflect on this one main policy action.

1. What are the key objectives of the programmes/policy actions? How will they contribute towards preventing childhood and adolescence overweight and obesity in the country?
2. How has UNICEF generated or used evidence to inform programme and policy work on both case study areas?
3. How has UNICEF supported the planning/design/implementation/M&E of case study areas? What, if any, was UNICEF's unique contribution towards this work?
4. How has UNICEF worked with different government sectors to advance efforts on both case study areas?
5. What ways has UNICEF built the capacity of policymakers and government staff to plan/design/implement work on both case study areas?
6. How has UNICEF used their available financial and human resources efficiently in supporting the case study areas?
7. How has UNICEF ensured coherence and integration of the case study areas into the country's other policy priorities?

Way forward:

1. What more can UNICEF do to support advancing the agenda on overweight and obesity prevention in the country? Are there any gaps in UNICEF's current support that could be further improved upon?

For Non-government Stakeholders

Introduction:

Hello, thank you for joining us for this evaluation interview. I am <insert name>, a researcher with the Economic Policy Research Institute, a social policy think-tank based out of South Africa specialising in research, capacity building and policy advisory. UNICEF has commissioned EPRI to undertake an evaluation to examine UNICEF's Work on Overweight and Obesity Prevention Among Children and Adolescents. As part of this evaluation, EPRI is conducting interviews to evaluate the results of specific programmes/policy actions at the country level. We have identified UNICEF's work in <country name> as a relevant sample for a case study on 'National strategies to prevent overweight and obesity in children and adolescents'. For this reason, we are interested in getting information from key stakeholders willing to share their experiences and knowledge with us. We want to understand from your perspective, the work and contributions made by UNICEF on these case study topics and what they can do to further improve their work. Please note that there are no 'right' or 'wrong' answers. We would like to hear about your experiences and opinions -so please feel free to share these with us as openly and honestly as possible. The interview will be one hour long.

Consent for Recording and Use of Transcripts:

In order to maximise the utilisation of insights generated during this interview, we would like to record the interview and use its transcripts for direct and indirect reference while drafting the evaluation reports. Kindly note that you will not be personally identified in any reporting of the evaluation's findings. Your name will be mentioned only in the annex of the evaluation reports. The data from this interview will be kept confidential and will only be shared with EPRI evaluation team and relevant UNICEF Evaluation Office members who are also bound by confidentiality requirements. Do you give consent to this interview being recorded?

Consent for Participation:

Thank you for sharing your consent to record the interview. Now we would like to take your consent to participate in the interview. Please note that your participation is voluntary, and you may choose to not respond to any or all questions or may withdraw

any time without consequences. Do you give your consent to participate in the interview?

Thank you for your consent to participate in the interview. If you have any queries or concerns after this interview, please contact Sonia Jose, senior researcher from EPRI at sonia@epri.org.za. In case you would like to direct the query to UNICEF, please reach out to Beth Ann Plowman, the Evaluation Manager at UNICEF EO at baplowman@unicef.org.

We would now like to start the interview by asking you a few questions. Please feel free to venture beyond the scope of our questions if you deem it necessary and useful. These questions are only guiding.

Questions on UNICEF's support for overall work on preventing childhood and adolescence overweight and obesity

1. How has UNICEF generated or used quality evidence to inform government programme and policy work on preventing childhood and adolescence overweight and obesity?
2. In what ways has UNICEF been successful in elevating priority for childhood and adolescence overweight and obesity prevention as an issue in this country? (examples include integration into national development plans, health, or education policy, increase in funding, engagement of political champions, high level forums, media etc)
3. How has UNICEF contributed towards coordinating actions across government and non-government stakeholders to maximise impact on this issue? (for ex: convening stakeholder meetings, supporting building of alliances/steering committees etc.)
4. What areas of overweight and obesity prevention and management is UNICEF supporting the most in this country?
5. How do you view the effectiveness and feasibility of 'increasing taxes on unhealthy foods and beverages' as a policy action to prevent childhood and adolescence overweight and obesity? Is it a current priority for your organisation?
6. Which areas of overweight and obesity prevention and management could UNICEF do more to support in the future?

Based on initial desk review and interviews, we have identified <country name> as an important example to understand the work being done on the case study topic 'National strategies to prevent overweight and obesity in children and adolescents'. For the remainder of the interview, we would ask you to reflect on this main programme.

1. What are the key objectives of UNICEF's policy action/programme? How will the policy action/programme contribute towards preventing childhood and adolescence overweight and obesity in the country?
2. How has UNICEF generated or used evidence to inform programme and policy work on this case study topic?
3. How has UNICEF supported the planning/design/implementation/M&E of this case study topic? What, if any, was UNICEF's unique contribution towards this work?
4. How has UNICEF worked with collaborating partners (like NGOs, other UN agencies) to advance efforts on the case study topic?
5. How has UNICEF ensured coherence of their work on the case study topic with the plans and priorities of yours and other organisations working on this issue?
6. How has UNICEF built capacities of other NGOs, UN agencies etc. to plan/design/implement the work on the case study topic?
7. How has UNICEF used their available financial and human resources efficiently in supporting the work on the case study topic?

Way forward:

1. What more can UNICEF do to support advancing the agenda on overweight and obesity prevention in the country? Are there any gaps in UNICEF's current support that could be further improved upon?

For UNICEF Staff at CRB Headquarters

Hello, thank you for joining us for this evaluation interview. I am <>, a researcher with EPRI, a global social policy think-tank based out of South Africa specialising in research, capacity building and policy advisory, especially in the domain of social protection and nutrition. UNICEF has commissioned EPRI to undertake an evaluation to examine UNICEF's Work on Overweight and Obesity Prevention Among Children and Adolescents. As part of this evaluation, EPRI is conducting interviews with key HQ office staff to understand the overweight and obesity prevention approach, programming, and results globally. For this reason, we are interested in getting information from key stakeholders willing to share their experiences and knowledge with us. We have identified you as a critical voice in gaining insights on this topic. We have prepared a few questions for you. Please note that there are no 'right' or 'wrong' answers. We would like to hear about your experiences and opinions -so please feel free to share these with us as openly and honestly as possible. The interview will be one hour long.

Consent for Recording and Use of Transcripts:

In order to maximise the utilisation of insights generated during this interview, we would like to record the interview and use its transcripts for direct and indirect reference while drafting the evaluation reports. Kindly note that you will not be personally identified in any reporting of findings. Your name will only appear in the annex of the evaluation reports. The data from this interview will be kept confidential and will only be shared with EPRI evaluation team and relevant UNICEF Evaluation Office members who are also bound by confidentiality requirements. Do you give consent to this interview being recorded?

Consent for Participation:

Thank you for sharing your consent to record the interview. Now we would like to take your consent to participate in the interview. Please note that your participation is voluntary, and you may choose to not respond to any or all questions or may withdraw anytime without consequences. Do you give your consent to participate in the interview?

Thank you for your consent to participate in the interview. In case of queries or concerns after this interview, please contact Sonia Jose, senior researcher from EPRI at sonia@epri.org.za. In case you would like to keep the query within UNICEF, please reach out to Beth Ann Plowman, the Evaluation Manager at UNICEF EO at baplowman@unicef.org.

Let's do a quick round of introductions before we move on to the questions.

We would now like to start the interview by asking you a few questions. Please feel free to venture beyond the scope of our questions if you deem it necessary and useful. These questions are only guiding.

1. What are the principles UNICEF follows in its engagement (non-financial) with the private sector? How are potential conflicts of interest and other ethical concerns evaluated before such engagements?
2. In your opinion, are UNICEF's principles/approach/positioning on private sector engagement (non-financial) clear and free of conflicts of interest?
3. What are the internal (within UNICEF) and external (with other stakeholders) challenges CRB faces in ensuring compliance to the principles on private sector engagement?
4. How has the CRB section worked on influencing the business practices of the food and beverage industry in the past? (Please share examples of global, regional, and country-level engagements)
5. How would you characterise the effectiveness and results of UNICEF's engagements with the private sector on influencing business practices? What are the key learnings that UNICEF PG Nutrition and COs can utilise to shape their engagement with the food and beverage industry?
6. In your opinion, how has UNICEF's Programming Guidance on 'Engaging with the Food and Beverage Industry' addressed the main challenges/risks of engaging with the private sector? Are there any aspects the guidance can include/elaborate/clarify on?
7. Is there anything else you would like to share with us? Are there any other stakeholders within and outside UNICEF you would like to recommend we speak to?



Teenagers were invited to reflect and also to take part in an interactive activity (board game) that addressed food choices and the impact of consuming processed food, Brazil. © UNICEF/UNI542117/Marques

Annex 3: Online Evaluation Survey Questionnaire

Informed consent

This online survey is being shared with you to gather insights for UNICEF's current work and future plans for action on overweight and obesity prevention among children and adolescents. The survey is part of a global evaluation exercise commissioned by the UNICEF Evaluation Office (EO) that aims to assess the early-stage results of UNICEF's work in prevention of childhood overweight and obesity and identify factors that will help inform future work.

This survey can be taken by staff from COs/Multi-COs/National Committee Offices that:

1. Are working on overweight and obesity prevention among children and adolescents already
2. Have not yet started work on overweight and obesity prevention among children and adolescents

Based on your type of work (1 or 2), different sets of questions will be asked to you in this online survey. This survey should take approximately 15-25 minutes to complete. While the beginning sections may seem long, the later sections are much shorter and quicker to complete. If you need to break from filling the form, you can choose the 'edit later' option which will generate a new survey link with saved responses. You can choose the option to email this link to yourself for your easy reference later. Please open this new link later when convenient to

resume filling the survey from where you left off. Note: Opening the old link again will cause loss of saved data.

We request you to please complete the survey as soon as possible, latest before the deadline- Friday, 22 September 2023.

In case of queries or concerns, please contact Sonia Jose, senior researcher from Economic Policy Research Institute (evaluation team) at sonia@epri.org.za or Beth Ann Plowman, the Evaluation Manager at UNICEF EO at baplowman@unicef.org

Your response will be kept confidential, and you will not be identified when the survey findings are reported. Individual responses will not be shared with anyone outside EPRI and the UNICEF Evaluation office staff who are also bound by confidentiality requirements. Your participation is voluntary, and you may choose to not answer any or all questions or withdraw without consequences. However, your response is highly encouraged as it will help improve UNICEF's future work. Do you give your consent to participate?

Introduction:

1. Your email address (We will only use your email to exclude you from future reminders to complete the survey)
2. Which UNICEF Country/Multi-country/National Committee Office do you currently work in? (Please choose from the dropdown menu)

3. What is your current position?
4. What is your post level?
5. Under which section(s) is your position situated?

- ▶ Nutrition
- ▶ Health and Nutrition
- ▶ Health
- ▶ Social Policy
- ▶ Adolescent Development
- ▶ Education
- ▶ Child Protection
- ▶ Early Childhood Development
- ▶ Gender Development
- ▶ HIV/AIDS
- ▶ Innovation
- ▶ Knowledge Management
- ▶ Programme Management
- ▶ Research, Planning, Monitoring and Evaluation
- ▶ Social and Behaviour Change
- ▶ WASH (Water, Sanitation and Hygiene)
- ▶ Private sector fundraising
- ▶ Partnerships
- ▶ Survive and Thrive
- ▶ Child Survival and Development
- ▶ Other (Please specify)

6. Which thematic areas do you currently work on? (please choose all options that apply)

- ▶ Nutrition
- ▶ Health
- ▶ Social Policy
- ▶ Adolescent Development
- ▶ Education
- ▶ Child Protection
- ▶ Early Childhood Development
- ▶ Gender Development

- ▶ HIV/AIDS
- ▶ Innovation
- ▶ Knowledge Management
- ▶ Programme Management
- ▶ Research, Planning, Monitoring and Evaluation
- ▶ Social and Behaviour Change
- ▶ WASH (Water, Sanitation and Hygiene)
- ▶ Partnerships
- ▶ Private sector Fundraising
- ▶ Survive and Thrive
- ▶ Child Survival and Development
- ▶ Other (Please specify)

7. Does your Country Office (CO) work on overweight and obesity prevention among children and adolescents? (through programmes and/or policy actions)

- ▶ Yes
- ▶ No

For countries that are not working on overweight and obesity prevention

1. In your opinion, is overweight and obesity prevention among children and adolescents an important issue in your country? (Yes/No)
2. In your opinion, do you think overweight and obesity prevention fits under UNICEF's organisational mandate?
3. To your knowledge, why has your Country Office not worked on obesity/overweight prevention yet? Please select all options that apply.
 - ▶ No or low need (childhood and adolescence overweight and obesity rates are low in your country)
 - ▶ Lower priority within Country Office (there are other nutrition and health issues requiring more urgent action)

- ▶ Lack of government demand (government stakeholders do not view this as a priority area and are unwilling to engage)
 - ▶ Government has a number of other priorities they would like UNICEF to support with
 - ▶ Lack of sufficient human and financial resources
 - ▶ No or insufficient knowledge/expertise to undertake work on this issue
 - ▶ No or Insufficient guidance or support from leadership on this issue
 - ▶ Other (Please specify)
4. Please give reasons or supporting information for your choice(s) in the previous question.
5. How familiar are you with UNICEF's strategy and guidance on overweight and obesity prevention among children and adolescents? Please indicate your level of familiarity for the following documents. (Very unfamiliar, Unfamiliar, Somewhat familiar, Familiar, Very Familiar)
- ▶ UNICEF Nutrition Strategy 2020-2030
 - ▶ UNICEF Programme Guidance: Prevention of Overweight and Obesity in Children and Adolescents
 - ▶ UNICEF Advocacy Strategy and Guidance: Prevention of Overweight and Obesity in Children and Adolescents
 - ▶ UNICEF Programme Guidance for Early Life Prevention of Non-Communicable Diseases
 - ▶ Landscape Analysis Tool on Overweight and Obesity in Children and Adolescents
6. Have you participated in any UNICEF-organised training (webinars, seminars etc.) on overweight and obesity prevention among children and adolescents? (Yes/No)
7. Please let us know below the details of the UNICEF-organised training (webinars, seminars etc.) you have attended.
- ▶ Topic of Training
 - ▶ Year of Training (to the best of your ability)
 - ▶ Duration (please mention hours/days/months etc.)
8. To your knowledge, has your Country Office received any requests/seen any interest among country stakeholders to work on this issue? Please indicate against each stakeholder list below.
- ▶ Government
 - ▶ Other UN agencies
 - ▶ Civil society
 - ▶ Donors
9. Has your Country Office undertaken any research or analysis on the prevalence/burden and causes of overweight and obesity among children and adolescents in the country? (Yes/No)
10. Please upload the research/analyses documents on overweight/obesity among children and adolescents produced by your Country Office from 2018-2023 you would like to share with the evaluation team. These may have been co-produced with other organisations.
11. To your knowledge, will overweight and obesity prevention among children and adolescents be included as an area of work in the next/revised Country Programme Document (CPD)?
12. Which lifecycle intervention programmes would your country office like to support in the next CPD period? (kindly answer to the best of your knowledge)
- ▶ Capacity-building and support for health facilities to provide counselling and support for infant and young child feeding (IYCF) with a strong focus on promotion of exclusive breastfeeding for the first six months of life.
 - ▶ Screening for increased risk of childhood obesity and associated risk factors.
 - ▶ Monitoring weight gain in pregnant women and provision of advice to reduce excessive weight gain
 - ▶ Provision of antenatal care visits at health facilities and using peer support from pregnant women in communities with a focus on overweight/obesity prevention

- ▶ Monitoring growth during early childhood to prevent both underweight and overweight
- ▶ Appropriate and timely referral for management of obesity in primary health centres, Early Childhood Development (ECD) centres, schools and communities
- ▶ Promote healthy lifestyles among infants, preschool and school aged children and adolescents through the provision of nutrition and physical activity counselling for families and caregivers
- ▶ Other (Please specify)

13. What are the policy-related actions your country office would like to support in the next CPD period? (kindly answer to the best of your knowledge)

- ▶ Support development and implementation of national strategies, and policies for the prevention of overweight in children
- ▶ Capacity building of policymakers to understand the causes and consequences, including economic factors, of childhood overweight and obesity and relevant actions for its prevention
- ▶ Support regulations to restrict the marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars and/or salt to children
- ▶ Support legislation and policies on parental leave and maternity protection (including maternity leave and breastfeeding breaks for women working outside the home)
- ▶ Support labelling that provides guidance on the nutritional content of prepackaged foods and regulations that aim to control health claims
- ▶ Support implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions and enforcement measures
- ▶ Support the implementation of strategies or policies on food and nutritional standards for school meals and regulating the sale of foods and beverages in and around schools

- ▶ Support the design and implementation of strategies and policies that promote the inclusion of healthy lifestyle teaching (nutrition, physical activity and sedentary behaviours) in school curricula
- ▶ Support fiscal measures such as subsidies for specific foods or increased taxes on processed foods that are high in fat, sugar and salt and sugar-sweetened beverages
- ▶ Other (Please specify)

14. UNICEF has identified the policy action 'Increasing Taxes on Sugar-sweetened Beverages (SSB) and/or Unhealthy Foods' as one of the priority areas of work on overweight and obesity prevention. What are the supports that would enable your country office to advocate for and support design/adoption of such taxes in your country?

- ▶ Do not know
- ▶ No need as a such a law/policy is already in place in the country
- ▶ No need as consumption of sugar-sweetened beverages/unhealthy food is not high in the country
- ▶ Mobilisation of quality evidence to support the investment case on increasing such taxes
- ▶ Regional meetings and advocacy events
- ▶ Support with high-level engagement with government stakeholders
- ▶ Support with mobilising public support
- ▶ Technical assistance to Country Office staff on such taxes-related advocacy
- ▶ Technical and legal support to Country Office to help counter heavy lobbying from food and beverage industry against such taxes
- ▶ Other (Please specify)

15. If your country office were to undertake work on overweight and obesity prevention among children and adolescents, what will be the biggest challenge(s) you may face? (please select all options that apply)

- ▶ Insufficient data on overweight and obesity prevalence among children and adolescents

- ▶ Lack of priority for country/regional donors
- ▶ Limited technical capacity on this issue among UNICEF staff
- ▶ Limited ability to establish collaborative partnerships to work effectively on this issue
- ▶ Insufficient political will among government stakeholders to address this issue
- ▶ Insufficient understanding of the causes of this issue
- ▶ Limited government capacity to implement actions on overweight and obesity prevention
- ▶ Do not know
- ▶ No challenges anticipated
- ▶ Other (Please specify)

16. If your Country Office were to undertake work on overweight and obesity prevention among children and adolescents, what support would you like from UNICEF Headquarters- HQ? Please choose all options that apply.

- ▶ Knowledge-sharing activities (global and regional webinars, conferences)
- ▶ Capacity-building (online courses, training, more guidance tools etc.)
- ▶ Resource mobilisation support
- ▶ Research and analysis (evidence sharing)
- ▶ Support with political engagement
- ▶ Support with establishing partnerships with relevant organisations including UN agencies, civil society organisations etc.
- ▶ Technical assistance and bilateral support
- ▶ Other (Please specify)

17. If your Country Office were to undertake work on overweight and obesity prevention among children and adolescents, what support would you like from your UNICEF Regional Office- RO? Please choose all options that apply.

- ▶ Knowledge-sharing activities (global and regional webinars, conferences)
- ▶ Capacity-building (online courses, training, more guidance tools etc.)

- ▶ Resource mobilisation support
- ▶ Research and analysis (evidence sharing)
- ▶ Support with political engagement
- ▶ Support with establishing partnerships with relevant organisations including UN agencies, civil society organisations etc.
- ▶ Technical assistance and bilateral support
- ▶ Other (Please specify)

18. Is there anything else you would like to share with us to strengthen the findings and recommendations of this evaluation?

For countries that are working on overweight and obesity prevention

1. Which year did your Country Office begin its work on overweight/obesity prevention among children and adolescents?

2. Does your Country Office have dedicated staff working primarily on childhood and adolescent overweight and obesity prevention? (Yes/ No/ Don't know)

3. Please indicate the number of dedicated staff

4. Are you a staff assigned primarily to work on overweight and obesity prevention? (Yes/No)

5. To the best of your knowledge, why did your Country Office decide to undertake work in this area? (please choose all options that apply)

- ▶ Evidence shows childhood and adolescent obesity and overweight rates are high or increasing
- ▶ Scope for easy integration into other areas of work of UNICEF like undernutrition, NCD prevention etc.
- ▶ Government demand (government stakeholders view this as a priority area and are willing to engage)
- ▶ Availability of human and financial resources within the UNICEF Country Office

- ▶ Existing knowledge and expertise within the UNICEF Country Office to undertake work on this issue
 - ▶ Demand from UNICEF Headquarters/Regional Office
 - ▶ Donor priorities
 - ▶ Other (Please specify)
- 6.** What are the life-cycle interventions/programmes being supported by your Country Office on preventing overweight and obesity in your country? (Please select all that apply)
- ▶ Capacity-building and support for health facilities to provide counselling and support for infant and young child feeding (IYCF) with a strong focus on promotion of exclusive breastfeeding for the first six months of life
 - ▶ Screening for increased risk of childhood obesity and associated risk factors
 - ▶ Monitoring weight gain in pregnant women and provision of advice to reduce excessive weight gain
 - ▶ Provision of antenatal care visits at health facilities and using peer support from pregnant women in communities with a focus on overweight/obesity prevention
 - ▶ Monitoring growth during early childhood to prevent both underweight and overweight
 - ▶ Appropriate and timely referral for management of obesity in primary health centres, Early Childhood Development (ECD) centres, schools and communities
 - ▶ Promote healthy lifestyles among infants, preschool and school aged children and adolescents through the provision of nutrition and physical activity counselling for families and caregivers
 - ▶ Other (Please specify)
 - ▶ None of the above
- 7.** Please briefly describe the activities undertaken on the programmes selected in the previous question. (1-2 lines per programme)
- 8.** What policy actions are being undertaken by your Country Office to prevent overweight and obesity in your country? (Please select all that apply)
- ▶ Support development and implementation of national strategies, and policies for the prevention of overweight in children
 - ▶ Capacity building of policymakers to understand the causes and consequences, including economic factors, of childhood overweight and obesity and relevant actions for its prevention
 - ▶ Support regulations to restrict the marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars and/or salt to children
 - ▶ Support legislation and policies on parental leave and maternity protection (including maternity leave and breastfeeding breaks for women working outside the home)
 - ▶ Support labelling that provides guidance on the nutritional content of prepackaged foods and regulations that aim to control health claims
 - ▶ Support implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions and enforcement measures
 - ▶ Support the implementation of strategies or policies on food and nutritional standards for school meals and regulating the sale of foods and beverages in and around schools
 - ▶ Support the design and implementation of strategies and policies that promote the inclusion of healthy lifestyle teaching (nutrition, physical activity and sedentary behaviours) in school curricula
 - ▶ Other (Please specify)
 - ▶ None of the above
- 9.** Please briefly describe the activities undertaken on the policy actions selected in the previous question. (1-2 lines per policy action)

10. Is your Country Office working on the policy action 'Increasing Taxes on Sugar Sweetened Beverages (SSB) and/or Unhealthy Foods'? (Yes/No/Don't know)

11. If yes, please explain briefly the work being done on the policy action 'Increasing Taxes on Sugar Sweetened Beverages (SSB) and/or Unhealthy Foods'.

12. What are the supports that would (further) enable your Country Office to advocate for and support design/adoption of 'Increased Taxes on Sugar Sweetened Beverages and Unhealthy Foods' in your country?

- ▶ Do not know
- ▶ No need as a such laws/policies is already in place in the country
- ▶ No need as consumption of sugar-sweetened beverages/unhealthy food is not high in the country
- ▶ Mobilisation of quality evidence to support the investment case
- ▶ Regional meetings and advocacy events
- ▶ Support with high-level engagement with government stakeholders
- ▶ Support with mobilising public support
- ▶ Technical assistance to Country Office staff on such taxes-related advocacy
- ▶ Technical and legal support to Country Office to help counter heavy lobbying from food and beverage industry against such taxes
- ▶ Other (Please specify)

13. What approaches/tactics does your Country Office use to raise public awareness/advocacy on overweight and obesity prevention?

- ▶ Influencing media coverage (on TV, newspapers etc.) on childhood and adolescence Overweight and obesity
- ▶ Sharing messages about childhood and adolescence overweight and obesity on social media
- ▶ Supporting formation of youth/parent engagement groups to strengthen public advocacy on the issue

▶ Conducting in-person sensitisation activities (rallies, community meetings etc., events) on overweight and obesity prevention

▶ Engage relevant stakeholders to share messages on childhood and adolescence overweight and obesity on social media

▶ No such activities undertaken

▶ Do not know

▶ Other (Please specify)

Relevance

1. Has your Country Office undertaken any research or analysis on the prevalence/burden and causes of overweight and obesity among children and adolescents in the country?

▶ Yes

▶ No

▶ Don't know

2. Did the research/analysis disaggregate information by vulnerable/excluded groups?

▶ Yes

▶ No

▶ Don't know

3. Has your Country Office undertaken any research or analysis on the needs of key stakeholders on overweight and obesity prevention among children and adolescents? (Yes/No)

4. Please specify which stakeholders:

▶ Beneficiaries (children, adolescents, pregnant women, parents)

▶ Change agents (teachers, ECD workers, social workers, community leaders etc.)

▶ Government (relevant ministry and agency officials)

▶ Partners (development organisations/civil society) working on the same issue

▶ Donors (prospective or current donors providing finance to work on the issue)

▶ Others (Please specify)

5. Please upload any research/stakeholder analyses documents produced by UNICEF CO from 2018-2023 you would like to share with the evaluation team. These may have been co-produced with other organisations.

6. Please rate your agreement to the following statements. (Completely disagree, Disagree, Somewhat agree, Agree, Completely agree)

- ▶ The Country Office mobilised sufficient and quality evidence (primary and secondary) to inform its programme and policy work on this issue
- ▶ The Country Office has a clear understanding of stakeholder needs on this issue
- ▶ The objectives of the Country Office's work are aligned with the greatest needs of vulnerable groups
- ▶ The Country Office is undertaking evidence-based/ 'right' actions to address the key causes of childhood/adolescent obesity in the country
- ▶ The Country Office is undertaking sufficient/ 'enough' action (through programmes and policy work) to reduce the burden of overweight and obesity among children and adolescents in the country

7. Please select all organisations (if any) your Country Office has partnered with on evidence mobilisation activities on this issue.

- ▶ Not partnered with any external organisation
- ▶ World Health Organisation (WHO)
- ▶ Food and Agriculture Organisation (FAO)
- ▶ World Food Programme (WFP)
- ▶ UNHCR
- ▶ UN Women
- ▶ UNFPA
- ▶ World Bank
- ▶ World Obesity Federation
- ▶ Academic institutions
- ▶ Civil society organisations

▶ Private sector

▶ Other (Please specify)

Coherence

1. Do you work with any other sections within UNICEF on this issue 'overweight and obesity prevention among children and adolescents'? (Yes/No)

2. Please choose all sections that apply

- ▶ Adolescent Development
- ▶ Health
- ▶ Health and Nutrition
- ▶ Child Survival and Development
- ▶ Child Protection
- ▶ Early Childhood Development
- ▶ Education
- ▶ Gender Development
- ▶ HIV/AIDS
- ▶ Innovation
- ▶ Knowledge Management
- ▶ Programme Management
- ▶ Research, Planning, Monitoring and Evaluation
- ▶ Social and Behaviour Change
- ▶ Social Policy
- ▶ WASH (Water, Sanitation and Hygiene)
- ▶ Private sector fundraising
- ▶ Partnerships
- ▶ Other (Please specify)

3. Please rate your agreement to the following statements. (Completely disagree, Disagree, Somewhat agree, Agree, Completely agree)

- ▶ The Country Office's overweight and obesity prevention work aligns with the action areas and guidance provided in Nutrition 2020-2030

- ▶ The Country Office takes adequate actions to align its work on undernutrition and obesity prevention to enhance the results/achievement of its diverse objectives (double-duty actions)
 - ▶ The Country Office's work on overweight and obesity prevention align with the work of other sections/thematic areas
 - ▶ UNICEF's policy on private-sector fundraising/engagements is clear
 - ▶ There are no conflicts of interest/contradictions in the Country Office's work on overweight and obesity prevention and its other programmes or functions
4. Does the Country Office partner with other agencies (UN organisations, international organisations, civil society) on overweight and obesity prevention work?
- ▶ Yes
 - ▶ No
5. Please select all organisations/agencies UNICEF has partnered with on this issue.
- ▶ World Health Organisation (WHO)
 - ▶ Food and Agriculture Organisation (FAO)
 - ▶ World Food Programme (WFP)
 - ▶ UNHCR
 - ▶ UN Women
 - ▶ UNFPA
 - ▶ World Bank
 - ▶ World Obesity Federation
 - ▶ Academic institutions
 - ▶ Civil society organisations
 - ▶ Private sector
 - ▶ Others (Please specify)
6. Please briefly comment on any coalitions/coordination platforms/Memorandums of Understanding etc. with partners that UNICEF is engaging in to strengthen the work on overweight and obesity prevention in the country.
7. Please rate your agreement to the following statements. (Completely disagree, Disagree, Somewhat agree, Agree, Completely agree)
- ▶ The Country Office works closely with other agencies (UN organisations, international organisations, and civil society) working on this issue
 - ▶ The Country Office strategically leverages UNICEF's and other partners' strengths to maximise results on this issue
 - ▶ UNICEF's policies and programming approaches are aligned with other partners working on this issue in the country
 - ▶ UNICEF is viewed as a leading organisation in overweight and obesity prevention work by other agencies
8. Please rate your agreement to the following statements. (Completely disagree, Disagree, Somewhat agree, Agree, Completely agree)
- ▶ The Country Office has conducted adequate analyses of existing government programmes/policies to understand the gaps
 - ▶ The Country Office's actions on overweight and obesity prevention are aligned with government priorities and national plans
 - ▶ The Country Office has a close working relationship with relevant ministries/ government officials to advance the agenda on childhood and adolescent overweight and obesity prevention
 - ▶ Relevant government ministries/agencies view UNICEF as a credible technical advisor on overweight and obesity prevention
9. On average, how frequently does your Country Office engage with key actors the topic of overweight and obesity prevention?
- ▶ Government stakeholders
 - ▶ Civil society
 - ▶ Other UN agencies

Effectiveness

1. Please briefly list all key achievements of your Country Office's programmes and policy actions on this issue between 2018-2023
2. Please rate your agreement to the following statements. (Completely disagree, Disagree, Somewhat agree, Agree, Completely agree)
 - ▶ The Country Office has achieved/ is achieving its intended results (outputs) in its programmes/policy actions as per its country programme document (CPD).
 - ▶ UNICEF is contributing meaningfully towards changing motivations, attitudes and behaviours at individual and household levels
 - ▶ UNICEF is contributing meaningfully towards creating a non-obesogenic food environment in the country
3. What are the key drivers enabling the Country Office to achieve the planned outputs and outcomes on this issue? (Please select all that apply)
 - ▶ Strategic guidance from Headquarters/ Regional Office
 - ▶ Availability of adequate resources (staff)
 - ▶ Availability of adequate resources (finance)
 - ▶ Government willingness and interest to work on overweight and obesity prevention
 - ▶ Availability of quality data that helped mobilise stakeholders to act
 - ▶ Successful partnerships with other agencies
 - ▶ Adequate knowledge and capacities of staff
 - ▶ Strong alignment with the priorities and outcomes of other UNICEF sections (enabling intersectoral approaches)
 - ▶ Close working relationship with government officials/agencies
 - ▶ Others (Please specify)
4. What are the key barriers (if any) impeding the Country Office's ability to achieve planned outputs and outcomes on this issue? (Please select all that apply)

- ▶ Financial constraints
- ▶ Limited human resources
- ▶ Inadequate technical knowledge and capacities of staff
- ▶ Insufficient political will among government stakeholder to address this issue
- ▶ Limited ability to establish collaborative partnerships to work effectively on this issue
- ▶ Lack of priority for country/regional donors
- ▶ Conflicts of interest with other UNICEF sections and functions
- ▶ Other competing priorities of Country Office
- ▶ Unclear/inadequate guidance from Headquarters
- ▶ Unclear/inadequate guidance from Regional Office
- ▶ No barriers faced
- ▶ Other (Please specify)

Efficiency

1. Please rate your agreement to the following statements. (Completely disagree, Disagree, Somewhat agree, Agree, Completely agree)
 - ▶ The Country Office has adequate funding to finance its work on overweight and obesity prevention among children and adolescents
 - ▶ The Country Office is creating necessary value for the money (financial and human resource inputs) being invested into its programmes/policy actions
 - ▶ The Country Office has adopted strategies to maximise the value for money for its programmes/policy actions
 - ▶ The Country Office implemented its activities as per the planned timeframe
2. What, if any, approaches and tactics have been used to maximise the efficiency of UNICEF's investments?
 - ▶ Don't know

- ▶ Leveraging partnerships to reduce the number/cost of direct UNICEF interventions
- ▶ Using existing government delivery mechanisms to implement direct life-cycle interventions
- ▶ Strategically focusing on actions that are low-cost
- ▶ Developing technology or process-based innovations to reduce money or time investments
- ▶ No such approaches/tactics used
- ▶ No such approaches/tactics required
- ▶ Other (Please specify)

Sustainability

1. Please rate your agreement to the following statements. (Completely disagree, Disagree, Somewhat agree, Agree, Completely agree)
 - ▶ The Country Office is building the knowledge and capacities of relevant ministries and government officials on this issue
 - ▶ The Country Office has prioritised programmes/policy actions with the most potential for long-term impact
 - ▶ The Country Office has adequately used existing government delivery systems to implement its programmes/policy action
2. In which areas has the Country Office contributed to developing capacities of partners (government, non-government agencies) to address childhood and adolescence overweight and obesity?
 - ▶ Evidence-generation capacities
 - ▶ Advocacy capabilities
 - ▶ System strengthening
 - ▶ Inter-sectoral coordination
 - ▶ Monitoring and evaluation
 - ▶ None of the above
 - ▶ Others (Please specify)

Support from UNICEF HQ and ROs

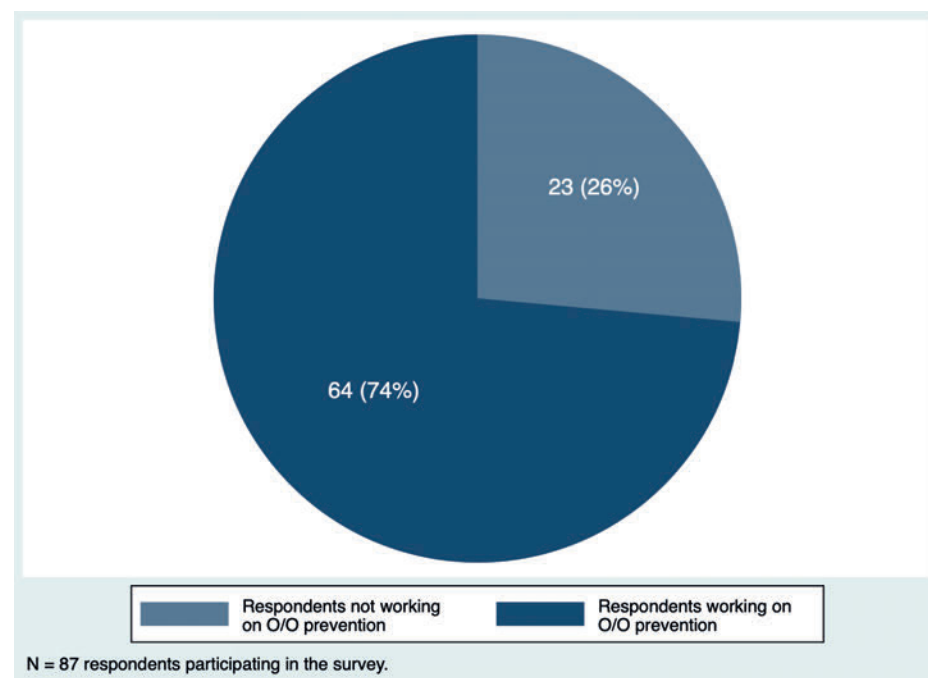
1. In which area would you like further support from UNICEF Headquarters- HQ? Please choose all options that apply
 - ▶ Knowledge-sharing activities (global and regional webinars, conferences, evidence generation and sharing)
 - ▶ Capacity-building (online courses, training, more guidance tools etc.)
 - ▶ Resource mobilisation support
 - ▶ Research and analysis
 - ▶ Support with political engagement
 - ▶ Technical assistance and bilateral support
 - ▶ Others (Please specify)
2. In which area would you like further support from your Regional Office? Please choose all options that apply
 - ▶ Knowledge-sharing activities (global and regional webinars, conferences, evidence generation and sharing)
 - ▶ Capacity-building (online courses, training, more guidance tools etc.)
 - ▶ Resource mobilisation support
 - ▶ Research and analysis
 - ▶ Support with political engagement
 - ▶ Technical assistance and bilateral support
 - ▶ Others (Please specify)
3. Is there anything else you would like to share with us to strengthen the findings and recommendations of this evaluation?

Annex 4: EPRI Evaluation Survey Analysis

For countries that are working on overweight and obesity prevention

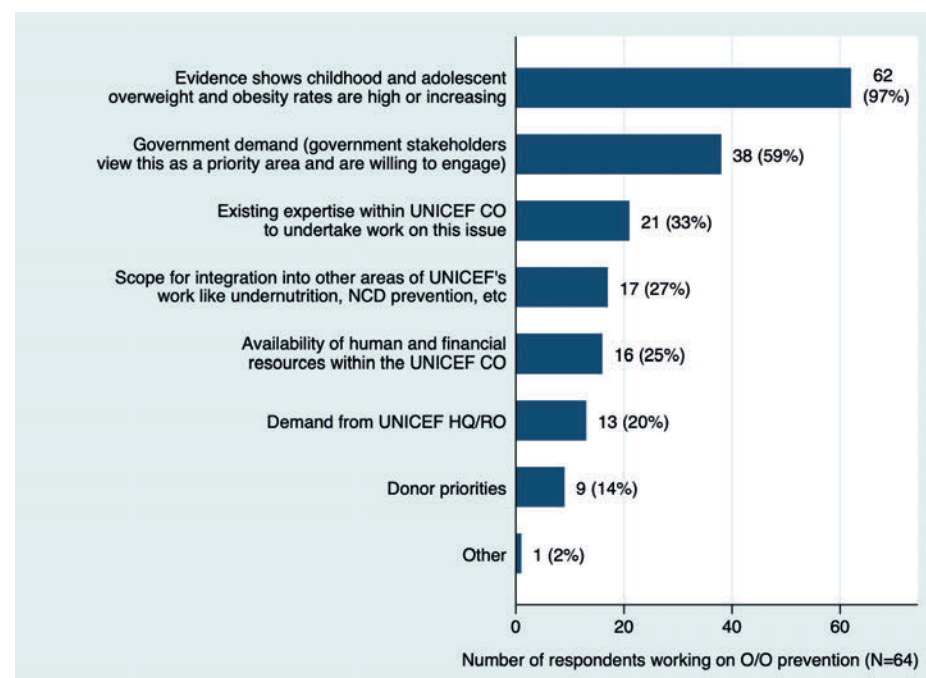
Does your Country Office (CO) work on overweight and obesity prevention among children and adolescents? (through programmes and/or policy actions)?

Figure 5. The number and percentage of respondents working and not working on childhood and adolescent overweight and obesity prevention



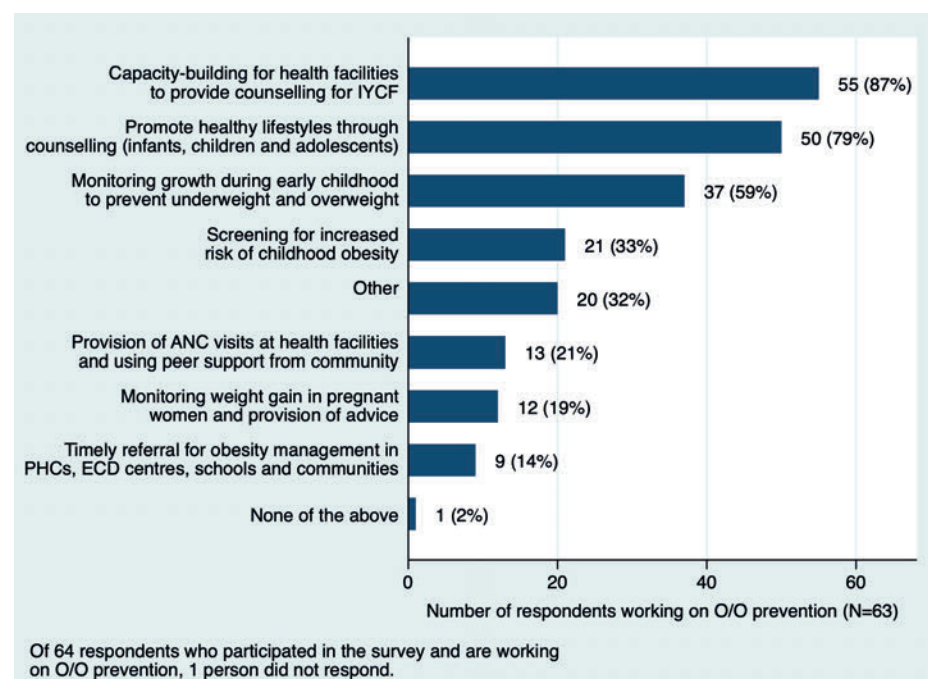
To the best of your knowledge, why did your Country Office decide to undertake work in this area? (please choose all options that apply)

Figure 6. The number and percentage of respondents indicating reasons for COs undertaking work in this area



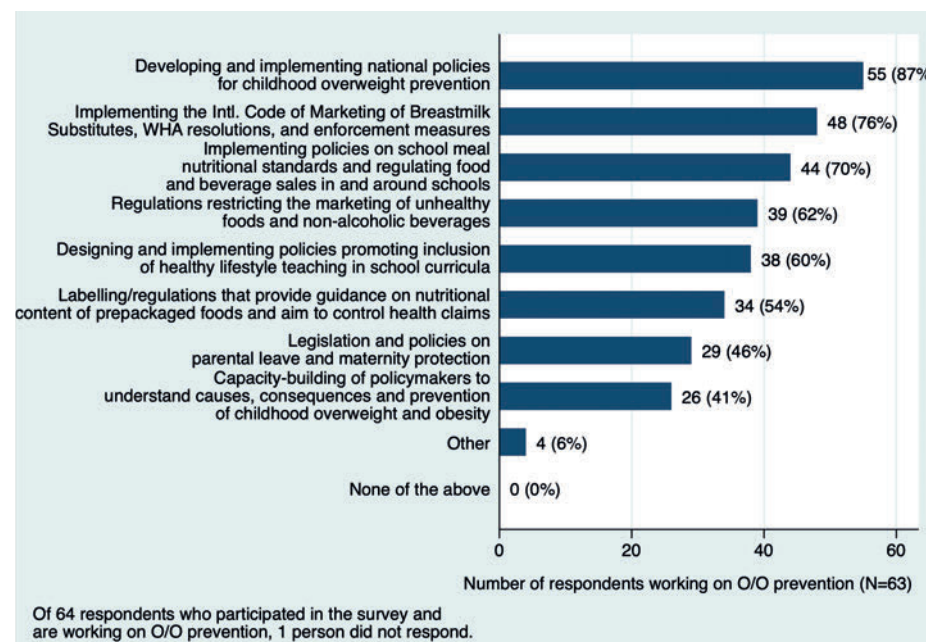
What are the life-cycle interventions/programmes being supported by your Country Office on preventing overweight and obesity in your country? (Please select all that apply)

Figure 7. The number and percentage of respondents reporting the life-cycle interventions/programmes COs are supporting for the prevention of overweight and obesity in their countries



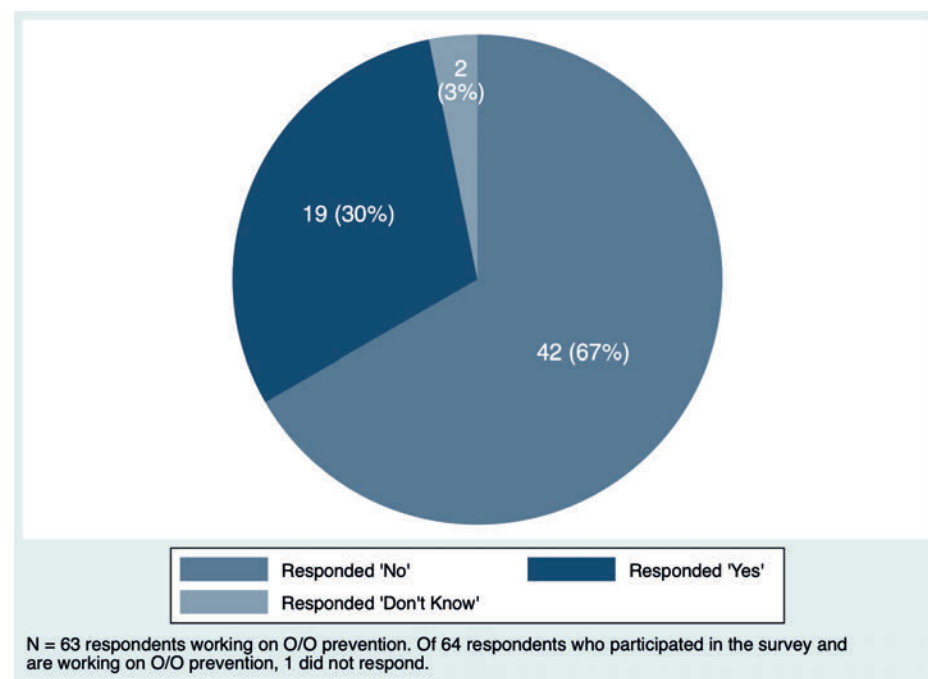
What policy actions are being undertaken by your Country Office to prevent overweight and obesity in your country? (Please select all that apply)

Figure 8. The number and percentage of respondents reporting the policy actions undertaken by COs to prevent overweight and obesity in their countries



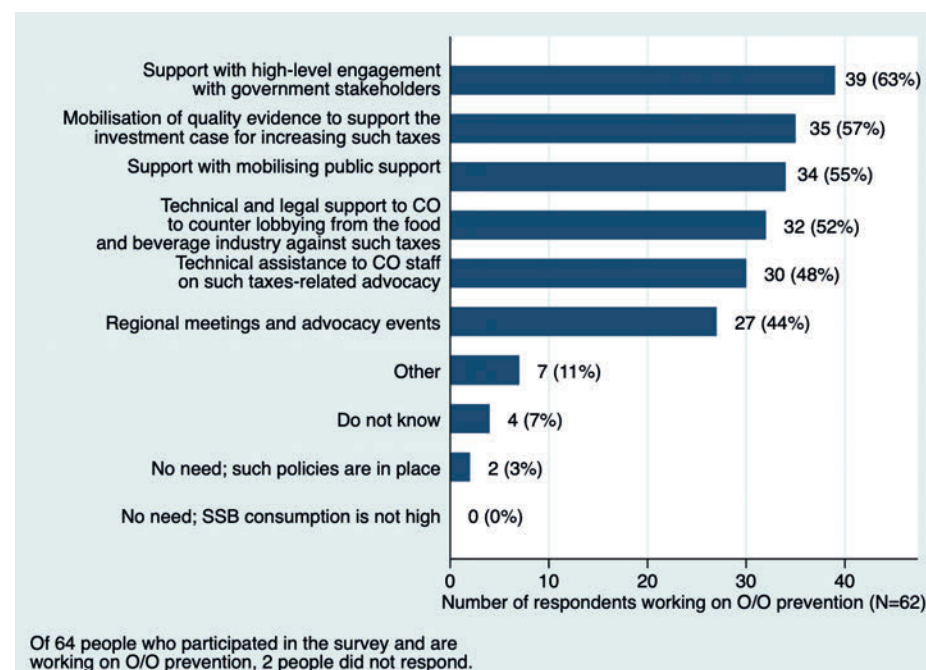
Is your Country Office working on the policy action 'Increasing Taxes on Sugar Sweetened Beverages (SSB) and/or Unhealthy Foods'?

Figure 9. The number and percentage of respondents indicating whether COs work on the policy action 'Increased Taxes on Sugar Sweetened Beverages and Unhealthy Foods' in their countries



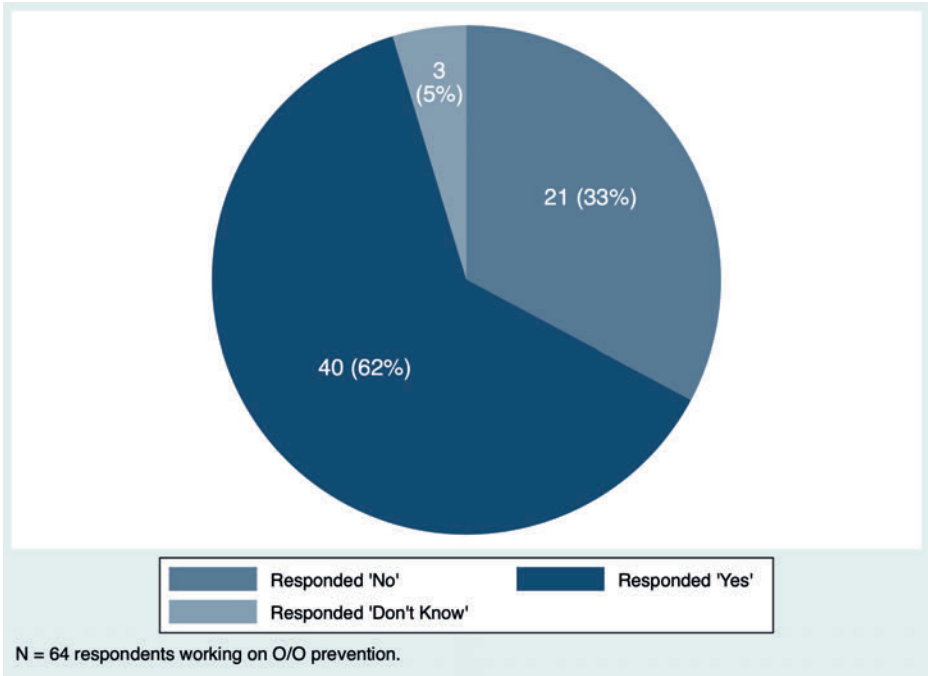
What are the supports that would (further) enable your Country Office to advocate for and support design/adoption of 'Increased Taxes on Sugar Sweetened Beverages and Unhealthy Foods' in your country?'

Figure 10. The number and percentage of respondents reporting the supports that would enable COs to advocate for and support the design/adoption of 'Increased Taxes on Sugar Sweetened Beverages and Unhealthy Foods' in their countries



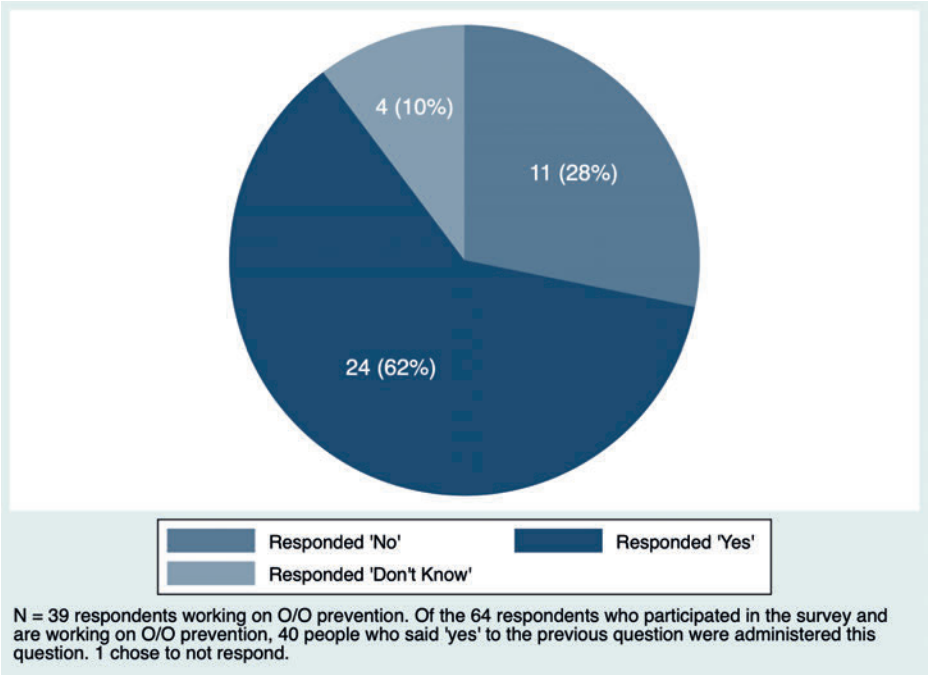
Has your Country Office undertaken any research or analysis on the prevalence/burden and causes of overweight and obesity among children and adolescents in the country?

Figure 11. The number and percentage of respondents indicating COs undertook research on the prevalence and causes of overweight and obesity among children and adolescents their countries



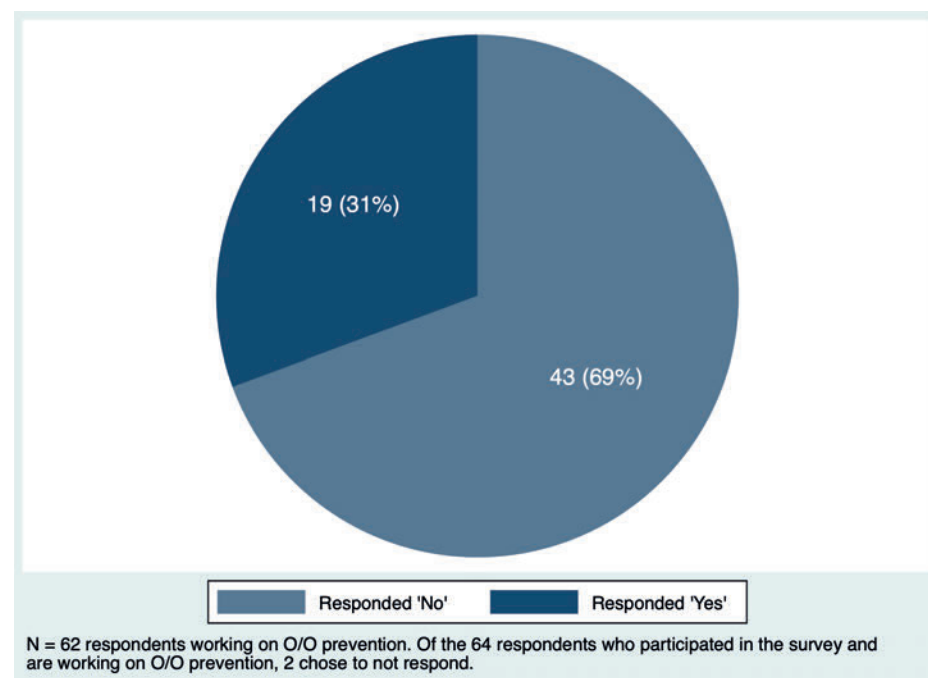
Did the research/analysis disaggregate information by vulnerable/excluded groups?

Figure 12. The number and percentage of respondents indicating COs undertook research that disaggregated information for vulnerable/excluded groups



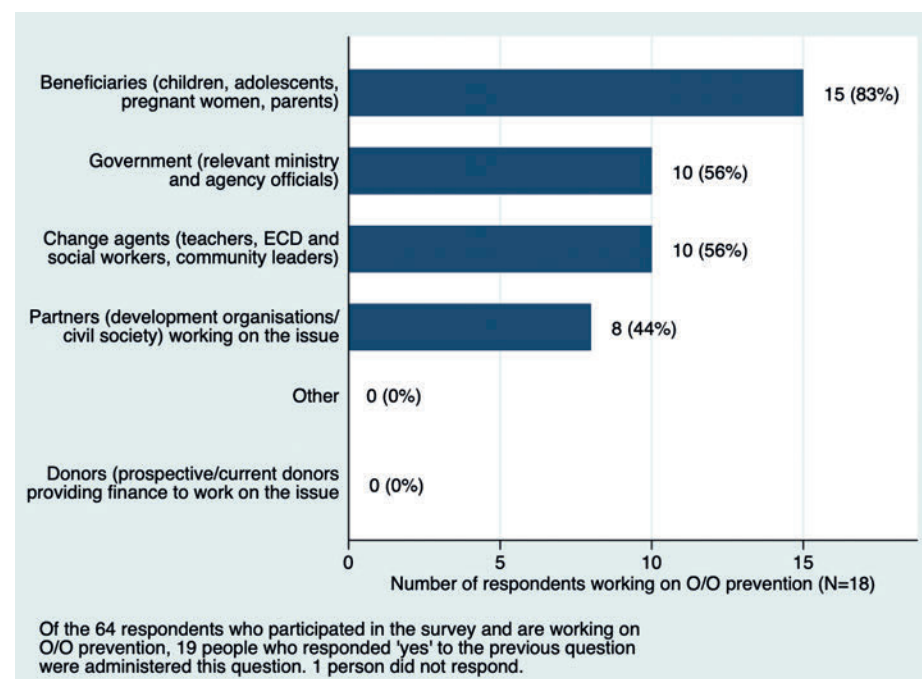
Has your Country Office undertaken any research or analysis on the needs of key stakeholders on overweight and obesity prevention among children and adolescents?

Figure 13. The number and percentage of respondents indicating COs conducted research or analysis on the needs of key stakeholders on overweight and obesity prevention among children and adolescents.



Please specify which stakeholders:

Figure 14. The number and percentage of respondents indicating specific key stakeholders whose needs were assessed by COs, for overweight and obesity prevention among children and adolescents

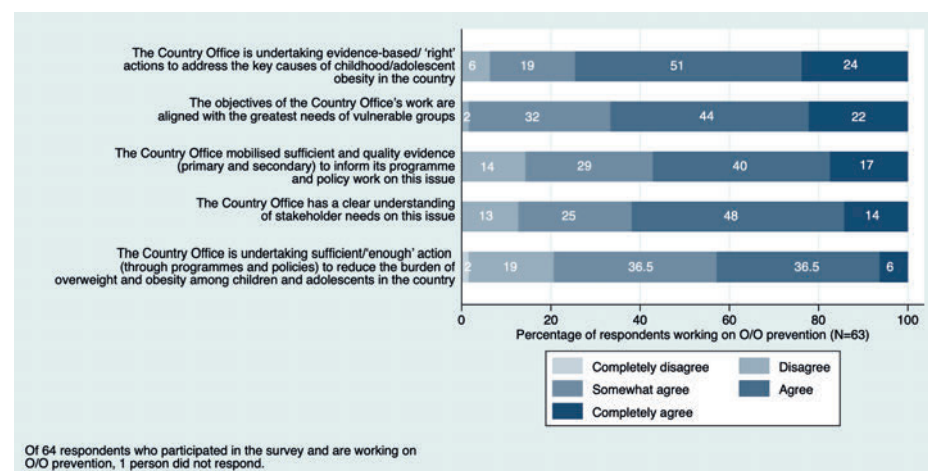


Please rate your agreement to the following statements:

- ▶ The Country Office mobilised sufficient and quality evidence (primary and secondary) to inform its programme and policy work on this issue
- ▶ The Country Office has a clear understanding of stakeholder needs on this issue
- ▶ The objectives of the Country Office's work are aligned with the greatest needs of vulnerable groups

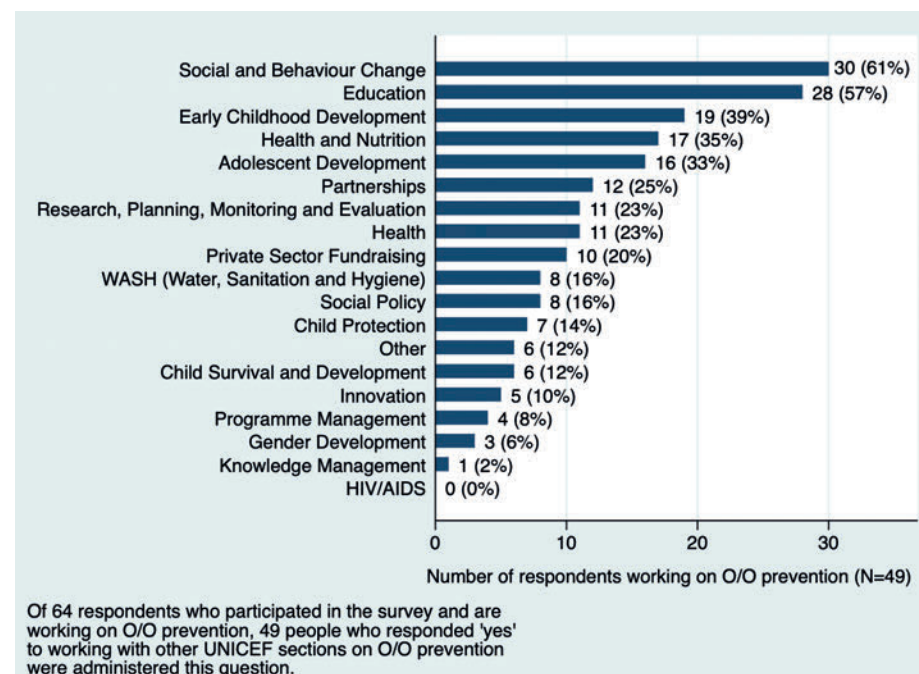
- ▶ The Country Office is undertaking evidence-based/ 'right' actions to address the key causes of childhood/adolescent obesity in the country
- ▶ The Country Office is undertaking sufficient/ 'enough' action (through programmes and policy work) to reduce the burden of overweight and obesity among children and adolescents in the country

Figure 15. The percentage of respondents rating their agreement with the relevance of their COs' interventions to understanding stakeholder needs, undertaking evidence-based actions, and addressing overweight and obesity among children and adolescents.



Please choose all sections within UNICEF that you work with on this issue 'overweight and obesity prevention among children and adolescents'.

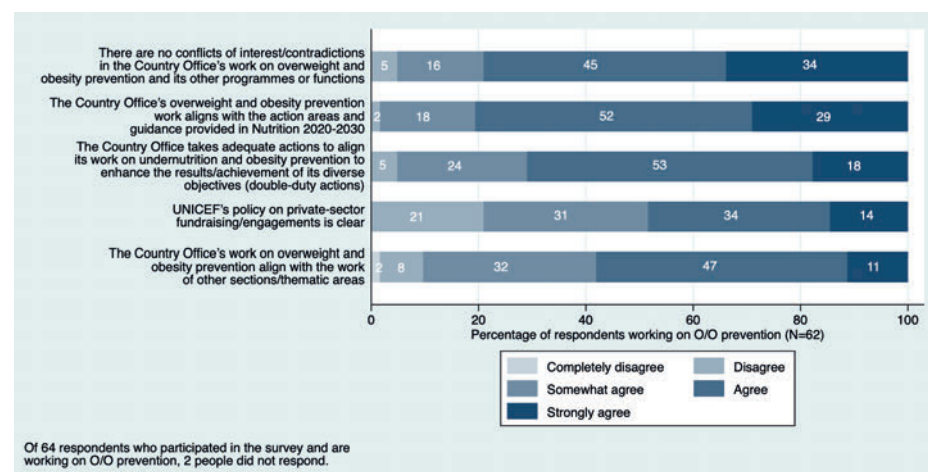
Figure 16. The number and percentage of respondents indicating the UNICEF sections COs partner with when working on overweight and obesity prevention



Please rate your agreement to the following statements:

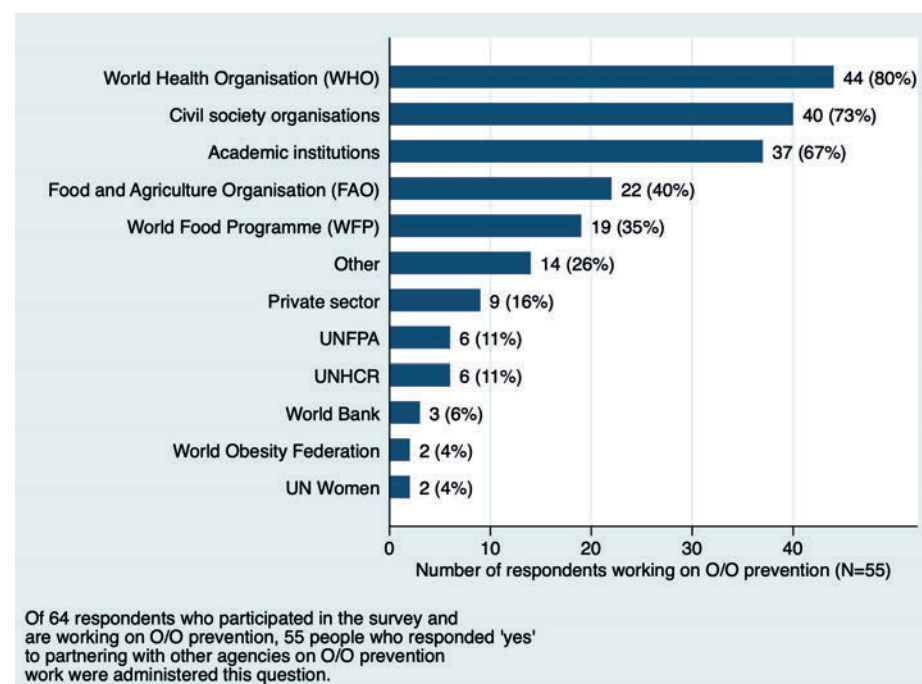
- ▶ The Country Office's overweight and obesity prevention work aligns with the action areas and guidance provided in Nutrition 2020-2030
- ▶ The Country Office takes adequate actions to align its work on undernutrition and obesity prevention to enhance the results/achievement of its diverse objectives (double-duty actions)
- ▶ The Country Office's work on overweight and obesity prevention align with the work of other sections/thematic areas
- ▶ UNICEF's policy on private-sector fundraising/engagements is clear
- ▶ There are no conflicts of interest/contradictions in the Country Office's work on overweight and obesity prevention and its other programmes or functions

Figure 17. The percentage of respondents rating their agreement with the coherence of their COs' interventions with addressing conflicts of interest, the alignment with guidance, and actions for the prevention overweight and obesity among children and adolescents



Please select all organisations/agencies UNICEF has partnered with on this issue.

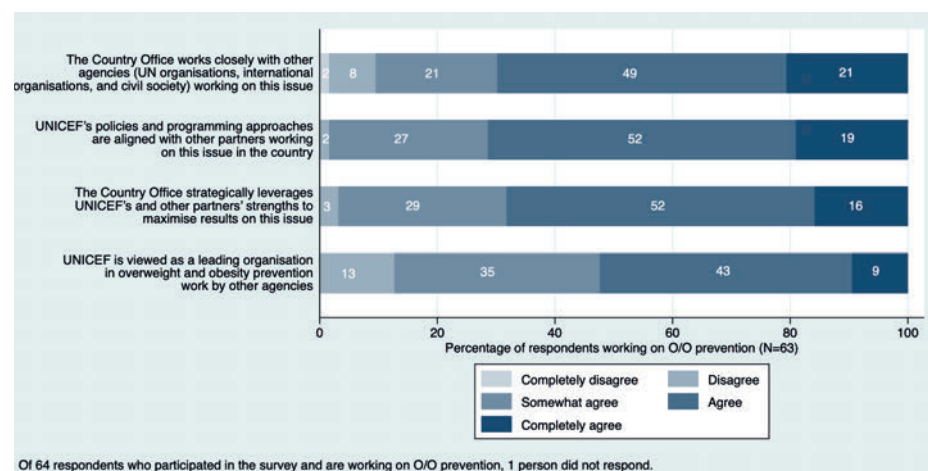
Figure 18. The number and percentage of respondents indicating UNICEF's partners for overweight and obesity prevention among children and adolescents



Please rate your agreement to the following statements:

- ▶ The Country Office works closely with other agencies (UN organisations, international organisations, and civil society) working on this issue
- ▶ The Country Office strategically leverages UNICEF's and other partners' strengths to maximise results on this issue
- ▶ UNICEF's policies and programming approaches are aligned with other partners working on this issue in the country
- ▶ UNICEF is viewed as a leading organisation in overweight and obesity prevention work by other agencies

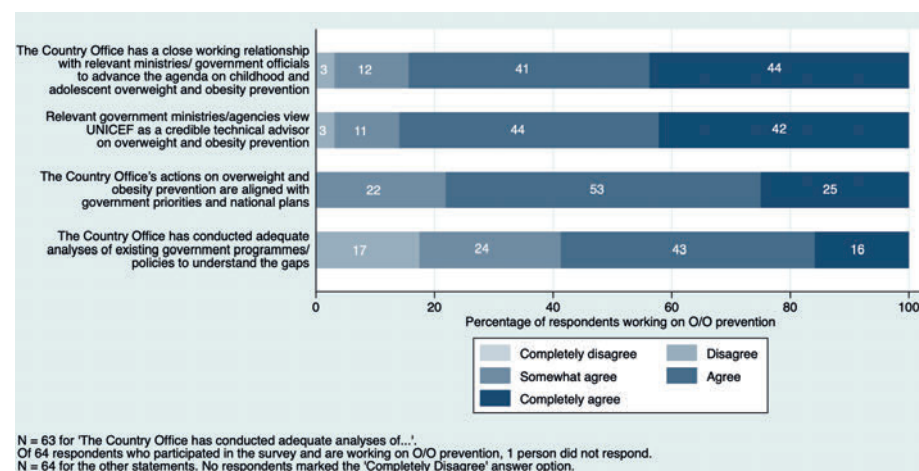
Figure 19. The percentage of respondents rating their agreement with the coherence of COs' interventions for overweight and obesity prevention among children and adolescents, with those of other organisations



Please rate your agreement to the following statements:

- ▶ The Country Office has conducted adequate analyses of existing government programmes/policies to understand the gaps
- ▶ The Country Office's actions on overweight and obesity prevention are aligned with government priorities and national plans
- ▶ The Country Office has a close working relationship with relevant ministries/ government officials to advance the agenda on childhood and adolescent overweight and obesity prevention
- ▶ Relevant government ministries/agencies view UNICEF as a credible technical advisor on overweight and obesity prevention

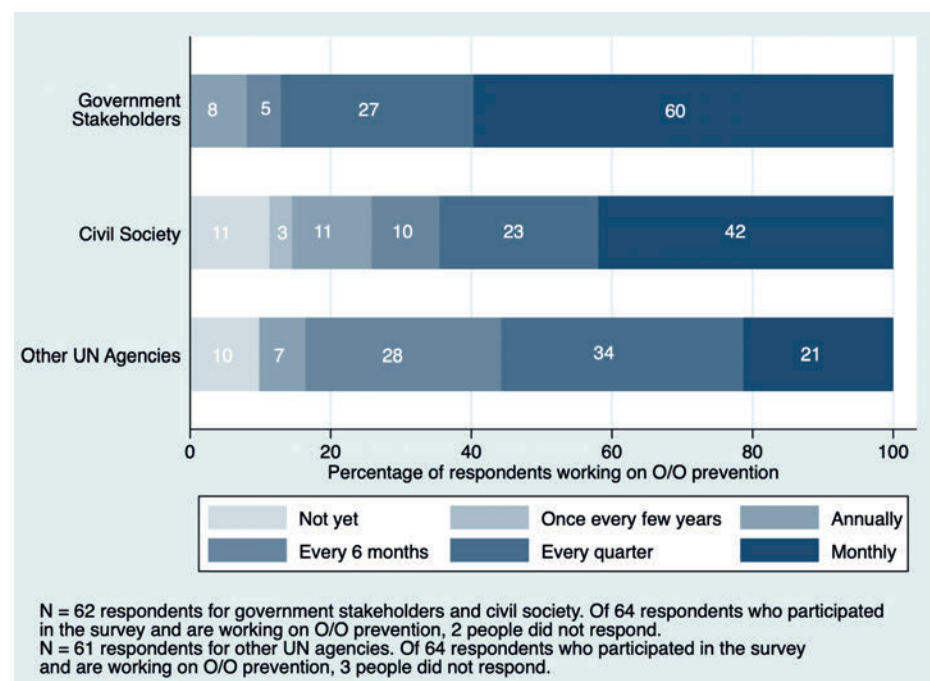
Figure 20. The percentage of respondents rating their agreement with the coherence of COs' interventions for overweight and obesity prevention among children and adolescents, with those of the respective governments



On average, how frequently does your Country Office engage with key actors the topic of overweight and obesity prevention?

- ▶ Government stakeholders
- ▶ Civil society
- ▶ Other UN agencies

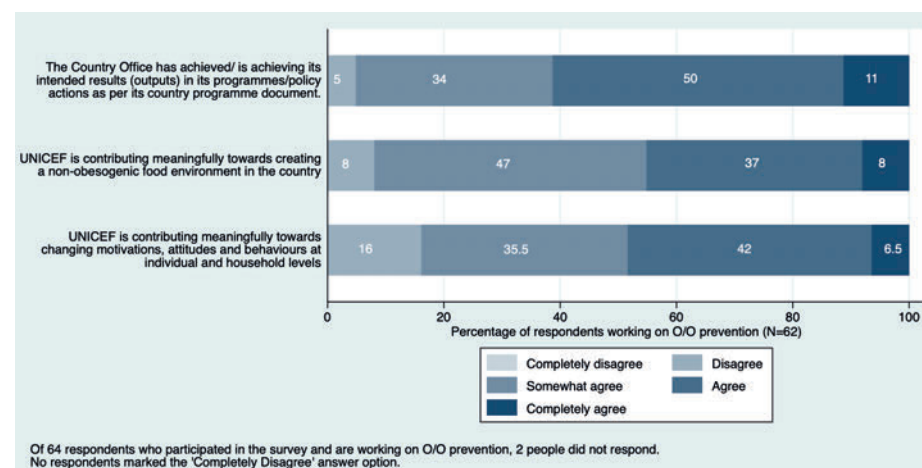
Figure 21. The percentage of respondents reporting the frequency of COs' engagement with key actors on the topic of overweight and obesity prevention



Please rate your agreement to the following statements:

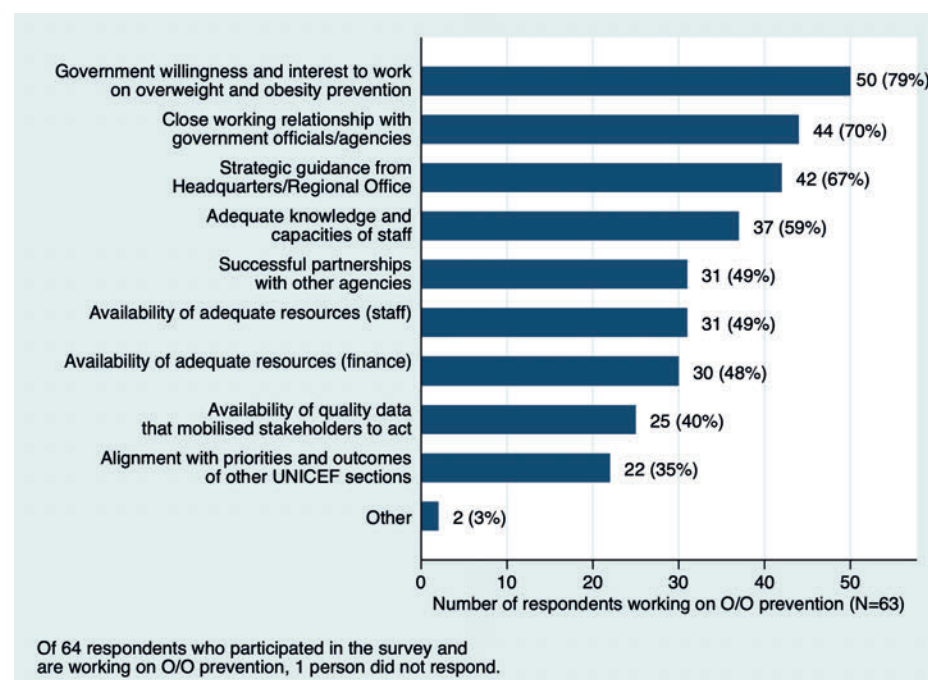
- ▶ The Country Office has achieved/ is achieving its intended results (outputs) in its programmes/policy actions as per its country programme document (CPD).
- ▶ UNICEF is contributing meaningfully towards changing motivations, attitudes and behaviours at individual and household levels
- ▶ UNICEF is contributing meaningfully towards creating a non-obesogenic food environment in the country

Figure 22. The percentage of respondents rating their agreement with the effectiveness of COs' interventions in preventing overweight and obesity among children and adolescents



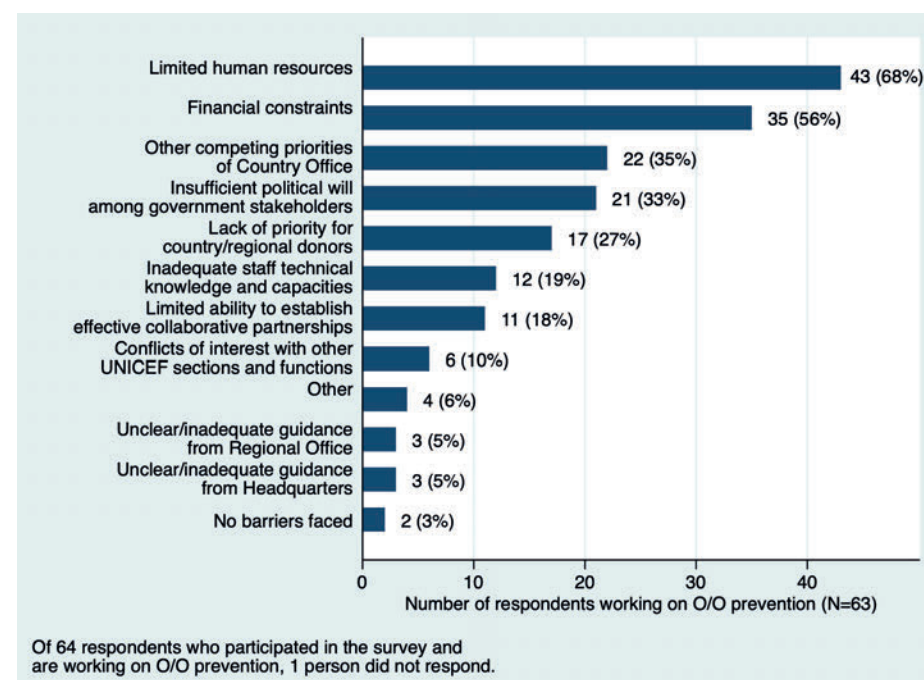
What are the key drivers enabling the Country Office to achieve the planned outputs and outcomes on this issue? (Please select all that apply)

Figure 23. The number and percentage of respondents indicating key drivers enabling COs to achieve their planned outputs and outcomes on overweight and obesity prevention



What are the key barriers (if any) impeding the Country Office's ability to achieve planned outputs and outcomes on this issue? (Please select all that apply)

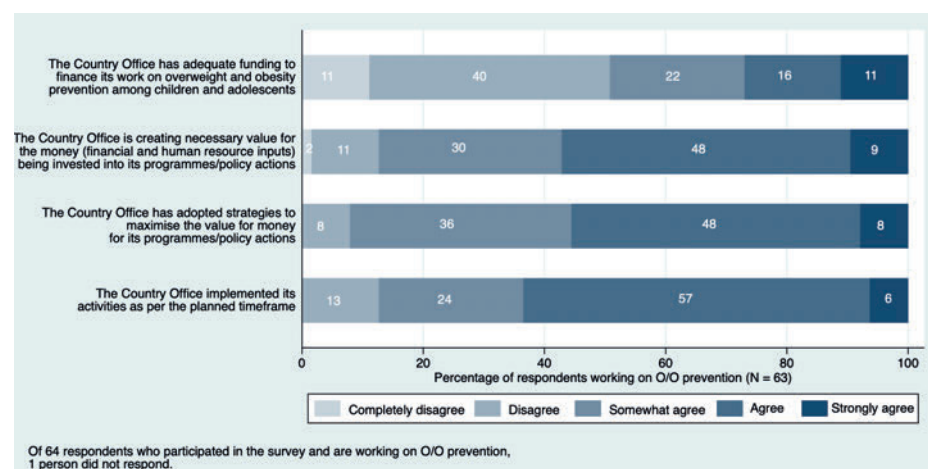
Figure 24. The percentage of COs indicating key barriers impeding COs from achieving their planned outputs and outcomes on overweight and obesity prevention



Please rate your agreement to the following statements:

- ▶ The Country Office has adequate funding to finance its work on overweight and obesity prevention among children and adolescents
- ▶ The Country Office is creating necessary value for the money (financial and human resource inputs) being invested into its programmes/policy actions
- ▶ The Country Office has adopted strategies to maximise the value for money for its programmes/policy actions
- ▶ The Country Office implemented its activities as per the planned timeframe.

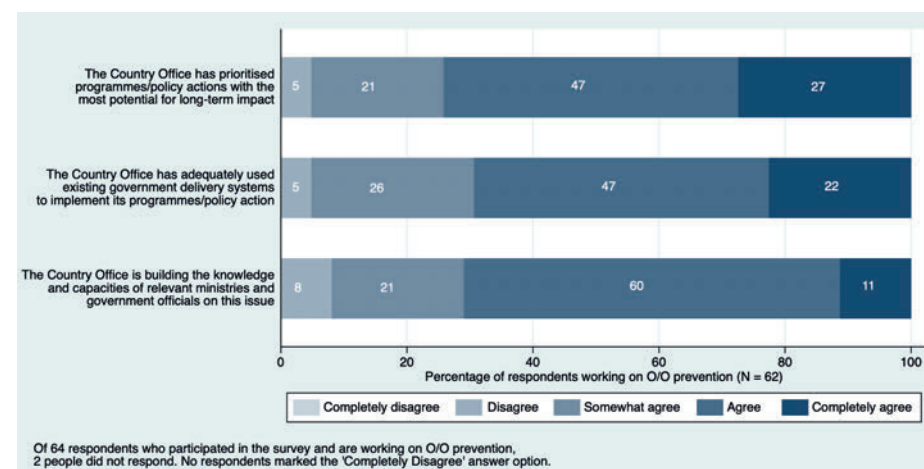
Figure 25. The percentage of respondents rating their agreement with the efficiency of COs' interventions in preventing overweight and obesity among children and adolescents



Please rate your agreement to the following statements:

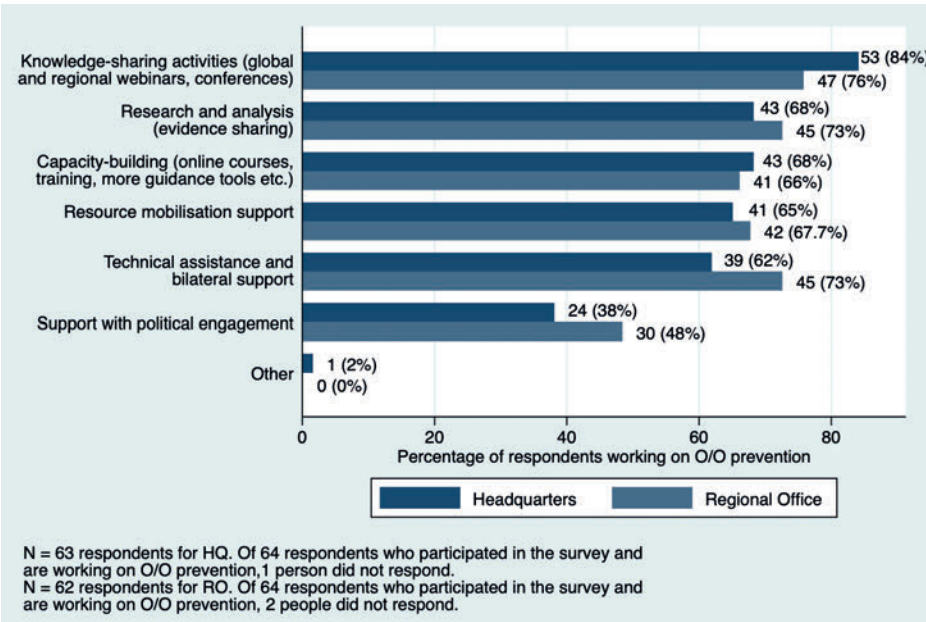
- ▶ The Country Office is building the knowledge and capacities of relevant ministries and government officials on this issue
- ▶ The Country Office has prioritised programmes/policy actions with the most potential for long-term impact
- ▶ The Country Office has adequately used existing government delivery systems to implement its programmes/policy action

Figure 26. The percentage of respondents rating their agreement with the sustainability of COs' interventions for preventing overweight and obesity among children and adolescents



In which area would you like further support from UNICEF Headquarters- HQ and your Regional Office? Please choose all options that apply

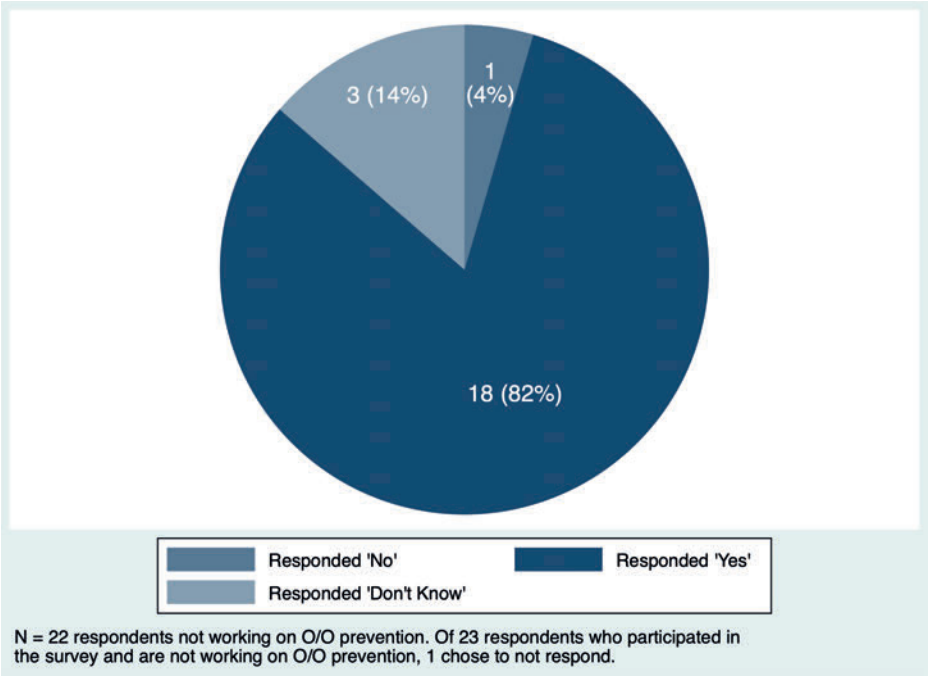
Figure 27. The number and percentage of respondents indicating the additional support COs would benefit from UNICEF Headquarters and Regional Offices while working on overweight and obesity prevention among children and adolescents.



For countries that are not working on overweight and obesity prevention

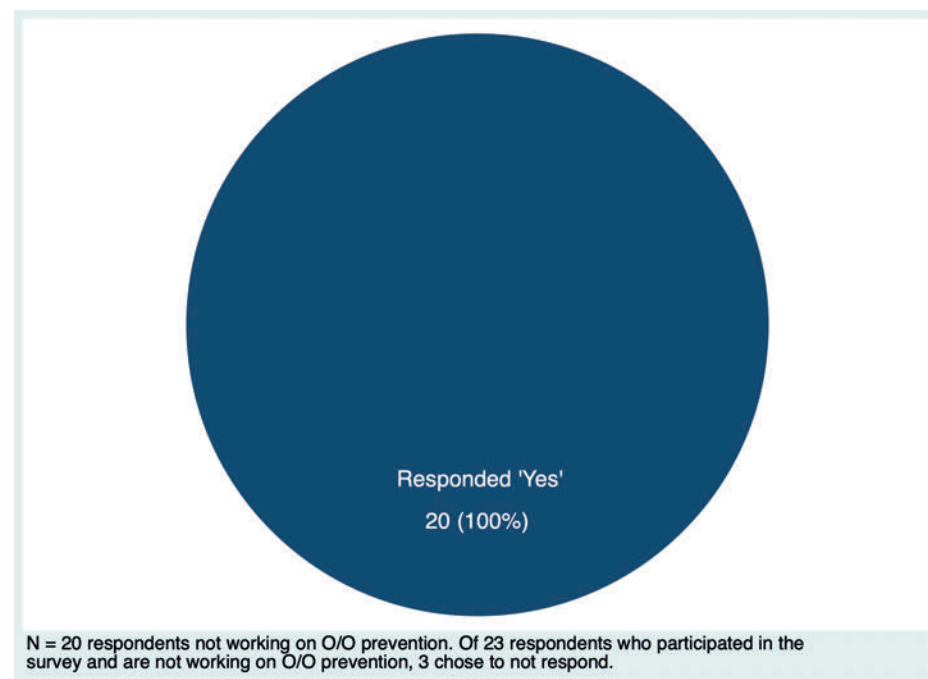
In your opinion, is overweight and obesity prevention among children and adolescents an important issue in your country?

Figure 28. The number and percentage of respondents indicating their opinion on whether overweight and obesity prevention is an important issue in their country



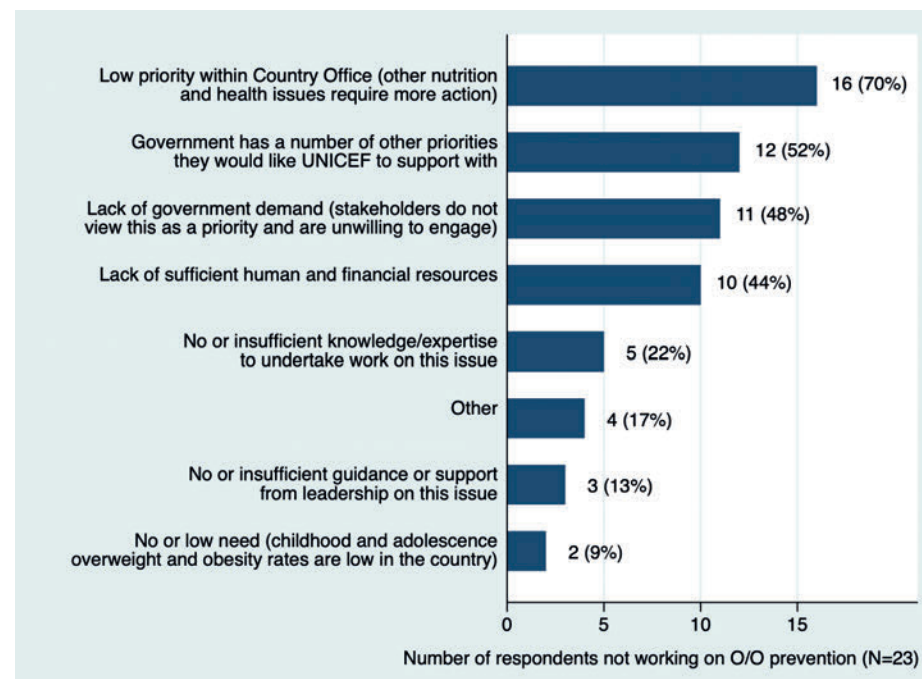
In your opinion, do you think overweight and obesity prevention fits under UNICEF's organisational mandate?

Figure 29. The number and percentage of respondents indicating whether they think overweight and obesity prevention fits under UNICEF's organisational mandate



To your knowledge, why has your Country Office not worked on obesity/overweight prevention yet? Please select all options that apply.

Figure 30. The number and percentage of respondents indicating reasons for why COs have not worked on overweight and obesity prevention yet

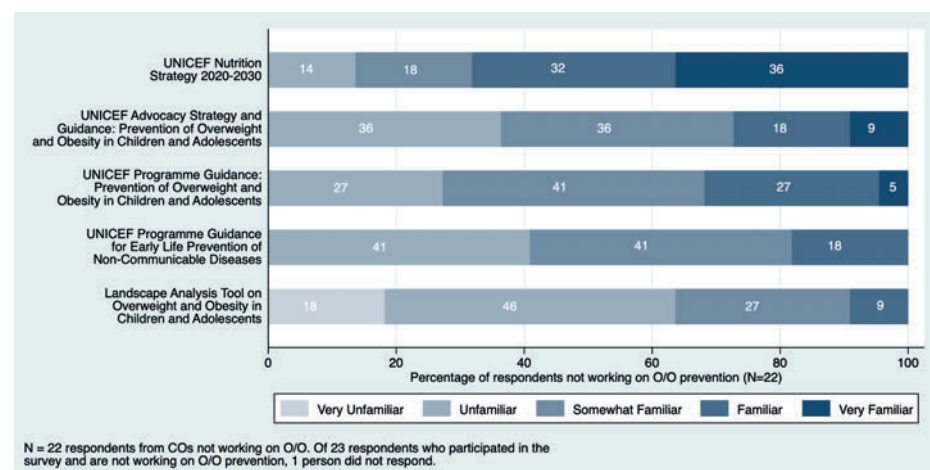


How familiar are you with UNICEF's strategy and guidance on overweight and obesity prevention among children and adolescents?

Please indicate your level of familiarity for the following documents:

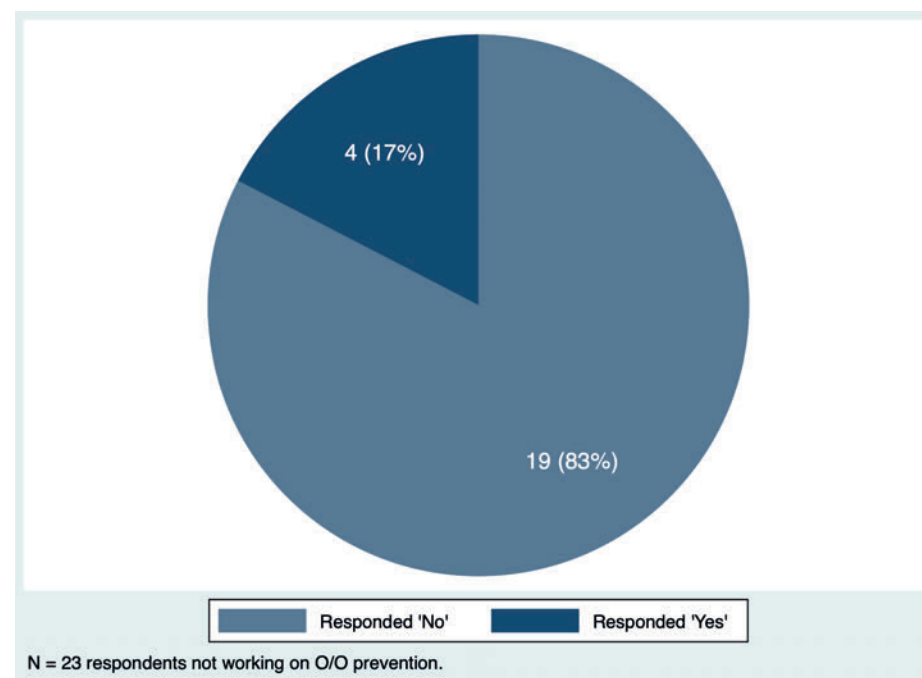
- ▶ UNICEF Nutrition Strategy 2020-2030
- ▶ UNICEF Programme Guidance: Prevention of Overweight and Obesity in Children and Adolescents
- ▶ UNICEF Advocacy Strategy and Guidance: Prevention of Overweight and Obesity in Children and Adolescents
- ▶ UNICEF Programme Guidance for Early Life Prevention of Non-Communicable Diseases
- ▶ Landscape Analysis Tool on Overweight and Obesity in Children and Adolescents

Figure 31. The percentage of respondents indicating their familiarity with UNICEF's strategy and guidance on overweight and obesity prevention among children and adolescents



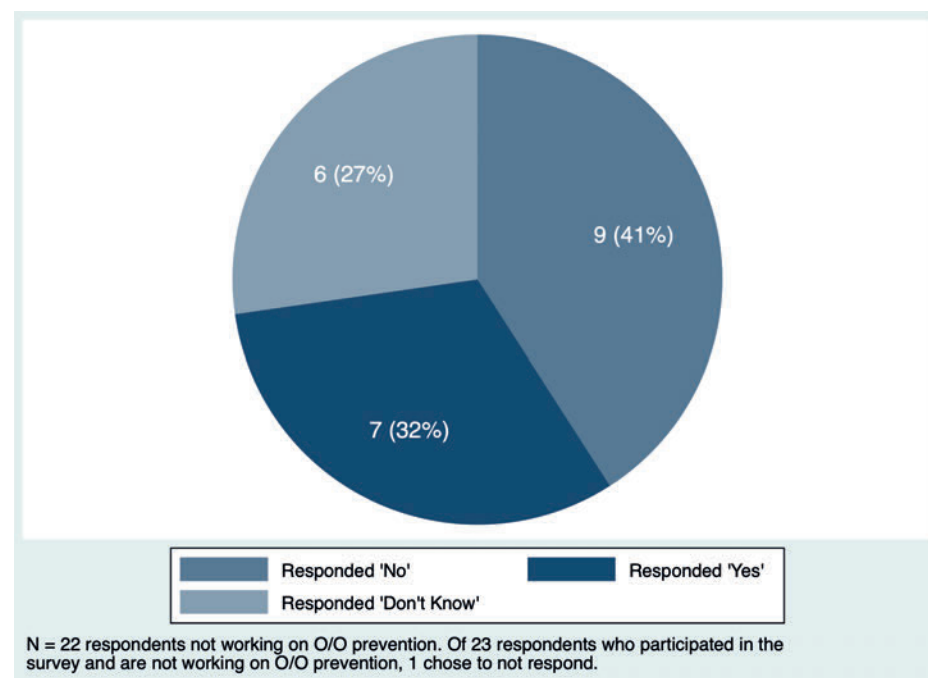
Have you participated in any UNICEF-organised training (webinars, seminars etc.) on overweight and obesity prevention among children and adolescents?

Figure 32. The number and percentage of respondents that have participated in any UNICEF-organised training on overweight and obesity prevention among children and adolescents



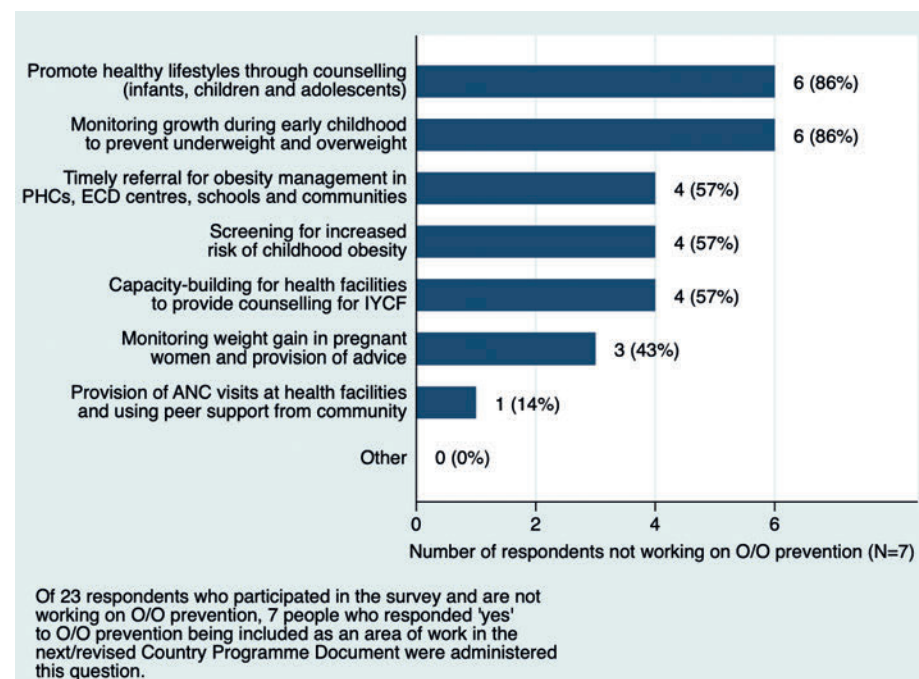
To your knowledge, will overweight and obesity prevention among children and adolescents be included as an area of work in the next/ revised Country Programme Document (CPD)?

Figure 33. The number and percentage of respondents indicating whether overweight and obesity prevention among children and adolescents will be included as an area of work in the next/revised Country Programme Document



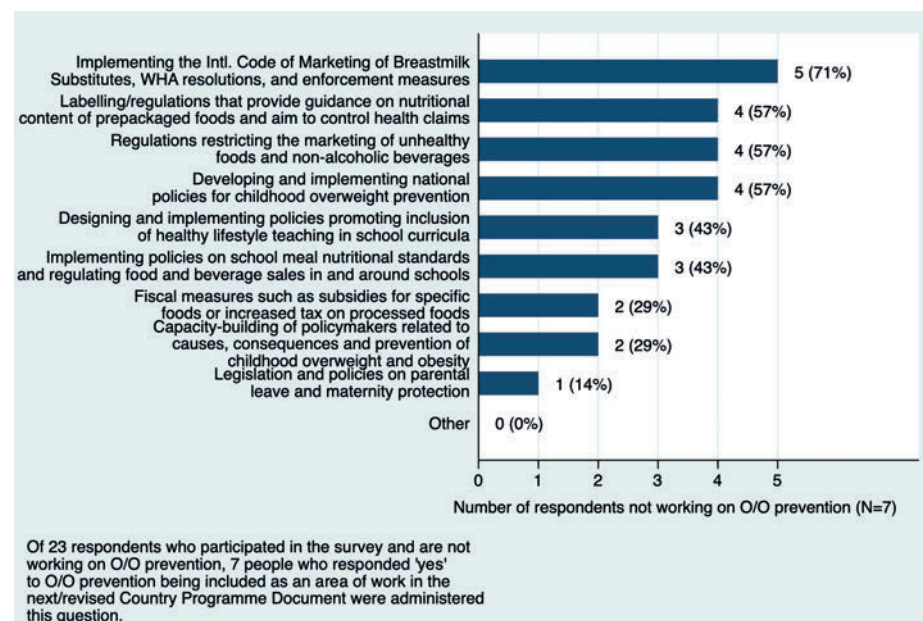
Which lifecycle intervention programmes would your country office like to support in the next CPD period? (kindly answer to the best of your knowledge)

Figure 34. The number and percentage of respondents indicating the lifecycle intervention programmes COs would like to support in the next CPD period



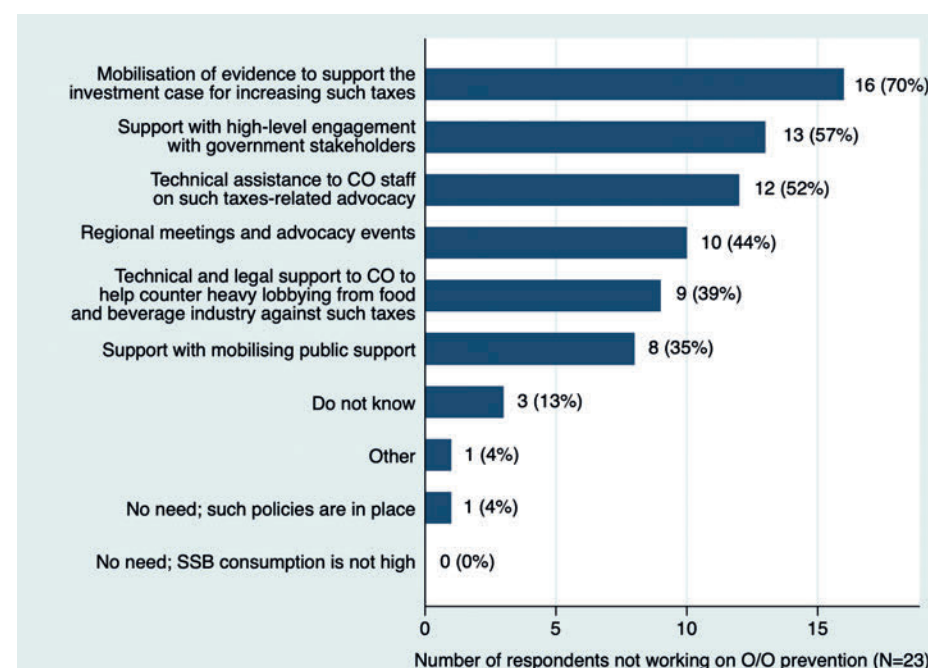
What are the policy-related actions your country office would like to support in the next CPD period? (kindly answer to the best of your knowledge)

Figure 35. The number and percentage of respondents indicating the policy-related actions COs would like to support in the next CPD period



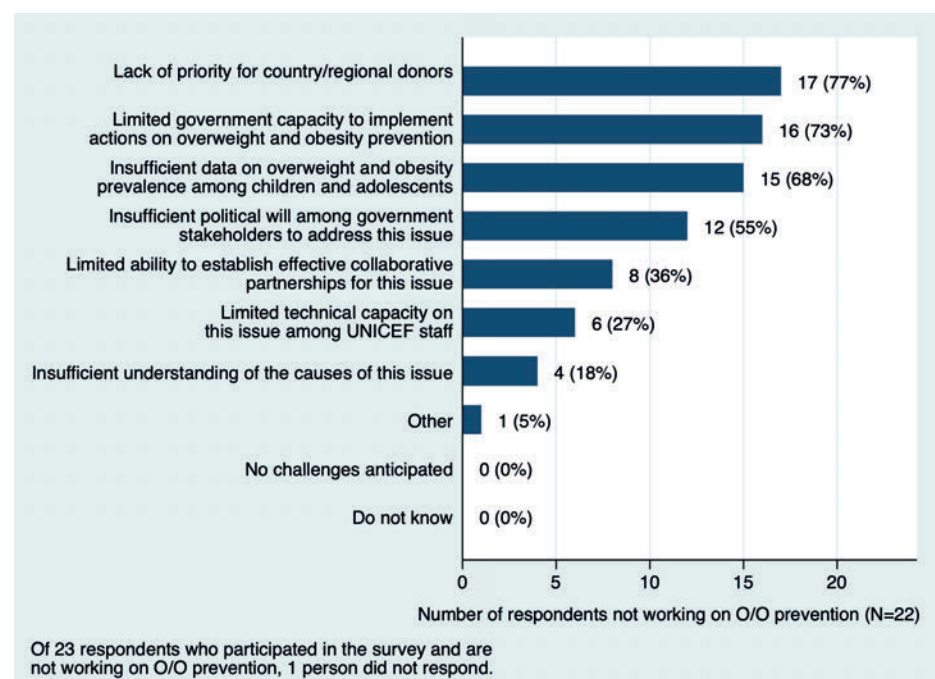
UNICEF has identified the policy action 'Increasing Taxes on Sugar-sweetened Beverages (SSB) and/or Unhealthy Foods' as one of the priority areas of work on overweight and obesity prevention. What are the supports that would enable your country office to advocate for and support design/adoption of such taxes in your country?

Figure 36. The number and percentage of respondents reporting the supports that would enable COs to advocate for and support the design/adoption of 'Increased Taxes on Sugar Sweetened Beverages and Unhealthy Foods' in their countries



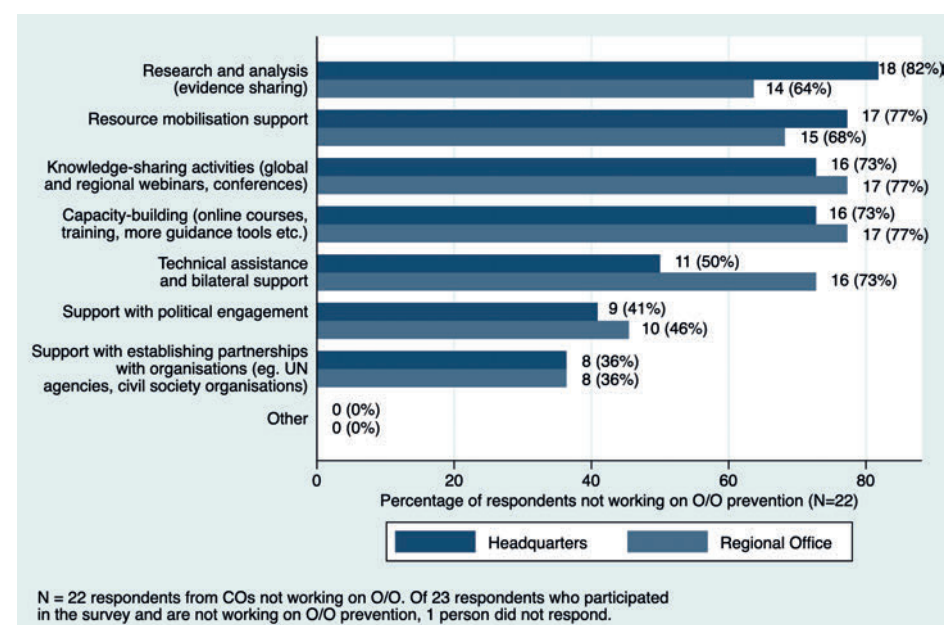
If your country office were to undertake work on overweight and obesity prevention among children and adolescents, what will be the biggest challenge(s) you may face? (please select all options that apply)

Figure 37. The number and percentage of respondents indicating the challenges COs may face should they undertake work in overweight and obesity prevention



If your Country Office were to undertake work on overweight and obesity prevention among children and adolescents, what support would you like from UNICEF Headquarters- HQ and your UNICEF Regional Office- RO? Please choose all options that apply.

Figure 38. The number and percentage of respondents indicating the support COs would like from UNICEF Headquarters and Regional Offices when undertaking work on overweight and obesity prevention among children and adolescents





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February 2024