POLICY BRIEF

FOOD AND NUTRITION RESEARCH TO INFORM FOOD AND NUTRITION POLICIES AND PRACTICES IN THAILAND

Bringing better food policies and systems for healthy diets for all

Mahidol University
Institute for Population and Social Research

สสส
ThaiHealth

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THE FIRST STEP
IN HUMAN CAPITAL DEVELOPMENT STARTS WITH THE QUALITY OF EATING

"Food is the single strongest lever to optimize human health and environmental sustainability on Earth."

The EAT-Lancet Commission, 2019

FOOD

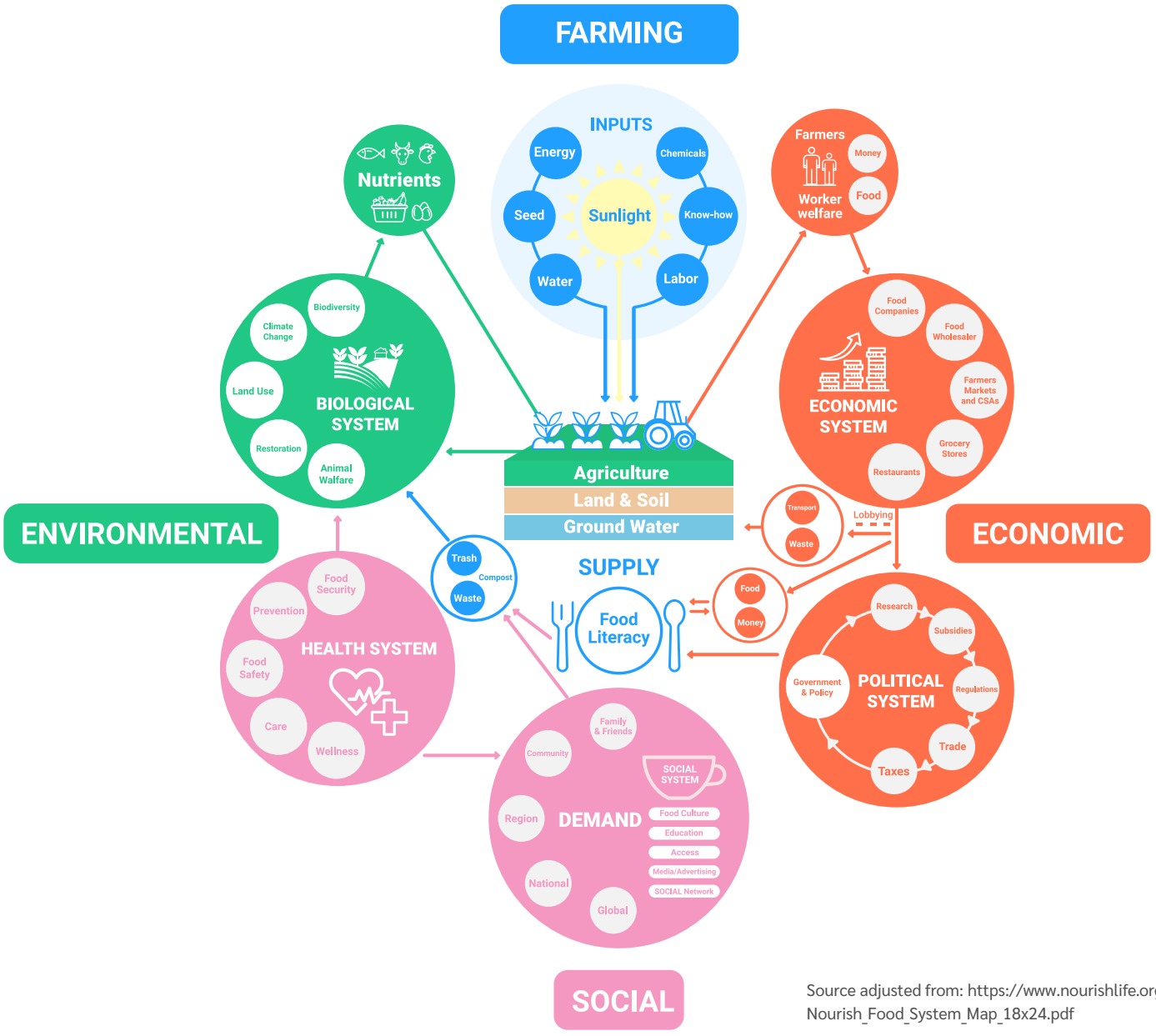
is the starting point for improving the population's physical and mental health and creating environmental sustainability.

Food is part of everyday life that could yield long-term effects. Healthy and sufficient eating lead to better health and other long-term impacts on economic and educational development, as well as greater social cohesion, stability, and security at the national level.

THE WAY OF EATING IS DETERMINED by food systems

Food systems are shaped by people, organizations, environments, infrastructure, and activities related to the production, processing, distribution, marketing, sales, preparation, and consumption of food. Food systems are therefore inevitably intertwined by health, environmental, cultural, political, and economic systems

FOOD SYSTEM



Source adjusted from: https://www.nourishlife.org/pdf/Nourish_Food_System_Map_18x24.pdf

IF ALL GOVERNMENT AGENCIES COOPERATE IN FOOD AND NUTRITION INVESTMENT ...

Every $1 invested in promoting healthy eating and improving nutritional status results in a return of at least **$16** for the country (1)

Investing $2.2 billion a year in nutrition for 10 consecutive years will save **2.2 million** lives and reduce childhood stunting by **50 million persons** globally, resulting in massive improvements in the long-term productivity of the labor force (2).

Strengthening farmers' capacity and promoting production techniques

will allow farmers to produce more quality food. If farmers can increase the production of vegetables, fruits, grains, and nuts by 9% annually and by 50–150% by 2040 globally, there would be sufficient food for the estimated global population of about 10 billion by 2050 to adopt healthy and sustainable eating (4).

Increasing the tax on sugary drinks

will help the government reduce annual healthcare costs by **121.4 million baht** in 2036

Reducing the use of agricultural chemicals and increasing the diversity of the agricultural system

will help restore biodiversity, both inside and outside of agricultural land. This also promotes a healthy environment and quality agricultural products, both in terms of safety and nutritional value (5).

Reducing food loss and food waste

can improve food security for the population. Reducing the volume of waste helps reduce greenhouse gas emissions and reduces the burden on natural resources, especially on soil and water (5).

Investing in a "Farm-to-School Program"

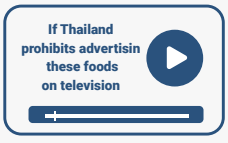
will create links between schools and community farmers. In this scenario,schools would buy, promote, and serve healthy food, sourced from the surrounding communities. In addition to helping students access fresh and healthy local food, it will increase the intake of fruits and vegetables. This concept also helps promote and maintain food sovereignty and the food culture of the community. If schools bought food in the host community each year, that would be the equivalent of investing $1 billion in community economic income (based on a study in the United States) (8).

Increasing the area of sustainable agriculture

will help improve the food security of the population. This would, directly and indirectly, affect 90% of the population's energy consumption from food (6) and protein and fat intake by 80% (7).

Controlling the marketing of foods high in fat, sugar, and sodium

may reduce the appeal of this type of food for consumers, especially children (9).



it would reduce the body mass index of children **6-12 years nationwide** by an average of **0.32 kg/m²** and, thus, help prevent overweight and obesity in children (10).

IF THE GOVERNMENT AGENCIES NEGLECT FOOD AND NUTRITION ...

Child undernutrition will increase, and these children will have reduced longevity by 10%, and this undernutrition will result in at leasta 2-3% reduction in GDP (11).

Undernourished children may be late for school, repeat classes, drop out of school, and attain lower completed education than children with normal nutrition status. That is because undernutrition adversely affects the brain and muscle development of children, especially children with stunting since early childhood (12).

Working-age people lose working years, and the country suffers a huge loss in productivity. For example, working-age Germans with diabetes resulted from a risk factor of unhealthy eating lost the number of working years due to disability, early retirement, and premature death (99, 773, and 309 years, respectively, in the German study), resulting in the productivity loss of €120 million (13).

Farmers would lack the capacity to increase the number and value of their produce. This would lead to supply chain disruption and increased monopoly and market control of large business groups. That, in turn, would raise food prices and reduce availability, resulting in household-level food insecurity (14). These factors could spark community tension due to the inequality in access to safe and healthy food, unequal working conditions, social conflicts, and increased poverty (15).

Increased food loss and food waste cause the country to lose labor productivity, water, energy, lands, and other resources used in production. Food loss/food waste constituted 24% of all food produced and could have been used to boost food security and provide energy for the population (16).

Use of pesticides increased residues in food, which have a negative impact on the health of consumers, which may result in Parkinson's disease, abnormal neurological symptoms, congenital disorders, liver disease, thyroid damage, and peptic ulcer disease, among other adverse effects (17).

Serving and distributing non-nutritious food in schools increases the risk of physical and mental health problems among students, such as obesity, reduced emotional stability, and stress (18).

Lack of sustainable farming lands leads to food insecurity of the population because there would be insufficient space to nourish the ecosystems under limited sustainable management of soil, water, and other natural resources. This reduces the production of and access to healthy food (19).

ALL FOR FOOD AND NUTRITION

Human capital development in food and nutrition must be advocated by all sectors – the challenge cannot be borne by a single agency. Food and nutrition goals shall be integrated into the mission of all government agencies. Governmental agencies shall have accountability for the impacts of food and nutrition from the policies.

The government of Thailand	should indicate **"healthy food and nutrition goals"** as national prerequisites to be adopted by all government agencies.
The Ministry of Agriculture and Cooperatives	should increase investment in strengthening the capacity of farmers – both traditional and modern – with provided technical support to increase the quantity and values of healthy food products. There should be a reduction in the length of the production chain and an expanded market for farmers to sell their produce directly to consumers. Similarly, there should be an increase in consumer access to food and reduced food wastage. should promote sustainable food systems, focusing on sustainable agriculture and reduced chemicals.
The Ministry of Industry, Ministry of Commerce, and Ministry of Agriculture and Cooperatives	should cooperate with the business sector to create a mechanism to reduce food waste from inefficient production, services, and consumption.
The Excise Department	should increase taxation on high-sugar beverages until the fourth round (in 2024) strictly.
The Ministry of Education	should encourage schools to establish a food service system that creates links between community produces and school food and a school-level agricultural system, as well as providing agricultural education, nutrition education, and health education to students.
The Food and Drug Administration, Department of Health, and Ministry of Public Health	should accelerate the legislation to control the marketing of food and beverages affecting children's health in Thailand.

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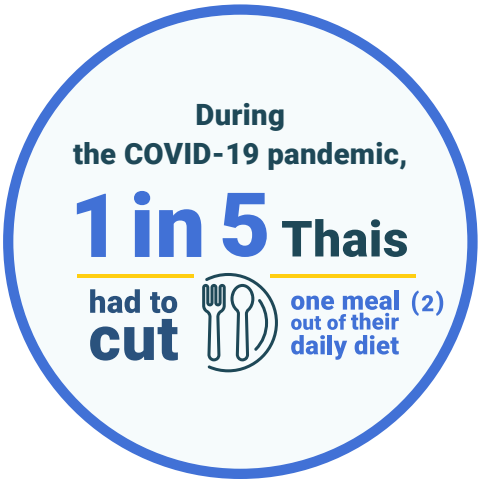
AWARE – ACKNOWLEDGE – APPLY: INDICATORS FOR COMMUNITY SELF-SUFFICIENCY IN THE FOOD SYSTEM

AWARE – ACKNOWLEDGE – APPLY: INDICATORS FOR COMMUNITY SELF-SUFFICIENCY IN THE FOOD SYSTEM

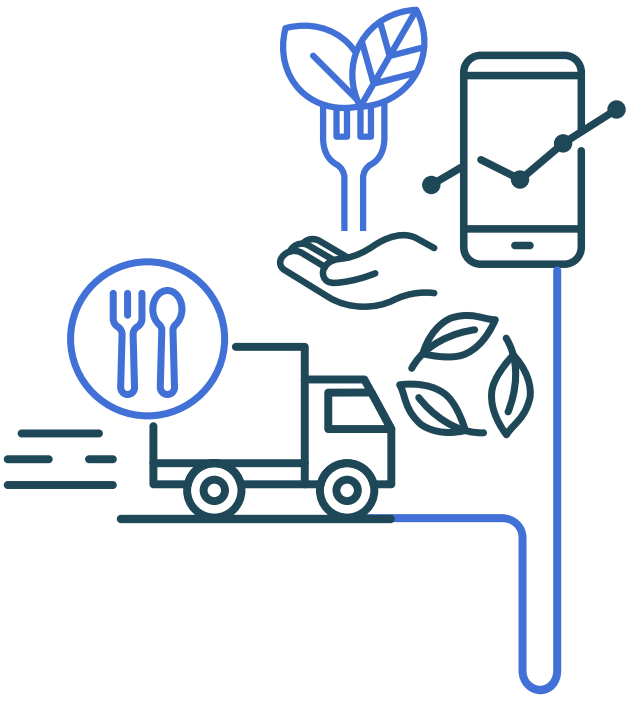
Aware

How self-sufficient are Thais regarding food?

Food shortages often arise in crises, making it difficult for households to find food or a sufficient supply of foodstuff. However, the crisis caused by the damage of agricultural areas caused by floods and persistent drought leads to scarcity of water for cultivation, resulting in low yields and suspension of services or restrictions on agricultural transport. As a result, food prices rise, even in the absence of a global calamity such as the COVID-19 pandemic.



The COVID-related lockdowns and curfew measures ordered by the Thai government disrupted food services and transport. As a result, the price of food ingredients increased rapidly by 20-30%, and the quantity of food was insufficient during the pandemic (1). In 2020, 85% of the surveyed population was unable to afford enough food for their family members due to reduced income, higher food prices, and the cost of travel to fewer fresh markets. Nearly one out of ten Thais (9%) depended on free food, and over one in five (22%) had to cut one meal out of their daily diet (2). Children who used to receive subsidized school lunches were deprived of these when schools switched to online classrooms and families had trouble covering the cost of the additional noon meal.



The 2011 floods led to an increase in the price of eggs by 14% (3)

Agricultural productivity declines due to disasters and changes in the pattern and trends in land use. The 2017 floods damaged 9 million rai of agricultural land in Thailand, and it has taken years to recover from the devastation (3). Thailand's annual gross yield from rice farming declined between 2011-2020, and the area of second-crop ricefarming decreased by 54%, while the yield per rai remained the same (639 kg/rai).

The inability of a community to produce food by and for itself, and the lack of a sustainable management system for support within the community or between nearby communities is resulting in repeated deprivation for villages living on the margins. When shortages are abrupt, outside help can be delayed. Therefore, it is important to have a set of indicators and targets to lead communities in planning for an adequate, safe, and ecologically-friendly food system for the **"people's wellbeing and self-reliant communities".**

Development of indicators for the food system

The food system indicators for communities are modeled on those proposed by the Food and Agriculture Organization of the United Nations (FAO) (4), and were developed within the framework of food sovereignty (5). The indicators are designed to engage people in the community in planning and developing local food policies across seven dimensions:

1. Food nutrition adequacy
2. Ecosystem stability
3. Food affordability and availability
4. Sociocultural wellbeing
5. Resilience
6. Food safety
7. Waste & loss reduction (6)

The food system indicators development program was carried out with a panel of advisors who are experts at the policy advocacy and research. The advisors include representatives from academia, government, and civil society, and three rounds of the Delphi method were used to achieve consensus on an independent set of metrics.

Acknowledge

The food system indicators in order to understand the situation of food security in the community

Having local food system indicators helps to make sense of the situation. By going through the indicators process, the community becomes familiar with the strengths and weaknesses in ensuring sufficient food for all the households, and the need for an equitable distribution of food. For example, food system indicators can help determine if communities are at risk of food shortages, and what the weaknesses are that need to be corrected. Indicators can help identify best practices to address problems leading to self-reliance at the community level

The Food Bank Program
in Toronto, Canada, uses food system metrics
to optimize the food transport system to help marginalized groups.
The food to be distributed must come from local producers, **not through retail companies** (7).

Food system dimension	Utility	Example of potential action
Food nutrition adequacy	• Understand the situation of sufficiency and food diversity in the locality, and how it is linked to the consumption behavior and health of people in the community, according to age and income level	• Solve the problem of access to food in the community • Increase the use of local ingredients to produce healthy food for community consumption
Ecosystem stability	• Understand the diversity of local natural resources • Know the state of the environment and the impact of climate change in the area	• Reduce the use of agricultural toxins • Increase organic and ecological farming to cope with climate change (as it impacts on both rainfall and surface temperature) • Select plants that are suitable for the indigenous soil properties and climate
Food affordability and availability	• Know the ability to buy food of households in the area • Able to identify households who need both normal and emergency food assistance in order to obtain adequate food	• Increase the agricultural area in the community to produce food to sell or share directly with consumers • Support preparedness by creating an emergency food supply for people in crisis situations

13%
of Thai children under 5 years of age are stunted (8)

Food system dimension	Utility	Example of potential action
Sociocultural wellbeing	• Understand and know the situation of public health literacy on the effects of chemicals and misleading propaganda • Know the situation of participation of diverse groups of people in the community in formulating policies related to the food system • Know the situation of labor equality in the food system such as farmers, storage/ transport workers, food processing workers, restaurant workers, and food delivery people	• Adjust education courses or organize projects to enhance knowledge on chemical use and media literacy • Encourage diverse community groups to participate in food policy making • Ensure that measures are in place to promote labor equality in the food system, such as adjusting working hours, wages, welfare, safety, etc.
Resilience	• Understand and know the situation of land use for food production in the area • Understand the accessibility and distribution of infrastructure for food production, storage, transportation, and distribution, and the food reserve systems in the area to adapt it to help people when disaster strikes	• Develop policies, plans, and guidelines to cope with the risks and hardships of people when faced with a calamity
Food safety	• Understand the community's use of chemicals in food; assess the level of toxic contamination in food sold or used in the community to ensure that it meets production and food safety standards for people of all ages	More than half of **fruits and vegetables** from general markets and department stores (59% of 509 samples) **were found to exceed** the standard for pesticide residues (9) • Develop measures to reduce the use of chemicals in the community, and identified viable alternatives toward achieving chemical-free farming
Waste & loss reduction	• Know the amount of food loss from the process of production, harvesting, and transportation to the consumer; know the amount of food waste from households and food businesses in order to reduce food waste and exploit leftover food	• Establish a policy to promote the separation of waste by households, entrepreneurs, and industry • Establish a policy on waste management of the government to achieve greater efficiency

64% of all solid waste is food waste that is not properly managed (10)

Apply

The implementers must know how to use the food system indicators and targets

Local government should focus on the food system by selecting and employing food system indicators as a tool to assess the situation in the area. Indicators can help identify urgent issues and potential impacts, and can be a tool to help develop an action plan or find a path toward becoming a self-reliant, community-based food system which promotes the health of the people.

Utrecht, the Netherlands, using food system indicators, found that food sold at supermarkets does not come from local producers. This discovery led to the creation of a green market (farmer's market) and the establishment of consumer groups and 'box schemes' to encourage restaurants to use local ingredients. Advocacy for use of indicators has led to the development of a Dutch food policy; and food policy networks were formed in cities, of which Utrecht is the main driver (11).

Interested persons or agencies can study additional food system indicators from the book **"Fields, Food and Empty Plates: Situations and Indicators of Thailand's Food System for Self-Reliance Community"** (scan QR code) or contact the Office of the Thai Health Promotion Foundation for examples of food plans.

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WHY TAX HIGH-SUGAR BEVERAGES THROUGH PHASE IV

(START OCT 1, 2024: FISCAL YEAR 2025)

Why tax high-sugar beverages through Phase IV (Start Oct 1, 2024: Fiscal year 2025)

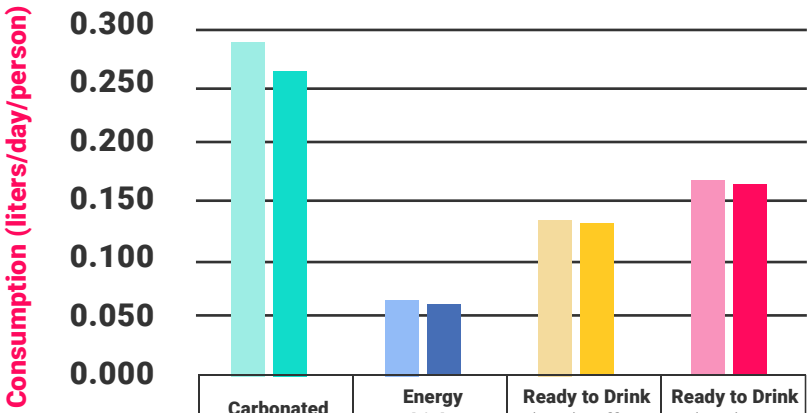
What if the state taxed sugary drinks through the Phase IV?

People, male and female and all age groups,

will consume less sweetened beverages all types of beverages

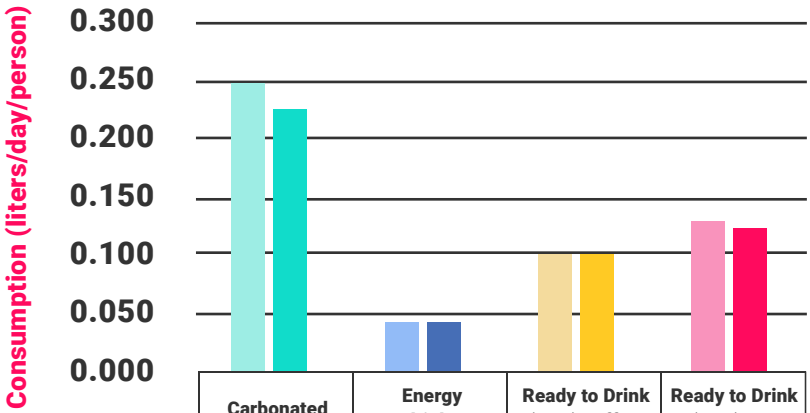
The trend of consumption of high-sugar beverages (liters/day/person) from the Phase I that the excise tax measure was enacted (2019), and projecting through the Phase IV (2025), it was found that consumption should decrease in all types of beverages, for both males and females, and consumers of all ages.

Male



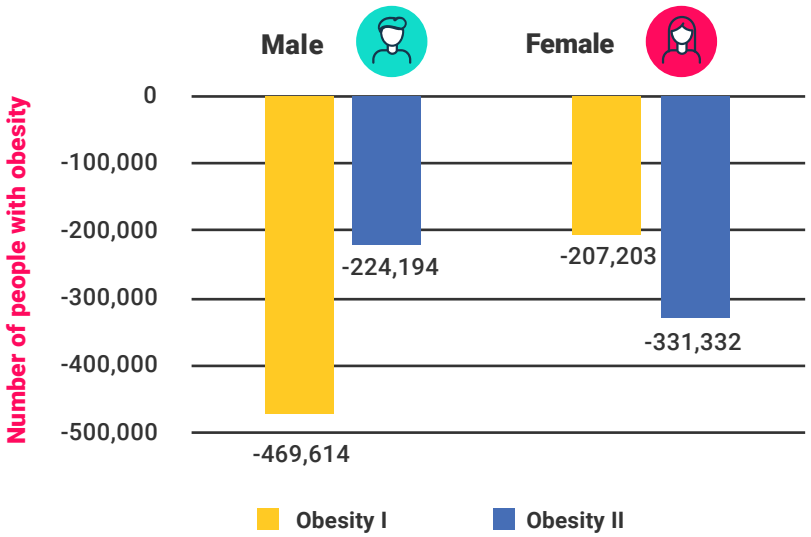
	Carbonated	Energy drinks	Ready to Drink (RTD) coffee	Ready to Drink (RTD) Tea
Year 2019	0.287	0.066	0.134	0.169
Year 2025	0.261	0.061	0.132	0.164

Female



	Carbonated	Energy drinks	Ready to Drink (RTD) coffee	Ready to Drink (RTD) Tea
Year 2019	0.247	0.044	0.103	0.129
Year 2025	0.225	0.041	0.101	0.126

Based on estimates, the decline in the number of people with Obesity I (BMI 25 to ≤30) would be 469,614 males (5.4%) and 207,203 females (2.2%), while the decline in the number with Obesity II (BMI >30) would be 224,194 males (10.9%), and 331,332 females (6.6%).



The population with

Obesity I (BMI 25 to ≤30) is projected to decrease by **3.8%**

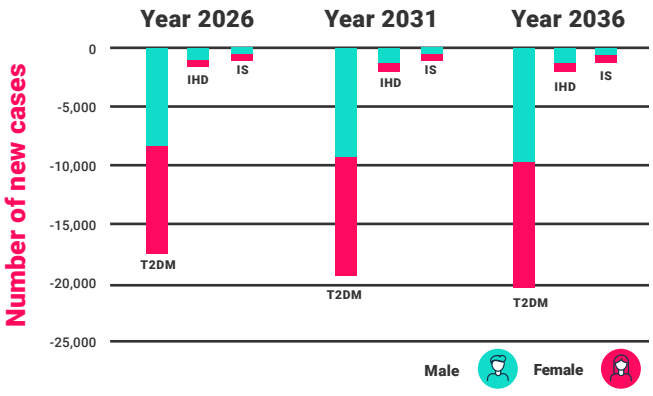
Obesity II (BMI >30) is projected to decrease by **7.8%**

in 2025

After the excise tax on sugary beverages reaches the Phase IV (2025), the measure is projected to prevent the incidence of type 2 diabetes mellitus (T2DM), ischemic heart disease (IHD), and ischemic stroke (IS). This is according to the 20-year National Strategic Plan on Health (2017-2036). In 2026, 2031, and 2036, the tax measure will have prevented T2DM in 17,681, 19,571, and 20,583 people, respectively. The prevention of IHD is projected to be 1,686, 1,877, and 1,954 people, respectively. Ischemic stroke will be prevented among 970, 1,085, and 1,133 persons, respectively.

Cases of disease avoided in 2036

Type 2 diabetes mellitus	21,000
Ischemic heart disease	2,000
Ischemic stroke	1,100

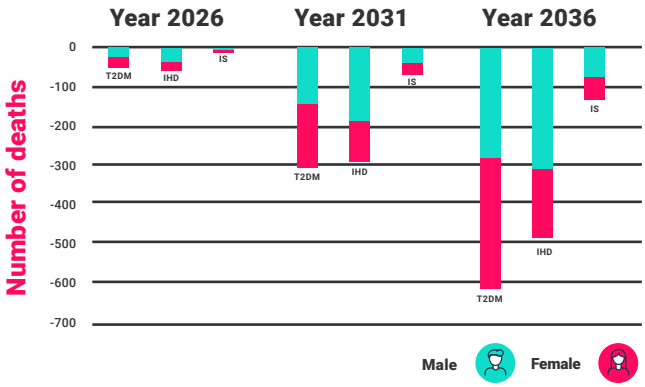


	Year 2026		Year 2031		Year 2036	
	Male	Female	Male	Female	Male	Female
T2DM	-8,418	-9,199	-9,338	-10,233	-9,857	-10,726
IHD	-1,040	-646	-1,149	-727	-1,190	-765
IS	-444	-526	-497	-589	-519	-614

The effect of the sugar-sweetened drinks tax is projected to reduce the number of deaths from all three of the above diseases as follows: In 2026, the number of averted deaths from T2DM will be 51 people; in 2031 it will be 308; and, in 2036, it will be 616. The comparable deaths averted for IHD are 60, 291, and 486, respectively. For IS, the deaths averted are 13, 70, and 133, respectively.

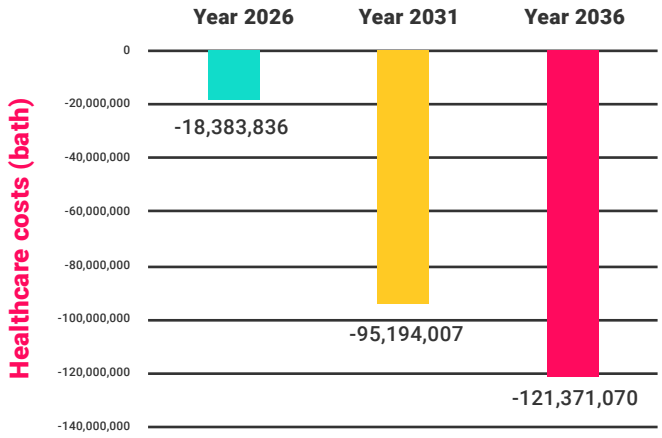
Deaths averted in 2036

Type 2 diabetes mellitus	620
Ischemic heart disease	500
Ischemic stroke	130



	Year 2026		Year 2031		Year 2036	
	Male	Female	Male	Female	Male	Female
T2DM	-25	-26	-146	-162	-283	-333
IHD	-39	-20	-188	-103	-305	-180
IS	-8	-5	-41	-29	-76	-57

The estimated total healthcare costs for diseases associated with high BMI will decrease by 18,383,836 baht in 2026, 95,194,007 baht in 2031, and 121,371,070 baht in 2036.



The state will save yearly over

121 million baht in medical expenses as of **2036**

The number of health-adjusted years of life lived

for the whole population will have increased by 1.9 million years or an average of two weeks per person

The estimated number of health-adjusted life years (HALYs) gained reaches a total of 1,894,693 years (95% CI:1,551,165 – 2,204,384), separated by 978,801 years for females (95% CI: 797,809 – 1,180,538) and 915,893 years for males (95% CI: 753,356 – 1,164,869)

Policy recommendations

- The Excise Department should seriously consider taxing high-sugar beverages through the Phase IV (Start Oct 1, 2024: Fiscal year 2025).
  This will result in a significant decrease in people with obesity and related chronic, non-communicable diseases. The measure would also save the healthcare cost from the public sector.

Source of data

Project on Estimating the Potential Health Impact of Taxing Sugar-Sweetened Drinks in Thailand. Institute for Population and Social Research, Mahidol University in collaboration with Griffith University, Australia (2022). The core method used in the mathematical model is the Multi-cohort proportional multi-state life table. The project was funded by Thai Health Promotion Foundation (ThaiHealth).

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IMAGINE IF THERE IS A POSSIBILITY FOR THE CONTROL OF FOOD ADVERTISING ON TELEVISION AND YOUTUBE, WOULD THE CHANNELS SURVIVE BY PRODUCING GOOD QUALITY PROGRAMMING?

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Companies invest in advertising and sponsorships in various media because they want viewers to see, know about, and remember the advertised product (1,2) However, if the audience is a child, then advertising, especially of food and beverages that are high in fat, sodium, and sugar can lead to an increase in unhealthy food and beverage preferences, consumption, and obesity in children (3-6).

BOTH THAI AND INTERNATIONAL EVIDENCES CONFIRM THAT FOOD AND BEVERAGE ADVERTISING HAS AN IMPACT ON CHILDREN'S EATING BEHAVIOR.

Researchers conducted an analysis of the highest-rated free television (TV) digital food and beverage advertisements (ads) on two Thai TV channels and the three most subscribed YouTube channels in Thailand in May 2022. The study found that two-thirds of food and beverage products advertised on these channels are high in fat, sodium, and sugar (7). What is more, three out of five of the ads for food and beverage with high in fat, sodium, and sugar on the 3rd-ranked YouTube channel contained six-second clips that could not be skipped, forcing the viewer to be exposed to the ads(7).

Moreover, digital TV cartoons on Saturdays and Sundays between 7:00 and 8:00 a.m. contain a number of ads for food and beverages that implicitly target children. In some cases, the same product is advertised up to 12 times in one hour (7). The frequency of these ads increases exposure to the food and beverage product (8). Academic evidence confirms that if children and adolescents see frequent ads for food and beverages, this is positively correlated with the frequency of their consumption of sugary soft drinks, sweets, snacks, and fast food (9).

WHAT SHOULD THAILAND DO TO REDUCE THE IMPACT OF FOOD AND BEVERAGE ADVERTISING ON CHILDREN?

1. THAILAND SHOULD CONTROL THE ADVERTISING OF FOOD AND BEVERAGES IN VARIOUS MEDIA

Thailand has a law to control food and beverage advertising, but it only provides warning messages (10) and controls the duration of TV ads (11). These laws do not control the frequency or repetition of the ads. What is more, there are no Thai laws or measures to control the frequency, repetition, or duration of advertising of food and beverages on YouTube. Thus, the Thai Food and Drug Administration and the Department of Health of the Ministry of Public Health should accelerate the legislation to control advertising and sponsorship from food and beverage companies on both television and YouTube.

2. THAILAND SHOULD FUND TV PRODUCERS AND YOUTUBERS.

Prohibition of advertising and sponsorship from food and beverage companies affects both TV producers, TV stations, and YouTubers. However, the Thai Media Fund can sponsor TV and YouTube producers to make up for some of the lost revenue if certain forms of ads are banned.

According to Article 5 (6) of the Thai Media Fund Act mandates the Fund to promote individuals, community organizations, private organizations, public benefit organizations, government agencies, state enterprises, and other government entities that carry out media-related activities to produce safe and creative media. Therefore, the Thai Media Fund should provide sponsorship for the development of programs to help compensate TV and YouTube content producers for lost revenue from the restriction of ads which target Thai children.

FUNDING TO PRODUCE PROGRAMS THAT CAN ACTUALLY BE IMPLEMENTED: EXAMPLES FROM ABROAD

Overseas, funds are available to support children's television programs, movies, and digital video clips to help the quality programs survive and be profitable, even when advertising is curtailed. These funds also encourage the production of quality content that is suitable for children. For example, Australia has the Australian Children's Television Foundation (ACTF). The ACTF provides consultation to producers and writers of children's television and film programs. It helps to finance directly and raise funds for the production of children's programs. The ACTF provides support for business and marketing, and helps producers find broadcasting channels for the producer's content as part of a comprehensive effort to steer programming in healthy ways for child viewers (12, 13).

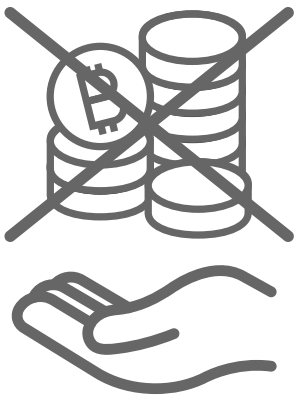
The Philippines has an Endowment Fund for Children's Television Program (under Article 12 of the "Children's Television Act of 1997"). The Fund provides financial support to the content producers as an incentive to develop and broadcast high quality television programs and digital video clips which target Filipino children (14). For example, the Fund provides grants in the amount of 500,000 Philippine pesos for the production of a 3-episode program for child viewers in which each episode is 18-24 minutes long (15).

BAN CERTAIN TYPES OF ADS WHILE FUNDING QUALITY PROGRAMMING: IT IS A WIN-WIN SITUATION

REDUCE OBESITY IN CHILDREN

If Thailand bans food and beverage advertising on television it will reduce the body mass index of children age 6-12 years by an average of 0.32 kg/m²

The required budget to reduce the incidence of obesity in 121,000 children (age 6-12 years) is estimated to be 1.13 million baht (16)



Reduces the incentive for content producers to seek advertising from food and beverage companies

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The content so that is truly beneficial for Thai children

ENHANCE THE CONTENT AND QUALITY OF THE PROGRAMMING

Subsidizing children's program production, reduces the incentive forcontent producers to seek advertising from food and beverage companies.Producers would then be free to produce content that meets the interests and needs of children. The aim is also to raise the quality of the content so that is truly beneficial for Thai children (17).

FOOD AND BEVERAGE ADVERTISING CAN ADVERSELY AFFECT CHILDREN. THUS, CONTROL OF FOOD AND BEVERAGE ADVERTISING ON TV AND YOUTUBE, TOGETHER WITH FUNDS PROVIDED TO TV PRODUCERS AND YOUTUBERS, IS IMPERATIVE AND URGENT.

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WHY DO WE NEED MONITORING AND EVALUATION ON FOOD AND BEVERAGE MARKETING CONTROLS?

WHY DO WE NEED MONITORING AND EVALUATION ON FOOD AND BEVERAGE MARKETING CONTROLS?

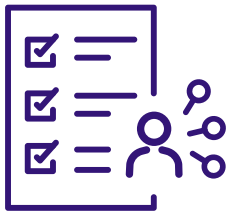
According to Article 77 of the Constitution of the Kingdom of Thailand, the State should provide an assessment of the achievement of laws every five years in order to ensure that all laws are consistent and appropriate in various contexts (1, 2). Without baseline data, law enforcement agencies cannot assess the effectiveness of the law. Therefore, baseline data is an important part of the Legal Achievement Assessment Report that is submitted to the Office of the Council of State.

Thailand has developed a draft bill to regulate food and beverage marketing that affects children's health. One component of the bill aims to reduce the exposure and power or incentive techniques of food and beverage marketing. The key agency to implement the law would be the Bureau of Nutrition, Department of Health, Ministry of Public Health

What baseline data should the Bureau of Nutrition need to prepare, and how should they obtain the essential information to assess the effectiveness of the law ?

Baseline data: The data on hand and the data still needed

The Bureau of Nutrition can monitor and evaluate the Regulation of Marketing of Food and Beverages Affecting Children's Health Act by creating baseline data before the draft bill is enacted into law, by the



1. COMPILE THE INFORMATION THAT EXISTS

The Bureau of Nutrition should compile and organize the available data to prepare a baseline measure of the situation

2. FILL IN GAPS BY COLLECTING ADDITIONAL DATA

The Bureau of Nutrition bureau should collect more background information to fill in the gaps of the baseline database.

EXAMPLES OF GUIDELINES FOR MONITORING AND EVALUATING MARKETING CONTROL LAWS ABROAD

Chile has a system for external evaluation of its laws as to whether they are serving the purpose of the law or not. The Global Food Research Program is carried out by the University of North Carolina in partnership with the Institute of Nutrition and Food Science, University of Chile to assess the effect of food labeling and food advertising laws. A longitudinal survey was launched before the law was enacted in 2016 (WAVE 1). The baseline measurements were compared with data collected one year after the law came into force, in 2017 (WAVE 2). The study found that, among 35% of preschoolers and 52% of adolescents, there was a decline in food advertisements (ads) with high child-attracting content (such as the use of cartoon characters) (4-6) from 44% of the ads to just 12% (7). The overall prevalence of breakfast cereal packaging tactics targeting children declined from 46% in the baseline to 15% one year later (8).

There was a decline in food ads with high child-attracting content

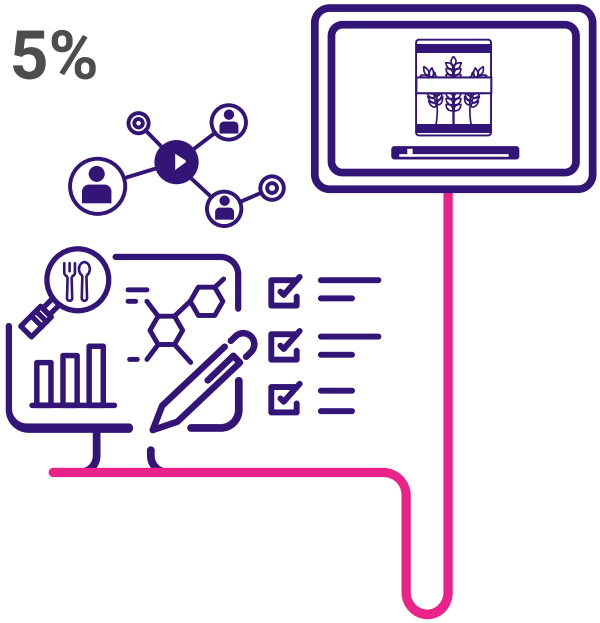
2016 44%

2017 12%

The overall prevalence of breakfast cereal packaging tactics targeting children declined

2016 46%

2017 15%



South Korea has the same external assessment of the law as Chile. The Korean Food and Drug Administration provided funding for research by such prestigious institutions as Seoul National University, Kookmin University, and Inha University (9, 10). One study conducted an inventory of advertising statements and food advertising on five television stations in January, April, July and October in 2009 and 2010. The total ads budget declined over a four-month period from $9,584 in 2009 to $6,566 in 2010. The number of food ads during the four-month period declined from 1,296 in 2009 to 243 in 2010 (10). A 2017 study also found that some food companies were trying to circumvent the law by shifting their ads from TV to the Internet (9).

The total ads budget

2009 9,584 $

2010 6,566 $

The number of food ads during the four-month period declined

2009 1,296 ads

2010 246 ads

The World Health Organization proposes the framework of monitoring on marketing food and beverage products to children, such as the following: (1) Food and beverage advertising through various channels such as television, radio, the Internet, children's magazines, school, billboards, etc.; (2) Food and beverage packaging attractive to children and the promotion of food and beverages in retail stores or supermarkets; (3) Children's exposure to food marketing; (4) Children's attitudes toward food marketing; (5) Children's and family's food purchasingbehavior; (6) Food consumption patterns and child health outcomes; and (7) Changes in food company behavior, such as advertising and marketing budgets, sales, etc. (11, 12).

THE VALUE OF HAVING A COMPREHENSIVE AND ACCURATE BASELINE DATASET

BASELINE DATA CAN BE COMPILED, RE-ORGANIZED, AND ANALYZED TO HELP ANSWER QUESTIONS AS TO WHETHER A LAW EFFECTIVE OR NOT ACCORDING TO ARTICLE 77 OF THE CONSTITUTION OF THE KINGDOM OF THAILAND.

Baseline data provides a benchmark for comparison before and after a marketing law comes into effect. For example, policy analysts can examine to what extent the law changes marketing of food and consumer behavior.

BASELINE DATA CAN BE USED TO PREVENT OR SOLVE PROBLEMS THAT MAY ARISE IN THE FUTURE

Having a baseline dataset makes it possible to know the current market situation, and that information can be used in planning and improving the law to protect children from marketing practices and keep pace with the changing situation (12).

HOW TO PREPARE BASIC INFORMATION TO SUPPORT EVALUATION OF THE LAW

1.INFORMATION AVAILABLE

The Bureau of Nutrition can collect baseline data on their own, or they can request cooperation from relevant agencies to collect the data (11-14) as shown in Table 1.

TABLE 1: BASELINE DATA FOR USE IN MONITORING AND EVALUATING MARKETING CONTROL LAWS

Data Item	Indicator	Source of Data	Methodology	Responsibility
1 EVIDENCE OF FOOD MARKETING TO CHILDREN				
1.1. TEVELISION, RADIO	Percentage of exposure to food marketing on television targeting children under the age of 18	Thai National Statistical Office (NSO)	The Household Survey on the Use of Information and Communication Technology	Bureau of Nutrition in collaboration with the NSO
1.2. INTERNET SUCH AS YOUTUBE, FACEBOOK	Percentage of food marketing exposure on the Internet targeting children under the age of 18	Electronic Transactions Development Agency (ETDA)	Thailand Internet User Profile	Bureau of Nutrition in collaboration with ETDA
2 CHILDREN'S AND FAMILY'S FOOD PURCHASING BEHAVIOR	The family's average monthly cost of purchasing food which is targeted by the marketing ban	NSO	The Household Socio-Economic Survey	Bureau of Nutrition in collaboration with NSO

Data Item	Indicator	Source of Data	Methodology	Responsibility
3 CHILDREN'S DIETARY HABITS	Percentage of youth under age 18 consuming food which is targeted by the marketing ban	1. NSO 2. Prof. Dr. Wichai Ekplakorn, National Health Examination Survey Office 3. UNICEF	1. The Food Consumption Behaviour Survey 2. National Health Examination Survey (NHES) 3. Multiple Indicator Cluster survey Thailand (MICS)	Bureau of Nutrition in collaboration with 3 agencies
4 CHILDREN'S HEALTH				
4.1. WEIGHT	Number/ % weight of children under age 18 years	1. NSO 2. Prof. Dr. Wichai Ekplakorn, National Health Examination Survey Office 3. UNICEF	1. The Food Consumption Behaviour Survey 2. National Health Examination Survey (NHES) 3. Multiple Indicator Cluster survey Thailand (MICS)	Bureau of Nutrition in collaboration with 3 agencies
4.2. OVERWEIGHT AND OBESE	Number/ percentage of overweight and obese children under 18 years of age	1. NSO 2. Prof. Dr. Wichai Ekplakorn, National Health Examination Survey Office 3. UNICEF	1. The Food Consumption Behaviour Survey 2. National Health Examination Survey (NHES) 3. Multiple Indicator Cluster survey Thailand (MICS)	Bureau of Nutrition in collaboration with 3 agencies
5 INFORMATION ON FOOD COMPANIES				
5.1. MARKETING BUDGET AND/OR THE PURCHASE OF ADS SPACE	Amount spent or budget on marketing or purchasing ads space classified by media	1. A.C. Nielsen, Thailand 2. Digital Advertising Association of Thailand (DAAT)	1. A.C. Nelsen, Thailand 2. DAAT	Bureau of Nutrition
5.2. EXPENSES FOR SPONSORSHIP OR CORPORATE SOCIAL RESPONSIBILITY ACTIVITIES (CSR)	Amount of sponsorship or CSR activities	1. Food company 2. The Office of the Securities and Exchange Commission (SEC) 3. Department of Business Development (DBD), Ministry of Commerce	Amount of sponsorship or CSR activities	Bureau of Nutrition in collaboration with 3 agencies
5.3. FOOD SALES FIGURES	Amount of food sales	Euromonitor International Database	Data from Euromonitor International Database	Bureau of Nutrition

2. ADDITIONAL DATA

The Bureau of Nutrition can ask for cooperation from relevant agencies and provide funding to academic institutions in the preparation of a baseline dataset to assess the effect of having a marketing control law (11-14) as shown in Table 2.

TABLE 2: ADDITIONAL BASELINE DATA FOR USE IN MONITORING AND EVALUATING MARKETING CONTROL LAWS

Data Item	Indicator	Source of Data	Methodology	Responsibility
1 ADVERTISING AND MARKETING OF FOOD AND BEVERAGES THROUGH VARIOUS CHANNELS				
1.1 TELEVISION	1. Number of food ads	Office of the National Broadcasting and Telecommunications Commission (NBTC)	Request data on television broadcasts	Bureau of Nutrition in collaboration with the NBTC
1.2 INTERNET, E.G., YOUTUBE, FACEBOOK	1. Number of food ads on YouTube 2. Number of food ads on Facebook	1. Monitoring YouTubers 2. Monitoring Facebook	1. Selection of the top 10 most subscribed YouTube channels in Thailand to monitor 2. Selection of the top 10 food and beverage Facebook pages in Thailand to monitor	Bureau of Nutrition or the Bureau of Nutrition and academic institution
1.3 OUTDOOR MEDIA SUCH AS BILLBOARDS	Number of food ads on outdoor media	Study of the density of billboards by city or city center	1. Survey 2. Observation and photos	Bureau of Nutrition and academic institution
1.4 SCHOOLS	1. Number of food ads in schools 2. Types of food sold in schools 3. Amount of school support	Schools under the Ministry of Education (MOE) and the Bangkok Metropolitan Administration (BMA)	Self-assessment Using School Food Marketing Guidelines	Bureau of Nutrition collaborates with the MOE and BMA
2 PACKAGING AND SALES PROMOTION	Number of packaging and sales promotion which target children	1. Convenience store 2. Retail outlets 3. Supermarkets	1. Survey 2. Observation and photos	Bureau of Nutrition and academic institution

Data Item	Indicator	Source of Data	Methodology	Responsibility
3 EVIDENCE OF MARKETING TO CHILDREN				
3.1 SCHOOLS	Percentage of exposure to food marketing in schools targeting students under the age of 18	Students under age 18 years	1. Survey among students under age 18 years 2. Focus groups or in-depth interviews with students under age 18 years	Bureau of Nutrition and academic institution
4 CHILDREN'S ATTITUDES TOWARDS FOOD MARKETING	Percentage of positive or negative attitudes of children under 18 years of age toward food marketing	Children under age 18 years	1. Survey among students under age 18 years 2. Focus groups or in-depth interviews with students under age 18 years	Bureau of Nutrition and academic institution
5 CHILDREN'S AND FAMILY'S FOOD PURCHASING BEHAVIOR	The cost of purchasing food which is targeted by the marketing ban	Children under age 18 years	Survey of the cost of purchasing food which is targeted by the ban on marketing to children	Bureau of Nutrition and academic institution

The underlying data is pre-law-enactment information that can be compared with information after the law goes into force. Preparing and providing baseline data enhances the monitoring and evaluation of food and beverage marketing laws.

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WHAT IS THE PATH TO ACHIEVE THE GOAL OF 'INCREASED PROPORTION OF HEALTHY FOOD CONSUMPTION' IN THE NEXT DECADE?

What is the obstacle

that has prevented ThaiHealth advancing toward its food strategy goals over the past decade?

There has been a failure to clarify the mechanisms and paths for achieving the 10-year long-term goals according to the past strategic plan (2012-21), especially the role and obligations of the Thai Health Promotion Foundation (ThaiHealth) contributing to food goals and associated health outcomes resulting from food consumption nationally. Such failure is largely due to the unclear conversion of long-term strategic goals into applied strategies and action at each level of the Chain of the Outcomes for Health Promotion, especially the level of factors influencing determinants of health and at the health determinants level (1).

Project-level achievements by network partners have not been enough to significantly move close to the ThaiHealth's long-term goals at the national level. In the past, the network partners were more focused on achieving short-term targets according to the annual indicators set by ThaiHealth; there was a lack of planning by these partners for the medium- to long-term. The links between the partners and division of labor and roles were unclear or limited. There was a lack of transmission of results between partners in the results chain. Thus, there has been no consensus resulting from the collaboration of the partners with a focus on ThaiHealth's long-term food goals (1).

"There is an understanding of the metrics occurring at different stages, but the results (of the project) may not align with the ThaiHealth's food goals because our project time frame is different (10 years per 1-1.5 years)"

-Network Partner for Healthy Food Promotion Plan- (2)

The key

How does the “Balanced Healthy Food Consumption Outcomes Chain”

Help us Achieve Food Strategic Goals in the Next Decade?

START OF THE OUTCOMES CHAIN

Transform the outcomes chain into action by formulating the 5-year master plan and annual action plans. Select metrics appropriate to ThaiHealth's roles and responsibilities at each level of the outcomes chain for monitoring and evaluation (M&E).

Use the outcomes chain to communicate with the grantee partner. Use it to set guidelines for funding to give the partners an overview of the collaboration between the sectors towards the ThaiHealth’s long-term food goals in the next 10 years.

SUCCESS IN THE NEXT DECADE

The result at the end of the 10-year plan can explain to society the contributions that will change health outcomes for people in Thailand resulting from the implementation of ThaiHealth, and what the mechanisms and paths are at each level of the outcomes chain.

Funding to support the implementation of the partner’s program is to achieve long-term food goals through joint outcomes between partners. There is an exchange and transfer of results between partners that are aiming for long-term goals rather than achieving results in the short-term or individually.

ADOPTION OF THE "BALANCED HEALTHY FOOD CONSUMPTION OUTCOMES CHAIN"

As a Framework for the 10-year Follow-up and Evaluation of the Healthy Food Promotion Plan.

The Balanced Healthy Food Consumption Outcomes Chain was used to provide a M&E framework for ThaiHealth's 10-year long-term food goals. The stated outcome: 'People in Thailand have balanced healthy food consumption behaviors under sustainable food systems.' The M&E framework is based on the logic model (Figure 1), and the final outcomes are divided into 'People eat healthy food' and 'Community/local food systems are sustainable.' These outcomes are to be transmitted consecutively at each level of the outcomes chain (2).

Figure 1: Logic model based on the outcomes chain approach to achieving the goal: 'Increased proportion of healthy food consumption in 2031'

THE PROCESS OF

IMPLEMENTING THE "BALANCED HEALTHY FOOD CONSUMPTION OUTCOMES CHAIN"

AT THE OPERATIONAL LEVEL TO ACHIEVE 10-YEAR RESULTS.

Preparation of the annual operational plans and the 5-year master plan

1 In addition to indicators at the outcomes level, the health determinants level, and the factors level, which have been considered by the Plan Administrative Committee and the Healthy Food Promotion Plan Direction Committee (2), a list of indicators for each component should be made at the measure/activity level in order to track and assess the performance of each funded partner through a process of participation and consultation.

2 Prioritize the implementation of the different components at each level of the outcomes chain, and specify the target population, operating areas, focal points, and settings (e.g., schools, hospitals, manufacturers, consumers, organizations, agencies). These should be defined in the annual action plan every year for the first five years of Master Plan No. 1 (2022-26). Figure 2 provides an example for groups of young children who are cared for by child development centers located in the operating area of the Healthy Food Promotion Plan.

3 During the preparation of the Master Plan No. 2 (2027-31), the results of the M&E of the Master Plan No. 1 2022-26 are revisited to refer to the outcomes, and check whether the outcomes chain is achieved and consistent at each level.

Communicating with and directing funding to project partners

1 Communicate with partners about the outcomes chain, and review the success of the partner's contribution to the achievement at each level of the outcomes chain. This should be done from the beginning of the strategic plan period, with periodic review, reinforcement, and consultation.

2 To fund the project, both partners who have previously received funding and new partners require the project proposal to contain content that analyzes the success of the project, a discussion of the extent of success, and how it contributes to results along the outcomes chain. There should be an analysis of the feasibility of outcomes with other sector partners that contribute to the ThaiHealth's long-term food goals.

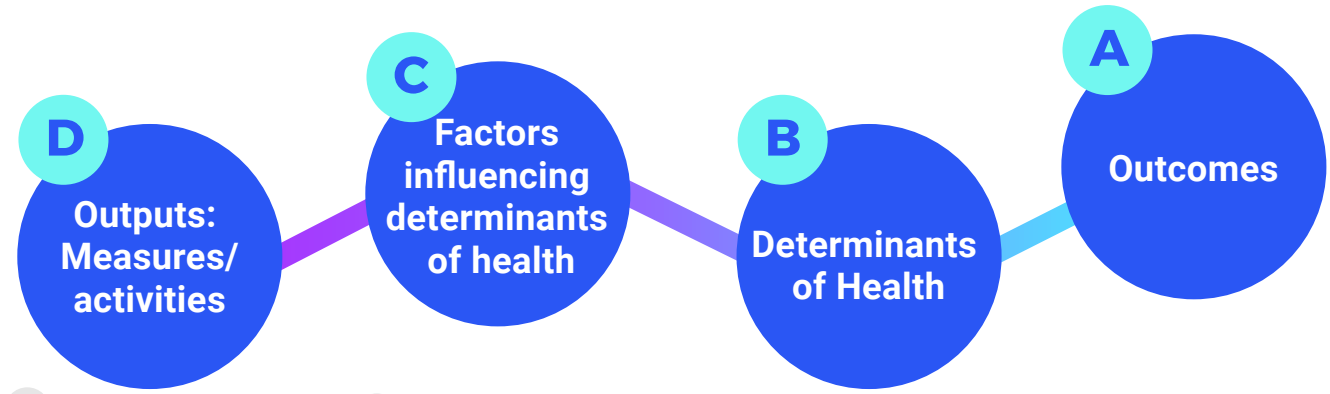
3 The M&E component of the project requires partners to use measures and activity indicators as specified in the outcomes chain. They may choose to additionally use indicators of the level of factors influencing determinants of health, health determinants level, or even the level of outcomes appropriate to the project context.

4 To decide which proposal should be funded, the staff of the Healthy Food Promotion Plan and invited experts screen the project ideas, using the outcomes chain as a framework for consideration. They should provide feedback to the project proposal submitters on remedial action so that the project taken place follows the established path in the outcomes chain.

5 There is to be a complete report of the project. If a partner can continue implementation in the next year, then the report should include a description of the next phase of action in order for the project to support the achievement of each level of the outcomes chain.

6 The Plan Executive Committee and the Healthy Food Promotion Plan Direction Committee provide an overview of implementation of the food plan proposed by funding partners as to whether they cover each element at each level of the outcomes chain. There should be consideration of whether/how the operating loopholes are closed, and whether the investment will be worthwhile in contributing to the achievement of long-term results.

Figure 2: An example of the implementation of the outcomes chain in the preparation of annual action plans and 5-year Master Plan among young children cared for by Child Development Centers in the ThaiHealth's operating areas



D1.1.1 Educate and build skills for teachers/ caregivers in child development centers to have skills in organizing activities that encourage young children to have healthy consumption behaviors, and apply knowledge/skills to organize activities for children (1st, 2nd year)

D1.2 Educate and build skills for cooks and those in charge of providing nutrition for children in the Child Development Center to be able to cook and organize a food environment that is correct in accordance with the principles of sanitation and nutrition (1st, 2nd year)

D5.1 Build a model for a child development center that purchases produce from farmers in the community for cooking (2nd, 3rd year)

D5.2 Extend the model resulting from item (4th, 5th year)

D6 Develop the Thai School Lunch program for young children in the Child Development Center. The lunch provision for the young children emphasizes on the use of food ingredients in the community, and a menu of local food items (3rd year)

D7.1 Push and advocate for the local policy to implement the Thai School Lunch program in the Child Development Center (4th, 5th year)

D7.2 Push and advocate for local policies for the Child Development Center to purchase produce from farmers in the community (5th year)

Annual Plan

C1.1 Young children have skills in consuming food according to the principles of nutrition and food safety (5th year)

C2 The Child Development Center supports the local food system (5th year)

C4 There is a local policy for child development centers to provide healthy food for children and promote the community food system (5th year)

Nutrition

B1.1 Young children have nutritious dietary habits (5th year)

B1.2 The Child Development Center provides food according to the principles of nutrition (5th year)

Food Quality and Safety

B2.1 Young children have safe food consumption behaviors (5th year)

B2.2 Young children have safe food consumption behaviors (5th year)

A1 Young children who are cared for by child development centers in ThaiHealth's operating areas consume healthy food

5-year Master Plan

References

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2. Sarunya Sujaritpong et al. Final Report. Recommendations for Monitoring and Evaluation of the Healthy Food Promotion Plan for 2022-31. Nakhon Pathom; Institute for Population and Social Research, Mahidol University. 2022.

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STRIVING FOR BEST PRACTICE

QUALITY PROJECTS: KEY TO THAIHEALTH SUCCESS

ThaiHealth's network partners who develop plans and projects come from many sectors, including the general public, local leaders, academics, NGOs and government agencies. Their different expertise and background are reflected in the different level of quality of the project, such as the ability to define SMART objectives, select appropriate indicators for monitoring and evaluation, collect baseline data on the target population for in-depth analysis, among other tasks.

'SMART' guidelines for setting a project's objectives	Definition
SPECIFIC	The objectives must clearly state the desired outcomes or activities to be performed, includingn clearly identifying the target population or area as well
MEASURABLE	In achieving the set objectives, there must be a measurable approach; the actions under the objective can be discretely measured in numbers or must have clear success criteria
ACHIEVABLE	The project's objective must be achievable within the time frame and resources available
RELEVANT	The project's objective must be consistent with the problem of the area and/or the plan's chain of outcomes, and should be based on reality in the real context of the situation
TIME-BOUND	The objective must have a clear timeframe for achieving results

The ThaiHealth assessment criteria by reviewers are still vague. The list of questions includes the clarity of goals and objectives, relevance to strategy plans, whether objectives have been achieved, presence of indicators and evaluation, and appropriateness of budget use. However, there is no clear framework for reviewing the project.

With clear guidelines, ThaiHealth's Plan Management Committee/ Office will be able to more rigorously supervise, monitor, and evaluate, as well as consider and select a prototype project for scaling up.

Every plan/office of ThaiHealth plays an important role in driving the organization towards the overall direction and goals. Thus, it is important to continually upgrade support mechanisms that are essential to driving work, such as the increasing the capacity of personnel and network partners, enhancing project support and supervision, improving monitoring and evaluation. These factors are key to propelling ThaiHealth toward its stated goals.

- **S** SPECIFIC
- **M** MEASURABLE
- **A** ACHIEVABLE
- **R** RELEVANT
- **T** TIME-BOUND

"STRIVING FOR BEST PRACTICE"

A HANDBOOK TO HELP DEVELOP QUALITY PROJECTS

"Striving for Best Practice" is a handbook that combines the elements and features that are essential to developing a project into a 'Best Practice.' This handbook offers a how-to manual for elevating the quality of projects. Each component and criterion is described in detail, with a worked example so that personnel and network partners have the same understanding of the best practice process and can apply it in their own work.

BEST PRACTICE
PROJECT IN A NUTSHELL:

A best practice project is a project that has produced a set of guidelines, practices, or procedures, based on empirical evidence, or which have been scientifically proven to be effective. The practice provides examples of effective and efficient approaches and processes to produce the desired outputs and outcomes in a cost-effective way. The practice is aligned with the strategic goals and ThaiHealth Chain of Outcomes. The steps constitute a practice that is ethical, fair, and among the population of intended beneficiaries and the host communities. The practice shows how to build capacity of health development partners, as well as to enhance their ability to extend and expand the operational results of the Thai Food Plan for Health across a wide area.

Best Practice has three core components: project characteristics, implementation, and monitoring and evaluation

Project characteristics

1. Project design concept
2. Relevance to social context
3. Project plan
4. Setting goals and objectives
5. Target population
6. Partners and cooperation
7. Application
8. Sustainability

Implementation

1. Efficiency of implementation
2. Transparency and social responsibility
3. Focusing on stakeholders and partners
4. Target group participation
5. Communication and Documentation
6. Achieving project objectives

Monitoring and evaluation

1. Resource and budget management
2. Indicators and monitoring
3. Data analysis
4. Evaluation

WHO IS THIS HANDBOOK FOR?

Fund recipients

The handbook will enable the implementing partners to have clear directions and goals for project development. The project implementers will be able to write SMART objectives and define appropriate indicators and targets for monitoring and evaluation, among others. They will be able to define the key data needed of the intended beneficiary population to allow in-depth analysis.

Reviewers who are responsible for screening project proposals

Reviewers can use the handbook as a guideline for screening projects and offering comments on project proposal improvement and development.

Plan Management Committee/Office of ThaiHealth

The handbook can serve as guidelines for the supervision, monitoring, and evaluation of the projects, as well as for selecting prototype projects for scaling up at the local or policy level.

This "STRIVING FOR BEST PRACTICE" guide was developed from

the **"Framework and tool development to evaluate and foster good practice programs"** under the project on **"Food and nutrition research to inform food and nutrition policies and practices in Thailand".** The project was implemented by the Institute for Population and Social Research of Mahidol University under the support of Thailand Health Promotion Fund (ThaiHealth), during April 2021 to November 2022. The composition and characteristics of the best practice project have considered theoretical and practical aspects. There is a process for reviewing academic documents, consultative discussion with partners and experts, and the use of the Delphi technique to obtain the most complete, accurate, and appropriate list of best practice characteristics for the project withinthe context of ThaiHealth.

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Sub-project 1: Food System in Thailand

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Sub-project 2: Estimating the potential health impact of taxing sugar-sweetened drinks in Thailand

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Sub-project 3: Evaluating effectiveness of using different food classification systems to promote healthy diets for Thai people

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Sub-project 4: Monitoring food and beverage marketing to children and youth through (television and YouTube)

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Sub-project 5: Development of Monitoring and Evaluation Plan for Strategic Plan 2022-2031- Food for Health and Well-being

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Sub-project 6: Framework and tool development to evaluate and foster good practice programs

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