

# Protecting Children's Health: Addressing the Commercial Determinants of NCDs

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European Region



# A healthy start for a healthy life

## Child and adolescent health and well-being strategy in the WHO European Region 2026–2030

Adopted unanimously by 53 Member States at the last RC75 in October 2025



European Region

Regional Committee for Europe  
75th session

Copenhagen, Denmark, 28–30 October 2025

EUR/RC75/20  
Provisional agenda item 8

10 October 2025 | 250503

ORIGINAL: ENGLISH

### A healthy start for a healthy life: a strategy for child and adolescent health and well-being in the WHO European Region 2026–2030

The draft strategy A healthy start for a healthy life: a strategy for child and adolescent health and well-being in the WHO European Region 2026–2030, developed jointly by the WHO Regional Office for Europe and the United Nations Children’s Fund (UNICEF), aims to support Member States working to enhance the health and well-being of children and adolescents from infancy to adulthood, improving their lives and thereby their life opportunities. It does so in the context of a period of significant change and unprecedented health challenges. The strategy identifies five priority areas for action:

- investing strategically in child and adolescent health and well-being for long-term benefits;
- delivering comprehensive and equitable high-quality health care specific to the needs of children and adolescents;
- regulating to protect children and adolescents against the harmful effects of commercial goods and services;
- fostering a multisectoral approach for comprehensive child and adolescent health policies; and
- monitoring progress for accountability.

Each priority area includes a set of concrete actions to tackle Region-specific causes of mortality and morbidity and drive improved health outcomes for children and adolescents.

The strategy will be submitted for consideration to the WHO Regional Committee for Europe at its 75th session.

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# 11 key issues of concern

- 11 issues identified through consultations with Member States, health professionals and children and adolescents
- Issues span the life course from the newborn period through adolescence
- The top priorities identified by Member States, health professionals and adolescents overlap significantly but are not identical (EUR/RC75/INF./2, Fig. 2)



European Region

## The 11 issues

Mortality

Early childhood development

Immunisation

Nutrition and breastfeeding

Overweight and obesity

Mental health

Violence against children

Injury

Substance use

Sexual and reproductive health

Digital health and well-being

# Priority areas for action

1

## Investing strategically in CAHW for long-term benefits

Early investments set the foundation for healthy living and ageing and reduce the burden of noncommunicable diseases

2

## Delivering comprehensive and equitable high-quality health care

Access to quality health care without financial hardship, including through the Pocket book of primary health care for children and adolescents

3

## Regulating to protect children and adolescents

Addressing the harmful effects of commercial goods and services, including unhealthy food marketing and tobacco

4

## Fostering a multisectoral approach

Policies that reach beyond health, including education, social welfare, environment and digital governance

5

## Monitoring progress for accountability

Tracking outcomes and reporting on implementation, with a midterm report in 2027 and final evaluation in 2030

**The five priority areas are interconnected and mutually reinforcing**

# What Lithuania can do



## Review

Review the strategy and the Lithuania country profile to identify national priorities



## Map

Map existing policies and programmes against the five priority areas and four gateways to identify strengths and gaps



## Convene

Convene cross-sector partners to agree on two to three priority actions for 2026–2027



## Connect

WHO is available to provide technical support, including guidance, tools and the sharing of good practice from across the Region

## Lithuania: country profile for child and adolescent health

This profile provides a snapshot of the national situation of children and adolescents in the context of the strategy for child and adolescent health and well-being in the WHO European Region, 2026–2030: a healthy start for a healthy life.<sup>1</sup>

### 1. Child and adolescent development and health status

● Lithuania ● WHO European Region average ● Weaker-performing country  
■ Stronger-performing country



# Tobacco use

## Adults



Age-standardized prevalence of tobacco use among population aged 15 years and older, by WHO Region, 2024

WHO Region	Total	Males	Females
African	9.5	16.6	2.5
Region of Americas	14.0	18.9	9.1
South-East Asia	23.4	37.4	9.3
<b>European</b>	<b>24.1</b>	<b>30.8</b>	<b>17.4</b>
Eastern Mediterranean	18.0	32.3	3.7
Western Pacific	22.9	43.3	2.5
<b>Global</b>	<b>19.5</b>	<b>32.5</b>	<b>6.6</b>

## Youths

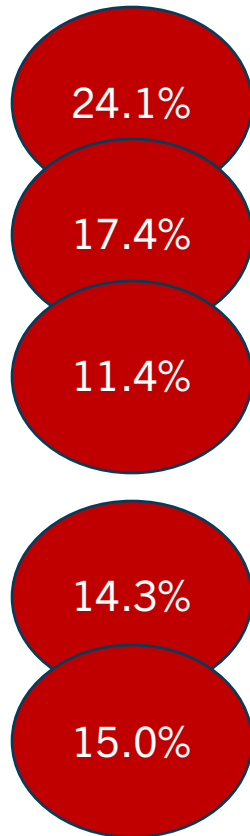


Prevalence of tobacco use among adolescents aged 13-15 years, by WHO Region, 2024

WHO Region	Total	Boys	Girls
African	10.0	11.9	8.1
Region of Americas	9.3	9.4	9.1
South-East Asia	9.0	10.6	7.2
<b>European</b>	<b>11.6</b>	<b>11.8</b>	<b>11.4</b>
Eastern Mediterranean	11.0	14.2	7.8
Western Pacific	10.5	15.7	4.5
<b>Global</b>	<b>10.0</b>	<b>12.4</b>	<b>7.5</b>

# WHO European Region ranks highest globally in:

## WHO European Region, 2024



Tobacco use among adults

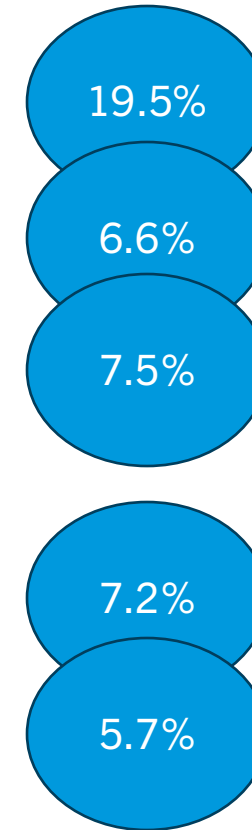
Tobacco use among women

Tobacco use among girls

E-cigarette use among youths

E-cigarette use among girls

## Global level, 2024



# Children and adolescents-oriented imagery



E-Cigarette



School Supplies



E-Cigarette



Toy



E-Cigarette



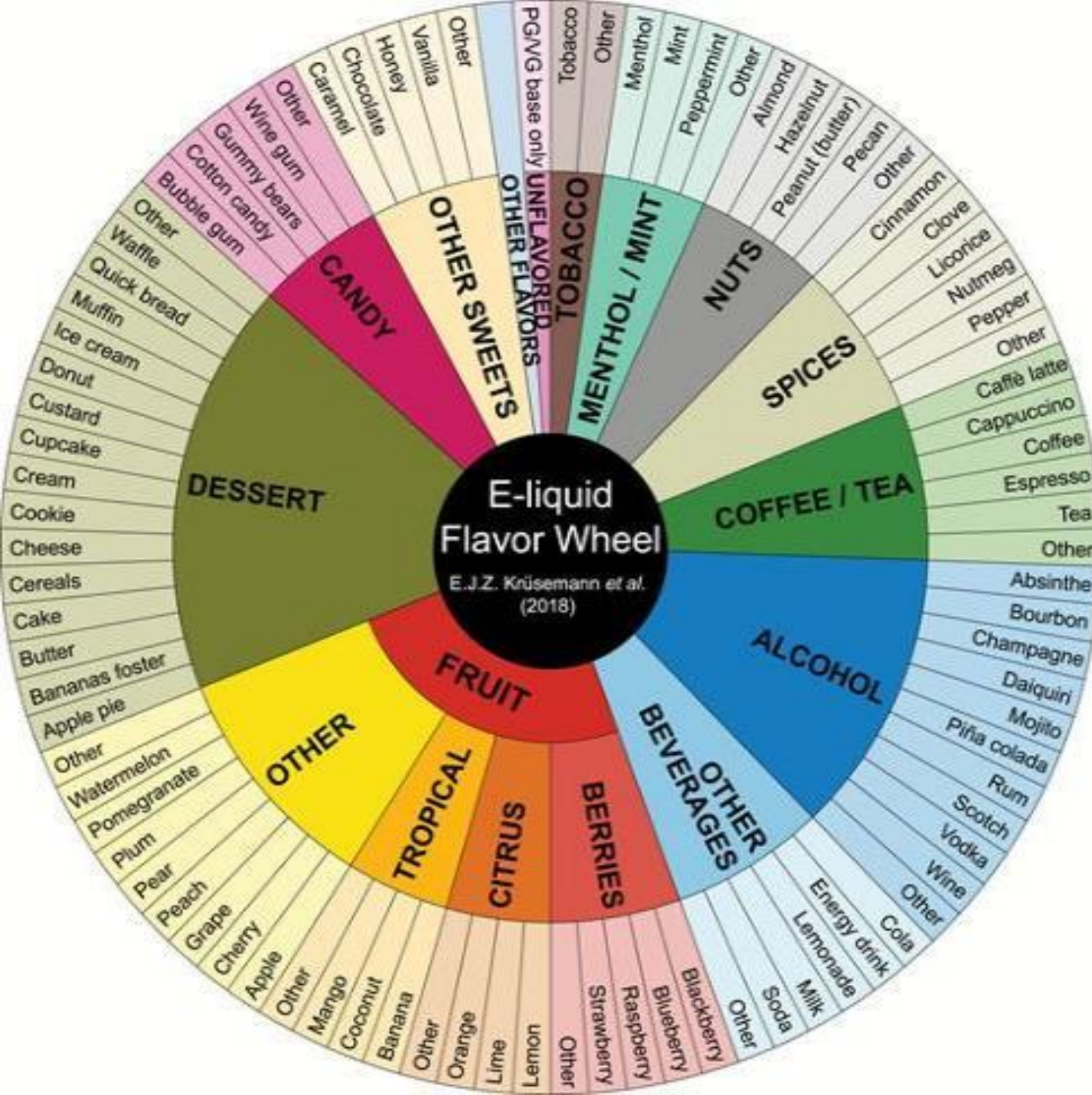
Toy

Popular Candy Brand



Nicotine Pouch



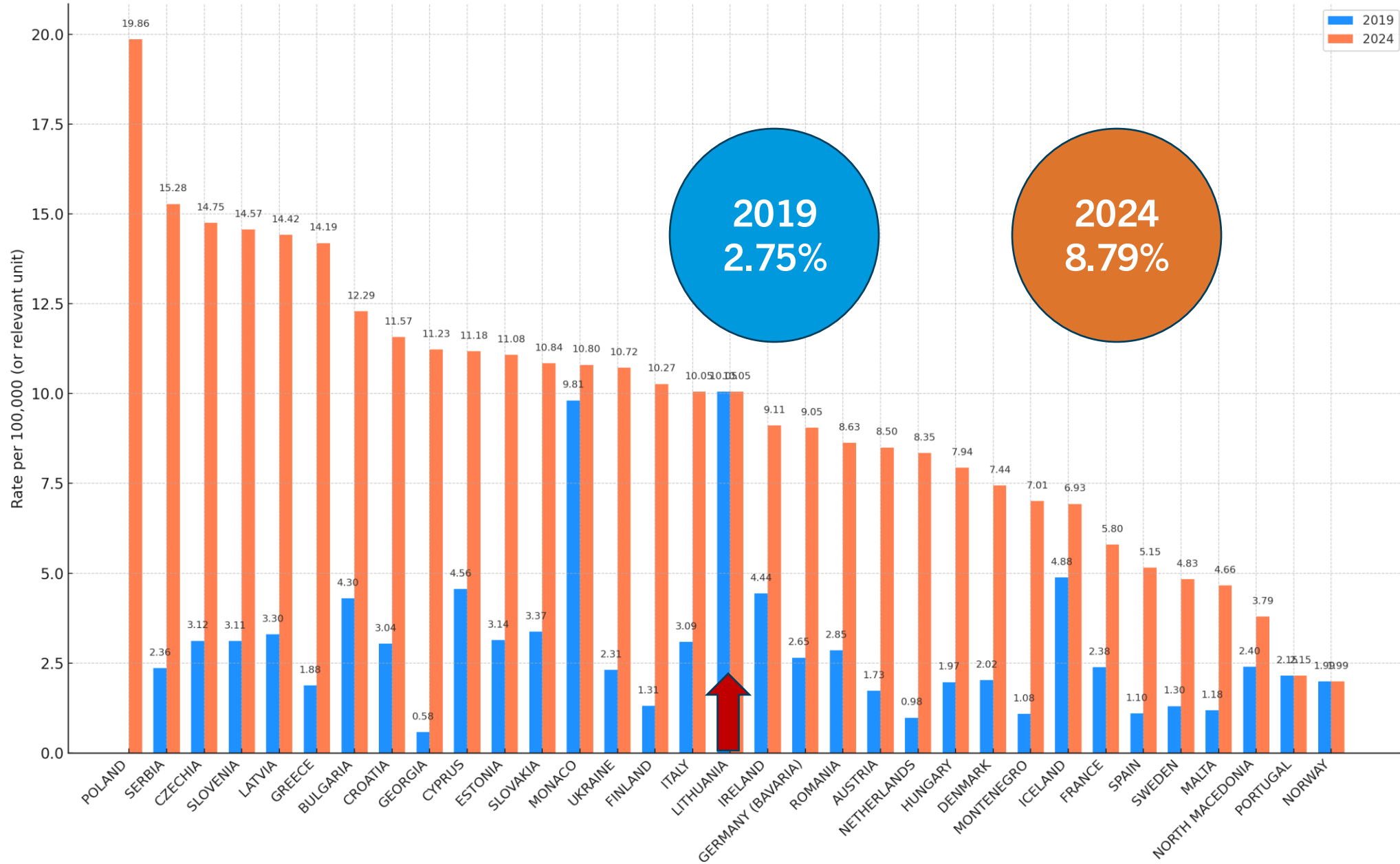


There are about **16 000 unique flavours**, which are particularly attractive to children and young people.

Flavours are a bait. They increase **appeal, addiction and toxicity**.

Prevalence of daily/almost daily e-cigarette use among students aged 15–16 years in 34 entities\* of the WHO European Region: ESPAD, 2019 vs. 2024

\*33 countries and one federal state of Bavaria in Germany



# Implementing Nicotine- and Tobacco-Free School Initiative in the WHO European Region

- Ukraine
- Republic of Moldova
- Czech Republic
- Türkiye
- Kazakhstan
- Kyrgyzstan



World Health  
Organization

European Region



Nicotine- and tobacco-free schools: policy development and implementation toolkit

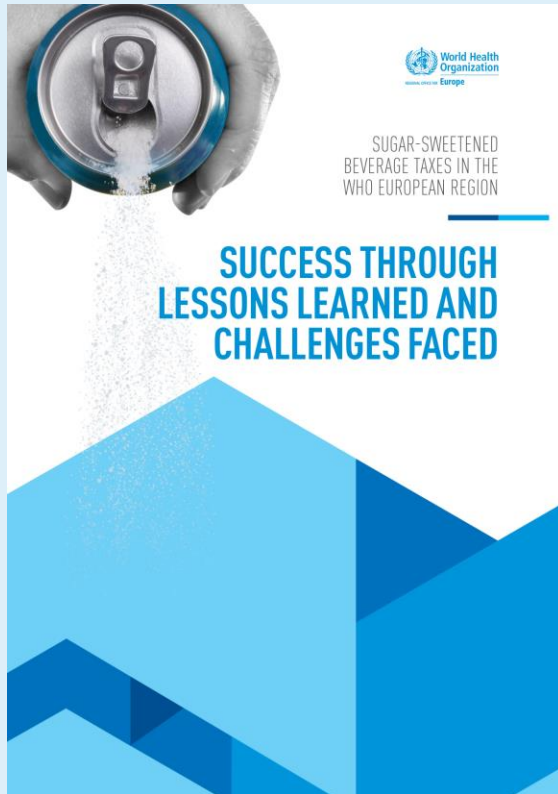
<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-8077-47845-70659>

# Barriers to implementing obesity policy

- The continuing narrative that addressing obesity is the **responsibility of the individual**, and not the responsibility of wider society including governments.
- The upstream determinants of obesity (including obesogenic digital environments) are not always prioritized for action.
- **Economic priorities often take precedence over health**, including obesity policies.
- Cross-sectoral engagement and impact delivery is challenging.
- Interventions that impact the food industry face significant opposition and low political will. This is a key barrier for cross-sectoral engagement.



# Sugar-sweetened beverage taxes to tackle childhood obesity



<https://www.who.int/europe/publications/i/item/WHO-EURO-2022-4781-44544-63081>



European Region

## Policy analysis of SSB taxes in the WHO European Region

JOURNAL ARTICLE

### Sugar-sweetened beverage taxes in Europe: learning for the future

Anne Marie Thow, Holly L Rippin, Georgina Mulcahy, Keeva Duffey, Kremlin Wickramasinghe

*European Journal of Public Health*, Volume 32, Issue 2, April 2022, Pages 273–280, <https://doi.org/10.1093/eurpub/ckab211>

Published: 26 February 2022

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#### Abstract

##### Background

Sugar-sweetened beverage (SSB) taxes are recommended globally as part of measures to prevent diet-related NCDs. However, their uptake in the World Health Organization (WHO) European Region has been limited. The aim of this study was to inform strategic, cross-sectoral, public health policy engagement to support the uptake and effective implementation of SSB taxation.

##### Methods

We conducted a policy analysis of SSB taxes in the WHO European Region, drawing on theories of policy making and diffusion of innovation. Data were collected from policy

PDF

<https://academic.oup.com/eurpub/article/32/2/273/6537502>

Examines industry opposition against SSB taxes

JOURNAL ARTICLE

### Corporate political activity in the context of sugar-sweetened beverage tax policy in the WHO European Region

Kathrin Lauber, Holly Rippin, Kremlin Wickramasinghe, Anna B Gilmore

*European Journal of Public Health*, Volume 32, Issue 5, October 2022, Pages 786–793, <https://doi.org/10.1093/eurpub/ckac117>

Published: 13 September 2022

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#### Abstract

##### Background

Sugar-sweetened beverage (SSB) taxes have emerged as an effective and increasingly popular tool to reduce added sugar intake, an important contributor to obesity and non-communicable diseases. A common barrier to the implementation of well-designed SSB taxes is the opposition of commercial actors. Focusing on the WHO European Region, this study seeks to map if and how key stakeholders have experienced industry efforts to influence SSB taxes

##### Methods

We identified 11 countries in the WHO European Region which have implemented SSB taxes or attempted to do so. Using an

PDF

<https://academic.oup.com/eurpub/article/32/5/786/6696765>

# Technical Advisory Group on Brand Marketing (TAG-BM)

- Review global evidence on the health impact of **brand marketing of unhealthy products, focusing on children and adolescents**;
- Independently evaluate scientific, technical, and strategic aspects of brand marketing restrictions;
- Identify current and potential future approaches for monitoring and restricting brand marketing;
- Advise on methodologies to identify evidence gaps and set future research priorities;
- Advise on, and advocate for, stronger policies in this area.



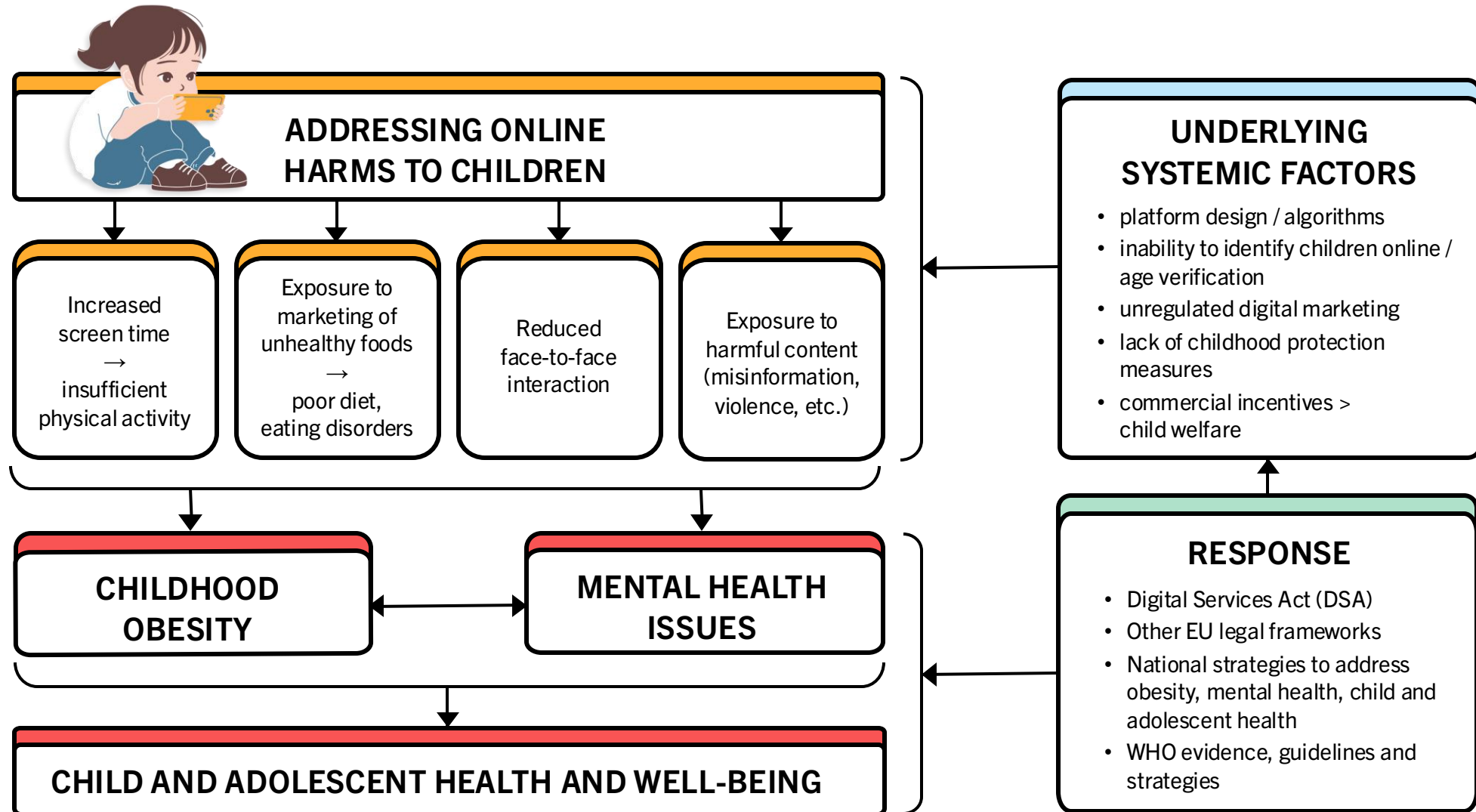


## POSITION STATEMENT

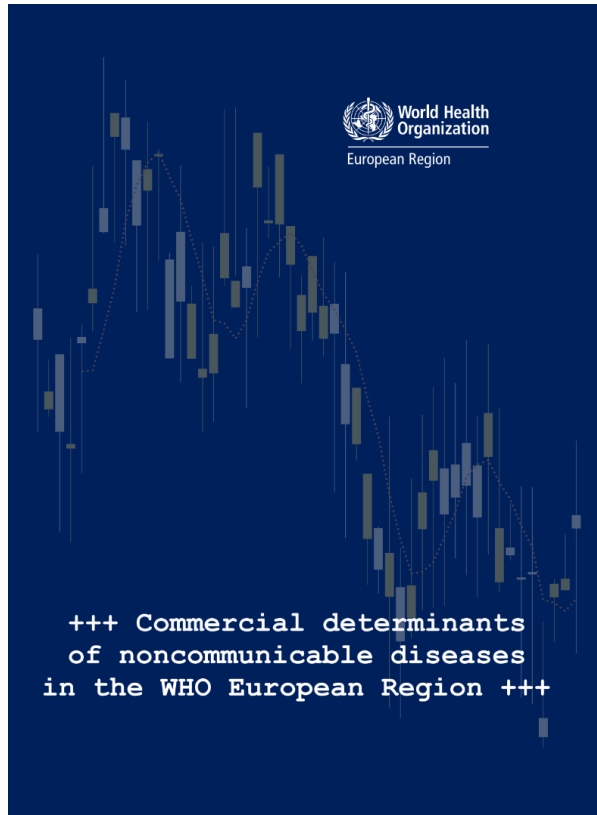
1. Every child must be protected from violence, exploitation and abuse on the Internet
2. Children's rights must be respected by governments and commercial entities
3. Any person under the age of 18 must be recognized as a child
4. Children must be protected from unhealthy marketing
5. Data collection from children should be reduced to a minimum and not used for commercial purposes
6. Transparent monitoring and evaluation should be implemented
7. Cross-border collaboration should be improved
8. Children's health should always be prioritized



# Exploring intersections and responses



# Commercial determinates of health: report



- Shift the narrative away from individual responsibility to acts of industry and policy environment.
- Explain the harmful influence of commercial industry by explaining the common practices used.
- Mobilize policy stakeholders to recognize and take action to free the policy environment from this influence.



# Examples illustrated with 35 case studies from the Region

Case study 1. Harnessing civil society to overcome industry influence in national food marketing policy	Case study 19. British American Tobacco and tax avoidance
Case study 2. Overcoming industry opposition – the French Loi Évin to restrict alcohol marketing	Case study 20. COVID-19 vaccine manufacturers, share buybacks, and maximizing shareholder value
Case study 3. Promotion of surgery robots and its consequences in the United Kingdom	Case study 21. Private equity investment in health care
Case study 4. Meat production in Europe	Case Study 22. Tobacco control in the EU
Case study 5. Non-alcoholic beverage industry product extension into the alcohol sector	Case Study 23. Alcohol pricing policy in Scotland.
Case study 6. Keeping monopolistic position as long as possible: how pharmaceutical companies fight behind-the-scenes wars over generic drugs	Case Study 24. Alcohol labelling in Ireland
Case Study 7. Food/beverage industry opposition to SSB taxes	Case study 25. The intervention of McDonald's in the cost-of-living crisis
Case Study 8. Regulating electronic cigarettes and heated tobacco products (HTPs) in Georgia	Case study 26. Philip Morris International and the COVID-19 pandemic
Case study 9: An example of pharma lobbying instrumentalizing patient associations and families	Case study 27. The commercial milk formula industry in the Ukraine crisis
Case study 10. Tobacco packaging, ISDS and regulatory chill	Case study 28. Joint Annual Review of Kyrgyzstan's health sector: a coordination mechanism for NCDs
Case study 11. Brexit, trade and health	Case study 29. Coalition-building and policy dialogue: Estonia's sugar-sweetened beverage tax
Case study 12. Trade and pharmaceutical policy	Case study 30. European regulatory mechanism and manufacturers' price influence on inhalers for Asthma and COPD treatment and other NCD medicines
Case study 13. The Brussels Declaration: Influencing and distorting the interpretation of science	Case study 31. Adoption of amendments in Slovenia regarding tobacco legislation
Case study 14. Industry-funded youth education programmes in the United Kingdom and the distortion of evidence	Case study 32. The role of the Women's Council of the Kyrgyz Republic in raising public opinion and supporting tobacco control legislation
Case study 15. Charities and pinkwashing	Case study 33. Ensuring affordable access to medicines in Europe and beyond: the example of CDCA-Leadiant.
Case study 16. CSR and artwashing	Case study 34. Call for a blueprint directive on the protection of children from the marketing of unhealthy food products to children: an alliance for change
Case study 17. Precarious gig-work and mental health in Sweden	Case study 35. Civil society's contribution to EU Parliamentary activities on NCD prevention and management
Case study 18. Health effects of labour market shocks	

# What are commercial determinants of NCDs

Lancet series defines as *“The systems, practices and pathways through which commercial actors drive health and equity”*

WHO working definition: *“Commercial determinants of health are the private sector activities that affect people’s health, directly or indirectly, positively or negatively”*

also recognizing that CDoH are **part of the wider social and economic determinants of health**, acknowledging that commercial actors impact living, working and social conditions **across the life course.**

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# Commonly used practices

Marketing strategies

Industry structure and market power

Industry lobbying (Cooperate political activities)

International trade and investment practices

Casting doubt on evidence

Cooperate social responsibility (CSR) acts

Commercial narratives shifting labour markets

Financial practices

Manipulating the Economic Unions and EU single market laws

# Key public health strategies to address commercial determinants of NCDs



# Youth Engagement as a Policy Asset for Alcohol Prevention



International Journal of Drug Policy 142 (2025) 104862

Contents lists available at ScienceDirect

**International Journal of Drug Policy**

journal homepage: [www.elsevier.com/locate/drugpo](http://www.elsevier.com/locate/drugpo)

Research Paper

**Beyond the label: analyzing the presence and information behind the QR codes on alcohol containers in 13 European countries**

EVID-ACTION Youth Network Research Group

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**ARTICLE INFO**

**Keywords:**  
Alcohol  
Labelling  
Quick-response code  
Health warning  
Nutritional information

**ABSTRACT**

**Introduction:** Digital labelling through quick-response (QR) codes is increasingly proposed by the alcohol producers to inform consumers without significantly modifying their original labels. Current alcohol labelling policy discourse in Europe often revolves around the advantages and disadvantages of digital labelling, yet evidence on actual practices and the information provided through QR codes is lacking. This study aimed to assess the presence of QR codes on alcohol labels in 13 European countries, as well as the accessibility and content of the information behind those.

**Methods:** The study methodology was developed with the EVID-ACTION Youth Network, with members sampling stores and products based on a co-developed mapping protocol. Thirty-four stores in 25 cities across 13 European countries were visited between April and August 2024. Descriptive analysis was conducted by beverage type and country.

**Results:** Of 1815 products examined, 31 % contained QR codes (23 % beers, 37 % wines, 30 % spirits). Most QR codes (84 %) were positioned on the back of containers, and 61 % had no explanatory text about their purpose. Most accessed websites were in local languages (75 %), with 36 % requiring age information to enter. Websites most commonly contained brand/drink information (46 %), followed by nutritional information (42 %), health information (42 %), and ingredient information (41 %).

**Discussion:** Almost a third of alcoholic beverages in 13 European countries contained QR code. However, most labels did not specify the purpose of the code. Furthermore, given the website content, there is concern that they serve as a promotional tool rather than providing access to nutritional and risk information.

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**Background**

Alcohol is causally related to over 200 diseases, including cancer, heart disease and liver disease (Rehm et al., 2017). The European Union has very high alcohol consumption, with 11.0 liters consumed per adult (15+) in 2019, and encompassing 7 out of 10 countries with the highest alcohol consumption worldwide in that year (World Health Organization Regional Office for Europe, 2024a).

Alcohol labelling is one of the key priorities of the World Health Organization (WHO)'s Global Alcohol Action Plan 2022-2030 (World Health Organization, 2022). The provision of product information through QR codes (U-label, 2024), (World Health Organization, 2024b).

Some of the advantages of digital labelling are purported to be: environmental benefits due to fewer printing changes, agility (with quick changes possible), user-friendliness (adapting to the needs of consumers, such as in terms of language) and preservation of the single market (The Digital Consumer Information Alliance, 2024).

However, the WHO recently noted that little evidence exists to

While an increasing number of studies show that providing health information on alcohol labels can have impact on knowledge and behavior (Zuckerman et al., 2024), as well as on increasing public support for strong, cost-effective alcohol policies (Weerasinghe et al., 2020), alcohol producers are increasingly favoring the inclusion of QR codes instead of providing information on the labels (Sovos, 2022; spiritEUROPE, 2021). In the European policy context, the current discussions over alcohol labelling often include discourse on the advantages and disadvantages of digital labelling through QR codes, and alcohol producers have put forward self-regulatory initiatives related to the provision of product information through QR codes (U-label, 2024).

Some of the advantages of digital labelling are purported to be: environmental benefits due to fewer printing changes, agility (with quick changes possible), user-friendliness (adapting to the needs of consumers, such as in terms of language) and preservation of the single market (The Digital Consumer Information Alliance, 2024).

However, the WHO recently noted that little evidence exists to

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24 March 2026

**A YOUTH CALL FOR EVIDENCE-BASED ALCOHOL POLICY IN ICELAND: OPPOSING ONLINE RETAIL SALES OF ALCOHOL**

This statement is issued by the WHO/Europe EVID-ACTION Youth Alcohol Network to oppose the proposed Bill to legalize domestic online retail sales of alcohol in Iceland (Bill on amendments to the Alcohol Act no. 75/1998) and seeks to address the Chair of the Judicial Affairs and Education Committee, Vítur Reysson.

**A YOUTH CALL FOR EVIDENCE-BASED ALCOHOL POLICY IN CYPRUS: OPPOSING THE EXTENSION OF SALES HOURS**

This statement is issued by WHO/Europe EVID-ACTION Youth Alcohol Network, in support of the Cyprus National Addictions Authority (NAAAC), to oppose the proposed amendment to extend alcohol sales hours in Cyprus. While presented as a measure to support the tourism and hospitality sectors, the proposal would increase alcohol availability and, as evidence consistently shows, lead to greater harm particularly for young people. The statement is also supported by Cyprus Medical Students Association (CyMSA).

**BACKGROUND**

Alcohol is a toxic, psychoactive, carcinogenic, teratogenic and addictive substance. Among youth, it is a major cause of mortality in the WHO European Region, causing one in four deaths among individuals aged 20-24 (often through injuries, suicide, and homicide).

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# Building capacity of Member States on identifying and managing conflict of interest

- Facilitating training of policy makers in operationalizing assessing and managing COI at country level.
- Building case studies and advocacy through investigative journalism.
- First training in Poland with possibility to scale up to other countries in the Region.



# Thank you!

For more information, please contact:

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