



19 April 2012

World Health Organization
Geneva
Switzerland

Dear Sir / Madam,

RE: Multi-sectorial action for the prevention and control of NCDs through effective partnership

Thank you for the opportunity to comment on the draft document (WHO discussion paper, version dated 22 March 2012).

IASO is a non-governmental body in official relations with the WHO. In this document we make some general comments on the framework but focus predominantly on the obesity component where our expertise lies.

We are signatories to the *Statement of Concern* issued by the Conflicts of Interest Coalition (available at http://info.babymilkaction.org/sites/info.babymilkaction.org/files/COIC_single_page_143.pdf) We wish to emphasise that the term 'partnership' needs to be carefully elaborated, and in particular:

(i) We urge the WHO to recognise and distinguish between commercially-interested parties, including business-interest not-for-profit organisations, and public interest parties including advocacy and public health-focussed non-governmental organisations in WHO's relations with civil society;

(ii) We urge WHO to recognise the need for a clear framework for managing conflicts of interest, for example when interacting with the food and beverage industry, and to differentiate between policy development and implementation. It is generally considered by most governments with experience in public health policy development and we endorse their view that policy development should not be undertaken in partnership with commercially-interested parties, especially those most often consulted by WHO. These consulted businesses are usually the large-scale, multinational corporations often with an interest which conflicts with public health and especially with concerns about NCDs. Furthermore if business is to be consulted in terms of policy implementation (a valid and sometimes helpful need e.g. in term of salt reduction or food reformulation) then most businesses in the food chain are small-scale, localised producers and distributors who have previously been by-passed by the usual WHO consultative process. The international food and drink businesses represent a small proportion of the number of operators in the food chain globally. Furthermore, being based in the West, they naturally present views in keeping with their own interests to the detriment not only of the millions of small businesses from lower income countries but also the companies which often produce foods which conform more closely to the needs of an optimum diet and the prevention of NCDs. The current food and drink businesses being consulted by WHO have as their highest priority a mission to expand rapidly their influence and sales in lower income countries potentially accelerating the unhealthy nutritional transition and amplifying NCD prevalences.

(iii) we urge WHO to strengthen its relations with public-interest NGOs and to continue to develop collaboration and cooperation with this sector.

We attach for your interest the 'Outcomes' document which our organisation submitted to the UN High Level Meeting (Annex 1). •This included the statement in respect of partnership *"Governments and governmental agencies need to develop and monitor healthy-weight policies without undue commercial influence, while recognising that commercial stakeholders are needed for policy implementation.*

We wish to express our support for the points raised in the various contributions made by the World Cancer Research Fund, the UK National Heart Forum, and the International Babyfood Action Network.

Once again, thank you for the opportunity to comment on the draft global framework. We are highly supportive of this endeavour and look forward to assisting WHO in their efforts to address NCDs and obesity in particular.

Yours sincerely,

Tim Lobstein
Director of Policy and Programmes

On behalf of
Professor Philip James
President of the International Association for the Study of Obesity

Annex 1: IASO contribution to UN High Level meeting on NCDs **OBESITY and NUTRITION OUTCOMES**

The International Association for the Study of Obesity (IASO) and its International Obesity TaskForce (IOTF) request the governments attending the UN High-level Summit on NCDs on 19-20 September 2011 to commit to obesity prevention while supporting sustainable development through food and nutrition policies.

The evidence shows:

- Good nutrition protects against NCDs caused by other risk factors such as alcohol and tobacco. Poor nutrition is a direct cause of NCDs and also promotes NCDs induced by other risk factors.
- A life course approach to NCD prevention ensures that policies and actions benefit people of all ages and life stages, especially the most vulnerable. Attention to nutrition early in life, during pregnancy and young childhood, will also help reduce the growing burden of NCDs.
- What is good for health is also good for the environment and the economy. Good nutrition from sustainable food sources can simultaneously improve household prosperity (achieving MDGs), reduce climate change and enhance economic development.
- Food and nutrition security, like climate change, depends on multiple cross-sectoral policies. NCDs will be reduced most effectively through a 'Health in All Policies' approach.
- Governments can implement policies to prevent NCDs and can ensure the provision of affordable nutrient-rich fresh foods (especially foods low in saturated and trans fats, sugars and salt) along with the skills and knowledge to help individuals make healthy choices.

We call on governments to commit to the following tasks and targets...

Leadership	<ul style="list-style-type: none"> • Food and nutrition security and physical activity are cross-governmental responsibilities. Cross-departmental strategy units are needed to promote population health and reduce food related inequalities. <u>Target: year-on-year increment in the number of governments with active food and nutrition strategies.</u> • Meeting the MDGs and feeding 9 billion people requires multilateral coordination of nutrition policy. The UN Standing Committee on Nutrition (SCN) needs to identify a cross-UN set of targets to integrate health and food supply policies to promote NCD prevention, hunger reduction, sustainable food production, food security, environmental protection and farmer/producer livelihood. <u>Target: SCN draft proposals issued for consultation by end of 2013.</u> • Partnerships: Governments and governmental agencies need to develop and monitor healthy-weight policies without undue commercial influence, while recognising that commercial stakeholders are needed for policy implementation. NGOs can ensure effective involvement of civil society.
NCD prevention	<ul style="list-style-type: none"> • Governments to set targets for food manufacturing industry for compositional standards for salt, saturated fat, trans fat and sugar content of foods, in order to support consumption according to the WHO/FAO population guidelines. <u>Target: year-on-year increase in the number of governments with active targets.</u> • Governments to develop tools for prevention to include: Food-Based Dietary Guidelines; International food composition databases; Nutrient Profiling schemes, and Health Impact Assessment (HIA) criteria to ensure "Health in All Policies" (HIAP) to protect the most vulnerable. WHO to provide technical support. <u>Target: WHO baseline report to World Health Assembly in 2013.</u>

<p>Information Research Monitoring</p>	<ul style="list-style-type: none"> • Governments to develop health-related nutrient profiling schemes in order to identify products which may be subjected to marketing controls, taxes or subsidies, research support, market protection or producer incentives. WHO to provide technical assistance. <i>Target: annual increase in governments with profiling schemes.</i> • Governments to mandate easy-to-interpret, front-of-pack food labelling and restaurant menu labelling showing key nutrition information. <i>Target: annual increase in number of governments with active schemes.</i> • Governments to commission regular surveillance of dietary intakes and nutritional status, physical activity levels, food supply and food marketing activities and to ensure surveys include representative samples of the most vulnerable. <i>Target: annual increase in number of governments with active schemes.</i> • Governments to commission routine surveys of economic and physical environments for access and cost of healthy diets and amenities for physical activity, noting the social inequalities. <i>Target: annual increment in member state surveillance programmes.</i>
<p>Children</p>	<ul style="list-style-type: none"> • Child protection: Governments to agree to coordinated action towards an international code of marketing of foods and beverages designed to protect children from exposure to inducements to consume unhealthy products (as defined by a nutrient profiling scheme). <i>Target: WHO working draft of a Code or Convention submitted to World Health Assembly in 2014.</i> • School standards: Governments to ensure schools and pre-school facilities comply with standards for food service, food education and physical activity. <i>Target: WHO to report on nutrition-friendly schools and pre-schools actions at WHA 2014.</i> • Governments to extend access to baby-friendly hospitals to all mothers. <i>Target annual increment in percentage of b-f hospitals and percentage of participating nations.</i> • Governments to adopt the International Code of Marketing of Breast-milk Substitutes into national legislation. <i>Target: annual increase in member state enactments.</i>
<p>Care and treatment</p>	<ul style="list-style-type: none"> • Governments need simple tools to indicate excess weight, early stages of diabetes, hypertension and high blood cholesterol, combined with practical advice to limit progressive diseases, especially in the most vulnerable. <i>Target: WHO technical assistance programme operational by end of 2014.</i> • Governments need guidance on nutritional status and weight gain in pregnancy and infancy to meet MDGs and prevent obesity. <i>Target: WHO technical assistance by 2014.</i>
<p>Resources</p>	<ul style="list-style-type: none"> • Governments pledge to increase resources from their development, trade, environment and health budgets to counteract obesity and improve nutrition through food and health policies. Funding is also sought from commercial sources through a blind trust or pooled levy mechanism (to avoid conflicts of interest). • Increased resources are made available to WHO's NCD and Nutrition sections to provide technical assistance and secretariats for the initiatives identified above, and to the UN Standing Committee on Nutrition to develop cross-agency strategic plans. • Governments to use purchasing and commissioning activities to promote consumption of healthier foods, limit unhealthy foods and promote physical activity. <i>Target: annual increase in governments with purchasing policies in place and active.</i> • Governments to consider taxes and levies for specified food categories (see nutrient profiling, above), with part of the proceeds hypothecated to health promotion activities, including for international activities. <i>Target: annual increase in governments with policies for taxes and levies in place and active.</i>
<p>Follow-up</p>	<ul style="list-style-type: none"> • WHO to continue leading on NCDs, in collaboration with the Standing Committee on Nutrition. WHO to provide a report on progress towards targets (as identified above) at each World Health Assembly. <i>First report with baseline data 2013.</i>