

IASO response to WHO discussion paper on a Global Monitoring Framework and Voluntary Global Targets for the Prevention and Control of Non-Communicable Diseases

About IASO

The International Association for the Study of Obesity (IASO) is a not-for-profit organisation linking over 50 regional and national associations with over 10,000 professional members in scientific, medical and research organisations. It is an umbrella organisation for 53 national obesity associations, representing 56 countries, along with a policy analysis body, the International Obesity TaskForce (IOTF). The headquarters are in London, UK.

IASO is officially recognised as a non-governmental organisation by the WHO. Our mission statement is "To improve global health by promoting the understanding of obesity and weight-related diseases through scientific research and dialogue, whilst encouraging the development of effective policies for their prevention and management."

For further information see www.iaso.org and www.iotf.org

General comment:

We fully support the WHO in its efforts to develop a comprehensive monitoring framework for the prevention and control of NCDs, and we are pleased to have the opportunity to comment on the discussion paper on the framework and global targets.

The political and societal value of targets that have been endorsed by the WHO should not be underestimated, as these strengthen the resolve of MS and civil society, and help to challenge those interests that may seek to modify or minimise the targets. For this reason the targets need to be robustly stated and robustly supported. Indeed, we urge the WHO to take on a strong leadership role as it is the only UN or associated agency with the technical expertise, the intellectual leadership and the democratic global governance for the promotion of health and prevention of disease. Smaller Member States need this supportive leadership when persuading their own governments of the need for action, and when defending their actions from commercial or political threats.

In this respect, we urge member states to fully support the WHO so that the WHO in turn can offer the guidance and assistance programmes, or endorse assistance provided by others working in collaboration with the WHO. It is important that WHO does not cede control of target-setting and standards-raising processes to other agencies or interests.

Since dietary factors as well as tobacco are responsible for the greatest health burden caused by NCDs it is important to include a range of indicators which help to assess the nature of food supplies and dietary intakes, such as total fats, fatty acids, added sugars and salt. *In addition* the WHO in conjunction with the FAO should set a new global agenda proposing targets for changes in the food supplies, their distribution, processing and retailing, and taking account of agricultural opportunities and constraints as well as population increases, climate change and the major socio economic determinants of dietary patterns. This is a major enterprise but one which is essential if the governance of health at global level is to be properly implemented in a coherent way.

In our view, the factors influencing food supplies and dietary patterns need to be re-assessed for their policy implications. These factors include food prices, food distribution patterns, market penetration of processed foods, food labelling and product information and social food provision (e.g. to schools, hospitals, prisons, uniformed services). Food trade criteria relating to a broader understanding of food safety in relation to general health as well as toxicology and food investment patterns now need sophisticated analyses. The not-for-profit NGOs can contribute towards monitoring, reporting and in the development of policies in this area.

Similarly, factors which influence physical activity and sedentary behaviour need to be monitored, including urban planning, street safety, the availability of public transport, car use, the price of fuel and the use of community facilities for school and work-place supported activity. These determinants of population levels of spontaneous activity provide an opportunity for the WHO with member states, NGOs and civil society to change population behavioural patterns and social norms, and many NGOs would have a contribution to make in this area.

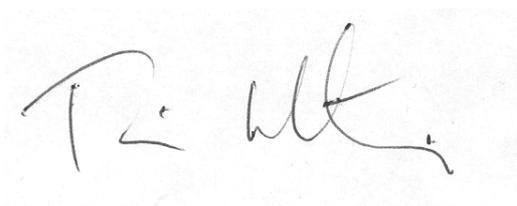
Specific points:

- We are concerned that the targets are being discussed in advance of the latest evidence on the actual disease burden due to NCDs, to be published in the Global Burden of Disease report (due later in 2012). The new GBD analyses are expected to show a significant NCD disease burden from morbidity due to a wide range of diseases, including psychiatric conditions, diabetes and liver disease, in addition to the mortality burden from the leading NCDs – cancers, cardiovascular disease and CRD. It follows that the *targets should be reviewed when the GBD study is published*, and may benefit from including *other indicators of morbidity* (e.g. stroke, dementia) besides the proposed indicator of cancer incidence.
- We already know that an increase in overweight and obesity with low levels of physical activity are a major cause, or amplifier, of a large proportion of the burden of NCDs now being recorded worldwide. It follows that a high priority for the prevention of the current and projected disease burden is to reduce obesity. This needs to be emphasised, and linked to child and maternal overweight in a *life course* approach.

- The targets and indicators that relate to unhealthy diet and physical activity should be strengthened and made more ambitious. The targets need to follow from an assessment of the strong evidence of causal relationships between diet and disease, while recognising that the relative importance of different dietary factors may vary between member states.
- In all cases, the targets should not be based on assessments of *ease of attainment*, or apparent *feasibility*, since these are context-dependent judgements which will vary significantly across different member states. Ease of attainment and feasibility depend on factors such as the forms of resistance from commercial and other interests, the nature of the policies being proposed, the political determination of the relevant government, and the popular support for policies. Consideration of these factors by WHO undermines the strength of WHO's position and remit to assess the evidence, set priorities, and propose targets to prevent and control NCDs. Furthermore, considerations of ease of attainment or feasibility are not required of WHO, and are not mandated in the UN Political Declaration on NCDs of 2011 (see paragraphs 61 and 62) which puts WHO in the lead for establishing indicators and targets.
- We propose the following obesity targets:
 - Operational target: all member states to have representative sample monitoring of population obesity prevalence in adults, children and infants (age 2-5 years) annually from 2015;
 - Supplementary operational target: sample surveys of maternal weight gain during pregnancy;
 - Outcome targets: no increase in adult obesity prevalence from 2020, and no increase in infant obesity from 2020;
 - Outcome target for member states with adult obesity prevalence >20% at age 50-55: a year-on-year decrease in average adult BMI from 2020;
 - Outcome target for member states with adult female obesity prevalence >15% at age 20-30: maternal weight gain in pregnancy to show year-on-year improvement in conformity with the US Institute of Medicine 2010 guidelines;
 - Outcome target for member states with infant obesity prevalence >8% (using WHO Growth Standard +2sd): year-on-year decrease in average infant BMI z-scores.
- We propose the following additional targets to be achieved by 2020:
 - Operational target: All member states to develop the capacity to survey and report population representative sample samples for the following indicators:
 - fat, trans fat and saturated fat content of the population food supply or dietary intake
 - added sugars in the food supply or dietary intake
 - salt/sodium in the food supply or dietary intake
 - fruit and vegetables (minimal processing) in the food supply or dietary intake
 - physical activity and sedentary behaviour indicators
 - breastfeeding initiation and duration
 - exposure of children and adolescents to marketing messages for HFSS foods and beverages

- Operational targets: All member states to develop the capacity to assess conformity of their population dietary patterns with the WHO expert recommended population dietary guidelines (e.g. *TR 916*) and to develop their own targets for achieving:
 - year-on-year improved conformity with those population guidelines;
 - year-on-year reduction of the exposure of children and adolescents to marketing messages for foods and beverages which do not comply with those guidelines (using an appropriate nutrient profiling scheme).

We thank the WHO for their consideration of these issues as part of their consultation process.



Tim Lobstein
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on behalf of

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