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Response to the consultation on the Draft Final Report of the Commission on Ending Childhood Obesity November 2015

Submitted by Hannah Brinsden and Tim Lobstein on behalf of the World Obesity Federation. This document has received input from our advisors and experts who sit on our committees. Committee members who are also members of the Ad Hoc Working Group on Science and Evidence for Ending Childhood Obesity or the Ad Hoc Working Group on Implementation, Monitoring, and Accountability for Ending Childhood Obesity have not participated in the development of this submission.

About World Obesity

The World Obesity Federation is a not-for-profit organisation representing professional members of the scientific, medical and research communities in over 50 regional and national obesity associations. Through our membership we create a global network of organisations dedicated to solving the problems of obesity. We are officially recognized as a nongovernmental organisation by the World Health Organization. For more information, visit www.worldobesity.org.

1) Are the policy options proposed by the Commission feasible in your setting?

We welcome the latest version of the report and the improvements that have been made following the consultation on the interim report published earlier this year. In particular we welcome the increased emphasis on the obesogenic environment and its impact throughout the life-course, the increased emphasis on government leadership to implement strong measures to tackle obesity, and the clarity and strengthening of language provided for some of the recommendations. This report has the potential to act as leverage to stimulate policy development and implementation around the world, and in this task we hope it is successful.

Concerning the feasibility of policies, we make these observations:

The question of feasibility in principle and feasibility in practice are slightly different. We believe that it is a feasible request to get Member States to adopt the policies proposed in this latest document. The political climate however, in particular the influence of commercial operators on governments, reduces the feasibility, or apparent feasibility, of governments taking action in all of the areas.

(i) The question of policy feasibility begs the question of what prevents a policy being feasible. The draft final report skirts around commercial interests that promote the current obesogenic environment and make conditions difficult for governments to intervene in markets. The report should clearly call for effective policy and policy processes which are free from conflicts of interests, an issue currently under consideration in the WHOs own

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process to develop a framework for engagement with non-state actors (FENSA). We would like to see greater acknowledgement of the need to protect policies from the interference of 'Big Food' and 'Big Soda' and other commercial operators who are known to exploit their economic power to undermine regulatory actions which threaten their commercial interests.[1] We would like to see stronger statements on the need to hold commercial operators to account for the health impact of their activities. By addressing the issues of commercial interests, the feasibility of getting political will to implement these policies will be increased.

(ii) To strengthen policy feasibility, we would like to see the report encourage Member States to review their public health legislation in order to give Ministers of Health a stronger role in cross-governmental action, especially powers which enable *and require* ministers to act proactively to prevent chronic disease, including through market interventions.

(iii) The question of policy feasibility begs a second question, which is the support available to governments to pursue some of the more difficult policies. The epidemic of obesity, in children and in adults, is now of such extent and gravity that the WHO must use the strongest tools it has available to reverse this situation – including its treaty-making powers to protect health. For this reason, we would like to see the Commission urging WHO to develop a comprehensive framework convention on the protection and promotion of healthy diets. This should include and bind into one framework the Code of marketing of breastmilk substitutes, the Recommendations on marketing of non-alcoholic food and beverages to children, the promotion of appropriate complementary foods and feeding practices, and the relevant WHO and Codex competencies related to child nutritional health. This integrated framework convention would provide many Member States with the international support they need and would be a lasting legacy of the present Commission. This would be particularly beneficial to the smaller Member States who are particularly vulnerable to the power of corporate interests.

(iv) While this final draft of the report provides an excellent outline of the breadth of feasible actions required to tackle obesity, the plans for supporting and encouraging the development and implementation of such policies remains unclear. The WHO has made many recommendations based on voluntary policies and it is unclear how ECHO intends to support and/or promote actions that go beyond this.

2) If implemented, will these significantly address childhood obesity?

As stated in paragraph 26 of the draft final report, there is no single policy initiative to solve the challenge of childhood obesity and a package of policies is required to address this issue. If a comprehensive package of options is adopted by Member States, as suggested in the Commission's report, which is focused on addressing the upstream drivers of activity and diets at a regional and national level with support from the WHO, , then we believe that this will help to address childhood obesity.

[1] http://www.ploscollections.org/article/browseIssue.action?issue=info:doi/10.1371/issue.pcol.v07.i17

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It is important to recognise that some policies, particularly those related to upstream drivers of environments linked to trade and marketing, will need to be implemented at an international or regional level in order to have maximum impact.

It is also important to recognise, as noted in the previous response, that Member States need international support from the WHO: success in tobacco-control has been largely due to the policy package approach to interventions which has been taken, made possible through the FCTC. Such an approach related to food/obesity should be considered to ensure that these policy options do significantly address childhood obesity.

3) What are the important enablers and potential barriers for the implementation of these proposed policy options?

ENABLERS

When arguing for interventions in marketplaces, government departments responsible for promoting public health face considerable resistance from other sections of government promoting economic growth and from market-interested elements in the business sector. To strengthen government action, stronger public health legislation with coherent transparent intersectoral action commensurate with the UN Heads of Government agreements at the UN General Assembly in 2011 is needed to prevent chronic disease. These measures include actions to regulate markets. Public Health Acts need to include measures to tackle chronic disease and associated risk factors (such as the ability to regulate 'health impediments' provided in the 2008 Public Health Act of British Columbia).

In addition, governments need guidance and leadership from the World Health Organization ideally in the form of a framework convention(s) to protect and promote healthy and sustainable food supplies, diets, and physical activity environments. Such convention(s), developed without interference from commercial interest, would provide a form of external legitimacy to support and justify actions by national ministries of health. It is clear that a convention which seeks to include measures to regulate markets should be developed without being influenced by the very same interests it seeks to regulate.

BARRIERS

Long experience in attempting to regulate the marketing of commodities which cause ill-health shows that policies to intervene in food and beverage markets will be opposed by interests that benefit from the status quo or from further de-regulation of markets (See PLoS Medicine Series on Big Food[2]).

There is also a concern about a lack of funding and donor support for prevention activities related to NCDs, obesity and the risk factors. Despite strong public support for effective action, governments continue to put commercial interests ahead of human health. Advocacy

[2] http://www.ploscollections.org/article/browseIssue.action?issue=info:doi/10.1371/issue.pcol.v07.i17

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for measures to prevent ill-health remains a 'Cinderella' among many funders including the major medical charities and philanthropic bodies, while there are few commercial interests interested in supporting prevention. The stigma surrounding obesity, and the common narrative which frames obesity as the responsibility of the individual sufferer, further detracts from support for preventative public health measures. As a result, the capacity of civil society to support and protect public health action on obesity is severely under-resourced, and needs strengthening.

4) How can governments and other actors be held to account for implementing these policy options?

Ultimate health impact can be measured through existing mechanisms provided through the NCD Global Action Plan and Global Monitoring Framework and targets and Maternal & Infant Nutrition frameworks. However, it needs to be recognised that this data takes time to emerge and accountability mechanisms based on the action or inaction of governments and businesses needs to be considered to ensure progress is made. A mechanism needs to be established whereby the Member States report to WHO on action, in a transparent and publically available way, similar to the process currently adopted as part of the FCTC.

We support the protocols being developed by the INFORMAS[3] group and the accountability framework described in the recent *Lancet* Obesity Series II (2015). These complement and extend the indicators available through the Global Nutrition Report and the Access to Nutrition Index, and focus on the social, commercial and policy-related drivers of obesity and therefore provide an 'early warning' of likely trends in obesity prevalence levels.

As a civil society organisation we provide independent reviews of the evidence and of the progress to achieving policy goals (e.g. our systematic review of the measures to restrict marketing to children[4]) and provide technical assistance through our professional membership. These can be expanded to cover all obesity interventions recommended in this report. We also support the NOURISHING policy database[5] of implemented policy actions, led by WCRF International.

5) Any other comments about the draft final report?

We note that the report does not adopt a systems thinking perspective. The inclusion of systems approaches would have strengthened these principles and this is a surprise omission given the potential for systems thinking and systems tools to deepen our understanding of the drivers of childhood obesity and create a step change in sustainable, at-scale interventions.[i,ii]

[3] www.informas.org
[4] www.ncbi.nlm.nih.gov/pubmed/23845093
[5] http://www.wcrf.org/int/policy/nourishing-framework

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- Include the statement from the interim report that overweight and obesity is difficult to reverse and tracks into adulthood. This adds urgency to why childhood obesity prevention is critical and warrants immediate action.
- Paragraph 1 – should be updated to reflect UNGA 2015 SDG agreement.
- Paragraph 2 – recognise obesity in childhood has complications later in life.
- Paragraph 5 – the sentence stating that 42 million children were overweight or obese in 2013 should make it clear that this figure refers to young children (i.e. children under age 5y). For older children (5-19y) the figure is likely to be nearer 350 million for 2013 (we at World Obesity are currently working on making estimates for this age group for 2010, 2015 and projected to 2025 using WHO and IOTF definitions).
- Paragraph 9 – make the connection to the impact on children's food preferences following the sentence "children are exposed to ultra-processed, energy-dense, nutrient-poor foods, which are cheap and readily available. Food preferences in childhood track into adulthood.
- Paragraph 13 – need to recognise governments' role to support and enable parents, families, caregivers and educators in encouraging healthy behaviours, and ensuring that health messages are consistent across media from different sources (including commercial sources).
- Paragraph 20 – We agree that a whole government approach is vital, and must also include work & pensions (e.g. to support parental leave), media & culture (e.g. to ensure consistent messaging and reduce inappropriate marketing), finance, development and transport, as well as health, agriculture, education and sport.
- Paragraph 30 – the food system is missing from the factors that influence the obesogenic environment
- Paragraph 31 – needs to note that it isn't just about portion sizes/food choices at meal times, but the increase in marketing and consumption of ultra processed foods outside of meal times, i.e. snacking and soft drink consumption, and the satiety effects, which may be reduced especially in the case of soft drinks. A note could be made here about empty or poor quality calories from sugar, fats and refined starches.
- Page 15 – we welcome the emphasis on taxation, and the reference to Mexico. The fact that public health messaging is insufficient to empower society to make healthier choices (in addition to nutrient labelling).
- Page 16 – Strengthen language around the importance of regulatory and statutory approaches to restricting food marketing to children: "regulatory and statutory approaches ~~(may be)~~ are needed to ensure that changes reach the desirable level and apply to forms of marketing that are not currently covered under voluntary codes".
- Page 17 to help consumers make healthier choices – the emphasis on labelling is welcome, but this is only seen on processed foods. Minimally processed foods and traditional foods are rarely labelled so other interventions will be required to help

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consumers make healthier choices which include these products. Nutrition standards should be introduced for all food and drink available on school premises.

- Page 25 to improve access to healthy foods in schools – It is not just the sale and provision of unhealthy food, but the marketing of food, particularly by food brands that produce processed food. There is a need to clarify that 'sale and provision' covers vending machines as well as canteens.
- While we endorse increased access to lower energy density food, it is important that companies are not able to promote products in schools, especially companies which produce unhealthy foods products and can exploit halo branding (e.g. promoting the Coca-Cola brand on diet drinks).
- Page 19 to reduce sedentary behaviour and promote physical activity are welcome, however the emphasis on reduced sedentary behaviour could be further emphasised. More efforts to improve environments to make walking/cycling to school safer and easier would be welcome.
- Page 28 on weight management strategies and treatment - The treatment of children already affected by obesity is an important and under-recognised issue that will require a strong policy response if it is to be addressed appropriately, for instance through the provision of integrated health services and appropriate training of health professionals. We suggest the inclusion of **bariatric surgery** for adolescents here, as an area of recognised importance but needing more coherent policy action at a national level.[6]
- The report should also note the need to consider **follow up** of any intervention to manage or reduce weight amongst those children and adolescents, and to link the prevention and the treatment policies together: there is no point providing children with treatment if post-treatment the children are put back into highly obesogenic environments.
- Paragraphs 30-32 and policy recommendations to 'Take action to reduce sedentary behaviours and promote physical activity in children and adolescents'. We support the inclusion of both promoting physical activity and reducing sedentary behaviour. However, when reading the policy recommendations for achieving this it is clear that sedentary behaviour has not been sufficiently addressed in the policies. A recommendation about creating environments that promote active transport, cycle lanes, walkways etc… would be useful here
- Paragraphs 37 – 40 section "Promote healthy eating and physical activity amongst school-age children and adolescents". A recommendation towards reducing sedentary behaviour as well as promoting physical activity would be valuable here
- Paragraph 36 (and also Paragraph 55) – there is a big gap in the policy matrix for regulating marketing of inappropriate and highly processed foods: for infants in the first 2 years we have the Code of marketing of breast-milk substitutes and for older children exposed to commercial messaging we have the Recommendations on marketing to

[6] http://onlinelibrary.wiley.com/doi/10.1111/j.1758-8111.2010.00002.x/abstract

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children, but for older infants and young children the report should recognise the work WHO is doing to define and find suitable policies to restrict the inappropriate marketing of unsuitable foods for infants age 6m onwards. The work that WHO is doing needs to be recognised in the ECHO report. It should also form part of an integrated Framework Convention or similar measure to protect and promote healthy children's diets consistently from birth to adulthood.

- Paragraph 44 – we welcome the emphasis on government ownership and leadership, and the need for strong accountability mechanisms. Conflicts of interest and distributing responsibility of the policy development process can prove detrimental to policy success, as shown by the UK Government's Responsibility Deal. More recognition of this complexity is necessary.
- Paragraphs 49-52 – we welcome the emphasis on a strong civil society, and in particular the 'watchdog' role that civil society can play to support government actions. Funding of this type of activity is limited however, and governments should be encouraged to promote and help to find financial support for such activities.
- Paragraph 53 – We welcome the emphasis on the need to mitigate or avoid conflicts of interest. It is important to note that identification and transparency of conflicts of interest is not a sufficient mechanism on its own and does require some clear princples and guidelines on how engagement is managed. Furthermore, it should be emphasised that while there may be a need for governments to interact with private sector entities, this is different from co-creating policies which is an approach with significant risk to protecting the public interest.
- Paragraph 55 – see note for Para 36 above.
- Paragraph 64 – research agenda. We recommend that research should be undertaken to identify the effect of the various policy proposals on health inequalities, as we fear that some proposals may widen disparities in obesity prevalence, especially if their implementation expects a higher level of parental education or available household resources.
- Reference 11 – the authorship should state: 'Lobstein T, Jackson-Leach R.'

[i] Carey G, Crammond B. Systems change for the social determinants of health. BMC Public Health. 2015 DOI 10.1186/s12889-015-1979-8
[ii] Peters DH. The application of systems thinking in health: why use systems thinking? Health Res Policy Systems 2014, 12:51.

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