

Obesity and non-communicable diseases: Learning from international experiences

High-level summary meeting report

This IASO meeting report is based on a conference *Obesity and non-communicable diseases: Learning from international experiences*, convened by the International Association for the Study of Obesity (IASO) and its policy section, the International Obesity TaskForce IOTF). The conference was held under Chatham House rules at the New York Academy of Medicine, 23-24 September 2013. The meeting brought together researchers, practitioners, funding agencies, non-governmental health and advocacy organisations and public officials to discuss experiences and strategies to reduce obesity and non-communicable diseases (NCDs). The key themes and issues that came up were:

1. The role of private sector interactions and public-private partnerships
2. Issues of accountability and indicators of action
3. The need for big picture and long term thinking
4. The importance of multi-sectoral action, including agriculture
5. The need to raise awareness and empower communities to press for change

1. Setting the context for action

The first speakers discussed the context for action in relation to the global obesity and NCD epidemic. NCDs and obesity are rising rapidly around the world - even in countries where levels are relatively low the rates have doubled. Stakeholders need to be aligned and work together. There is no one solution, and a combination of interventions will have the biggest impact on health and greatest cost saving benefit.

The market economy encourages companies to promote their products to make money. Interaction with the industry is important but, if we assume that the 'business of business is business' then health policies need to be developed while avoiding conflicting interests. The interests of corporations and health may overlap but they do not coincide.

Questions raised: whether or not banning food was conceivable (yes, some types/ingredients are already restricted), how a well-meaning individual can function in a dysfunctional system (take every opportunity, empower, nudge and persist), where education fits in (need to increase capacity for nutrition and health education).

2. Promoting health with youth

The second session drew on experiences from alcohol, tobacco and food marketing to children to highlight successes, failures and challenges, particularly in relation to the tensions that exist between the public and market interest. Recurring themes included:

- There is significant push back from policy makers who want proof of benefit of interventions
- Change takes time and there is a need for sustained action
- Public health stakeholders need to use the media, make data politically valid, challenge the opposition and produce consensus statements.
- Community action is vital to increase political will to make change and challenge business
- Industry lobbying power is a big problem, with the alcohol industry employing one lobbyist per two congress members in the USA.

It was noted that actions which require the least political will also have the smallest impact. The first step is to increase political will, with empowerment of communities and use of the media. In some countries the overriding issue of economic development meant health took second place to foreign direct investment in processed food production, and marketed with the aspiration to “be like America”.

Questions raised: problems working with industry in policy when regulations are often watered down (stand firm, present a united front, take advantage of divisions within industry stakeholders); the role of school based education interventions (not the answer on their own but can support other actions if run well and sustained over time); the use by companies of sub-conscious cues – e.g. manipulating flavour compounds in alcohol products and food to encourage consumption of products.

3. What can the commercial sector do?

An example of partnerships was presented from the UK, with the Responsibility Deal between civil society, industry and government based around a series of voluntary pledges including some to improve healthy eating and reduce alcohol harm. Problems with the scheme included poor monitoring (self-monitoring) and evaluation, and a lack of leadership or standards-setting from government. NGOs play a watchdog function but their time may be wasted in debating voluntary agreements instead of pressing for proper regulation.

When working with or challenging businesses it is important that the economic factors that drive business are not ignored such as their responsibility to stakeholders, investors seeking short-term gain, commodity prices, consumer demands and R&D investment. A mechanism for meaningful change is needed, such as metrics that measure and benchmark. While large companies are often the target of pressure and monitoring, small and middle sized companies are ignored. It was also noted that food and beverage companies and their associations lobby against and undermine health-promoting regulations, in the media and in the courts.

Questions raised: do benchmarking schemes, such as ATNI, reward the right thing (not at the moment, but it can be developed), is accountability raised by including CEOs, and how are industry pledges monitored.

4. Community strategies to promote health

A ‘systems approach’ to tackling obesity, recognising the role of the media, educators, the food industry, healthcare, leisure, finance, technology and public health scientists, concluded with the importance of engaging communities and promoting values-based arguments. Public opinion can influence decisions by policymakers. It is important to consider the role and range of different types of policies, not just regulation. The importance of understanding and learning from failure, as well as success.

Questions raised: is success in tackling childhood obesity in better-educated/higher income areas only, and what about urban versus rural interventions (tensions exist between citywide and targeted interventions, but status quo will only increase inequalities). Other issues include the role of incentives in changing behaviour, whether interventions do enough to challenge upstream determinants, economies of scale, cost assumptions (political as well as financial) and sustained impact vs. sustained action (environmental changes will sustain themselves).

5. What can civil society do?

Civil society is considered an important stakeholder, particularly as civil society can represent public interests, health promotion and community organisation. Discussion focused on the value of the watchdog role that civil society has to hold companies to account and to stimulate action at local and national policy levels. The history of the struggle to draft and implement the marketing code for breast-milk substitutes is an invaluable lesson when trying to improve food and beverage marketing. Advocacy needs to be guided by history, and the development of advocacy occurs through challenge as well as through consensus. A key role of civil society is to challenge market dominance and power, particularly in low-middle income countries where “big food” has only recently entered the market. In these situations partnerships should be ruled out completely.

Questions raised: can the lessons be translated from the south to the north (important to know the context before translation into other areas), do we have the consumer organisations we need (can't be single issue, need to work more closely with the NCD and obesity groups) and the inconsistencies of multinationals in different countries (need to expose the companies themselves and also their media agencies and activities). Can we scale up advocacy into social movements in this issue (not there yet, can't be manufactured, need to raise awareness to stimulate action) and the mandate for public and private partnerships (must avoid the term partnership as this implies shared values, better use 'interaction', and the mandate should be set by the health and public interest communities).

6. Strategies to support health and policies – gaps and needs

The final session drew on the issues, concerns, weaknesses and needs discussed previously to present some new ways of thinking for the future. The issue of accountability and the use of benchmark data as an upstream strategy for monitoring the ‘causes of the causes’ of NCDs led to discussion of the INFORMAS and ATNI projects, in which public and private sector actions and the resulting environments can be compared and benchmarked for comparison over time. It was suggested that ATNI focuses on multi-national companies and currently captures the good rather than the bad, and there is scope for expansion.

The second key issue is agriculture and the impact of food supplies on diet and health, using the principles of affordability, accessibility and availability taken from food security discourse. While there is a key influence of companies due to stakeholder demands, wider issues are present such as trade preferences, investment subsidies, commodity price controls and the distortions these may cause. It was noted how the price of fats and oils have reduced over time while the price of fruit and vegetables have increased.

7. Post meeting follow up

IASO has produced a Policy Briefing ‘*The prevention of obesity and NCDs: challenges and opportunities for governments*’ based on the discussions held at this meeting. It is available to download [here](#) and a press release about the document is available [here](#).