

## Submission from World Cancer Research Fund International on the Interim Report of the World Health Organization's Commission on Ending Childhood Obesity

June 2015

### General information

Name: Bryony Sinclair and Louise Codling

Organisation: World Cancer Research Fund International

Type of organisation: NGO

Country: United Kingdom

Email: [policy@wcrf.org](mailto:policy@wcrf.org)

### About World Cancer Research Fund International

World Cancer Research Fund International leads and unifies a network of cancer prevention charities with a global reach. We are the world's leading authority on cancer prevention research related to diet, weight and physical activity. We work collaboratively with organisations around the world to encourage governments to implement policies to prevent cancer and other non-communicable diseases (NCDs).

We advocate for the wider implementation of more effective policies that enable people to follow our Cancer Prevention Recommendations. The evidence shows this will reduce the chances of people developing cancer and other NCDs.

### Summary

*Action across developmental and environmental considerations is urgently needed to effectively address childhood obesity. World Cancer Research Fund International commends the Commission's emphasis on policy action across the life-course, the need for a comprehensive approach and government's central role in tackling and preventing childhood obesity.*

### Policy action

- Governments need to be encouraged to adopt the most comprehensive approach possible, because "singular approaches will not be effective" (as stated in the report).
- The best available evidence should be used to act *now*. A comprehensive approach to tackle childhood obesity can be established using World Cancer Research Fund International's NOURISHING framework that identifies ten policy areas where action is needed across three domains: the food environment, food system and behaviour change communication. NOURISHING's accompanying policy database provides examples of implemented policy actions from around the world and provides governments with examples that can be learned from and adapted to national contexts.
- Taking policy action across the three domains in the NOURISHING framework will help promote healthier diets and reduce obesity across the life course – benefiting children, adolescents and adults.
- In order to foster multi-sectoral action, more dialogue is needed across sectors to attain policy coherence. Identifying and acknowledging the co-benefits of addressing childhood obesity across sectors is key.

## Central role of governments

- It is essential for governments to have a central role in developing a comprehensive multi-sectoral approach by establishing good governance and supporting measures for healthy life choices through appropriate regulatory, statutory and policy frameworks.

## Importance of addressing childhood obesity

- Childhood obesity indirectly increases the risk of cancer. The report notes that being obese as a child increases the likelihood of being obese as an adult. There is strong evidence that being overweight or obese in adulthood increases the risk of at least ten cancers. Therefore cancer should be included among the morbidities associated with adult obesity throughout the report.
- Primary prevention of childhood obesity is key since overweight and obesity is difficult to reverse and tracks into adulthood, leading to further health implications.
- Current childhood obesity rates pose a significant social, development and health problem, warranting immediate action. Taking into consideration the numbers of children on the pathway to develop obesity, it's clear that action can no longer wait.

## Answers to specific questions asked by the Commission

### 1. Are there issues or strategies that have been overlooked in the Commission's interim report?

- Childhood obesity's connection to cancer has not been made in the report. Paragraphs 9 and 17 of the report make the connection between childhood obesity and adult obesity. We recommend that cancer be added to both paragraphs as an additional morbidity associated with adult obesity. There is strong evidence that being overweight or obese in adulthood increases the risk of at least ten cancers.<sup>1</sup>
- Paragraph 42 outlines the adverse consequences of low physical activity but fails to include cancer. There is strong evidence that being physically active protects against cancers of the colon, post-menopausal breast and endometrium in adulthood.<sup>2</sup>
- World Cancer Research Fund International's NOURISHING framework can be used to outline a comprehensive approach to reducing childhood obesity (see Appendix). NOURISHING outlines ten policy areas across three domains (food environment, food system and behaviour change communication) where policy action is needed to promote healthier diets and reduce obesity.
- Providing concrete multi-sectoral policy options in the final Commission report will support and enable countries to take action to address childhood obesity, creating good synergy with existing commitments and promoting policy coherence to develop or strengthen actions to reduce NCDs and improve nutrition. These existing commitments were made in the outcome document of the high-level meeting of the UN General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases<sup>3</sup> (recognizing that progress has been insufficient and highly uneven), and the Rome Declaration and Framework for Action from the Second International Conference on Nutrition.

---

<sup>1</sup> World Cancer Research Fund International, Cancer linked with greater body fatness. Accessed 13 April 2015: <http://www.wcrf.org/int/cancer-facts-figures/link-between-lifestyle-cancer-risk/cancers-linked-greater-body-fatness>

<sup>2</sup> World Cancer Research Fund International, Physical Activity. Accessed 2 June 2015: <http://wcrf.org/int/cancer-facts-figures/link-between-lifestyle-cancer-risk/physical-activity>

<sup>3</sup> A/RES/68/300

- **Marketing to children**
  - We support the report's attention to the need for a reduction in **exposure** of children to, and the **power** of, marketing. We urge the Commission to include a definition of marketing in the report, e.g. '*Marketing refers to any form of commercial communication or message that is designed to, or has the effect of, increasing the recognition, appeal and/or consumption of particular products and services. It comprises anything that acts to advertise or otherwise promote a product or service.*'<sup>4</sup> Examples include: advertising, direct marketing, product placement and branding, sponsorship, product design and packaging, point-of-sale and online marketing techniques (e.g. advergames).
    - This is further supported by the outcome document<sup>5</sup> from the UNCRC Committee's 2014 Day of General Discussion, which highlighted the importance of viewing marketing to children through a broader 'digital media' lense recognising the highly complex and rapidly changing digital environment.
  - We recommend broadening Paragraph 21 to the marketing of unhealthy foods directly *and indirectly* to children. Indirect marketing includes corporate sponsored education materials, product placement and corporate sponsored incentives and contests.
  - Include criteria for regulations or legislation restricting the exposure and power of marketing to children (e.g. age of a child, communication channel and marketing technique targeted, what constitutes marketing to children, restricted foods)
  - A recommendation should also be included on how to monitor the impact of a regulation or law.
- Paragraph 23 makes reference to the external normative, legal and policy environments in which the Commission operates. More specific reference and recognition of these would strengthen the recommendations in the Commission's report. These could include:
  - The Rome Declaration and Framework for Action from the Second International Conference on Nutrition
  - The UN Committee on the Rights of the Child's General Comment No. 15 on *The right of the child to the enjoyment of the highest attainable standard of health*. In paragraph 2 the Committee refers to Article 24 of the UNCRC Convention as an 'inclusive' right, with the "right to grow and develop to fulfil potential and live in conditions that enable to attain the highest standard of health". Furthermore, paragraph 47 specifically mentions States' obligations to address obesity, including through regulation of marketing to children.
  - The Office of the High Commissioner for Human Rights' 2012 report on *The right of the child to enjoyment of the highest attainable standard of health* emphasises children's health as a global priority, including the burden of overnutrition.
- Paragraph 54 – another factor affecting the effectiveness of interventions in school settings is c) degree of comprehensiveness of the approach (e.g. nutrition standards for all foods and drinks available on school premises, fruit and vegetable programmes, restrictions on marketing of unhealthy foods in schools (including sponsorships), working

---

<sup>4</sup> Definition from the WHO's "Framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children"

<sup>5</sup> Committee on the Rights of the Child. Report of the 2014 Day of General Discussion "Digital media and children's rights" (in particular Paragraph 45). Accessible:

[http://www.ohchr.org/Documents/HRBodies/CRC/Discussions/2014/DGD\\_report.pdf](http://www.ohchr.org/Documents/HRBodies/CRC/Discussions/2014/DGD_report.pdf)

with food suppliers to provide healthier ingredients to school canteens, training for school caterers, and nutrition, cooking and food production skills in curriculum).

- When referring to school environments in Paragraph 55 consider including nutrition standards for foods and beverages available in schools as a specific action to make the environment less obesogenic.
- Consider including the following in the “Research Gaps” section:
  - Evaluations of implemented policy actions. Evaluations could consider: effectiveness, cost-effectiveness, unintended effects, equity, co-benefits, acceptability and feasibility.
  - Research identifying the ‘pathway of effects’ of specific policy actions to facilitate monitoring and evaluation to understand short-, medium- and long-term outcomes.

## **2. How can your sector/entity contribute to the proposed policy options to end childhood obesity?**

We developed the NOURISHING framework<sup>6</sup> to enable and encourage governments to take policy action to promote healthy diets and reduce obesity and NCDs. NOURISHING can be used to identify a comprehensive package of policies to tackle childhood obesity (see Appendix) across ten policy areas and three domains: food environment, food system and behaviour change communication.

The NOURISHING framework can be used by countries to:

- identify where action is needed to promote healthy diets and reduce childhood obesity
- select and tailor options suitable for different populations
- assess if approach is sufficiently comprehensive

The NOURISHING framework has an accompanying policy database that provides a regularly updated, comprehensive list of policy actions that have been implemented around the world. We use this database to report, categorise and monitor implemented policy actions that exist globally and encourage governments to learn from what other countries are doing.

We also recently created a Policy Advisory Group to advise us on how we can more effectively meet the evidence needs of the policymaking community in developing and implementing policy actions to prevent cancer and other non-communicable diseases - thereby helping to facilitate an expanded perspective on identifying relevant evidence for policy development and implementation (relevant to Paragraph 32 of the Commission’s report).

## **3. What are the important enablers to consider when planning the implementation of these proposed policy options?**

- Sectoral cooperation – identifying co-benefits across sectors to halt or reduce rates of childhood obesity
- Evidence of policy effectiveness (what has worked?)
- Evidence of policy implementation (how does it work?)
- Identification of the intermediary effects between a policy and its ultimate health outcome (e.g. by analysing the ‘intervention logic’ of a policy or intervention). Intermediary effects can then be used to monitor the effectiveness of a policy along the ‘pathway of effects’.
- Policy coherence
- High-level champions

---

<sup>6</sup> [www.wcrf.org/NOURISHING](http://www.wcrf.org/NOURISHING)

- Technical support for policy implementation (e.g. WHO’s Framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children)
- Knowledge of local context (e.g. epidemiology)

#### **4. What are the potential barriers to implementation to be considered for these proposed policy options?**

Potential barriers to implementation of the proposed policy options include:

- Resistance from the private sector (including through lobbying government)
- Unwillingness or inability to act on best available evidence (e.g. waiting for more evidence to act) or lack of consensus on the value of different types of evidence to inform policy (e.g. modelling and case studies versus randomised controlled trials)
- Evidence barrier - insufficient evaluation of existing *implemented* policy actions
- Push-back from the public against a perceived “nanny-state”
- Disagreement with what actions to prioritise (or a package of policies)
- Lack of capacity, especially in low- and middle-income countries
- Government’s unwillingness or inability to take more comprehensive and stronger action
- Timescale of policies
  - Reluctance to implement policies whose outcomes and impact are longer-term (e.g. influencing preferences in childhood)
  - Important to identify ‘markers of success’ along the pathway of effects to ensure ‘quick wins’ for governments

#### **5. How would your sector/entity measure success in the implementation of these proposed policy options?**

We will continue to use and develop our NOURISHING database to monitor policy actions being implemented by countries around the world. We would consider a measure of success as seeing higher rates of implemented policies, as well as more governments implementing comprehensive packages of policies to tackle childhood obesity.

We will also refer to existing global targets to measure success of the proposed policy options (e.g. WHO’s Global Monitoring Framework for NCDs).

#### **6. How would your sector/entity contribute to a monitoring and accountability framework for these proposed policy options?**

We will continue to monitor the implementation of policy actions globally that tackle childhood obesity across the ten policy areas identified in the NOURISHING framework. The NOURISHING framework is publicly available on our website ([www.wcrf.org/NOURISHING](http://www.wcrf.org/NOURISHING)).

#### **7. Any other comments about the interim report?**

- The concept of a “health-promoting school environment” could be expanded in Paragraph 35 (e.g. nutrition standards for foods and beverages available on school premises, marketing and sponsorship restrictions, fruit and vegetable programmes, nutrition literacy and food skills in curriculum, physical activity)
- Regarding “constructive engagement with the private sector, while avoiding conflict of interest” in Paragraph 26, it is important that private sector does not guide policy development, but is sufficiently consulted as they are central to the implementation of certain policies.

- Paragraph 27 states “A number of agricultural policies and interventions have been recommended to promote healthy diets globally.” It would be helpful to include examples of the recommended policies and reference where they have been implemented.
- Globally we are facing multiple burdens of malnutrition (stunting, wasting, micronutrient deficiencies, overweight and obesity), not a double burden of malnutrition as stated in Paragraphs 28 and 47.
- Include examples of “public and private sector initiatives to promote healthier food behaviours” in Paragraph 37.
- “Tackle the obesogenic environment and norms” section (p.16): include policies that set incentives for healthy retail and food service environments.
- Consider developing a conceptual framework for the different types of evidence that inform policy development (e.g. modelling, case studies, systematic reviews).

### **Feedback on overarching policy considerations**

- V. “A monitoring and accountability framework will be required at a national level to ensure effective policy implementation and action”
  - Another consideration is that a monitoring and accountability framework will allow for cross-learning between countries

### **Feedback on policy options**

- **Strategic objective 1a**, *Inform by*:
  - add “advice in primary care and dental settings”. Evidence shows that these settings can be effective at changing food habits (e.g. can increase fruit and vegetable consumption)
- **Strategic objective 2b**
  - ii) include mandatory nutrition standards for food and beverages available in pre-school and day-care settings.
- **Strategic objective 2c**
  - ii) Include mandatory nutrition standards for food and beverages available in schools
  - iii) add school caterers to list

## Appendix

Policy actions in NOURISHING that address childhood obesity		
	Policy area	Examples of potential policy actions
<b>N</b>	Nutrition label standards and regulations on the use of claims and implied claims on foods	Nutrient lists on packaged foods; clearly visible 'interpretive' labels and warning labels; menu, on-shelf labelling; calorie labelling on menus and displays in out-of-home venues; rules on nutrient and health claims, on foods made for, and consumed by, children
<b>O</b>	Offer healthy foods and set standards in public institutions and other specific settings	Free fruit and vegetable programmes in schools, nutrition standards for all foods and drinks available on school premises, including restrictions on unhealthy foods and drinks, ban unhealthy offerings in vending machines
<b>U</b>	Use economic tools to address food affordability and purchase incentives	Targeted subsidies (e.g. weekly vouchers for pregnant women and/or families with young children to spend on foods such as milk, plain yoghurt, fresh and frozen fruit and vegetables); price promotions at point of sale; unit pricing health-related food taxes
<b>R</b>	Restrict food advertising and other forms of commercial promotion	Mandatory regulation of advertising to children that promotes unhealthy diets in all forms of media (TV, radio, print, internet etc); sales promotions; packaging; sponsorship and in schools
<b>I</b>	Improve the quality of the whole food supply	Reformulation of food products to reduce salt and fats; eliminate trans fats; reduce energy density of processed foods; portion size limits for foods made for, and consumed by, children
<b>S</b>	Set incentives and rules to create a healthy retail and food service environment	Incentives for retailers to provide attractive, acceptable and affordable nutritious foods around schools and under-served neighbourhoods; initiatives to increase the availability of healthier foods, and reduce 'less healthy' foods and ingredients in stores and food service outlets; planning restrictions on food outlets (e.g. restrictions around schools and areas where children play); controls on use of in-store promotions targeting children
<b>H</b>	Harness the food supply chain and actions across sectors to ensure coherence with health	Working with food suppliers to provide healthier ingredients to school canteens
<b>I</b>	Inform people about food and nutrition through public awareness	Education targeting children around food-based dietary guidelines; mass media, social marketing and public information campaigns focused on problematic dietary patterns and habits of children (e.g. skipping breakfast, snacking, sugary drinks intake)
<b>N</b>	Nutrition advice and counselling in healthcare settings	Nutrition advice for children in healthcare settings (e.g. primary care and dentist); clinical guidelines for health professionals on effective interventions for nutrition targeting children
<b>G</b>	Give nutrition education and skills	Nutrition, cooking/food production skills on education curricula; initiatives to train school children on growing food. Training for caterers in schools.