



WCRF International response to WHO consultation on “multi-sectoral action for the prevention and control of NCDs through effective partnership”

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About WCRF International

WCRF International is pleased to respond to this consultation as the principal international association dedicated to the prevention of cancer through healthy food, nutrition, physical activity, and weight management.

WCRF International leads and unifies a global network of cancer charities, comprising: World Cancer Research Fund UK (WCRF UK); Wereld Kanker Onderzoek Fonds (WCRF NL); World Cancer Research Fund Hong Kong (WCRF HK); and Fonds Mondial de Recherche contre le Cancer (FMRC). Since 1982, the WCRF global network has funded cutting-edge research to the value of more than £85 million. This research has helped further our understanding that cancer is a largely preventable disease, with experts estimating that about a third of the most common cancers could be prevented by eating a healthy diet, being physically active and maintaining a healthy body weight.

We have built on our scientific expertise to produce evidence-based policy recommendations for the prevention of cancer that target, among other actors, multinational bodies, governments and the private sector. These recommendations outline action to be taken at different levels in order to influence and change those lifestyle choices that increase people’s risk of developing cancer.

Our principal recommendation to government at all levels is that they have a chief and central responsibility for protecting, maintaining and improving public health; strong government stewardship for health should include legislation, cross-sector policies, market measures and other available mechanisms directed towards promoting healthy patterns of diet and physical activity.

Prevention of cancer

Our research has shown that cancer is largely preventable by making long-term changes to the foods we eat and how active we are, as well as maintaining a healthy weight (WCRF/AICR, 2007). Based on the findings of our research, we estimate that about a third of the most common cancers in higher-income countries and about a quarter in lower-income countries could be prevented through eating healthily, being physically active and maintaining a healthy weight (WCRF/AICR, 2009).

All of our scientific and policy publications can be downloaded [here](#).

Summary

The Political Declaration on the Prevention and Control of Non-Communicable Diseases, issued by the UN General Assembly in September 2011, represents a major step forward for global health and development. Such high-level recognition of the scale of the problem and common underlying risk factors for non-communicable diseases (NCDs) provides an unprecedented opportunity to reduce the burden of cancer, cardiovascular disease, chronic respiratory disease, and diabetes as well as other chronic diseases.

The growing burden of disease attributable to NCDs, their universal geographic distribution, common risk factors, the threat they pose to development, and underlying global drivers make international commitment to prevention a necessity.

Tobacco, obesity, unhealthy diets, excessive consumption of alcohol and physical inactivity are the most important preventable risk factors for NCDs. The World Health Organization (WHO) estimates that elimination of these shared risk factors could prevent up to 80% of heart disease, stroke, and type II diabetes, and over a third of the most common cancers.

It is critically important to reduce the level of exposure of individuals and populations to these common modifiable risk factors, including through population-based approaches that require a whole of society effort. Prevention must continue to be the cornerstone of any response. We look to the WHO to set out measurable actions on these major risk factors, including the adoption of international agreements and strategies, legislative, regulatory and fiscal measures aimed at supporting prevention efforts.

We have now reached a critical juncture for NCD policy. The WHO has been charged with developing global voluntary targets on NCDs, and a monitoring framework – complete with a comprehensive set of indicators – to measure global progress. In addition, 2013 will see the development of a new NCD Action Plan for the Global Strategy for the Prevention and Control of Non-Communicable Diseases. WHO and UN processes need to be fully integrated and complementary to avoid duplication and to minimise reporting conflicts.

This paper sets out the recommendations of World Cancer Research Fund International to ensure multi-sectoral action in the follow up to the Political Declaration. Each section can be read independently or as a combined package:

Part 1: Importance of political processes and policy coherence

Main recommendation: ensure supportive political processes for the implementation of the Political Declaration, including an inter-agency coordinating mechanism.

Part 2: Prevention as part of a comprehensive multi-sector NCD Strategy

Main recommendation: ensure the inclusion of specific and measurable actions on tobacco, food, physical activity, alcohol and obesity as part of a comprehensive NCD strategy.

Part 1: Importance of political processes and policy coherence

Cross-agency and multi-sector action

It is universally recognised that the determinants of the NCD epidemic are multiple and complex. Successful implementation of the Political Declaration therefore requires coordinated and concerted action across UN agencies to ensure that all possible actors are mobilised.

System coherence – ensuring a joined-up response – should be a major priority for the family of UN agencies in the follow-up to the Political Declaration. This will help to assign mandates and allocate resources throughout the system for the prevention of NCDs.

International coordination on NCDs via an Inter-Agency Coordinating Mechanism and a Global Coordinating Platform is a major opportunity to ensure the success and effective implementation of the Political Declaration.

Lessons should be learnt from previous multi-sector initiatives and consulting approaches used for the Millennium Development Goals and the follow-up to the UN Political Declaration on HIV/AIDS. Such experiences could be useful to see how the collective power of the UN agencies, member states and civil society can be harnessed and strengthened to make progress on NCDs. Action across agencies will help cement and elevate NCDs as a priority issue for all member states and agencies.

With the globalisation of commerce, converging patterns of consumption and lifestyle trends worldwide, and the challenges associated with global sustainability, NCD prevention measures require action at the national (e.g., member states), regional (e.g. EU) and international level. The WHO as the specialised agency for health has a leading role to play in influencing the work of other agencies or institutions in relation to NCDs. These include action to address the (de)regulatory framework governing cross-border trade and the marketing of goods and services.

Cross-sector mechanisms for work on NCDs

The Political Declaration recognises the importance of leadership by the health sector, but also emphasises the need for multi-sector and multi-agency action.

It would be beneficial to the overall success of the Political Declaration if the UN Secretary General were to maintain political oversight, to coordinate the development and implementation of UN policy and action at the global and regional levels. This could be achieved in part through the formal establishment of a UN inter-agency coordinating mechanism on NCDs, to support the WHO in its role as lead agency.

UN inter-agency coordinating mechanism: Council of Advisers

The UN Secretary General (in line with Articles 55 and 58 of the UN Charter) should establish a Council of Advisers – or similar – on NCDs, formed of senior staff from all relevant agencies, programmes and funds¹. The members of the Council would then work in close cooperation with the WHO, the Secretary General and his advisers to ensure an appropriate and comprehensive UN-wide response. The Council will align

¹ UN Secretary General, WHO, FAO, WFP, UNICEF, ILO, WTO, World Bank, UNDP, UNESCO, IMF, UN ECOSOC, UN SCN, UN Special Rapporteur on Right to Food

itself with key global processes and will use the implementation of the Political Declaration, the global voluntary targets, the Global NCD Action Plan and the monitoring framework to guide its work programme. The Council should envisage conducting a needs-assessment to identify threats, gaps and weaknesses in current global governance systems that may undermine work on NCD prevention.

The Council of Advisers should also consider options relating to the financing and resources for the global response to NCDs. Novel financing mechanisms at the national level such as hypothecated taxes on unhealthy products and blind trusts should be considered alongside more traditional increased allocations to health system financing. The members of the Council of Advisers should also consider options for financing at the global level, such as a financial transaction tax, overseas development aid and philanthropic funds among others.

Given the complex nature of the underlying determinants of NCDs, the UN Secretary General should also grant the UN ECOSOC, the UN SCN, and the UN Special Rapporteur on the Right to Food authority to participate and engage in this work.

Global coordinating platform with separate forum

A global coordinating platform may also be established in line with Paragraph 64 of the Political Declaration. This represents an opportunity to foster multi-sector action. We support the establishment of a global coordinating Platform on NCDs that is housed within the WHO, with an independent governing Board and a Secretariat. As part of the global response to the Political Declaration, the Platform would be a facilitator in the multi-sector implementation of the Political Declaration and other relevant strategies, bringing together actors that lie outside of the UN system. The Board would oversee the work of the Platform Secretariat and should seek advice from the inter-agency Council of Advisers in the development of a work plan for the Platform. An appropriate composition for the Board would include:

- Academic institutions;
- Member state representative from the high-, low- and middle-income countries;
- Donor agencies and foundations;
- Health care professionals associations;
- Multilateral organisations, including WHO;
- Public-interest NGOs²

The Platform would host a Forum – that is separate from the Board and Secretariat – to bring together actors from UN agencies, national governments, civil society, academia, and, where appropriate, the private sector.

The Forum would provide an opportunity for members to coordinate implementation of the Platform’s joint action plan, consolidate and coordinate commitments, and provide a forum to exchange information and share best practices. Work in this Forum will be additional and complementary to, but not in place of, independent evidence-based policy development by UN agencies and member states.

Unlike other existing global platforms, such as Roll Back Malaria, the issue of conflicts of interest for the food and alcohol sections of the private sector is particularly important for NCDs due to distinct role that the high fat, salt and sugar

² As addressed in the WHO report on [‘Interactions with Civil Society and NGOs’](#)

food and alcohol products - and associated marketing and pricing policies - play in driving the NCD epidemic. The Platform – particularly in its work relating to the Forum – would need to be governed by an ethical framework and code of conduct that set out principles of engagement with the private sector – this will ensure the avoidance and management of conflicts of interest and will firewall policy development.

Inter-agency work and stakeholder engagement via a Council of Advisers and a coordinating Platform (or similar) are parallel priorities and together represent an opportunity to ensure cooperation between the UN, its agencies, member states and relevant stakeholders. Options for a formal consultative relationship between the Platform Board, in an advisory capacity, and the Council of Advisers, in its policy development and management capacity, should be considered, with due concern given to avoiding conflicts of interest. The Council of Advisers should maintain responsibility for evaluating the contribution of the Platform and the Forum to the global response and should recommend alternative policy action where progress and commitments are absent.

Who decides the participation in the Forum and based on which criteria?

The WHO should set up solid accountability criteria to select entities to be invited and involved in the Platform forum and outline how it envisages their participation – this should then be communicated to the Board. A clear analysis on the contribution of the different types of actors in the realization of the right to health for all, their importance on global health, or the interests that are sealed behind them is urgently needed.

Consideration should be given to the financial and resource implications of participating in the Forum for public interest NGOs and representatives from low- and middle-income countries with limited resources. The WHO should consider how to fund the activities of the Forum, giving due consideration to the need to avoid conflicts of interest.

A synergistic approach

The Political Declaration should also feed into and support pre-existing WHO strategies on the prevention of NCDs, including strategies and action plans that address individual risk factors for NCDs, such as diet, physical activity and alcohol.

The WHO needs to consider how these can be coordinated and strengthened through inter-governmental and inter-agency cooperation.

The revision on the Global NCD Action Plan in 2013 represents an excellent opportunity for the WHO to set out a roadmap for member states and bring the diverse strategies and activities together. Clear guidance on policy interventions will help the member states meet the targets and monitor progress.

It is advisable for the WHO to ensure that the monitoring framework and the NCD Action Plan are fully compatible. A revised NCD Action Plan in 2013 that is compatible and streamlined with the global monitoring framework and comprehensive indicators will provide the starting point for implementation of evidence-based actions.

The member states are essential actors in ensuring a synergistic approach to NCD prevention and control. They can both contribute to the development and

implementation of coordinated international strategies that protect global public health, and maintain chief and central responsibility for protecting and improving the health of their own populations.

The Framework Convention on Tobacco Control (FCTC) is a good example of effective joint working between the WHO, member states and civil society at the international level that also has policy implications at the national level. NCD strategies, of course, will need to be implemented at the national and local levels too. Member states will be responsible for ensuring that their commitment to implementing international strategies and domestic targets remains ambitious in the context of their national situation. The WHO regional offices will play a vital role in supporting their member states by adapting the recommendations to suit the health and social challenges particular to each region.

In regions where there is significant inter-country cooperation – such as within the EU or ASEAN – consideration should be given to the role these influential inter-governmental bodies can play and how to engage them. The EU, for example, played a leading role in the development of the FCTC, and has adopted Directives on tobacco and strategies on alcohol and nutrition. It is now consulting on the development of a chronic disease strategy.

A concerted effort in terms of monitoring implementation and the provision of support from the WHO will be necessary to ensure recommendations are converted into action by member states. In its role setting standards and norms, the WHO can ensure that the NCD Action Plan acts as a model for national strategies on NCDs.

The WHO, as the lead technical agency, has developed a proposal for global voluntary targets and a monitoring framework complete with indicators in response to the Political Declaration – we believe that strong and effective targets and monitoring framework should form the basis of the next NCD Action Plan. We would like to see the list of targets and indicators expanded to ensure a comprehensive response at the global and national level.

Part 2: Prevention as part of a comprehensive multi-sector NCD Strategy

To ensure that the ambitions of the Political Declaration are met, we make two overarching recommendations for NCD prevention. These are highlighted below with specific and measurable actions to support their implementation. The recommendations can inform and guide international work in the context of the Political Declaration. We believe that these recommendations should underpin the WHO's approach to the development of the NCD Action Plan, the monitoring framework and indeed the voluntary targets.

1. Take a coordinated approach to governance for NCD prevention

NCD prevention requires the creation and maintenance of health-promoting environments. All government departments and agencies play a role, and a 'Health in all Policies' approach is recommended. The importance of health and its impact on other areas such as the economy, productivity and well-being should be broadly recognised to become an integral element in major strategic initiatives, such as strategies for growth and jobs, sustainable development, taxation, social and regional policy and education. For example, the various different departments at the national level and in regional governmental bodies such as the EU or ASEAN need to prioritise cooperation on health and consider the potential impacts on health or health systems when formulating new policies.

Key considerations:

- The cross-sector approach also needs to be applied to other important areas of international work, including: food and agriculture policy, poverty and social inequalities, global trade agreements, urbanisation, demographic change, and – in the case of low-income countries – the economic transition.
- Greater clarity of the potential for coherence in trade and health policy is needed so that health objectives (and the measures necessary to protect the health of the population) are not undermined by basic free trade principles such as non-discrimination. WTO jurisprudence has recognised in the past the right of member states to subordinate trade-related considerations to other policy objectives, such as health. Free trade agreements control the market for and quality of traded products, and the protection of health (via health-enhancing food and agricultural policies, for example) should be a high priority.
- Cross-border marketing that cannot be regulated with ease at the national level is an area requiring attention. For example, there are few internationally mandated controls on marketing messages, and attempts to protect children especially may be undermined by practices emanating from countries with different standards. International codes with high standards – adopted by inter-governmental bodies and agencies - provide a good model against which commercial actors can be held accountable.

As the focus is currently on leveraging global capacity for NCD prevention, we recommend the establishment of an inter-agency coordinating mechanism as a central pillar of a comprehensive NCD strategy. The UN Secretary General (in line with Articles 55 and 58 of the UN Charter) may like to consider establishing a Council of Advisers on NCDs formed of senior staff from all relevant agencies. The members of the Council would then work in close cooperation with the WHO, the Secretary General and his advisers to ensure an appropriate UN-wide response. The Council

would use the implementation of the Political Declaration, the global voluntary targets, the Global NCD Action Plan and the monitoring framework to guide its work programme. The Council could envisage conducting a needs-assessment to identify threats, gaps and weaknesses in current global governance systems that may undermine work on NCD prevention. The UN Secretary General may also consider granting the UN ECOSOC, the UN SCN, and the UN Special Rapporteur on the Right to Food authority to participate and engage in this work.

A global coordinating platform may be established in line with Paragraph 64 of the Political Declaration. The inter-agency mechanism may seek advice from the coordinating platform in a consultative and advisory capacity.

Recommended actions for a coordinated approach to governance for NCD prevention

Action	Key Actor Groups
<ul style="list-style-type: none"> Establish a UN coordinating mechanism that brings together all relevant agencies to ensure their sustained engagement 	UN Secretary General, WHO, FAO, WFP, UNICEF, ILO, WTO, World Bank, UNDP, IMF, UNESCO, UN ECOSOC, UN SCN, UN Special Rapporteur on Right to Food
<ul style="list-style-type: none"> Maintain ultimate accountability for the delivery of an inter-agency response to NCDs 	UN Secretary General, WHO, Member States
<ul style="list-style-type: none"> Recognise and support the UN General Assembly as the accountable body responsible for the Political Declaration 	Member States
<ul style="list-style-type: none"> Adopt and communicate a set of specific, ambitious and comprehensive global and national targets for the prevention of NCDs 	WHO
<ul style="list-style-type: none"> Establish a monitoring framework with comprehensive indicators (policy, process and outcome indicators) that guides the follow-up to the Political Declaration and is streamlined with other strategies, such as the new NCD Action Plan 	WHO, UN
<ul style="list-style-type: none"> Coordinate standards for international trade in goods and services, including marketing standards 	UN coordinating mechanism, WHO, WTO, UN ECOSOC, UN SCN, Member States
<ul style="list-style-type: none"> Coordinate the criteria for international aid and development to support NCD actions 	UN coordinating mechanism, WHO, WTO, IMF, World Bank, WFP, UNDP, UNICEF
<ul style="list-style-type: none"> Ensure that NCD actions are concordant with other global commitments e.g. for food supply sustainability, environmental protection and the MDGs; 	UN coordinating mechanism, WHO, FAO, WFP, UNICEF, UNDP, ILO
<ul style="list-style-type: none"> Monitor the actions of commercial organisations to ensure compliance with international policies and agreements. 	UN coordinating mechanism, WHO, Member States, CSOs
<ul style="list-style-type: none"> Recognise the need to manage conflicts of interest in policy-making that are inherent in interactions 	UN Secretary General, WHO, Member States

with for-profit companies and non-governmental business-interest associations with core activities in the food, non-alcoholic and alcoholic drink sectors.	
<ul style="list-style-type: none"> Adopt principles for engagement to manage conflicts of interest 	UN Secretary General, WHO, Member States
<ul style="list-style-type: none"> Recognise the chief and central responsibility of government for public health 	Member States
<ul style="list-style-type: none"> Engage with and support the work of the WHO in advancing follow-up action to the Political Declaration at the global level. 	Member States, UN coordinating mechanism
<ul style="list-style-type: none"> Continue to advance positive contribution to the implementation of global strategies on NCDs; diet, physical activity and health; alcohol ; and the Framework Convention on Tobacco Control. Ensure that the revised NCD Action Plan (2013) incorporates the monitoring framework and the targets. 	WHO
<ul style="list-style-type: none"> Consider novel ways to raise funds for the implementation and monitoring of NCD action plans, including through hypothecated taxes and wider fiscal measures. 	WHO, Member States
<ul style="list-style-type: none"> Enhance, where possible, support for low- and middle-income countries in developing a comprehensive response to NCDs through effective approaches to prevention. The WHO can continue to exercise its technical and norm-setting role. 	WHO, Member States
<ul style="list-style-type: none"> Ensure NCD prevention is an explicit priority in all stages of food systems including product development, formulation, promotion and distribution. This requires global governance structures and comprehensive food policies that integrate NCD prevention with MDG hunger and nutrition goals, along with goals for agricultural sustainability and environmental protection. 	WHO, FAO, WFP, Member States
<ul style="list-style-type: none"> Advance work at the regional level to ensure implementation and monitoring of relevant regional strategies through effective coordination between WHO Geneva, regional offices and regional governmental organisations (e.g. EU, African Union). 	WHO, WHO Regional Offices, Member States, regional governmental organisations
<ul style="list-style-type: none"> Seek contributions from public-interest civil society organisations and academia in the development of targets, indicators and the monitoring framework. 	WHO, UN
<ul style="list-style-type: none"> Use actions on obesity as key indicators of NCD policy implementation. 	WHO, Member States, FAO, UNICEF, WFP and other health observatories

2. Develop and implement cross-sector strategies

NCD prevention requires the establishment and maintenance of health-promoting physical and social environments. To a great extent, the current NCD epidemic is a

product of the interaction between characteristics of our modern environment that undermine attempts to eat healthily, increase exposure to unhealthy foods and tobacco products, encourage excessive consumption of alcohol, and encourage sedentary behaviour. Health is influenced by many factors and, for this reason, it is important to reaffirm the commitment to health in all policies through cross-sector approaches to NCD prevention.

Key considerations:

- Accumulated disadvantage, within and between generations, is strongly associated with NCDs and the economic dimension of health gain should be a central objective for poverty reduction strategies and other areas of policy aimed at integration and social inclusion, including employment, education, planning and housing policies. Several key life stages and settings also offer opportunities for interventions, from health advice to pregnant women and those with young infants, workplace and school-based interventions through to healthy ageing initiatives; a life course approach to prevention will help minimise risk among vulnerable groups and reduce health inequalities.
- Levers for NCD prevention include support on the supply side for healthy products combined with price disincentives for unhealthy products and alcohol; controls on the marketing of unhealthy products to children and greater restrictions on the marketing of alcohol; increased opportunity/space for physical activity; and, strong implementation of marketing standards for breast milk substitutes. Action in these areas can be initiated by the health sector, but often needs to be implemented in part or, in some instances, entirely by action taken in other sectors. Joint working with other departments is important and should include departments with responsibility for agriculture, food, rural affairs, media, consumer affairs, local planning, and the environment.
- Every environment has the potential to provide opportunities to promote health. These include:
 1. Physical and built environments – local access to green spaces and healthy food supplies for all communities; and, planning restrictions for fast food outlets in the immediate vicinity of schools. This is a complex challenge, particularly for countries undergoing rapid urbanisation and development;
 2. Financial environments – affordable fruit and vegetables; reducing demand for alcohol and tobacco through taxation and pricing mechanisms; and, provision of active leisure facilities.
 3. Social environments – regulating and restricting the availability of alcohol; regulation on smokefree environments; and, workplace programmes to encourage breastfeeding;
 4. Knowledge environments – health education and skills about the benefits of leading healthy lifestyles; brief interventions with health professionals; campaigns aimed at raising awareness of health benefits and risks; and, provision of information through labelling;
 5. Commercial environments – addressing market failures and distortions through restrictions on marketing; incentives to reformulate products high in fats, salt and sugar; implementing food taxes and subsidies.

Recommended actions for developing and implementing cross-sector strategies

Action on the Food Environment	Key Actor Groups
<ul style="list-style-type: none"> Develop the necessary policies to provide incentives for the production and formulation of healthy foods. 	National and Local Government
<ul style="list-style-type: none"> Ensure the availability and accessibility of supplies of safe, nutrient-dense and relatively unprocessed foods to all sections of the community. 	National and Local Government, Industry
<ul style="list-style-type: none"> Discourage the promotional marketing of foods and beverages high in refined sugar, saturated or trans-fats or salt, and elimination of those particularly aimed at children. 	National and Local Government, Multilateral Agencies, Industry, Media, Schools
<ul style="list-style-type: none"> Mandate easy-to-interpret, front-of-pack food labelling and restaurant menu labelling showing key nutrition information. 	National and Local Government, Industry
<ul style="list-style-type: none"> Ensure NCD prevention is an explicit priority in all stages of food systems including product development, formulation, promotion and distribution. 	National and Local Government, Industry, Multilateral Agencies, Health Professionals, Agriculture
<ul style="list-style-type: none"> Use government food purchasing, research and economic development budgets to promote the availability and accessibility of foods, which meet national health promotion guidelines. 	National and Local Government, Multilateral Agencies, Health Professionals
<ul style="list-style-type: none"> Promote exclusive breastfeeding for the first six months of life and implementing the <i>International Code of Marketing of Breast-milk Substitutes</i> and subsequent WHA resolutions. 	National and Local Government, Industry, Health Professionals, Media, People
<ul style="list-style-type: none"> Incorporate nutrition and physical activity standards into occupational health and safety laws and workplace wellness programmes. 	National and Local Government, Workplaces and Institutions
<ul style="list-style-type: none"> Incorporate food and nutrition (including food preparation and cooking skills) and physical education into the mandatory core education curriculum. 	Schools
<ul style="list-style-type: none"> Ensure access to clean water for safe drinking as a cheaper alternative to sugary soft drinks. 	National and Local Government, Health Professionals
Action on the Physical and Social Environment	Key Actor Groups
<ul style="list-style-type: none"> Modify transport policy to favour walking and cycling over car travel for short urban journeys. 	National and Local Government, Town Planners, Transport Planners
<ul style="list-style-type: none"> Legislate to promote the provision of safe open spaces 	National and Local

and widespread dedicated walking and cycling facilities. throughout built and external environments.	Government, Town Planners, Health Professionals
<ul style="list-style-type: none"> • Ensure schools have safe and accessible facilities for active recreation, activity, play and sports. 	National and Local Government, Schools
<ul style="list-style-type: none"> • Encourage workplaces and institutions to ensure physical environments are designed or adapted to facilitate physical activity and weight control. 	National and Local Government, Workplaces, Health Professionals
<ul style="list-style-type: none"> • Use planning and zoning regulations to promote availability and accessibility of healthy foods and opportunities plentiful physical activity (especially active travel³) and consider the health impact of high-density alcohol outlets. 	National and Local Government, Town Planners
<ul style="list-style-type: none"> • Encourage and facilitate active travel. 	National and Local Government, Health and Other Professionals, Media, Workplaces and Institutions, Schools, People

In addition to the central responsibility of governments, the role of civil society organisations is crucial to achieving the above actions:

Action	Key Actor Groups
<ul style="list-style-type: none"> • Support Civil Society Organisations to assist policy developing and holding other actors to account regarding their policies and actions on physical activity in relation to NCD prevention. 	National and Local Government, Civil Society Organisations

Additional priority areas

- Strategies to prevent obesity are needed at the member state level. These should focus on prevention through action on the social determinants of obesity. Action on upstream factors for obesity will help to reduce levels of many NCDs. The actions set out here on the food and physical environments will help to tackle the obesity epidemic.
- The special needs of vulnerable groups in society including women, children, indigenous peoples and minority groups.
- The need to build capacity in the health workforce by including nutrition, physical activity and NCD prevention in core professional training and continuing professional development.

Principal references:

WCRF/AICR (2009) *Policy and Action for Cancer Prevention: Food, Nutrition, and Physical Activity: a Global Perspective*. Washington DC: AICR.

WCRF/AICR (2007) *Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective*. Washington DC: AICR.

³ Active travel defined as healthy modes of transport such as walking or cycling.