



## **About WCRF International**

World Cancer Research Fund 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.

Our scientific and policy publications can be downloaded from our [Diet and Cancer Report website](#).

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## **Prevention of cancer**

Our systematic analysis of the existing evidence 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 Second Expert Report, 2007). Based on these findings, 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 Policy Report, 2009). As such, we recognise and appreciate the European Commission's focus on health promotion and disease prevention as an effective strategy to meet the challenge of NCDs in Europe.

## **What added value can the EU bring to the work of Member States?**

This consultation response will emphasise the importance of health-enhancing environments in helping to tackle cancer, other NCDs and to reduce health inequities. Health in all policies and a life course approach should continue to be the two cornerstones of any response to the prevention of NCDs in addressing the major risk factors. There are many shared risk factors for NCDs, which is why it is appropriate to address them collectively rather than through a siloed approach.

DG SANCO can play a leading role through the implementation of appropriate policies and legislation to strengthen prevention in the EU. However, multi-sector action is necessary across other departments to address the wider determinants of health (and cancer risk) that lie beyond the health sector and outside its remit.

Action at the EU level is important because many of the underlying factors are associated with regional, if not global, trade and marketing practices and the EU policy framework also influences many national, regional and local policies. Additionally, the EU has been playing an increasingly vocal role as an influencing bloc in international negotiations on NCD policy, so it is important that it has a specific position to communicate. And, as ever, sharing and exchange of best practice at the EU level can facilitate action and build capacity among Member States.

We would like to see a clear roadmap for action on NCDs taken by the European Commission across departments, in line with the commitment to improve health set out in Article 168 of the Treaty. This reflection exercise represents an opportunity for DG SANCO to outline a strategy for the European Union on NCDs that will tackle the common risk factors and ensure synergy with other existing policies and strategies. This will allow the EU to play a leading role in the global fight against NCDs, and to coordinate action among its Member States in the follow up to UN Political Declaration on the Prevention and Control of NCDs. The EU should address NCDs in the areas of its competence, including:

- Agricultural policy
- Trade, internal market and financial services
- Taxation
- Competition law
- Audiovisual media
- Food and drink labelling

DG SANCO will coordinate this process from a technical perspective, but it is a strategy that will need to be owned by all Commission departments and their respective Member State counterparts if we are to see the necessary changes implemented.

## **Recommendation**

Adopt and implement a cross-sector EU strategy on NCDs, that sets out concrete action and deliverables in all relevant European Commission Directorates.

### **Coherence with major global strategies**

At the UN High Level Meeting on the Prevention and Control of Non-Communicable Diseases in September 2011, Member States adopted a Political Declaration that is likely to form the basis for global action on NCDs in the coming years. In light of the current discussions at the global level on voluntary targets, indicators, and a monitoring framework for NCDs, care and attention should be dedicated to ensuring that EU action supports and is complementary to related work at the WHO and at the UN level.

Adoption by the EU of these targets would send a very strong message to the Member States, who in turn will need to develop and implement policies in areas where the EU does not have competence, including local planning and education policies.

DG SANCO should consider setting more ambitious targets in areas where the EU has capacity to go beyond global voluntary targets. Member States should also be able to go above and beyond minimum standards established by the EU.

### **Recommendation**

An EU response to NCDs should be complementary to existing global initiatives, including the global voluntary targets, but should remain ambitious and relevant to the regional context.

### **Focus on food, nutrition and physical activity as risk factors**

Specific reference to the major common risk factors for NCDs, such as tobacco, unhealthy diet, sedentary lifestyles and harmful alcohol consumption, is an important starting point for coordinated action and underlines the importance of a joined-up approach across disease groups.

In relation to food, nutrition, physical activity and the prevention of cancer, there is now clear evidence to show that, after smoking, unhealthy diets, physical inactivity, excess body weight, and associated factors are the next most preventable causes of cancer (WCRF/AICR, 2007). For people who do not smoke, they are the most important factors and have a direct effect on cancer risk. In addition, as shown in our reports, ways of life that reduce the risk of cancer also reduce the risk of cardiovascular disease, obesity, diabetes and other chronic diseases (WCRF/AICR, 2007).

Specifically, evidence shows that certain dietary patterns can protect against cancer while others increase the risk of cancer. Currently we are not meeting recommended dietary guidelines; for example, the consumption of fruits and vegetables is very variable and in most countries for which data were available daily consumption fell short of recommended levels, although this is not due to lack of availability (FAO/WHO 2004; Lock et al, 2005). It is therefore of vital importance that policies are leveraged to encourage and incentivise healthy diets, and discourage and disincentivise unhealthy diets (Hawkes, 2009). Health promotion and communication messages alone will not effect the desired change and should be supported by appropriate public interventions (Nutbeam, 2006).

An EU response to NCDs should recommend the following public health goals:

- Average energy density of diets to be lowered towards 125 kcal per 100g
- Population average consumption of sugary drinks<sup>1</sup> to be halved every 10 years
- Population average consumption of non-starchy vegetables and of fruits to be at least 600g daily

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<sup>1</sup> This principally refers to drinks with added sugars.

- Relatively unprocessed cereals and/or pulses (legumes), and other foods that are a natural source of dietary fibre, to contribute to a population average of at least 25g non-starch polysaccharide daily
- Population average consumption of red meat to be no more than 300g a week, very little if any of which to be processed
- Population average consumption of salt from all sources to be less than 5g a day, with the proportion of the population consuming >6g to be halved every ten years

(Source: WCRF/AICR, 2007)

Physical inactivity is the fourth leading cause of deaths due to NCDs worldwide (WHO, 2009). Increasing population-wide participation in physical activity, and reducing sedentary lifestyles, as part of everyday life is a major health priority in most high- and middle-income countries. All forms of physical activity protect against some cancers (colorectal, endometrium and breast cancer [post-menopausal]), as well as against weight gain, overweight and obesity; correspondingly, sedentary ways of life are a cause of these cancers and of weight gain, overweight and obesity (WCRF/AICR, 2007). With industrialisation, urbanisation and mechanisation, people become more sedentary – policies need to be introduced to address the effects of the modern built environment, working patterns and transport policies on levels of physical activity (WCRF/AICR, 2007).

An EU response should address the need to be physically active as part of everyday life:

- The proportion of the population that is sedentary<sup>2</sup> to be halved every 10 years
- Average physical activity levels to be above 1.6

(Source: WCRF/AICR, 2007)

### **Obesity and overweight**

The rise in overweight and obesity over the past decade has been dramatic. Overweight and obesity present their own health challenges, but they are also major risk factors for NCDs: 44% of the diabetes burden, 23% of the ischaemic heart disease burden and up to 41% of certain cancer burdens are attributable to overweight and obesity (WHO, 2009). Mean BMI, overweight and obesity are continuing to increase worldwide due to changes in diet and increasing physical inactivity.

In addition to higher risks of NCDs, people suffering from overweight and obesity also experience adverse outcomes such as breathing difficulties, increased risk of fractures, hypertension and psychological effects that impact upon well-being. Overweight and obesity are also associated with higher health costs and reduced productivity (OECD, 2010).

If a significant reduction in prevalence and mortality from NCDs is to be achieved, this will involve *significant* reduction in risk factors such as overweight and obesity. Population-based prevention strategies to tackle overweight and obesity are likely to have a major impact on population health that is not confined to a reduction in levels of overweight and obesity.

Multi-sectoral, multi-level action is therefore required; this makes it more difficult to pinpoint single examples of evidence-based effective interventions. The complexity of this challenge is

<sup>2</sup> The term sedentary refers to a physical activity level (PAL) of 1.4 or less. PAL is a way of representing average intensity of physical activity. PAL is calculated as total energy expenditure as a multiple of basal metabolic rate.

widely recognised (WHO, 2007a). We do not believe that a narrow definition of what is considered hard scientific evidence should prevent the adoption of action on obesity.

It is important that EU action targets *both* overweight and obesity, as disease risk and mortality increase steeply as people cross the overweight threshold (WCRF/AICR, 2007; OECD, 2010). It is also worth factoring in the positive contribution to health to be achieved by increasing the proportion of the population at a healthy weight, so there is value in tracking secondary indicators such as mean BMI and BMI distribution.

The EU should set itself an ambitious target to reduce obesity and overweight among its Member States. Public health evidence recommends the following goals:

- Median adult BMI to be 23
- Proportion of population that is overweight or obesity to be lowered
- The prevalence of childhood obesity<sup>3</sup> to be reduced year-on-year in below-5s and school-aged children to  $\leq 5\%$

### **Environmental determinants**

The NCD epidemic has multiple and complex causes. As we have noted above, NCDs are associated with behaviours such as unhealthy diet, sedentary lifestyles, increased levels of alcohol consumption, and of course smoking.

Identification of risk factors addresses the immediate and direct causes of disease. However, it is also important to address the causes that underlie the immediate pathological and behavioural causes, which can be seen as the 'causes of the causes'. Patterns of behaviour are sometimes known as 'lifestyle choices', but our message is that choices are never made in a void. They are influenced by social, economic, and environmental factors.

WCRF International highlights the benefits of a 'classic' public health approach to cancer prevention, involving all sectors of society that influence public health, whether purposefully through policy and action or through unintended effects of other activities. 'Prevention' should be understood in its public health sense, meaning the maintenance and promotion of external factors that protect against cancer, and the reduction and ideally elimination of external factors that are causes of cancer.

Although action to promote well-informed choices at the individual level can be valuable in influencing personal risks of cancer and other diseases, such an approach has limitations as a means to reduce the population burden of disease. The environmental, economic and social pressures that influence behaviour need to be addressed, through policies and interventions, as part of any comprehensive EU response to the NCD challenge. This includes action on social inequalities to ensure that everybody has equal opportunity to make these changes to their lifestyles and benefit from healthy environments

The following areas for action highlight the need for a multi sector response:

- Exclusive breastfeeding and appropriate complementary feeding practices
- Family practices, school policies and procedures that impact individual energy intake and expenditure
- Transport and urban planning policies
- Commercial marketing activities targeting children
- Policies and subsidies on food supply and agriculture
- The role of pre-school and school settings in establishing healthy lifestyles

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<sup>3</sup> Obesity among children can be defined as  $>+2SD$  from WHO 2007 Growth Standard

- Activities of food and alcohol manufacturers and suppliers, including fast-food outlets, relating to portion size, nutritional profile, pricing, labelling
- Vulnerable social groups, including low socio-economic and minority ethnic groups

The following are some examples of policy action that the EU should consider in its reflection exercise:

- Financial incentives and disincentives on food should be implemented as part of an integrated package of mutually reinforcing actions (Hawkes, 2009)
- Promote consumer awareness and understanding of healthy eating, particularly the adverse effects of excess energy intakes on body weight, and risk of cancer, cardiovascular disease, and diabetes.
- Introduce mandatory front-of-pack labeling (including traffic light labeling) to aid consumers make healthier choices (Kelly, 2008; FSA Ireland, 2009; UK FSA, 2009)
- Encourage increased availability of healthier reduced saturated fat and energy alternatives to mainstream products through reformulation.
- Encourage the uptake of these healthier options by consumers, including by ensuring that healthy options are competitively priced (UK FSA, 2007; Robertson, 2008; Hawkes, 2009).
- Encourage increased availability of smaller portion sizes for some products and encourage their uptake by consumers (Robertson, 2008; UK FSA, 2008).
- Encourage the food industry to improve the nutrition profile of its mainstream products by reducing saturated fat and sugar levels, and total energy value through reformulation. Lessons can be learnt from the experience removing salt and trans fatty acids (Uuay, 2009; Wyness, 2011)
- Address the promotion and marketing of energy-dense foods, including through claims, with the introduction of a strict and comprehensive nutrient profile (Hastings, 2003; Hastings, 2006)
- Ensure that recommendations on breastfeeding, as set out by the United Nations<sup>45</sup>, are incorporated into law.
- Encourage Member States, regional and local governments to improve the built and physical environment so that it is conducive to physical activity and does not increase exposure to unhealthy foods and alcohol (Marmot, 2011)

### **Life course approach**

WCRF International also considers that a life course approach to the promotion of health and well-being and the prevention of disease including cancer is likely to be effective.

A life course approach takes into account the whole period of life, including the gestational period, and pays special attention to those periods of life when public health action might have lasting effects. The seeds of many diseases, including many common cancers, are often sown very early in life. We therefore see early years settings and support, education and the family as an important area of work. In the context of demographic change and increasing life expectancies, the importance of early years as a foundation for reduced morbidity, disability and increased well-being should not be underestimated. Any future EU work relating to NCDs should relate to and support strategies on child health.

### **Recommendation**

EU work on NCDs should include action on preparation for pregnancy and on early life years as a critical life stage for the later development of disease and overweight and obesity. This should be streamlined with EU action on child health.

<sup>4</sup> UNICEF Declaration on the Protection, Promotion, and Support of Breastfeeding

<sup>5</sup> WHO International Code on the Marketing of Breast Milk Substitutes

Additionally, as noted by the European Year on Active Ageing and the Innovation Partnership on Active and Healthy Ageing, it is important to ensure healthy lifestyles continue throughout life and are supported by appropriate policies in recognition of the relative ageing of the European population. Lifestyle changes, even at later points in life, can help to reduce the risk of cancer and other NCDs. With increasing survivorship from cancer it is also important to consider the emerging evidence for healthy diet and physical activity in preventing new or recurring cases of cancer or other NCDs (an important cause of morbidity and mortality in cancer survivors) later in life (WCRF/AICR, 2007).

### **Recommendation**

Ensure that action on health promotion and disease prevention is built into any EU work on active ageing, and that active ageing is in turn a central pillar of any NCD strategy to reduce the burden of disease.

### **How to facilitate healthy choices in a regulatory framework**

The public health approach argues that policies, interventions and regulation can be used to create conditions to allow people to lead healthier lives. Governments are necessarily responsible for legislation, including that which affects the price, supply and availability of foods and drinks and of opportunities for physical activity, both directly and as members of the EU, UN and other multinational bodies.

It is widely agreed that government has a moral obligation to use its powers to protect its population and the public interest. Public health is a public good and the government has prime responsibility for its protection and advancement. Protection may involve the implementation of regulation, including regulation of business practices. The development of such policy should be argued on public health grounds – demonstrating the contribution of public health to a vibrant and competitive economy - and should avoid conflicts of interest. Where possible, regulation can be targeted to enhance choice (such as front-of-pack labelling, subsidies on fruit and vegetables, or increased opportunities for active transport).

In recent decades a focus on individual choice and responsibility has become dominant in discourse on many health issues. Rather than addressing upstream factors (such as price and marketing of food), recent policy at the national and international level has preferred an individual approach based on behaviour change through ‘nudge’ tactics. The use of ‘nudge’ tactics in isolation has been widely criticised as ineffective by public health experts (Rayner and Lang, 2011).

The perception that people’s choices are free can be damaging to public health efforts and is often mistaken. People’s choices are usually constrained, limited or heavily influenced by external factors (Brownell, et al; Burris; Rayner and Lang). For example, restrictions on the marketing of energy-dense foods to children do not aim to remove choice; they aim to limit the harmful influence of marketing on purchasing patterns (Hastings, 2006). Similarly, fiscal measures to increase the price of energy-dense foods aim to redress the current price imbalance, where energy-dense foods are artificially cheap (WCRF/AICR, 2009).

NCD policy is an example where more, not less, regulation is probably needed to affect the wide range of interventions that are necessary. To date, the WHO and many other public health institutions and organisations have engaged policy- and decision-makers in setting out the evidence in favour of population-level strategies, by clarifying risk factors, the causal pathways and modeling the impact of policy interventions that are plausible and sustainable (WHO, 2007a).

We also believe for all levels of government to properly address the issues relating to chronic diseases, a Code of Conduct and Ethical Framework is vital to help protect the integrity of, and to ensure transparency in, public policy decision-making, by safeguarding against, and identifying and managing potential conflicts of interest.

#### **Recommendation**

Implement population-level strategies – including regulation and legislation where needed - to effect changes that improve public health, enhance our understanding and expand practice-based evidence.

#### **Role of research in facilitating policy development**

As an organisation that funds and interprets research, we would welcome a commitment from the European Commission to continue to ensure the role of research in the development of public health policy.

There is an increasing amount of research into risk factors and exposures for cancer risk and other NCDs – this is necessary to strengthen the evidence base and reaffirm/adapt public health recommendations. Continued support for comparative, cross-country epidemiological studies is needed. There is also a need for comparative data on lifestyle trends and prevalence of risk factors (such as overweight and obesity; alcohol consumption).

It is also important that this research continues to feed into the development of norms, standards and guidelines at the national and international level. The European Commission needs to ensure that the best available evidence informs all its policies. Processes to narrow any potential gap between researchers and policy-makers are needed, including open and transparent consultation mechanisms and expert advisory committees.

Greater focus should also be given to funding evaluation, monitoring and surveillance activities relating to ongoing and/or innovative public health policies – not only local and micro-scale interventions, but also population-based interventions. A major obstacle to the adoption of public health policy – particularly in the case of obesity – continues to be the absence of evidence to demonstrate effectiveness in practice or achievability. The EU Public Health Programme is well placed to provide support, but this should also be a key pillar in ongoing programmes at DG Research.

The current Seventh Framework Programme (2007-2013) has a funding stream for health and within this a sub-programme for public health. Yet analysis of the funding allocated so far shows that the allocation broadly described by the European Commission as research for public health research (which includes some clinical research) has averaged just 5%, and in 2011 fell to 4% - just €26 million out of a total €650 million” (McCarthy, 2010).

#### **Recommendations**

The EU can continue to add value in the field of public health research by supporting cross-country studies, investing in evaluation, monitoring and surveillance activities.

The EU should continue to encourage the increased participation of organisations at the EU, including academia and NGOs, to disseminate findings and foster evidence-based action, and to help them to better understand, and apply for EU funding.



## References:

- WCRF/AICR, "Food, Nutrition, Physical Activity, and the Preventions of Cancer: a Global Perspective", 2007
- WCRF/AICR, "Policy and Action for Cancer Prevention: Food, Nutrition, and Physical Activity: a Global Perspective", 2009
- Food and Agriculture Organization/World Health Organization, "Diet, Nutrition and the Prevention of Chronic Diseases: Report of a Joint WHO/FAO Expert Consultation", 2003
- Lock et al, "The global burden of disease attributable to low consumption of fruits and vegetables: implications for the global strategy on diet", 2005
- World Health Organization, "Global Health Risks – morbidity and disease attributable to selected major risks", 2009
- Lock, Gabrijelcic et al, "Health impact assessment of agriculture and food policies: lessons learnt from the Republic of Slovenia", 2003
- Schafer-Elinder, "Public health aspects of the EU Common Agricultural Policy", 2003
- Lang et al, "Overcoming policy cacophony on obesity: an ecological public health framework for policymakers", 2007
- Lang et al, "Food Wars – The Global Battle for Mouths, Minds and Markets", 2004
- Nestle, "What to Eat", 2006
- World Health Organization Regional Office for Europe, "The challenge of obesity in the European Region and the strategies for response", 2007a
- World Health Organization, "Obesity: preventing and managing the global epidemic - Report of a WHO Consultation (WHO Technical Report Series 894)", 2000
- Hawkes, "Financial incentives and disincentives to encourage healthy eating", 2009
- Kelly, "Front of pack food labelling: traffic light labeling gets the green light", 2008
- Food Safety Authority of Ireland, "A research study into consumers' attitudes to food labeling", 2009
- Food Standards Agency UK, "Independent evaluation of front-of-pack labeling", 2009
- Food Standards Agency UK, "Saturated Fat and Energy Intake Programme", 2007
- Robertson et al, "Review of previous and existing actions, initiatives, policies on nutrition and physical activity", 2008
- Hastings, "The extent, nature and effects of food promotion to children: a review of the evidence (technical paper prepared for the WHO)", 2006
- Hastings, "Review of the research on the effects of food promotion to children", 2003
- Wyness et al, "Reducing the population's sodium intake: the UK Food Standards Agency's salt reduction programme", 2011
- Uuay et al, "WHO Scientific Update on trans fatty acids: summary and conclusions", 2009
- European Commission DG SANCO, "Working Paper on Product Reformulation and Portion Size", 2009
- European Commission DG SANCO, "EU Framework for National Initiatives on Selected Nutrients", 2011
- Parry, C. D., Patra, J. and Rehm, J. (2011), Alcohol consumption and non-communicable diseases: epidemiology and policy implications. *Addiction*, 106: 1718–1724