Joint Public Interest NGO position and recommendations on WHO paper A65/7: Prevention and control of noncommunicable diseases. Options and a timeline for strengthening and facilitating multisectoral action for the prevention and control of NCDs through partnership

In the above paper, WHO identifies two levels at which multisectoral action can be advanced for the prevention and control of NCDs:

a) Population-wide measures to reduce exposure to risk factors.
b) Interventions that target those who are already suffering from NCDs.

As organisations concerned with the prevention of NCDs, this statement focuses on the population-wide measures to reduce exposure to key risk factors and their determinants. We summarise 12 key issues for governments, WHO and the UN to consider and 12 recommendations on the way forward.

Key issues for WHO, the UN system and governments to consider:

1. We strongly support the conclusions of WHO paper (A65/7) that **structure should follow function** in the consideration of appropriate mechanisms for the prevention and management of NCDs[1]. We also agree with the paper that **multiple mechanisms may be required** depending on the particular function or objective. We note that member states mentioned the need to build on existing mechanisms to address NCDs at the 65th World Health Assembly in May 2012 (WHA).

2. **A unique characteristic of NCDs is that widely promoted consumer products including unhealthy foods, beverages, alcohol and tobacco are among the vectors of these diseases**.[2] This makes NCDs different from other global health problems such as malaria, tuberculosis or maternal and child health and has implications for the transferability and applicability of existing global health models to NCDs. There are clear conflicts for the corporations which contribute to and profit from the sales of alcohol, unhealthy foods and beverages and tobacco products, with significant externalities to society.

3. **The production, promotion and consumption of unhealthy foods and beverages, alcohol and tobacco continues to increase globally.** The key drivers and conditions underpinning this trend are policies that promote consumption-based growth, and deregulatory approaches that promote market and trade liberalisation.[3]

4. The WHO Paper (A65/7) recognises that **implementing cost-effective population wide interventions will contribute up to two thirds of the reduction in premature mortality**.
   - The evidence base for the most effective, cost-effective and sustainable interventions to address nutrition and alcohol as risk factors for NCDs points to fiscal (tax based), regulatory and other market based measures. In line with measures required for harmful tobacco products, these include measures on price, marketing, labelling and claims, composition and promotion. [4, 5, 6] These measures are affordable, cost effective and cost-saving, and can also help to raise revenue for governments and public health[8].

- Market-based measures have been successfully introduced in a number of countries such as UK statutory restrictions on marketing foods and beverages to children[7], controls on tobacco product labelling in several countries, hypothecated taxes on alcohol in Thailand[8], as well as food, nutrient and/or soda taxes in Denmark, Hungary and a number of Pacific Island States [9].

5. **Effective and cost-effective fiscal, market shaping and regulatory measures are not supported by sections of the food and alcohol industry**.[5] For example, Wilson and Roberts (2012) recently exposed how US food and beverage companies actively and successfully lobbied to block the Obama administration's efforts to introduce a national soda tax to raise funds for healthcare and the proposals for voluntary nutrition standards to restrict marketing to children. Lobbying expenditure by the US beverage industry increased more than eight-fold from $4.8m in 2008 to $40m in 2009 when Congress was considering a soda tax.[10]

6. **Voluntary mechanisms, which are preferred by the food and alcohol industry, are less effective mechanisms and may delay or pre-empt more effective regulation.** They should only be pursued whilst legislation which addresses the shortcomings of voluntary mechanisms is developed. These shortcoming include:[11]
   - Their voluntary nature means that coverage is not comprehensive across all companies or all marketing forms, leaving segments of the population exposed.
   - Commitments are not guaranteed and can be reversed at any time.
   - Lack of a standardised approach makes it difficult to monitor and evaluate progress.
   - Sanctions against companies breaking the voluntary measures are usually weak and may not be a sufficient deterrent.
   - They are usually weaker than mechanisms proposed by public health experts.

7. **Global framework conventions, such as the Framework Convention on Tobacco Control,** have been recommended by academics and independent experts from the alcohol, food and obesity public interest NGO communities as **best suited to coordinating global trans-border challenges on trade and marketing**.[12,13,14]

8. In line with agreed principles for WHO reform (paper A65/5), **the private sector and vested interests should not be involved in policy development, strategy development, norms or standards setting[15].** These activities underpin the regulatory and fiscal measures required to address NCDs. The inherent challenge associated with involving industry is recognised in the report of the recent WHO consultation on a global monitoring framework and targets for NCDs: *"some Member States expressed concern about the implicit difficulties in working with the alcohol industry towards a goal that is counter to their best interests."*[16]

9. WHO and UN references to interests should maintain the focus on upholding the public health objective, and prevent conflicts with commercial interests.[17]

10. We strongly agree that **the WHO reform principles (paper A65/5)[15] on WHOs engagement with stakeholders other than member states and WHO's oversight of partnerships, should inform all discussions** on multisectoral action to address NCDs.

11. In addition, WHO and the UN need to be clear on what they mean when they refer to "partnerships" involving public-private interactions or engagement. **Importantly they will need to differentiate between participation-based interactions and joint decision making processes**.[17]

12. **Supporting populations to be physically active in order to prevent NCDs will require government-led action on the built environment, active transport systems and active recreation.[3]** In addition, measures such as a price on carbon and subsidies on public transport will deliver sustainable development and environmental co-benefits.

Recommendations for governments, WHO, the UN system and key international organisations on the global coordinating mechanisms for NCDs:

Prioritise policies and actions on the upstream determinants

1. In line with the evidence base, prioritise action on the key drivers which underpin the determinants of NCDs. Introduce market-shaping measures which encourage and support governments and companies to improve access to health-promoting environments and create health-promoting markets.

2. Integrate action on the NCD risk factors within existing global policies and governance mechanisms including those on undernutrition and obesity in line with the WHO action plan on maternal, infant and young child nutrition,[18] as well as policies on health, human development, the environment, economic and sustainable development, agriculture and food production.

Develop key global and national mechanisms including framework conventions

3. Develop global models to address the trans-border trade and marketing issues relating to the diet and alcohol risk factors for NCDs through regulatory, fiscal and market-shaping measures that are comprehensive and cross-sectoral, such as framework conventions.

4. Strengthen the WHO through the current reform process and increased resources, to support it in its role as the lead UN agency for health and enable it to continue to coordinate the diverse range of global actions which will be required to address the double burden of disease including the prevention and control of NCDs.

5. In accordance with WHO proposals[1], establish a global coordinating mechanism for NCDs between governments, the UN system, the international inter-governmental financing institutions, and other key international and intergovernmental organisations including the World Trade Organisation, Codex Alimentarius Commission and Food and Agriculture Agency. This inter-governmental mechanism should be responsible for enabling the recommended policy actions 1, 2 and 3 above.

6. Introduce mandatory health impact assessments on all policies developed by governments, the UN agencies, and intergovernmental organisations listed in point 5 above, in line with WHO proposals.[1]

7. Establish independent, transparent, open access mechanisms for monitoring progress.

8. WHO should develop guidelines to distinguish between PINGOs and BINGOs (Public Interest and Business Interest NGOs).

9. Support public interest NGOs in their roles to represent the public interest and act as 'watchdogs' to hold governments and commercial operators to account.

Develop sustainable financing mechanisms

10. Establish sustainable national and global tax-based financing systems[8]; consider the establishment of independently governed blind trusts to accommodate and firewall financial contributions from the private sector to tackle NCDs, in keeping with the "polluter must pay" principle.

Engage the private sector in an appropriate way

11. Firewall the development of policy, strategy, standards, norms and research on NCDs from the involvement of the private sector. In line with WHO WHA resolution 65.6 on nutrition[18], WHO should lead on the development of an ethical framework and code of conduct (with sanctions) to guide interactions with the private sector and safeguard against conflicts of interest at the national and global levels.

12. Involve the private sector as necessary in implementation of activities arising from the relevant policies, strategies, norms and standards including:

a. Restrict all forms of marketing promotions of alcohol, and of unhealthy food and beverages, especially to children.
b. Reformulate processed foods to eliminate industrially produced trans fats, and reduce levels of total fat, saturated fat, salt and sugar. This should be mainstreamed across all product lines.
c. Ensure food labels, marketing and health claims meet high standards in all countries.[5]
d. Share data which can enable governments to monitor progress.[5]
e. Contribute un-tied financial resources to tackle NCDs to independently managed blind trusts.

List of supporting organisations

Consumers International www.consumersinternational.org
Global Alcohol Policy Alliance www.globalgapa.org
International Association for the Study of Obesity www.iaso.org
National Heart Forum www.heartforum.org.uk
World Action on Salt and Health www.worldactiononsalt.com
World Cancer Research Fund International www.wcrf.org
World Public Health Nutrition Association www.wphna.org

Contact
Modi Mwatsama, National Heart Forum, Email: modi.mwatsama@heartforum.org.uk

[1] WHO (2012) Prevention and control of noncommunicable diseases. Options and a timeline for strengthening and facilitating multisectoral action for the prevention and control of noncommunicable diseases through partnership. SIXTY-FIFTH WORLD HEALTH ASSEMBLY Provisional Agenda Item A65/7. www.who.int
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[6] Sassi F. Obesity and the economics of prevention: fit not fat. Paris, France: OECD. 2010.
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[15] WHO (2012) SIXTY-FIFTH WORLD HEALTH ASSEMBLY A65/5. WHO reform: Consolidated report by the Director-General. Provisional agenda item 12 25 April 2012 http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_1-en.pdf
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[17] Hawkes C and Buse K (2011) Public health sector and food industry interaction: it's time to clarify the term 'partnership' and be honest about underlying interests. European Journal of Public Health, 21(4):400-403.
[18] WHO (2012) Resolution WHA65.6 Maternal, infant and young child nutrition. www.who.int