“While many chronic conditions develop slowly, changes in lifestyles and behaviours are occurring with a stunning speed and sweep.”

– Director-General Dr Margaret Chan, Global Status Report on Noncommunicable Diseases, 2010

The NCD Alliance is calling for solid commitment to action in the following areas:

- Full implementation of the WHO 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of NCDs; Global Strategy on Diet, Physical Activity and Health.
- National regulation to achieve substantial reductions in consumption of saturated fat, trans-fat, salt and refined sugars. Aim to reduce worldwide salt intake to less than 5g/day per capita (2,000 mg sodium/day) by 2025.
- Global and national trade and fiscal measures to provide incentives for production, distribution and marketing of vegetables, fruit and relatively unprocessed foods.
- National strategies to decrease childhood obesity by 2013 and the elimination of all forms of marketing, particularly those aimed at children, for foods high in saturated fat, trans-fat, salt and refined sugars by 2016.
- National policies to encourage walking, cycling, and active travel, play and leisure.

This is a summary of a full briefing paper (with references) which can be found at www.ncdalliance.org or www.wcrf.org
NCD Prevention through Nutrition and Physical Activity

Obesity, unhealthy diets and physical inactivity are the most important preventable risk factors for NCDs after tobacco. Up to 80% of heart disease, stroke, and type 2 diabetes and over a third of the most common cancers could be prevented by eliminating these shared risk factors (WHO, 2008).

Unhealthy diets, especially the excessive consumption of calories, salt, saturated fat and sugar, cause at least 40% of all deaths, from NCDs, and approximately one-quarter of all deaths globally (WHO, 2009). But healthy diets can be protective against NCDs, in particular diets that have a decreased reliance on highly processed foods: for example, plant-based diets that include plenty of fruits and vegetables can reduce the risk of cardiovascular disease and several types of cancer.

Comparable data on individual dietary intakes around the world are lacking (WHO, 2011) highlighting that there is a need to address this information gap.

**What to aim for in a healthy diet**

**Low in:**
- Energy-dense and nutrient-poor foods (including highly processed foods)
- Salt, saturated fat, trans-fat and refined sugar

**High in:**
- Nutrient-rich foods
- Plant foods (legumes, whole grains, fruit and vegetables)

Physical inactivity is the fourth leading risk factor for global mortality (WHO, 2011b). At least 60% of the world’s population fails to engage in the recommended amount of physical activity, with high levels of inactivity found in virtually all developed and developing countries.

Breastfeeding has been shown to protect the mother against breast cancer, and reduce risk of diabetes. For the infant it also reduces the risk of obesity later in childhood and so potentially reduces the risk of subsequent diabetes, heart disease and cancer.

The benefits of actions that address nutrition, physical activity and NCD prevention will positively impact on important global challenges, such as climate change and sustainability (for example, reducing consumption of red meats reduces methane emissions and increasing active travel reduces carbon emissions). In contrast, the costs of inaction are enormous: health systems will not cope with growing costs, premature deaths will increase globally, and development goals, including poverty reduction, health equity, economic stability and human security, will be unattainable.

**Key challenges**

**A threat to global health and development**
NCDs are already a major threat to global health, accounting for more than 60% of global deaths with nearly 80% of NCD deaths occurring in low- and middle-income countries (WHO, 2011a). In lower-income countries, declining breastfeeding, nutritional deficiencies and nutrition-related infectious diseases, especially among children, co-exist with obesity (WCRF/AICR, 2009). Thus, progress towards achieving the UN Millennium Development Goals (MDG) for education and poverty has been slowed by the socioeconomic impact of NCDs and their risk factors.

**Globalisation and the threat to nutrition security**
The globalisation of markets has led to a rapid increase in the availability of processed foods with long shelf lives and, frequently, with a nutrient profile that is energy-dense and micronutrient-poor. There is a danger that the gains made in ensuring adequate global food security are raising the risk of encouraging poor quality diets that lead to NCDs. Market economies need to be shaped by global and national interventions and regulations to protect...
the public’s health. Governments should ensure all populations have access to affordable, relatively unprocessed whole foods, and that people have appropriate skills and knowledge to make nutritious choices. Also, at both the global and national levels, integrated approaches to food and agriculture are needed, which combine policies to deal with food security, nutrition, sustainable production and global warming.

The role of the food industry and public-private partnerships

The food and beverage industries are both part of the NCD problem and part of the solution. In recognition of this, conflicts of interest will need to be managed and governed in a transparent manner. Governments should develop ethical frameworks, which are supported by independent monitoring, to ensure that any dialogue or partnerships with the food industry meet their desired objectives.

Globalisation and the threat to physical activity

Globalisation has been linked to rapid urbanisation in developing countries, which has included improvements in road and transport infrastructure. Governments should ensure that the development of new cities and modification of existing ones support the population to be physically active through measures which should include the provision of safe and reliable public transport systems, safe walkways for pedestrians and recreational spaces such as parks.

Implementation: WHO Global Strategy on Diet, Physical Activity and Health

As with the Framework Convention on Tobacco Control, the Global Strategy on Diet, Physical Activity and Health endorsed by the World Health Assembly in 2004 needs to be widely adopted to ensure effective policies are in place to address nutrition and physical activity related risk factors for NCDs.

Three clear steps for future progress:

Governments need to make a high-level commitment to take concrete multi-sector action to prevent NCDs through legislation, regulation and the implementation of health-promoting public policies in three clear steps.*

I. Control food supply, food information and the marketing and promotion of energy-dense, nutrient-poor foods that are high in - saturated fat, trans-fat, salt or refined sugars.

II. Create and maintain activity-friendly built and external environments that encourage physical activity and other healthy behaviours.

III. Address additional priority areas including vulnerable groups and building capacity in the health workforce.

*For more information on our calls to action for governments and other key sectors of society please view our full briefing paper available at: www.ncdalliance.org or www.wcrf.org

I. Control food supply, food information and the marketing and promotion of energy-dense, nutrient poor foods

It is essential that NCD prevention is an explicit priority in all stages of food systems including product development, formulation, promotion and distribution, all of which are chief responsibilities of Governments. All countries need to develop 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. This will require an integrated programme across UN agencies. Governments have an important role to play in discouraging the promotional marketing of foods and beverages high in refined sugar, saturated or trans-fat or salt, and elimination of those particularly aimed at children. They also have an essential role in promoting exclusive breastfeeding for the first six months of life and implementing the International Code of Marketing

EVIDENCE FOR SOME KEY INTERVENTIONS

Nutrition

• Nutrition promotional campaigns on healthy eating can increase awareness of the foods and drinks that make up healthy diets and can prompt people to change their diets (NICE, 2006).

• Front-of-pack ‘traffic light’ labelling is popular and effective in helping to influence consumer choices (UK Food Standards Agency, 2009). It also stimulates reformulation by the food industry.

• Advertising unhealthy processed foods to children has been banned in Quebec, Sweden, and Norway since 1980, 1991, and 1992, respectively (Hawkes, 2004). In Quebec, the reduced exposure to advertising resulted in fewer sugary ‘children’s’ cereals being purchased.

• Collaboration with food industry to reduce salt content supported by appropriate regulation has proved to be cost-effective in populations where the majority of salt comes from processed foods, such as Finland and the UK (Assaria et al, 2007).

• Among the most effective approaches for the elimination of trans fat from the food supply are the introduction of regulatory limits for foods and oils, and mandatory labels as implemented in Denmark and New York City (L’Abbé et al, 2009). Use of agriculture and tax subsidies to support production of healthier alternatives was adopted in Argentina (L’Abbé et al, 2009).

Physical activity

• Various aspects of the built environment are associated with both physical activity and healthy body weights and environmental interventions to promote physical activity can be effective, for example, increased residential density, mixed-use zoning and street connectivity (Raine et al, 2008).

• Maintaining facilities that promote activity, usable public transport systems, and cycling and walking infrastructure are useful, especially in cities at risk of losing this support because of development (Kahn et al. 2002; Sharpe, 2003; Cavill and Foster, 2004; Ogilvie et al, 2004).

• Strong evidence supports the effectiveness of targeted social marketing for increasing physical activity (Ogilvie et al, 2007).
of Breast-milk Substitutes and subsequent WHA resolutions. Equally important is ensuring easy-to-interpret, front-of-pack food labelling and restaurant menu labelling showing key nutrition information is in place.

II. Create and maintain activity-friendly built and external environments
All areas of Government need to work together to implement legislation for promoting the provision of safe open spaces and widespread dedicated walking and cycling facilities throughout built and external environments, which is essential for encouraging and facilitating active travel. This should be extended to workplaces and institutions to ensure that physical environments are designed or adapted to facilitate physical activity and weight control. For all countries, transport policy should favour walking and cycling over car travel for short urban journeys.

III. Address additional priority areas
The special needs of vulnerable groups in society, including women, children, indigenous peoples and minority groups, must not be forgotten. In addition, 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 is also vitally important.

"Policies to promote physical activity and the consumption of foods low in saturated and trans-fat, salt and sugar — particularly sugar-sweetened drinks — will lead to wide-ranging health gains..." - The Lancet, 2011

The Lancet (2011) recommends priority cost-effective interventions, many of which involve national regulatory changes, achievable at a fairly low cost and in most resource settings. After tobacco control, the next priority best buys are salt reduction, and targeting obesity by improving diets and physical activity levels. If these interventions are widely adopted, the global goal of reducing NCD death rates by 2% per year will be achieved. Many of the interventions will be cost-neutral or cost-saving in the long run.

WHAT IS NEEDED?
A COMMITMENT TO:

At a global level
• Develop good global governance structures and comprehensive food policies that integrate NCD prevention with MDG hunger and nutrition goals.
• Put in place legislation to promote the provision of safe open spaces and widespread dedicated walking and cycling facilities throughout built and external environments.
• Establish independent scientific and expert panels to examine the evidence to make recommendations to inform the process.
• Implement the WHO Global Strategy on Diet, Physical Activity and Health.
• Ensure active involvement of civil society organisations to monitor progress and hold stakeholders to account.

At a national level
• Ensure strong Government leadership in setting policies and working with key stakeholders.
• Protect public health policy from the commercial interests of the food and beverage industry.
• Ensure action at multiple levels including the socio-economic environment; physical environment; institutional; community and individual levels.
• Invest in systems to monitor nutrition & physical activity patterns in the population, as well as degree of exposure to related risks (e.g. food intake, cost of food).
• Ensure active involvement of civil society organisations to monitor progress and hold stakeholders to account.

This policy brief was completed for the NCD Alliance by the Nutrition, Physical Activity and Non-Communicable Disease Prevention Working Group convened by World Cancer Research Fund International. For the full briefing paper, with references and executive summary, please visit: www.ncdalliance.org or www.wcrf.org