

## OVERVIEW

- WCRF International welcomes the ZERO DRAFT as a significant advance on the WHO discussion paper (Version dated 26 July 2012), to which we responded on September 7, 2012.
- In particular, **we urge Member States to support the set of six objectives within the framework of a vision, goal and target; the more specific guidance provided for policies to address each risk factor, including unhealthy diets (objective 4); the addition of evaluation alongside monitoring (objective 6); and the emphasis on sectors outside of health.**
- We are providing comments at this stage to support further improvement of the Global Action Plan as it continues in the next Draft. Our comments are directly respond to the 19 Feedback points in the Zero Draft. Our key recommendations are that Member States call on the WHO Secretariat to revise the draft to:
  - a. **Include the target of a 25% reduction in premature mortality from NCDs by 2025 (see Feedback Points 1, 3, 19).**
  - b. **Streamline the actions (and reduce repetition) across objectives into a more focused set of actions which can be monitored with measurable indicators, to be included in the Global Monitoring Framework. The Global Action Plan should be seen as the overarching framework within which other processes, including monitoring, fit (see Feedback Points 5-10; 17).**
  - c. **Include as a proposed action not just the development of national NCD plans, but linked strategies and action plans for the different diseases, including national cancer plans, and different risk factors, including obesity and unhealthy diets (see Feedback Point 8).**
  - d. **Refine the proposed actions for promoting a healthy diet to reflect the Global Strategy on Diet, Physical Activity and Health, the Political Declaration, the evidence-base, and the call for more multi-sectoral action (see Feedback Point 12).**
  - e. **Clearly define the “international partners” being called upon to take action, and specifically allocate actions for each of these partners (including leading roles for actors outside the health sector), while also defining more clearly what is meant by “conflicts of interest” with the private sector (see Feedback Points 4).**
  - f. **Include actions for all actors to evaluate the effects of implementing policies in order to learn about what works (see Feedback Point 16).**

### Contact

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## DETAILED COMMENTS

### Point by point response to Feedback Points 1-19

- 1. Feedback Point 1.** We support the **proposed goal of the Action Plan**, provided that it relates directly to the target of a 25% reduction in premature mortality from NCDs by 2025 (in which case it should be worded To reduce the burden....., following the overarching global target).  
  
In addition, we would like to see the **aim of developing the Action Plan** (as distinct from its goal) more explicitly stated upfront. At the moment two aims are provided in two separate places. On page 7, the Zero Draft states that the aim of the Action Plan is to “provide an overall direction to support the implementation of national strategies and action plans...”. On page 9, another aim is provided – “to operationalize commitments of the Political Declaration, building on what has already been initiated...”. Member States should be clear on what the aim is and request it is explicitly stated in the Overview (p. 5-6). We propose it is “to place the commitments in the Political Declaration into an action-oriented framework, provide overall direction to the development of implementation of national plans and policies, and accelerate country responses.”
- 2. Feedback Point 2.** We recommend increased **coherence of the proposed objectives of the Action Plan**. It is confusing to have as part of Objective 2 to accelerate country response for prevention and control of NCDs since this is an aim of all the objectives (and for all the Action Plan). Second, it is clear through the rest of the Zero Draft that Objective 3 – to promote a whole-of-government approach for multisectoral action is a cross-cutting objective. Third, the purpose of Objectives 1, 2 and 3 is to achieve Objectives 4, 5 and 6. It is therefore recommended that the Second Draft of the Action Plan includes a flow chart to indicate more clearly how the objectives relate to each other, and that this graphic is included on the printed front cover of the Action Plan 2013-2020.
- 3. Feedback Point 3.** We recommend that the **decision of the 65th WHA to adopt a global target of a 25% reduction in premature mortality from NCDs by 2025 should be reflected in the Action Plan** through its inclusion as the Overarching Global Target (as it relates to the Goal), a strong section on policy actions designed to reduce the modifiable risk factors (as a means of attaining the target), and clear linkages and coherence with the work being conducted the WHO on the Global Monitoring Framework.
- 4. Feedback Point 4.** On **the role of the private sector in the Action Plan**, Member States should call on the WHO Secretariat to define what is meant by “international partners.” In the 2008-2013 Action Plan, the private sector was not explicitly named as an “international partner.” However, they appear to be named as “international partners” here. To avoid confusion, the term should be defined. Civil society and NGOs, also referred to in the Zero Draft, should also be defined. Second, under actions for international partners, it is not clear exactly which actions should be taken by the private sector. Since some of the actions are amenable for action by the private sector, but others are not, Member States should call on the WHO Secretariat to organise the actions according to the actor who is being called upon to implement them e.g. the private sector should do X, NGOs should do Y, UN agencies involved in the post-2015 development goals should do Z. Finally, it is essential that the language on conflicts of interests remains. Member States should call on the WHO Secretariat to more clearly define what is meant by “conflict of interest” with the private sector and for the development of a framework to manage conflicts of interests. The private sector is an important actor in policy implementation, but decisions on objectives and policies should remain the responsibility of government.



5. **Feedback Point 5.** On *appropriate indicators to monitor global trends* any indicators selected should be included in the Global Monitoring Framework for NCDs. The Global Action plan should be the overarching framework for action for Member States, the WHO Secretariat, and other international partners, with the Global Monitoring Framework under that. The stated actions for each objective should be streamlined and matched with an appropriate indicator.
6. **Feedback Point 6.** We agree with the importance of **Objective 1**, but recommend that Member States call on the WHO Secretariat to explicitly include civil society/NGOs under the section on “international partners.” Civil society/NGOs are fundamental to advocacy but are not mentioned under “international partners” on page 11. The general point made in Feedback Point 4 about defining actions by international partners is also applicable here since it is not clear who is being called on to do what. On the proposed action for Member States, economic development and wealth creation and distribution should be included under (b) and the term “and their responsibility for economic development” added to (d). On the WHO Secretariat, the listed actions are not really advocacy and relate more to Objective 2.
7. **Feedback Point 7.** See Feedback Point 5.
8. **Feedback Point 8.** We support **Objective 2**, but the listed actions are repetitive e.g. second mention of a NCD policy/action plan for Member States, as well as reference to advocacy (should be Objective 1) and health protection (should be Objective 4); actions for the Secretariat overlap with those in Objective 1 (which should be brought into Objective 2). All this should be streamlined. In addition, while we agree that Member States should develop a NCD Unit and develop and implement NCD plans, linked strategies and action plans are needed for the different diseases, including national cancer plans, and different risk factors, including obesity and unhealthy diets.
9. **Feedback Point 9.** See Feedback Point 5.
10. **Feedback Point 10.** The same comment about repetition also applies to **Objective 3**. Importantly, too, the WHO Secretariat is called upon to co-ordinate multi-sectoral action. Yet the list provided in Annex 3 is of UN agencies only, rather than other sectors more broadly. Moreover, effective multi-sectoral action requires far more than “co-ordination”. Member States should therefore request WHO to be more specific in its proposals for delivering multi-sectoral action.
11. **Feedback Point 11.** See Feedback Point 5.
12. **Feedback Point 12.** On **Objective 4**, the foods and nutrients included in paragraph 3 are inconsistent with those mentioned in the text of the actions (e.g. no reference to trans fatty acids, fruits and vegetables). Importantly, the actions under “promoting a healthy diet” should be refined to reflect the Global Strategy on Diet, Physical Activity and Health, the Political Declaration, the evidence base, and the call for more multi-sectoral action, as follows (proposed amendments in red and underlined)
  - a. Promote and support exclusive breastfeeding for the first six months of life, continued breastfeeding until two years old and beyond and adequate and timely complementary feeding.
  - b. Develop policy measures directed at food producers and processors:
    - to reduce the level of sodium in food
    - to eliminate industrially produced trans-fatty acids from food and to replace them with polyunsaturated fatty acids
    - to decrease the level of saturated fatty acids in food
    - to reduce the content of free sugars in food and drinks
    - to reduce the energy-density (calories) of diets



- c. Develop policy measures directed at food retailers and caterers to improve the availability, affordability and acceptability of healthier food products (plant foods including fruit and vegetables, products with reduced sodium content, saturated fatty acids, trans-fatty acids, lower energy foods ie lower in sugar and fat).
  - d. Ensure the provision of healthy food in all public institutions and in workplaces, including nutrient/food-based standards for meals served and other available foods, and programmes to promote consumption of plant foods including fruits and vegetables.  
ADD- Develop policy measures directed at the agricultural sector to reinforce the measures directed at food processors, retailers, caterers & public institutions, and provide greater opportunities for utilization of healthy local agricultural products and foods.
  - e. Consider economic tools, including taxes and subsidies, to improve the affordability of healthier food products and to discourage the consumption of less healthy options.
  - f. Conduct public campaigns and social marketing initiatives to inform consumers about healthy dietary patterns, encourage the consumption of a healthy diet, and to facilitate healthy behaviours.
  - g. Conduct nutrition education in schools and ensure the provision of dietary counselling in worksites, clinics and hospitals.
  - h. Develop policies for nutrition labelling of processed food and meals and provide accurate and balanced information for consumers in claims made about the nutritional and health properties of food in order to enable them to make well-informed, healthy choices.
  - i. Implement the WHO set of recommendations on marketing of foods and non-alcoholic beverages to children, including mechanisms for monitoring and evaluation.
- 13. Feedback Point 13.** See Feedback Point 5.
- 14. Feedback Point 14.** We support the perspective of UICC on Objective 5 on health systems and care.
- 15. Feedback Point 15.** See Feedback Point 5.
- 16. Feedback Point 16.** The actions listed under **Objective 6** are very weak on the evaluation of the effects of implementing policies. We strongly recommend that Member States call on the WHO Secretariat to include actions to evaluate the effects of policy actions. Impact assessments of the effects of existing and new policies is necessary to learn more about what works.
- 17. Feedback Point 17.** While there is no need for the **WHO to further elaborate the actions in an Annex**, they should streamline them into a more focused set of actions (with the exception of the policy measures, which now provide much clearer guidance to Member States) and then produce, as an Annex or a separate document, with case studies to illustrate how Member States can implement each action.
- 18. Feedback Point 18.** No comment.
- 19. Feedback Point 19.** The **voluntary global targets** should be directly linked with the 2013-2020 Global Action Plan.

