

Draft recommendations for the prevention and management of obesity over the life course, including potential targets

Comments prepared by World Cancer Research Fund International

17 September 2021

1. Background

World Cancer Research Fund International (WCRF International) leads and unifies a network of cancer prevention charities with a global reach. We are the world's leading authority on cancer prevention research related to diet, weight and physical activity. We work collaboratively with organisations around the world to encourage governments to implement policies to prevent cancer and other non-communicable diseases (NCDs). WCRF International has been in official relations with the World Health Organization (WHO) since 2016.

Our analysis of global research shows there is convincing evidence that greater body fatness is a cause of cancers of the [oesophagus](#) (adenocarcinoma), [pancreas, liver, colorectum, breast](#) (postmenopausal) and [kidney](#). Greater body fatness, encompassing weight gain in adult life, is a convincing cause of [endometrial cancer](#). Greater body fatness is also probably a cause of cancers of the [mouth, pharynx and larynx, stomach](#) (cardia), [gallbladder, ovary](#) and [prostate](#) (advanced). Weight gain in adult life is a convincing cause of postmenopausal [breast cancer](#).

2. Introduction

Maintaining a healthy weight throughout life is one of the most important ways to protect against cancer. WCRF International supports the development and implementation of effective policies to enable people to follow WCRF International's [Cancer Prevention Recommendations](#). However, we recognise that more action is needed to accelerate progress as no country is on target to meet the WHA approved nutrition targets.

Therefore, we welcome the opportunity to comment on the *WHO Discussion Paper: Draft recommendations for the prevention and management of obesity over the life course, including potential targets* from the perspective of obesity prevention, and believe it will be an important tool to drive greater action by Member States and other relevant stakeholders.

3. General comments

The following comments focus on the overall approach and framing of the document, with recommendations on how it can be strengthened from the prevention perspective.

3.1 General Principles

We welcome the general principles that call for the adoption of systemic approaches for overweight and obesity prevention, particularly the emphasis on primary preventative efforts.

We welcome that the draft:

- Adopts a life course approach, recognising the opportunities for action start in early age, given that childhood obesity is likely to track into adulthood and increase the risk of various NCDs such as cancer in adulthood.
- Recognises the need for policymakers to develop regulatory responses to shape the food system and physical environment.
- Adopts a whole-of-government and whole-of-society approach to ensure coherence and overcome silos in developing and implementing policy responses.
- Recognises stigma and discrimination experienced by people living with obesity.
- Builds on established strategies and plans and advocates for the full implementation of existing WHO resources such as the WHO NCD Best Buys, the International Code on Marketing of Breastmilk Substitutes, WHO Global Action Plan on the Prevention and Control of NCDs (2013-2030), WHO Set of Recommendations on marketing of food and non-alcoholic beverages to children and the recommendations of the WHO Commission on Ending Childhood Obesity.

We believe that the draft would benefit from several amendments, as outlined below. We suggest that the final document:

- Explicitly recognises the role of the obesogenic environment and how policy can shape it and moves away from individual blame and responsibility.
- Embeds a human rights-based approach throughout, and does not limit it to just health care, specifically recognising and protecting rights of children and marginalised groups.
- Adopts person-first language throughout the document to avoid stigmatising language.
- Includes people living with obesity in the development of guidance, policies and programmes and decision-making processes.
- Strongly recognises the negative impact of the commercial determinants of health in obesity prevention efforts.
- Adopts strong and clear conflict of interest principles from the outset and develops strong guidance to Member States on protecting policy making processes from commercial interests.
- Utilises strong accountability mechanisms with specific reporting processes and timelines.
- Identifies and promotes double and triple duty actions to address the drivers of obesity, undernutrition and climate change, which can be attractive options

to policymakers due to their ability to tackle multiple issues and multiple forms of malnutrition at once.

- Prioritises research, evidence and data on obesity prevention in collaboration with academia and civil society, encourages further investment into research, and promotes analysis of impact.
- Encourages Member States to allocate adequate resources and financing for obesity prevention policies and related programmes.

3.2 Targets and framing

More broadly, we believe that the framing of the document would benefit from outlining the targets first and then expanding on how each action contributes to achieving them. This would coherently demonstrate how each action is connected to a specific target. This would support the eventual development of specific key performance indicators (KPIs), which would also serve as a framework for monitoring and evaluation and as an accountability mechanism.

We believe that the outcome targets are relevant and appropriate and that they align with and consolidate existing work and initiatives. However, further clarification is needed on the rationale for the choice of the four process targets as well as on how they will be evaluated. We also recommend expanding on the suggested process targets, for example, by aiming to implement the WHO evidence-based NCD Best Buys interventions, which are shown to be highly cost-effective and feasible and appropriate to implement within low-resourced settings.

3.3 Accountability

We suggest that the Executive Board requests that WHO works with Member States to develop a monitoring and evaluation accountability framework to support the implementation of recommendations and targets.

We support the inclusion of surveillance systems so governments can monitor and track trends, population data and policy implementation.

3.4 Financing

We suggest that WHO highlights the need for Member States to include financing provisions within all recommendations to support implementation.

3.5 Conflict of interest

We reiterate the importance of protecting obesity prevention policy development processes from commercial interests. We strongly oppose any involvement of the food and drink industry in any policy design process and the introduction of voluntary policy measures or self-regulation, which have been shown to be ineffective in nutrition policy. Robust governance mechanisms need to be included in the draft.

4. Recommended actions.

We have several suggestions for the specific actions by the stakeholder categories highlighted in the draft recommendations.

4.1 Recommended actions for governments

- Health care
 - We support prevention interventions that include health promotion, nutrition counselling and prescription of physical activity to be included in health care benefits packages.
 - Recommendations should not be limited to actions by health care professionals, but a cross-cutting health perspective should be introduced in all aspects of the health sector and wider government, to truly adopt a whole-of society approach, including, but not limited to education, environment, welfare, sport, trade and commerce.

- Food systems
 - We believe that the draft should recognise the issue of malnutrition in all its forms to better reflect the status of nutrition in certain contexts where the double burden of malnutrition exists. If the new nutrition reality is not acknowledged, the recommendations can inadvertently reinforce the notion that obesity is an issue of high-income countries. Instead, the recommendations should create a platform by which double duty actions are a recommended option. Specific recommendations around double duty actions should be formulated, such as school feeding programmes that provide nutritious, sustainable food.
 - Paragraph 26: Interventions around breastfeeding should be expanded to include a range of actions including but not limited to the implementation of the Breastmilk Substitute Code. These should include employment initiatives, maternity / parental policies, lactation facilities, and campaigns and promotions to encourage breastfeeding.
 - Paragraph 27 b: WHO should advocate policy measures that mandate reformulation (such as through sugar-sweetened beverage taxes) as voluntary measures have been shown to be of limited impact.
 - Paragraph 27 c-f: The policy recommendations referenced should be situated in named WHO guidance and NCD Best Buys. The document should also welcome future additional policy measures based on new evidence on cost effectiveness and impact.

- Social protection and welfare
 - Paragraph 28: We suggest that social protection programmes should be linked to subsidies for healthy foods such as fruits and vegetables.
 - WHO should promote examples of fiscal policies that promote healthy diets including health-related taxes, targeted subsidies for healthy food, incentives to support change towards sustainable agricultural systems and targeted import tariffs on specified nutritious foods. Such examples can be identified

from existing sources such as the WHO GINA database and the WCRF International [NOURISHING database](#).

- Built environment and physical activity
 - The draft should highlight that governments need to mobilise investment to promote physical activity. WHO can share examples of implemented policy actions from around the world which can be found in WCRF International's [MOVING database](#).
 - The application of a whole-of-government approach to physical activity should be included given that policies that promote active lifestyles need the involvement of many different sectors.
- Health literacy and education
 - We support that the inclusion of campaigns is presented by the draft recommendations as part of a suite of policy activities and a comprehensive approach to action as, in isolation, they are not a sufficiently effective intervention to prevent obesity.
 - We propose that campaign initiatives should cover a range of relevant topics such as information about places to be physically active, physical activity guidelines and dietary guidelines. For breastfeeding, community-based campaigns can be implemented to promote and support exclusive breastfeeding.
- Statistics
 - We suggest that WHO links and integrates Member State surveillance systems and policy implementation monitoring into an accompanying accountability mechanism to support achieving the overall targets.

4.2 Recommended actions for civil society

- Paragraph 35: We would welcome the inclusion of WHO collaboration with civil society in working with governments to support the development of national plans, strategies and policies.
- Paragraph 36: We believe there is a role for WHO to support Member State collaboration with civil society and protecting civil society space. This means ensuring engagement opportunities for civil society to input into WHO processes are protected and promoted.

4.3 Recommended actions for academia

- Paragraph 37: We suggest that WHO advocates for Member State investment to expand and consolidate the evidence base on monitoring obesity and the implementation and effectiveness of policies.

4.4 Recommended actions for economic operators in the food system

- The role of the food and beverage industry should be viewed with extreme caution due to fundamental conflicts of interest and failures of self-regulation. Time and time again, the food and beverage industry has worked to undermine public health measures in pursuit of profit.
- Paragraph 38: We suggest a wording change in this paragraph:

*Manufacturers, importers, exporters and suppliers **should** reformulate their portfolios, particularly the ones with products intended for children (reducing sugars and salt) and reducing portion sizes. All companies **should** offer healthy diets in their workplace canteens.*

- Economic operators must be subject to government regulation on food safety, taxation, advertising and nutrition labelling in line with the NCD Best Buys. The draft should not advocate voluntary measures.

4.5 Recommended actions for economic operators in the sports, exercise and recreation industry.

- We recommend that the draft refers to WHO recommendations on the promotion of high fat, salt and sugar products at sporting events, facilities and in schools.

4.6 Recommended actions for WHO

- WHO should provide specific guidance to Member States on how they can protect policy development, implementation, and evaluation from industry interference. This includes principles and guidance for Member States in identifying, avoiding, and managing the perceived and actual conflicts of interest inherent in the engagement with industry in public health. Other fields of NCDs prevention and control, especially other risk factor areas such as tobacco, possess vital experience, know-how and evidence-based solutions that should be applied in the field of obesity prevention too.
- Guidance on prevention of obesity should not be limited to health care professionals. WHO must take a whole-system approach and issue recommendations for target stakeholders such as teachers and education administrators, food procurement and catering workers in the private and public sector, and fitness professionals.

This draft was prepared by Kate Oldridge-Turner, Head of Policy and Public Affairs, Magdalena Wetzel, Policy and Public Affairs Manager, Ioana Vlad, Senior Policy Research Officer and Diva Fanian, Policy and Public Affairs Officer.

For more information about World Cancer Research Fund International, please visit our [website](#).