

## Comments on the draft first report of the WHO Independent High-Level Commission on Non-Communicable Diseases

16 May 2018

### About World Cancer Research Fund International

World Cancer Research Fund 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).

We advocate for the wider implementation of more effective policies that create environments that are conducive for people and communities to follow our Cancer Prevention Recommendations<sup>1</sup>. Our NOURISHING policy framework brings together ten policy areas where governments need to take action to promote healthy diets and reduce overweight, obesity and diet-related NCDs. The framework is accompanied by an extensive, regularly updated database of implemented government policy actions from around the world.

More information on World Cancer Research Fund International can be found at <http://www.wcrf.org/> and [www.wcrf.org/NOURISHING](http://www.wcrf.org/NOURISHING).

### Contact

This consultation response was prepared by Louise Meincke, Bryony Sinclair and Fiona Sing. For any queries about World Cancer Research Fund International's submission, please contact [policy@wcrf.org](mailto:policy@wcrf.org).

### Summary

We welcome the opportunity to provide comments on the report of the WHO Independent High-Level Commission on NCDs. 2018 is a critical year for NCDs as we reflect on our progress in achieving global targets and identify opportunities for action. Our focus must be on the implementation of known effective policies and interventions, continued evaluation of innovative policies and united action to overcome barriers to policy implementation.

Our comments are organised into three main areas: innovative ideas presented by the Commission, gaps in the report and specific comments on the Commission's four recommendations.

### Innovative ideas presented by the Commission

The mandate of the Commission is to advise the WHO Director-General on bold recommendations on how countries can accelerate progress towards SDG target 3.4 on the

---

<sup>1</sup> <http://www.wcrf.org/int/research-we-fund/our-cancer-prevention-recommendations>

prevention and treatment of NCDs and the promotion of mental health and well-being. We consider the following concepts innovative and welcome their inclusion in the report:

- Financing vehicle/multi-donor Trust Fund for NCDs and Mental Health (para 45, and part of Recommendation 3)
- Use of a Human Capital Index as conditionality for borrowing (para 44)
- A consolidated (and simplified) accountability framework (para 46), through the development of a countdown 2030 for NCDs, modelled on CD2030.

Although the Commission has put forward some innovative concepts/ideas, there is insufficient elaboration on these concepts. In addition to providing more detail on these concepts, it would also be helpful to include responsible parties for developing and implementing the larger infrastructure needed to action these bold ideas.

### Gaps in the report

In reviewing the report, we have identified a number of gaps that need to be addressed:

- Inadequate recognition of industry interference
  - o Industry interference is recognised as one of the major barriers to implementing the WHO best buys.
  - o Paragraph 30 briefly mentions “market and commercial factors that contribute to the burden of NCDs”. However further discussion on this point is needed.
- How to manage and prevent conflicts of interest
  - o Include mention of governance mechanisms to help the WHO and Member States manage and prevent conflicts of interest
- No mention at all of overweight and obesity and diet-related NCDs. Our research shows that being overweight and obese increases the risk of at least 11 common cancers.
- Para 32: the Commission recommends that all activities are framed within existing principles, however these principles are not integrated into the content of the report. Simply listing these principles and frameworks is unhelpful.
  - o A rights-based approach is needed to combat NCDs and recognition of this should be included within the report to ensure that a rights-based approach to preventing and controlling NCDs is legitimised and actioned at national levels.
- The weighting of the report is unbalanced, the first two-thirds (first 33 paragraphs) are introductory and only one-third focused on recommendations and support for these recommendations.
- There is an insufficient amount of information supporting the ‘bold’ recommendations
- There is a lack of recognition of CSO involvement. CSOs should be given a larger role, as with the AIDS and maternal child health movements. The role of CSOs includes acting as watchdog, advocates and experts, and CSOs have a specific role in accountability. Funding is needed to specifically support CSOs in carrying out these roles, and the bold idea of increasing financing for NCDs should include consideration of this.

### Specific comments on the Commission's recommendations

Recommendation 1: Identify and implement a small set of priorities within the overall NCD and mental health agenda. Prioritization is the key to achieve the scale-up that countries need to reach the SDG 3.4 target

- We are deeply concerned by the Commission's decision to prioritise five cost-effective interventions. The report does not include an explanation for why or how these specific interventions were prioritised out of all the 'Best buys', as set out in the updated Appendix 3. The report does not make it clear that these five interventions are *only* a baseline for action.
- It is widely understood that a comprehensive approach is needed to tackle NCDs, therefore selecting and promoting five priorities is contradictory and unhelpful, especially given action and prioritisation must take into consideration local context. Instead, we recommend the Commission elaborates on its reference to the 'Best buys' and encourages countries to identify and prioritise actions based on their specific context, with the aim of taking comprehensive action over time. Our NOURISHING policy framework outlines a comprehensive approach to promoting healthy diets, reducing overweight, obesity and diet-related NCDs.<sup>2</sup>

Recommendation 2: Increase engagement with the private sector

- We are deeply concerned by the Recommendation to "increase engagement with the private sector", as policy development must be protected from vested interest.
- More clarity is needed on what type of private sector engagement is being recommended. For example, is this engagement aimed at public-private partnerships related to funding rather than interventions aimed at the prevention of NCDs? And if so, provide clear guidance on how potential conflicts of interest will be prevented and managed.
- Para 39: As written, the paragraph implies that government regulation should only be employed if engagement with the private sector fails. Government has a prime responsibility to protect the health of their citizens and a right to regulate does not need to wait to implement measures to create healthy environments. It is the decision of governments to assess in what circumstances and when to engage with the private sector.
- Further elaboration is needed on the idea of an international code of conduct. What would be the added value? How would this code of conduct support current recommendations? How would it be enforced, and what would the penalty be for breaching the code?
- What is the idea of a health forum for investors? Is it linked to recommendation 3 and the concept of a multi-donor Trust Fund? We assume investors would not include the food and beverage industry who have clear conflicts of interest, but this needs to be clarified.
- Para 36: the 2011 Political Declaration does not specifically call for 'engagement with the private sector in the areas of food and non-alcoholic beverage production and

---

<sup>2</sup> [www.wcrf.org/NOURISHING](http://www.wcrf.org/NOURISHING)

marketing’, but calls on private sector, ‘where appropriate, to take measures to implement action to reduce marketing to children and produce food products consistent with a healthy diet’. Evidence demonstrates that voluntary self-regulation has been ineffective at reducing exposure of children to the marketing of unhealthy food and beverages.<sup>3,4,5</sup>

#### Recommendation 3: Increase funding for action against NCDs

- We agree with the recommendation to governments to increase prices of and taxes on tobacco and alcohol. We recommend also including the introduction of price increases and taxes on sugar sweetened beverages.
- On the ‘full-cost accounting’, clarify what’s involved and the feasibility of conducting this in high, middle and low income countries.
- The recommendations for cities do not seem to fit with helping to increase funding for action against NCDs.
- The food and beverage industry should not be included in the multi-donor Trust Fund for NCDs, due to inherent conflicts of interest.

#### Recommendation 4: Strengthen accountability for action on NCDs

- We agree and support a simplification of existing accountability mechanisms and support data being publicly available.
- We support the creation and adoption of a Countdown to 2030 for NCDs, similar to the Countdown to 2030 Initiative for Maternal, Newborn and Child Survival.
- Clarification on what body is responsible for developing and implementing the accountability mechanism is needed. Clarification on which stakeholders should be involved to ensure the accountability mechanism has legitimacy is also needed.
- We support the adoption of an accountability mechanism that is transparent with self and external benchmarking.
- Explicitly include the key role of civil society organisations in accountability.
- Consider adding a call for a political commitment made at the UNHLM on NCDs for governments to be accountable to a set of benchmarking measures.

---

<sup>3</sup> Galbraith-Emami S, Lobstein T. The impact of initiatives to limit the advertising of food and beverage products to children: A systematic review. *Obesity Reviews* 2013; 14(12):960-974.

<sup>4</sup> Potvin Kent M et al. Self-regulation by industry of food marketing is having little impact during children’s preferred television. *International Journal of Pediatric Obesity* 2011; 6(5-6):401-408.

<sup>5</sup> Potvin Kent M, Wanless A. The influence of the Children’s Food and Beverage Advertising Initiative: change in children’s exposure to food advertising on television in Canada between 2006-2009. *International Journal of Obesity* 2014; 38(4):558-562.