POLICY FACTSHEET

World Cancer Research Fund International

Healthy weight and cancer prevention

The World Cancer Research Fund's Cancer Prevention Recommendations advise everyone to be a healthy weight to lower cancer risk[1] and to support living well with and beyond cancer[2].

This factsheet outlines how this recommendation can be rolled out at a population level. It expands advice in World Cancer Research Fund International's Policy Blueprint for cancer prevention, which combines evidence on cancer risk – our Cancer Prevention Recommendations – with policy advice for population-level prevention.

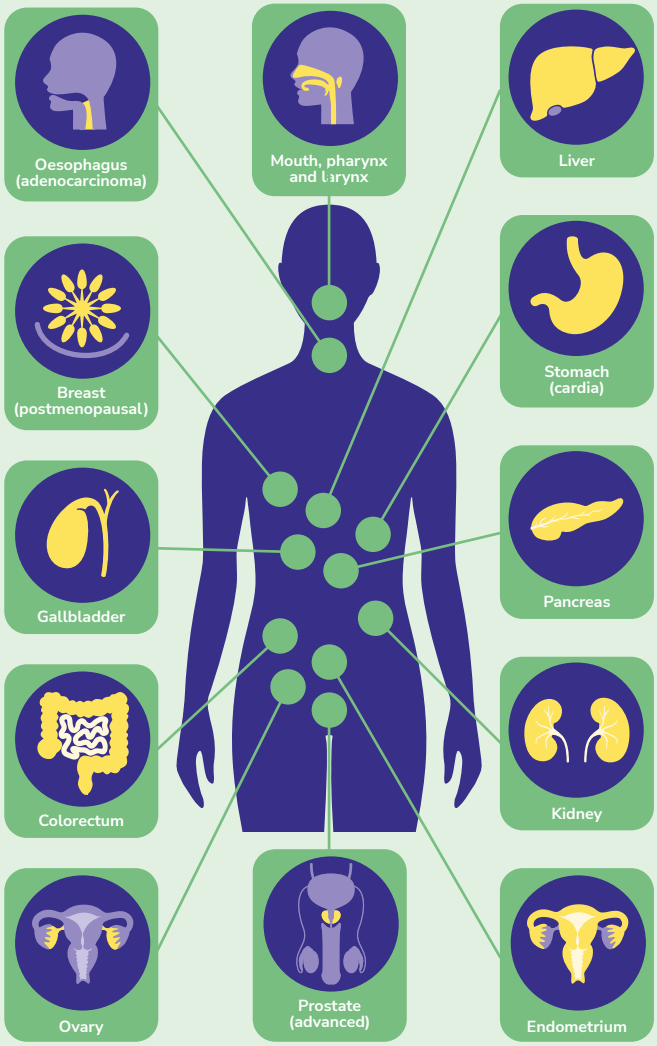
CANCER PREVENTION RECOMMENDATION:

Be a healthy weight

- Ensure weight in childhood and adolescence projects towards the lower end of Body Mass Index (BMI)
- Keep weight within the healthy range and avoid weight gain in adult life

For more details, see: **wcrf.org/evidence-for-our-recommendations/be-a-healthy-weight**

In 2022, 2.5 billion adults (18 years and older) were overweight. Worldwide, adult obesity has more than doubled since 1990, and adolescent obesity has quadrupled[3].



Weight and cancer risk

There are 8 key policy areas to support healthy environments for healthy weight through the lifecourse:

- **Marketing restrictions**
- **Healthy urban and built environments**
- **Fiscal and legal policies**
- **Active and public transport**
- **Healthy and safe schools**
- **Effectively inform people**
- **Procurement, planning and incentives in communities**
- **Counselling in healthcare**

Unlocking the co-benefits of cancer prevention policies

Our policy recommendations have co-benefits in relation to prevention of non-communicable diseases (NCDs), meeting sustainability targets, reversing health inequities, addressing commercial determinants of health and fulfilling human rights. World Cancer Research Fund International's Policy Blueprint for cancer prevention includes an assessment of co-benefits and potential trade-offs when policy goals do not align.

wcrf.org/blueprint-for-cancer-prevention

Marketing restrictions

- Mandatory advertising ban of foods high in fat, sugars and salt, sugary drinks and identifiable less healthy products, online and on TV.
- Restrictions on other types of marketing such as product placement, branding and multi-buy offers.
- Restrictions on sponsorship of sporting events by producers of foods high in fat, sugar and salt, sugary drinks and alcohol.
- National legislation in line with the International Code of Marketing of Breastmilk Substitutes (BMS), including digital marketing of BMS, and subsequent World Health Assembly Resolutions.

Fiscal and legal policies

- Taxes on foods high in fat, sugars and salt and sugary drinks, regularly adjusted to inflation.
- Measures to ensure reformulation initiatives are mandatory and cover an appropriate range of nutrient and product categories.
- Adequate paid parental leave and protection against employment discrimination for parental leave to support breastfeeding.

Healthy and safe schools and other settings

- Restrictions on unhealthy snacks and drinks available in schools canteens, kiosks, vending machines and school events, including sports.
- Planning restrictions on unhealthy food service outlets near schools.
- Initiatives that optimise opportunities for physical activity at school and work, including to reduce sitting and for active breaks.
- Policies to enable breastfeeding on return to work or study.

Effectively inform people

- Robust front-of-pack food labelling that shows recommendations and judgements on the healthiness of a product and is based on a government-approved nutrient profile model.
- High quality nutrition and physical education in school curricula.
- Breastfeeding promotion at population level.

Procurement, planning and incentives in communities

- Nutrition standards for public procurement that ensure compliance with healthy diets.
- Incentives and regulations to reduce “less healthy” food and ingredients used by food producers and retailers, and in food outlets.
- Community walking and cycling programmes.
- Sport and recreation policies that create active opportunities equitably.
- Policies to protect breastfeeding in public.

Healthy urban and built environments

- Planning guidance and restrictions on type and proximity of food outlets.
- Policies that ensure adequate access to natural environments for physical activity, recreation and play.
- Active design guidelines for urban planners and architects that ensure buildings and public spaces promote physical activity.
- Incentivisation for integrated, health promoting urban design.

Active and public transport

- Policies, systems and infrastructure that prioritise walking, cycling and use of public transport.
- Road safety actions for pedestrians and cyclists.
- Parking and public transport policies that encourage active transport.
- Tax incentives to encourage workplaces to implement active travel policies for staff.
- Congestion charges and fuel levies.
- Policies that encourage and support women to breastfeed in public areas such as train stations or parks.

Counselling in healthcare

- Nutrition and physical activity counselling and referral as part of routine primary health care.
- Nutrition and physical activity training for health professionals.
- Counselling on optimal maternal, infant and young child feeding antenatally, immediate breastfeeding support at delivery, and lactation management.

An integrated strategy which together addresses the influence of weight, diet, breastfeeding and alcohol consumption patterns will have a greater impact on cancer risk and survivorship than individual factors alone. For more information, visit **wcrf.org/blueprint-for-cancer-prevention**

Strategies to support our policy recommendations on healthy weight

- Develop and implement a national obesity strategy or guidelines that support population-level prevention of obesity.
- Prioritise policies that target childhood and adolescence, and follow a lifecourse approach to prevention of overweight and obesity.
- When assessing disease risk at an individual level (eg, in healthcare), BMI should be considered alongside other indicators, and should not replace individual assessment taking into account ethnicity and other appropriate factors.
- Actively address weight stigma through government information campaigns and policies around healthy weight.
- Prevention policies need to be complemented by providing evidence-based treatment of people living with obesity. New pharmacological treatments can be highly effective but are not accessible to people who need them most and may accentuate health inequities. Therefore, they must only be utilised as an option among a suite of prevention and treatment. Further, healthy environments remain important post-treatment.

Our other resources for policy-makers, professionals and the general public

Resources for policy-makers

- NOURISHING nutrition and MOVING physical activity policy databases **policydatabase.wcrf.org**
- NOURISHING and MOVING policy index for Europe and country snapshots **wcrf.org/policy/nutrition-policy** **wcrf.org/policy/physical-activity-policy**

Building Momentum reports:

- Lessons on implementing robust restrictions of food and non-alcoholic beverage marketing to children
- Lessons on implementing a robust front-of-pack food label
- Lessons on implementing a robust sugar-sweetened beverage tax
- Establishing robust policies to promote physical activity in primary healthcare **wcrf.org/policy/our-publications/building-momentum-series**

Resources for health professionals and the general public

- **wcrf.org/living-well**
- **aicr.org/resources/media-library**
- Resources in Dutch **wkof.nl**

Photo credit World Obesity Federation

References

1. Malcomson FC, Wiggins C, Parra-Soto S, et al. Adherence to the 2018 World Cancer Research Fund/American Institute for Cancer Research Cancer Prevention Recommendations and cancer risk: A systematic review and meta-analysis. *Cancer*. 2023;129(17):2655-2670.
2. Chan DSM, Vieira AR, Aune D, et al. Body mass index and survival in women with breast cancer-systematic literature review and meta-analysis of 82 follow-up studies. *Ann Oncol*. 2014;25(10):1901-1914.
3. World Health Organization. Obesity and overweight. [online]. Geneva: World Health Organization; 2024. [Accessed December 4, 2024]. Available from: **who.int/newsroom/factsheets/detail/obesity-and-overweight**

About us

World Cancer Research Fund International is a leading authority on the links between diet, nutrition, weight and physical activity and cancer. We are an international not-for-profit association that leads and unifies a network of cancer prevention charities, including the American Institute for Cancer Research, World Cancer Research Fund in the UK and Wereld Kanker Onderzoek Fonds in the Netherlands. World Cancer Research Fund International is in official relations with the World Health Organization.

Acknowledgements

For a full list of acknowledgements please scan the QR code.

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