

# POLICY BLUEPRINT

## for Cancer Prevention

Designed as a one-stop-shop for policymakers and advocates, this Policy Blueprint uses the World Cancer Research Fund's Cancer Prevention Recommendations to outline an integrated approach to promote healthy diets and weight, support breastfeeding, increase physical activity and reduce alcohol intake. Its goal is to prevent cancer and support healthier environments for people living with and beyond a diagnosis. Accompanying resources offer in-depth technical details about the policy areas, and on how to roll out each Cancer Prevention Recommendation at population level.

### Policy Blueprint

Package of policy recommendations  
for cancer prevention



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

Principles for policy design and implementation

Co-benefits of cancer prevention policies

### Policies for Cancer Prevention

We want cancer prevention and living well with and beyond cancer to be a top priority for all governments. An urgent response is needed as cancer cases globally are expected to skyrocket from 20 million in 2022 to 35 million annually by 2050 – globally, 1 in 5 people will face cancer in their lifetime, hitting vulnerable groups hardest, such as those disadvantaged by income, gender, education, or race and ethnicity<sup>1</sup>. Roughly 40% of cancers are preventable, so tackling cancer risk factors is urgent and critical.

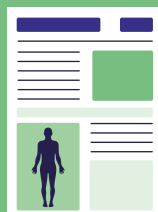
Our Cancer Prevention Recommendations, which work together as an overall way of living healthily to prevent cancer, have been proven to lower cancer risk<sup>2</sup> and impact living well with and beyond cancer<sup>3</sup>. Analyses show that following these Recommendations could lead to millions of lives saved and huge cost savings for healthcare systems<sup>4</sup>. Only one cancer risk factor, unhealthy weight, is projected to reduce the global economy by over US\$4 trillion a year by 2035<sup>5</sup>, with obesity set to become the leading risk factor for cancer, surpassing smoking, in the coming decades<sup>6</sup>.











For everyone to be able to follow these Recommendations, governments need to design and implement a range of policies to support healthy environments. World Cancer Research Fund International's Policy Blueprint brings together the best available evidence on cancer risk, as summarised by our Cancer Prevention Recommendations, along with state-of-the-art policy advice for population-level cancer prevention, including the World Health Organization (WHO) Non-Communicable Diseases (NCDs) Best Buys, the Global action plan on physical activity, the Global action plan on alcohol, the International Code of Marketing of Breastmilk Substitutes, and integrating existing World Cancer Research Fund International policy tools, such as the NOURISHING and MOVING frameworks.



### Policy factsheets

Supplementary in-depth analysis  
on how to roll out each Cancer  
Prevention Recommendation  
through population-level policies



Cancer Prevention Recommendations*	Evidence for cancer risk	Marketing restrictions	Fiscal and legal policies	Healthy & safe schools	Procurement, planning & incentives in communities	Healthy urban & built environments	Active & public transport	Effectively inform people	Counselling in healthcare
 <b>Be a healthy weight</b> Keep your weight within the healthy range	<p>There is strong evidence that greater body fatness is a cause of at least 13 cancers, including: oesophagus (adenocarcinoma), stomach (cardia), pancreas, gallbladder, liver, colorectum, breast (postmenopausal), ovary, endometrium, prostate (advanced) and kidney.</p> <p>This evidence has continued to strengthen over the last decade.</p>	✓	✓	✓	✓	✓	✓	✓	✓
 <b>Be physically active</b> To help reduce the risk of cancer, be physically active as part of everyday life	<p>There is strong evidence that physical activity protects against cancers of the colon, breast, endometrium, bladder, stomach, kidney, and oesophagus (adenocarcinoma), and that it helps prevent excess weight gain.</p> <p>Greater body fatness is a cause of at least 13 cancers.</p>			✓	✓	✓	✓	✓	✓
 <b>Eat a better diet</b> Make wholegrains, vegetables, fruit and beans a major part of your usual daily diet	<p>There is strong evidence that eating wholegrains protects against colorectal cancer, and that eating foods containing dietary fibre also protects against colorectal cancer and against weight gain, overweight and obesity.</p> <p>Greater body fatness is a cause of at least 13 cancers.</p>	✓	✓	✓	✓	✓		✓	✓
 <b>Limit ‘fast foods’</b> Limit consumption of ‘fast foods’ and other processed foods high in fat, starches or sugars	<p>There is strong evidence that diets containing greater amounts of ‘fast foods’ and other processed foods high in fat, starches or sugars – and consuming a ‘Western type’ diet (characterised by a high amount of free sugars, meat and fat) – are causes of weight gain, overweight and obesity. Greater body fatness is a cause of at least 13 cancers.</p>	✓	✓	✓	✓			✓	✓
 <b>Limit red and processed meat</b> Eat no more than moderate amounts of red meat and little, if any, processed meat	<p>There is strong evidence that consuming red or processed meat are causes of colorectal cancer.</p> <p>There is no level of processed meat intake that can confidently be associated with no increased risk of colorectal cancer.</p>	✓	✓	✓	✓			✓	✓
 <b>Limit consumption of sugar sweetened drinks</b> Drink mostly water and unsweetened drinks	<p>There is convincing evidence that consumption of sugar sweetened drinks is a cause of weight gain, overweight and obesity in both children and adults, especially when consumed frequently or in large portions. Greater body fatness is a cause of at least 13 cancers.</p> <p>Currently, there is limited evidence that the artificial sweetener aspartame used in non-sugar sweetened beverages is carcinogenic in humans. The recommendation to drink mostly water and avoid sweetened drinks remains appropriate.</p>	✓	✓	✓	✓			✓	✓
 <b>Limit alcohol consumption</b> For cancer prevention, it is best not to drink alcohol	<p>There is strong evidence that consumption of alcoholic drinks (of all types) is a cause of cancers of the mouth, pharynx and larynx, oesophagus (squamous cell carcinoma), liver, colorectum, breast (pre- and postmenopause), and stomach.</p> <p>There is no alcohol consumption threshold below which there is no increase in the risk of at least some cancers.</p>	✓	✓	✓	✓	✓		✓	✓
 <b>Do not use supplements for cancer prevention</b>	<p>There is strong evidence from randomised controlled trials that high-dose beta-carotene supplements may increase the risk of lung cancer in smokers.</p> <p>There is no strong evidence that dietary supplements, apart from calcium supplements for colorectal cancer, can reduce cancer risk. Some trials for other cancer sites have shown potential for unexpected adverse effects.</p>	✓						✓	✓
 <b>For mothers: Breastfeed your baby if you can</b>	<p>There is strong evidence that breastfeeding protects against breast cancer in the mother. Having been breastfed helps protect children against excess weight gain, overweight and obesity. Greater body fatness is a cause of at least 13 cancers.</p>	✓	✓	✓	✓		✓	✓	✓
 <b>After a cancer diagnosis:</b> Follow our Cancer Prevention Recommendations if you can	<p>Alongside improving survival of many cancers, research on the effects of diet, nutrition and physical activity on long terms health outcomes in cancer survivors is growing. To date, our Expert Panel has reviewed the evidence for the effects of these factors on survival and future risk of cancer in survivors of breast and</p>	colorectal cancers. For breast cancer, evidence suggested that a diet rich in dietary fibre and being physically active potentially improved outcomes and overall survival, with no evidence of adverse outcomes from soy foods. For colorectal cancer, evidence suggested that a physically active lifestyle, a diet rich in plant-based foods, wholegrain foods, and coffee, but avoiding sugary drinks, potentially improved outcomes and overall survival.							

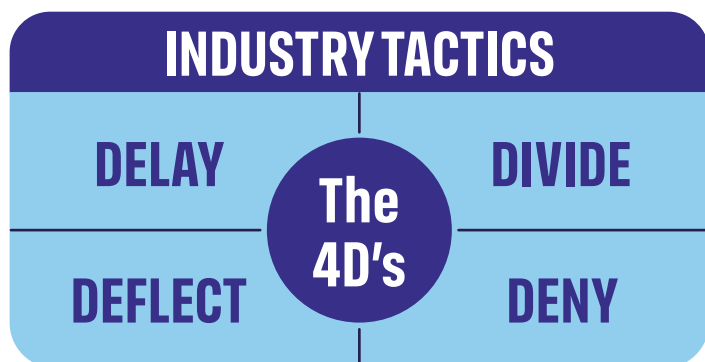
For more details about our Cancer Prevention Recommendations, see [wcrf.org/evidence-for-our-recommendations](https://wcrf.org/evidence-for-our-recommendations)

\* Other important factors for cancer prevention not covered in this blueprint are: not smoking, reducing sun exposure, and vaccination against and for cancer-linked viruses (such as HPV, Hepatitis A and B).

## Principles for design and implementation of policies

We know what governments need to focus on, but recent analysis from World Cancer Research Fund International shows that many governments are not implementing the needed policies for cancer prevention<sup>7,8</sup>. There is a huge potential for substantial gains, which can be achieved if governments:

1. **Act across the 8 policy areas using an integrated and cross-sectoral approach** - no one single intervention or policy is sufficient.
2. **Consider mechanisms for enforcement, monitoring and evaluation in all policies.**
3. **Adopt a health-in-all policies approach to policy development.**
4. **Ensure adequate resourcing and budget is provisioned for policy implementation.**
5. **Take a multi-pronged approach to address inequities** that includes both population-wide policies such as universal social protection programmes, and targeted interventions for vulnerable populations disadvantaged by factors such as income, gender, education, race or ethnicity.
6. **Protect public health policy development from unhealthy commodity industries:**
  - Safeguard policy design and implementation from undue influence by unhealthy commodity industries like unhealthy foods, alcohol, and fossil fuels.
  - Engage with industry when necessary (eg service provision) without extending their role to policy development.



- Recognise industry tactics that oppose public health policy, including claims of insufficient evidence of health benefit.
  - Apply lessons from successful tobacco control policies to alcohol and unhealthy food industries.
7. **Allocate revenues from taxes** from health-harming products (such as sugar-sweetened beverages, unhealthy foods, or alcohol) to health budgets and/or programmes.



## Unlocking the co-benefits of cancer prevention policies

Policies for cancer prevention can have an impact on broader health, economic and societal goals. For example, addressing cancer risk factors is shown to have the co-benefit of protecting against other NCDs, such as cardiovascular disease or diabetes<sup>3</sup>.

Evidence is accumulating on other co-benefits of cancer prevention policies, specifically:

1. **Addressing commercial determinants of health,**
2. **Meeting sustainability and climate targets,**
3. **Addressing health inequities,**
4. **Fulfilling human rights.**

The development of cancer prevention policies should include an assessment of these co-benefits. In addition, this assessment may identify 'trade-offs', such as when health and sustainability impact do not align. For example, fish can be a part of healthy diets but can have a considerable environmental impact. We outline main co-benefits and examples of potential trade-offs below. While not comprehensive, this analysis provides a first step into considering these elements in cancer prevention policy.

### Address commercial determinants of health (CDoH)

#### Co-benefits

Health policies should:

Prevent and reduce harm of negative commercial influence such as: high market concentration in food systems with a limited number of actors dominating production and supply; sportswashing by unhealthy food and drinks industries; industry playbook strategies to prevent/delay public health policy.

Maximise CDoH systems' influence that are positive: work with local, small and medium enterprises to provide nutritious, sustainably produced foods in underserved communities; use the purchasing power of governments to develop procurement rules via short chains and local producers.

#### Trade-offs

Misalignment between global trade and public health priorities, despite advances such as TRIPS flexibilities<sup>9</sup>.

Marketing of unhealthy commodities is underpinned by legal, trade, and political frameworks that are structured to benefit industry. Attempts to regulate and change norms will be met with resistance.



## Address health inequities

### Co-benefits

Policies that may decrease health inequities include: marketing restrictions for unhealthy foods and drinks, as well as for infant formula, knowing these often target communities with low socio-economic status (SES) and vulnerable age groups (teenagers); fiscal and legal tools, including taxes on unhealthy foods and drinks, as well as food benefits for low SES groups<sup>10</sup>; or policies to increase access to green spaces and to walking and cycling infrastructure<sup>11</sup>.

Limited or no effect on inequities include mass communication and health information campaigns<sup>10</sup>. Mixed effects shown in existing evidence include some built environments policies<sup>10,11</sup>.

However, existing evidence is of mixed quality, and may not be easily transferrable across settings.

### Trade-offs

Universal, population-wide policies may improve outcomes for groups already well-off, to the detriment of groups that already have lower health outcomes<sup>12</sup> and should thus be accompanied by targeted programmes according to highest risk populations. These populations will not be the same even within the same country and should be identified based on contextual data.

## Fulfil children's and human rights

### Co-benefits

Breastfeeding and healthy diets are an integral component of the right to life, survival and development to the highest attainable standard of health (articles 6 and 27 of the Convention on the Rights of the Child), whereas alcohol can restrict children's rights, specifically right to health (the International Covenant on Economic, Social and Cultural Rights), life and survival, protection against abuse and the right to education (Convention on the Rights of the Child). Marketing targeting children is in contradiction to a series of human rights legal instruments, including Comment 5 on the International Convention on the Rights of the Child<sup>13</sup>.

### Trade-offs

None. However, arguments on human rights are not often used, and legal powers are not employed for their fulfilment.

## Meet sustainability and climate targets

### Co-benefits

Adherence to our diet-related Cancer Prevention Recommendations was estimated to lower food-related greenhouse gas emissions by 29% compared to a reference scenario in 2050<sup>4</sup>.

Physical activity policies such as active and public transport, and healthy urban and built environments, have clear benefits for climate, including by reducing emissions from cars, binding carbon dioxide, and climate-proofing cities through parks and green spaces<sup>14</sup>.

While less studied, decreasing alcohol consumption will not only have health impacts, but would reduce emissions related to its production, including water usage and contamination from farming alcohol-producing plants, as well as emissions from production, marketing and consumption of the alcoholic product itself<sup>15</sup>.

### Trade-offs

Healthy plant-based foods such as whole grains, fruits, nuts, and legumes are associated with lower diet-related emissions than animal-based foods. The largest share of climate benefit will be felt by reducing red meat consumption, particularly in high-income countries which have the highest rates of consumption and therefore the highest potential health gain. This may, however, lead to economic losses to major producers of red meat. Fish can be a part of a healthy diet. However, sustainable fish farming should rely mostly on small scale, local farming, in contrast to current trends<sup>16</sup>.

Physical activity policies have a clear health benefit, but may increase inequities, eg low emissions zones in cities<sup>10, 17</sup>, or may lead to increases in climate impact, eg by building carbon-intensive sports facilities<sup>14</sup>.



## References

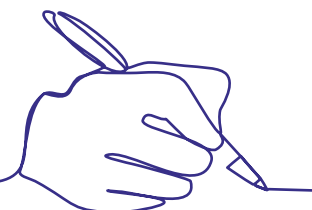
1. International Agency for Research on Cancer. Cancer tomorrow [online]. Updated Globocan 2022 (version 1.1). [Accessed August 2, 2024] Available from: [gco.iarc.who.int/tomorrow](https://gco.iarc.who.int/tomorrow)
2. Malcomson FC, et al. Adherence to the 2018 World Cancer Research Fund/American Institute for Cancer Research Cancer Prevention Recommendations and cancer risk: A systematic review and meta-analysis. *Cancer* 129.17 (2023): 2655-2670
3. Shams-White MM, et al. The 2018 World Cancer Research Fund/American Institute for Cancer Research (WCRF/AICR) Score and All-Cause, Cancer, and Cardiovascular Disease Mortality Risk: A Longitudinal Analysis in the NIH-AARP Diet and Health Study. *Current Developments in Nutrition* 6.6 (2022): nzac096
4. Springmann M, et al. Analysis and valuation of the health and climate change cobenefits of dietary change. *Proceedings of the National Academy of Sciences* 113.15 (2016): 4146-4151
5. World Obesity Federation. World Obesity Atlas 2023. London: World Obesity Federation; 2023
6. World Health Organization. WHO European Regional Obesity Report. Copenhagen: WHO Regional Office for Europe; 2022
7. World Cancer Research Fund International. The NOURISHING policy index - Nutrition policy status in 30 European countries. London: World Cancer Research Fund International; 2023
8. World Cancer Research Fund International. The MOVING policy index - Physical activity policy status in 30 European countries. London: World Cancer Research Fund International; 2023
9. Babyar J. Trade, intellectual property, and the public health bearing. *Health Syst* 12.1 (2023): 123-132
10. Thomson K, et al. The effects of public health policies on health inequalities in high-income countries: an umbrella review. *BMC Public Health* 18 (2018): 1-21
11. Smith M, et al. Systematic literature review of built environment effects on physical activity and active transport – an update and new findings on health equity. *Int J Behav Nutr Phys Act* 14 (2017): 1-27
12. Galea S, Vaughan R. Tradeoffs Between Equity and Efficiency at the Heart of Population Health Science: A Public Health of Consequence. *Am J Public Health* 109.4 (2019): 541
13. Sing F, et al. The utilisation of legal instruments by United Nations actors to restrict the exposure of children to unhealthy food and beverage marketing: a qualitative content analysis of UN instruments. *Globalization and Health* 19.1 (2023): 45
14. Abu-Omar K, Gelius P, Messing S. Physical activity promotion in the age of climate change. *F1000Res*. 9 (2020):349
15. Cook M, et al. Alcohol's contribution to climate change and other environmental degradation: a call for research. *Health Promot Int* 39.1 (2024): daae004
16. Human Rights Council. Fisheries and the right to food in the context of climate change. Report of the Special Rapporteur on the right to food, Michael Fakhri; 2024
17. Benmarhnia T et al. Addressing equity in interventions to reduce air pollution in urban areas: a systematic review. *Int J Public Health* 59 (2014): 933-944

## 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

This Policy Blueprint was developed by Dr Ioana Vlad and with support from Kate Oldridge-Turner as well as Dr Giota Mitrou, Dr Helen Croker, Dr Kate Allen, Dr Christelle Clary, and Ms Kendra Chow. Many thanks as well to Ms Jessica Durden from the World Cancer Research Fund design team. We kindly acknowledge the review of draft versions of this work by Ms Carina Alm (Norwegian Cancer Society), Prof Monica Baskin (University of Pittsburgh), Ms Mona Bjelland (Norwegian Cancer Society), Ms Mercedes Carballo (NCD Alliance), Prof Rajiv Chowdhury (Florida International University), Ms Michelle Halligan (Canadian Partnership Against Cancer), Dr Hasan Hutchinson (Simon Fraser University), Prof Knut-Inge Klepp (Norwegian Institute of Public Health), Prof Shiriki Kumanyika (U. Penn), Dr Feisul Mustapha (MoH Malaysia), Dr Aurora Perez Cornago (University of Oxford), Prof Mike Rayner (University of Oxford), Dr Vicky Sibson (First Steps Nutrition), Dr Elisabete Weiderpass (IARC), Ms Suzanne Zhou (McCabe Centre for Law & Cancer).



World Cancer Research Fund International,  
Upper Ground Floor, 140 Pentonville Road,  
London N1 9FW

Email [policy@wcrf.org](mailto:policy@wcrf.org)

[wcrf.org](https://wcrf.org)

[facebook.com/WoCRF](https://facebook.com/WoCRF)

[X.com/wcrfint](https://X.com/wcrfint)

[linkedin.com/company/wcrf](https://linkedin.com/company/wcrf)

[bsky.app/profile/wcrf.org](https://bsky.app/profile/wcrf.org)



Scan the QR code to find more  
information on our policy resources  
and our policy work

