

Consultation response

Consultation:

WHO Consultation on Effective Approaches for strengthening multisectoral action for NCDs

Consulting body:

WHO

Date:

19 April 2012

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About the National Heart Forum (NHF)

Based in the UK, the NHF is an alliance of 70 organisations working to reduce the risk of avoidable chronic diseases including coronary heart disease, stroke, cancer and diabetes.

Executive summary

We have restricted our response to the questions outlined in Discussion Paper 2.

1. Global response

a) *What gaps and challenges should global partnerships target as priorities?*

- There is a clear gap in terms of suitable global coordinating mechanisms for action on NCDs. NHF believes several mechanisms are needed, each fulfilling different functions.
- The Framework Convention on Tobacco Control provides an effective global coordinating mechanism for action on tobacco. Similar approaches are urgently needed for the other NCD risk factors associated with similar industry practices: alcohol and poor diet (see page 6).
- NHF recommends that sustainable tax-based financing mechanisms, and government-managed blind trusts are established to fund effective public health programmes. Blind trusts will accommodate and firewall financial contributions from the private sector. Such funding should also support civil society participation in global coordinating mechanisms.

Among the major challenges for member states, UN organisations and other stakeholders:

- The issue of conflicts of interest for the highly processed high fat, salt and sugar food and alcohol industry sections of the private sector is a particularly important priority for NCDs due to the distinct role of these products in driving NCDs.
- Member states are not experienced in dealing with the unique challenges pertaining to conflicts of interest of the private sector industries as they relate to NCDs.

b) *What form should these partnerships take to optimise effectiveness, to overcome the fragmentation that has historically characterised the global response to NCDs, and to manage potential conflicts of interest?*

- NHF strongly supports the principle outlined in the Conflicts of Interest Coalition Statement of Concern¹ to separate policy development from implementation, and only involve the private sector in implementation due to the potential conflicts of interest. We are concerned that the current WHO consultation papers do not make this distinction.
- NHF supports the recommendation to establish a UN inter-agency coordinating mechanism as proposed in the NCD Alliance discussion paper on effective partnerships.² This UN mechanism should lead on policy development for NCDs with governments.
- The UN coordinating mechanism should include the UN Special Rapporteur on the right to food and representation from the World Bank, International Monetary Fund, World Trade Organisation and Codex Alimentarius due to the important impacts the policies of these organisations have on public health.
- NHF supports in principle proposals to establish a global multisectoral coordinating mechanism on policy implementation with actors outside of the UN system, provided the conditions on page 7 are met, including measures to manage and avoid conflicts of interest.
- Adopting a WHO/UN code of conduct to manage conflicts of interest will reduce the risk of NGOs and stakeholders losing confidence in UN mechanisms and feeling unable to engage.

¹ Conflict of Interest Coalition (2011) Statement of Concern on the lack of clarity regarding the role of the private sector in public policy-making in relation to the prevention and control of non-communicable diseases (NCDs). <http://coicoalition.blogspot.co.uk/>

² NCD Alliance (2012) NCD Alliance Discussion Paper. Recommendations to the UN Secretary General for Effective Partnerships. www.ncdalliance.org

c) *What should be the role of the WHO in convening and supporting new global partnerships?*

1. Develop an ethical framework and code of conduct for UN organisations and governments to safeguard against and manage conflicts of interest. This guidance is needed to ensure credibility and authenticity, and maintain the support and engagement of NGOs.
2. For obvious reasons, not involve the private sector in developing the above guidance.
3. Note that existing private sector guidelines such as those adopted by Roll Back Malaria, the UN Standing Committee on Nutrition and FAO are not fit for purpose as they were designed to meet different kinds of problems and objectives (see pages 4 and 7 for more detail).
4. Take a lead role in applying the lessons and principles from the FCTC to other major risk factors for NCDs such as alcohol, obesity and poor nutrition.
5. Re-define what is meant by 'civil society.' Representatives from the alcohol and food industry were included in the UN Civil Society Hearing on NCDs. We suggest distinction using the Conflict of Interests Coalition recommended terms PINGO (public interest non governmental organisation) and BINGO (Business public interest non governmental organisation).
6. Establish solid accountability criteria to guide the selection of entities and experts to be invited and involved in the various coordinating mechanisms.
7. Establish a separate global policy research forum without vested interests, to support the policy development and evaluation process.

2. National response

What success stories from your country could be replicated or adapted for other countries?

There are several examples of successful civil society coalitions for NCDs in the UK, with a common feature that none of these alliances involve the commercial sector. A unique characteristic is their focus on advocacy for legislative and regulatory action to address the upstream determinants of NCDs. Examples include:

National Heart Forum: An charitable alliance of 70 organisations working to reduce the risk of avoidable chronic diseases including coronary heart disease, stroke, cancer and diabetes.

Achievements include leading evidence-based synthesis, analysis and advocacy resulting in:

- The introduction of a high fat, salt and sugar food advert ban during children's programmes.
- The introduction of the UK's national School Fruit Scheme.
- The introduction of mandatory School Food standards for England and Wales.

Smokefree Action Coalition: This group of civil society organisations committed to promoting public health. A major achievement was successfully lobbying for the introduction of comprehensive smokefree legislation in the UK in 2007.

Alcohol Health Alliance, UK: Established in 2007 to coordinate campaigning on alcohol, the alliance brings together 28 concerned groups including health workers, medical bodies and alcohol health campaigners. Achievements to date have included the introduction of the alcohol tax escalator; a mandatory code governing the sale of alcohol; a new Government Alcohol Strategy launched in March 2012 pledging to introduce a minimum unit alcohol price.

Heart of Mersey: England's leading regional cardiovascular disease (CVD) prevention programme was established in 2002 to coordinate CVD prevention on Merseyside. HoM is now effective at local, UK and EU levels in activities spanning advocacy, lobbying and building healthy alliances promoting tobacco control and healthy diet policies. Among its achievements, HoM is a founder of the European Public Health and Agriculture Consortium.

Consensus Action on Salt and Health: A group concerned with salt and its effects on health, supported by 25 expert scientific members. CASH has been successful with many supermarkets and food manufacturers choosing to adopt policies to reduce the salt content of their products, and a Government-financed campaign to raise awareness of the effects of salt on health.

Full response

We have restricted our response to the questions outlined in Discussion Paper 2.

1. Global response

Given the realities of the problems of NCDs, the demands of the NCD pandemic, and lessons learned from other partnerships:

a) What gaps and challenges should global partnerships target as priorities?

Member states are not experienced in partnerships to address NCDs

While Discussion Paper 2 states that “*Member States have engaged in and are adept at building coalitions, alliances, and partnerships (p4)*” it goes on to acknowledge that in terms of existing partnerships and collaborations “*a key gap area remains collaborations specific to multisectoral action for NCDs (P5).*”

Some sections of the private sector are part of the problem for NCDs

Unlike existing Global Coordinating mechanisms for health such as Roll Back Malaria, the issue of conflicts of interest for the highly processed high fat, salt and sugar food and alcohol industries is particularly important for NCDs due to the distinct role that the high fat, salt and sugar processed food and alcohol products - and the marketing and pricing policies associated with them - play in driving the NCD epidemic.

Multiple coordinating mechanisms are needed to address the complexity of NCDs

- Global mechanisms such as Framework Conventions on unhealthy food and alcohol are needed in a similar vein to the Framework Convention on Tobacco Control.
- Global mechanisms are needed to ensure the World Trade Organisation rules, regulations and negotiations take into consideration the public health impacts – including those on NCDs, and put in place measures to mitigate these.
- Global mechanisms are also needed to support member states at the national level.

Nutrition-sensitive and food-based rather than technological approaches are needed

High-input industrial agriculture and long-distance transport have increased the availability and affordability of refined carbohydrates, sugars and fats, leading to an overall simplification of diets and reliance on a limited number of energy-rich foods associated with the rapid rise in NCDs.

- Sustainable diet-related solutions for both NCDs and undernutrition will need engagement with food and agriculture stakeholders beyond the highly processed food industry.
- Agrifood systems will need to be rebuilt to ensure adequate availability of, access to and promotion of diverse traditional and local foods across the major food groups including fruit and vegetables, grain and cereal staples, pulses, fish and other protein sources.

Food marketing should be aligned with diet and nutrition goals

- Food marketing has a powerful impact on diets and consumption. The current rapid rise in consumption of highly processed foods high in fat, salt and sugar is in part a consequence of the rapid rise in marketing of these foods, while very little money is spent promoting health-promoting foods.
- The relative proportions of funds spent on marketing health-promoting (minimally processed, traditional and local foods) vs. health damaging foods should be used as an indicator of the food industry’s commitment to promoting healthy diets.

The conflicts of interest of the food and alcohol industries will need particular attention

- NHF fully supports the Conflict of Interest Statement of Concern, and is pleased to see Discussion Paper 1 and 2 acknowledging the particular conflict of interest challenges relating to involvement of the private and commercial sector in addressing NCDs. We welcome the acknowledgement on Page 6 of Discussion Paper 2 of the need to ensure integrity,

impartiality and avoidance of conflict of interest. We also welcome the acknowledgement that “*addressing direct and indirect forms of conflict of interest*” applies to tobacco as well as other private sector entities.

- To support this process, we strongly recommend that WHO and the UN adopt the principle of separating policy development from implementation – as outlined in the Conflict of Interest Statement of Concern.
- The private sector, including the highly processed, high fat, salt and sugar food and alcohol industries with potential conflicts of interest should only be involved in implementation of NCDs policy but not development.

WHO urgently needs to develop guidance on interacting with the private sector on NCDs

- NHF strongly supports the recommendation of the Conflict of Interest Statement of Concern³, that WHO, as the lead UN agency for health, develop an ethical framework and code of conduct that sets out the principles of engagement with the private sector. For obvious reasons, this process should not involve the private sector.
- Developing and adopting the Code of Conduct will
 - (a) ensure the avoidance and management of conflicts of interest
 - (b) firewall policy development from potential conflicts of interest and
 - (c) reduce the risk of NGOs losing confidence in the WHO and UN response to NCDs and feeling unable to engage.
- In keeping with the recommendation of the Conflict of Interest Coalition Statement of Concern, we urge WHO and the UN to separate NCD policy development from implementation, and ensure that the private sector is only involved in implementation. We are concerned that the current WHO consultation papers do not make this distinction.
- To assist with this process, solid accountability criteria should be established by the WHO / UN to guide the selection of entities to be invited and involved in the coordinating mechanism on implementation.
- In addition, a clear and independent analysis of the contribution of the different types of actors in the realisation of the right to health for all, and the interests that are sealed behind them is urgently needed.

Financing action on NCDs at the global and national levels, including blind trusts

- The recent WHO review and report on Strengthening Financing and Coordination for Research and Development concluded that “*some form of taxation is the most fruitful avenue to explore in the search for new and sustainable sources of funding.*”⁴
- NHF therefore recommends that governments and the global inter-agency mechanism on NCDs consider as a priority tax-related options for financing including indirect taxes on goods such as tobacco, alcohol, the arms trade, and a financial transaction tax; and taxation of pharmaceutical industry profits as proposed by Brazil.⁴ Overseas development assistance should also be considered.
- At the national level, hypothecated taxes on unhealthy products such as tobacco, alcohol and food would have the added benefit of directly improving public health goals.
- In addition, blind trusts which accommodate and firewall financial contributions from the private sector should also be considered as an innovative financing mechanism. These blind trusts could be managed by governments or the UN coordinating mechanism.
- Funds raised should be used to support comprehensive and effective public health programmes as well as NGOs to help in their development and delivery. These funds should also be used to facilitate full participation by low income countries, NGOs and other public interest representatives in all relevant global multisectoral fora relating to NCDs.

³ Conflict of Interest Coalition (2011). Statement of Concern on the lack of clarity regarding the role of the private sector in public policy-making in relation to the prevention and control of non-communicable diseases (NCDs). <http://coicoalition.blogspot.co.uk/>

⁴ WHO (2012) Research and Development to Meet Health Needs in Developing Countries: Strengthening Global Financing and Cooperation. Report of the Consultative Expert Working Group on Research and Development: Financing and Coordination. http://www.who.int/phi/CEWG_Report_5_April_2012.pdf

b) What form should these partnerships take to optimise effectiveness, to overcome the fragmentation that has historically characterised the global response to NCDs, and to manage potential conflicts of interest?

Options for multisectoral coordination of NCDs

The Political Declaration of the UN High Level Meeting on non-communicable diseases (NCDs) recognises the importance of leadership by the health sector, but also emphasises the need for multisector and multi-agency work among multilateral, intergovernmental organisations.

- NHF recommends that the UN Secretary General maintains political oversight of the implementation of the Political Declaration, including development, coordination and implementation of UN policy and action at the global and regional levels.
- Political oversight could be achieved in part through the formal establishment of a UN inter-agency coordinating mechanism on NCDs, with formal involvement and engagement of the Bretton Woods Institutions, to support the WHO in its role as lead agency.
- The lessons and principles from the Framework Convention on Tobacco Control (FCTC) should be applied to global mechanisms on the major NCD risk factors of alcohol and highly processed high fat, salt and sugar foods.

Global framework conventions on food, alcohol and obesity

- WHO urgently needs to take a lead role in applying the lessons and principles from the FCTC to establish similar global mechanisms on the major NCD risk factors of alcohol and highly processed high fat, salt and sugar foods.
- Commonalities of unhealthy food and alcohol products with tobacco include:
 - a) Their spread and associated negative impacts on health are the result of globalisation, cross-border trade, trade liberalisation and foreign direct investment.
 - b) Consumption is rising as a result of global marketing and transnational advertising, promotion and sponsorship.⁵
 - c) The most effective measures for alcohol and unhealthy foods include price and tax measures as well as regulation of content, labelling, advertising and promotion.
- In addition to WHO and UN bodies, key partners that will need to be involved in these global coordinating mechanisms include governments, public interest civil society organisations (such as the members of and model provided by the Framework Convention Alliance) and academia.

UN inter-agency coordinating mechanism

- NHF supports the NCD Alliance proposal in the discussion paper on effective partnerships for the UN Secretary General (in line with Articles 55 and 58 of the UN Charter) to establish a UN inter-agency coordinating mechanism.
- NHF also supports the establishment of a Council of Advisers on NCDs, formed of senior staff from all relevant agencies, programmes and funds, as well as senior representatives from the World Bank, the International Monetary Fund, World Trade Organisation and Codex Alimentarius.
- Given the complex nature of the underlying determinants of NCDs, the UN Secretary General should also grant the UN ECOSOC, the UN SCN, and the UN Special Rapporteur on the Right to Food authority to participate and engage in this work.
- The Council should conduct a needs assessment to identify threats, gaps and weaknesses in current global governance systems that may undermine work on NCD prevention.
- Given the complexity of NCDs and challenges relating to conflicts of interest, clear criteria and safeguards will need to be developed for selecting independent advisers.

⁵ WHO (2012) Research and Development to Meet Health Needs in Developing Countries: Strengthening Global Financing and Cooperation. Report of the Consultative Expert Working Group on Research and Development: Financing and Coordination. http://www.who.int/phi/CEWG_Report_5_April_2012.pdf

Global coordinating mechanism

In principle, NHF would support proposals to establish a global coordinating mechanism in line with Paragraph 64 of the Political Declaration, in order to foster multisector implementation of NCD policy, provided appropriate safeguards are put in place to deal with potential conflicts of interest, and the following conditions are observed:

- Work in the coordinating mechanism should be in addition and complementary to, but not in place of, independent evidence-based policy development by UN agencies and member states.
- A clear analysis of the contribution of the different types of actors to achieving the right to health for all, and the interests that are sealed behind them must be undertaken and published.
- Public interest civil society NGOs should perform the function of challenging government and industry action and inaction to ensure the public interest is upheld.
- Given the particular contribution of some sections of the private sector to NCDs (particularly the alcohol industry and high fat salt and sugar highly processed food industries), their involvement in the Coordinating mechanism should be:
 - through a separate multisectoral initiative – which is kept separate from the board and governance structure of the global mechanism to firewall against potential conflicts of interest.
 - governed by an independently developed ethical framework and code of conduct that sets out principles of engagement to avoid and manage conflicts of interest.
- Solid accountability criteria should be independently established by the WHO / UN to guide the selection of entities to be invited and involved in the coordinating mechanism and associated initiative with the private sector.

c) What should be the role of the WHO in convening, coordinating and supporting new global partnerships?

1. WHO, as the lead UN agency for health, should take a lead role in developing an ethical framework and code of conduct to guide UN organisations and governments on interacting with the private sector on NCDs. This guidance is needed to ensure credibility and authenticity, and maintain the support and engagement of NGOs.
2. WHO should note that existing UN guidelines for engaging the private sector, such as those developed for the Food and Agriculture Association and UN Standing Committee on Nutrition are not fit for purpose for addressing NCDs for the following reasons:
 - a) These guidelines are specifically aimed at involving the private sector in addressing undernutrition, including micronutrient deficiencies – which are not the direct result of the products and practices of the industries involved. They are not typically designed to address problems directly related to industry products and practices which are in conflict with the public health goals in question.
 - b) Similarly to tobacco, the most effective solutions for NCDs on unhealthy food and alcohol include government-led demand reduction measures (ie taxation and regulation of the marketing, promotion and supply of unhealthy products) which are not supported by the private sector.
 - c) A major limitation of the existing guidelines and partnerships is that they are primarily focused on short-term technological solutions. They rarely include longer-term goals to develop ecosystems which support the achievement of traditional food-based dietary goals or exit strategies for when these short-term goals have been achieved and consumption of the fortified products is no longer required or could lead to malnutrition⁶.
3. The ethical framework should set out principles of engagement with the private sector in order to assist government and inter-governmental organisations to avoid and manage

⁶ De Schutter O (2012) UN General Assembly Human Rights Council, Nineteenth session. Report submitted by the Special Rapporteur on the right to food, Olivier De Schutter. A/HRC/19/59.

private sector conflicts of interest and firewall policy development and implementation from the negative impacts.

4. For obvious reasons, WHO should not involve the private sector in the process of developing the ethical framework and code of conduct to safeguard against potential conflicts of interest.
5. WHO should establish solid accountability criteria to guide the selection of entities and experts to be invited and involved in the various coordinating mechanisms relating to the prevention and treatment of NCDs.
6. WHO should redefine what is meant by 'civil society.' The broad spectrum of interests represented at the UN Civil Society Hearing on NCDs, which included representatives from the alcohol and highly processed food industry provides evidence of the need and urgency to do this. We suggest distinction using the Conflict of Interests Coalition recommended terms PINGO (public interest non governmental organisation) and BINGO (Business public interest non governmental organisation).
7. WHO should establish a separate global policy research forum without vested interests, to support the policy development and evaluation process.

2. National response

There are many examples of in country partnerships, coalitions and networks for non-communicable diseases. What success stories from your country could be replicated or adapted for other countries?

There are a number of examples of successful civil society coalitions for NCDs in the UK which focus on advocacy for legislative and regulatory action to address the upstream determinants of NCDs. Common characteristics of these coalitions include:

- Membership is from public interest non-governmental organisations, professional bodies, academic experts and consumer and patient groups.
- None of these alliances involve the commercial (private) sector.
- Advocacy is underpinned by an evidence-based approach, or where appropriate evidence is lacking, positions are based on a process of risk assessment as well as sound and proportional judgement developed by leading experts.

National Heart Forum

The National Heart Forum (NHF) is a leading charitable alliance of 70 national organisations working to reduce the risk of coronary heart disease and related conditions such as stroke, diabetes and cancer. NHF's purpose is to co-ordinate public health policy development and advocacy among members drawn from professional representative bodies, consumer groups, voluntary and public sector organisations. Key achievements of the NHF include:

- Significant player in the government's public health nutrition activities, including the highly successful national salt reduction programme.
- Successful advocacy for the introduction of a high fat salt and sugar food advertising ban during children's programmes in 2007.
- Instrumental in undertaking the analysis and synthesis of the evidence, and advocacy which led to the introduction of the UK's national School Fruit Scheme.
- Led the expert analysis and synthesis of evidence and advocacy which resulted in the development and introduction of mandatory School Food standards for England and Wales.
- Convened the UK NCDs & Development Taskforce to coordinate UK civil society advocacy efforts in the run up to the UN High Level Meeting on NCDs, and the subsequent implementation of the outcomes of the Political Declaration.

For further information visit: www.heartforum.org.uk

Smokefree Action Coalition

The UK Smokefree Action Coalition is a group of organisations committed to promoting public health. This highly successful civil society advocacy coalition came together in 2003 initially to lobby for smokefree workplaces. A major achievement was the introduction of comprehensive

smokefree legislation in the UK in 2007. A paper was published outlining the methods by which the coalition fostered support from the public and media, how the dangers of secondhand smoke were made apparent and how a reticent government was made to act⁷. The Coalition is now committed to reducing the harm caused by tobacco more generally, including advocating for legislation on plain packaging. Further information is available from the Smokefree Action Coalition website: www.smokefreeaction.org.uk/about.html

Alcohol Health Alliance, UK

The Alcohol Health Alliance (AHA) was established in 2007 to coordinate campaigning on alcohol. The alliance brings together 28 concerned groups including health workers, medical bodies and alcohol health campaigners to tackle alcohol related harm by: increasing awareness about rising levels of alcohol health harm; fostering partnerships between medical bodies and alcohol related public interest NGOs to reduce alcohol health harm; evaluating research and evidence to identify effective public health measures.

AHA works to achieve its goals through advocacy, lobbying and production of reports promoting effective evidence based public health measures. Achievements to date have included:

- The introduction of the alcohol tax escalator by the government.
- A mandatory code governing the sale of alcohol.
- The new Government Alcohol Strategy launched in March 2012 has committed to introducing a minimum unit alcohol price to address deep alcohol discounting.
- Continuation of the ban on product placement for alcohol products.

Heart of Mersey (HoM)

Established in 2003 in Cheshire and Merseyside, HoM is England's largest regional CVD prevention programme. It is effective at local, UK and EU levels in activities spanning advocacy, lobbying and building healthy alliances promoting evidence-based tobacco control and healthy diet policies. Achievements include:

- Influential in the development of NICE Guidance on CVD prevention for England.
- Reignited the debate on European Common Agriculture Policy (CAP), school milk subsidies which led to the inclusion of low fat milk and milk products in the scheme, alongside full fat milk products for the first time in 2007.
- Founding member of the European Public Health and Agriculture Consortium to advocate for health-promoting reforms of the CAP.
- A key partner in the Smokefree Liverpool and Merseyside campaigns, which were instrumental in influencing the introduction of national Smokefree legislation in England.
- Launched the European Healthy Stadia Network (EHSN). Following initial funding from the EU and now supported by the World Heart Federation, the EHSN assisted WHF, UEFA and WHO in establishing tobacco free stadia for EURO 2012 (football championships).

The HoM website provides further details: www.heartofmersey.org.uk

Consensus Action on Salt and Health

Consensus Action on Salt and Health (CASH) is a group concerned with salt and its effects on health, supported by 25 expert scientific members. CASH is successfully working to reach a consensus with the food industry and Government over the harmful effects of a high salt diet, and bring about a reduction in the amount of salt in processed foods as well as salt added to cooking, and the table. To date CASH has been successful with many supermarkets and food manufacturers choosing to adopt a policy of gradually reducing the salt content of their products, and a Government-financed a campaign to raise awareness of the effects of salt on health. Cash also provided a model for the highly successful World Action on Salt and Health.

www.actiononsalt.org.uk

⁷ Arnott D, Dockrell M, Sandford A, Willmore I. Comprehensive smoke-free legislation in England: how advocacy won the day. *Tobacco Control* 2007;16:423-428.