

Consultation response

Consultation: Monitoring framework and targets for the prevention and control of NCDs

Consulting body: WHO

Date: 19 April 2012

Contact: Modi Mwatsama
International Programme Manager
Email:
modi.mwatsama@heartforum.org.uk

About the National Heart Forum

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

As an alliance concerned with the prevention of non-communicable diseases, NHF is alarmed by several developments in this new set of proposals by WHO including:

- Removal of the target to eliminate unhealthy trans fats from foods
- Removal of the target to reduce alcohol consumption
- Watering down of the target on salt

We support the key demands proposed by the NCD Alliance and we urge WHO to adopt targets on all the major risk factors for NCDs.

Physical activity

The inclusion of a new target of a 10% relative reduction in prevalence of insufficient physical inactivity in adults aged 18+ years, is welcome and a major step forward. We urge member states to ensure this target remains in the framework.

Alcohol

- As alcohol has been identified as one of the leading risk factors for death and disability globally, accounting for 3.8% of death and 4.6% of disability adjusted life years (DALYs) lost in 2004, we are extremely concerned that this target has been dropped.
- We strongly urge member states to reinstate the following:
 - target to reduce alcohol consumption to achieve a 10% relative reduction in per capita consumption of litres of pure alcohol among persons aged 15+ years.
 - Indicator to monitor per capita consumption of litres of pure alcohol among persons aged 15+ years.
- We support the rationale and arguments produced by the Global Alcohol Policy Alliance in this regard¹.

Cholesterol

NHF supports the inclusion of a proposed indicator on age-standardized prevalence of raised total cholesterol among adults aged 18+ years (defined as total cholesterol ≥ 5 mmol/l). We strongly urge WHO to ensure this indicator remains. In addition, we urge the adoption of saturated fat and sugar targets and indicators, as described below, to support the cholesterol indicator.

Dietary targets and indicators

Poor diet accounts for 20% to 50% of NCDs, and given the significance of this risk factor, we are encouraged that the feedback from Member States indicates they are supportive of including a broader set of dietary targets and indicators in the monitoring framework for NCDs. Specifically, in line with the response and rationale proposed by World Cancer Research Fund International, we recommend the following:

Salt

- We are concerned that the original salt target of 5g per day mean population intake has been watered down in parts of the document to a 30% salt reduction target.
- We urge the reinstatement of the 5g salt target, and fully endorses the arguments and rationale provided by the World Action on Salt and Health.

¹ Global Alcohol Policy Alliance (2012) Reply to second WHO consultation on monitoring framework and targets for the prevention and control of NCDs. <http://www.globalgapa.org/news/news300312/gapa-who-300312.pdf>

Trans fats

- Industrially produced trans fats are highly damaging to health, and consumption significantly increases the risk of cardiovascular disease and strokes in particular. Given the fact that there is no role for trans fats in the diet, we are extremely concerned that this target has been dropped and replaced by a mere indicator.
- We therefore strongly urge WHO to reinstate the target to eliminate industrially-produced trans fats from food. This target has been strongly endorsed by WHO experts and by independent experts, and will be more effective than an indicator.

Saturated fat and sugar

- In line with the attached briefing paper which has been endorsed by some of the world's leading heart-related NGOs, targets and indicators on saturated fats and sugars are essential to monitor and ensure trans fats are not substituted by these harmful nutrients².
- Recommended population targets:
 - Mean population saturated fat intake of less than 10% of total dietary energy
 - Mean population added sugar intake of less than 10% of total dietary energy
- Recommended indicators for saturated fat and sugar
 - Age-standardised mean population intake of saturated fat per day as a percentage of total energy
 - Age-standardised mean population intake of added sugar per day as a percentage of total energy

Plant-based food (including fruit and vegetable)

- Plant-based indicators are needed to support improvements in micronutrient and fibre intakes and reductions in energy density. These should focus on availability and consumption of traditional and locally grown foods. We support the indicators proposed by WCRF International:
 - Population average consumption of non-starchy vegetables and of fruits to be at least 600g daily
 - Relatively unprocessed cereals (grains) and/or pulses (legumes), and other foods that are a natural source of dietary fibre, to contribute to a population average of at least 25g non-starch polysaccharide daily

Obesity

In line with the calls made by World Cancer Research Fund International, we urge the WHO to reintroduce a strengthened target and supporting indicators to reduce obesity and overweight in recognition of the specific role of body weight in driving the NCD epidemic:

- We support a target for sustained downward trend in prevalence of obesity in below-5s and school-aged children to < 5% of the population by 2025
- We support an indicator on age-standardised prevalence of overweight and obesity in adults aged 18+ years, children and adolescents (%)
- We support an indicator on the proportion of children and adults meeting national guidelines for healthy eating and physical activity (%)

Definitions: for adults, body mass index greater than 25kg/ m² for overweight or 30kg/m² for obesity. For children and adolescents obesity can be defined as >+2SD from the WHO 2007 Growth Reference Standard.

Treatment, access to medicines and palliative care

While treatment of NCDs lies outside of the NHF remit, NHF supports calls by NCD Alliance to support the rights of people living with NCDs by including targets on treatment and access to

² National Heart Forum (2012) Proposed Saturated Fat Target and Indicator for the Global Monitoring Framework on Prevention and Control of Non-Communicable Diseases. www.heartforum.org.uk

medicines, including a target on palliative care as proposed by the World Wide Palliative Care Alliance and partners³.

NHF urges the WHO to demonstrate leadership at the WHA in May 2012 by adopting an overarching goal for the next global plan for NCDs:

- Resolve to adopt the target to reduce preventable deaths from NCDs by 25% by 2025 as the central goal of the next global plan in May 2012. No need to wait until all the other targets and indicators are agreed later in 2012.
- Ensure that the global monitoring framework and targets are at the heart of the next global plan on NCDs and that the plan is developed with other sectors from the outset.

³ WHO Proposed Palliative Care Indicator for the Global Monitoring Framework on Prevention and Control of Non-Communicable Diseases
<http://www.thewpca.org/EasySiteWeb/GatewayLink.aspx?allId=106037>