Response to the WHO Global Action plan for the prevention and control of NCDs 2013-20 (version dated 11 February 2013)

March 8th 2013

This response is made by the International Association for the Study of Obesity and its associated International Obesity TaskForce. We are a professional society and non-governmental organisation in official relations with the World Health Organization, with some 30,000 members worldwide in over 50 national and regional Associations.

We welcome the opportunity to comment on this latest draft of the WHO Global Action Plan (GAP) for the prevention and control of non-communicable diseases and we congratulate WHO on developing this revised draft action plan for consultation.

Please note that we are signatories to the response co-ordinated by the UK National Heart Forum. In this document we wish to make a small number of additional points which reflect our particular concerns for preventing obesity and controlling the drivers of obesity.

1. We welcome the inclusion of obesity (and diabetes) as one of the nine major global targets to be achieved by 2025. Obesity is a major risk factor for a wide range of NCDs, and identified as one of the top contributors to the total burden of NCD DALYs in WHO analyses of the basis of ill-health.

2. However, the proposed target of ‘no further increase’ in obesity by 2025 is likely to be difficult with the pre-existing increasing rates of childhood obesity coming through into adult life as a cohort effect. This will limit any reduction of NCD prevalence during the period. Even if the obesity and diabetes targets are met by 2025, the prevalence of both will almost certainly have risen during the intermediate period, in low and middle income countries especially, resulting in an increase in the NCD burden from this source.

While we appreciate that it may be too late to change the target of ‘no further increase’ in obesity, we urge WHO to include stronger measures to tackle obesity within the Action Plan and in particular as part of its general strategies for early childhood to ensure that malnutrition reductions are not replaced by childhood obesity as seems to be occurring in many countries.
3. In addition, we note that WHO analyses have identified hypertension and blood cholesterol as playing a key role in the development of ischaemic heart disease. Therefore a focus on the nutritional quality of food available is crucial as food underlies a whole spectrum of risk factors and, along with tobacco and alcohol, determine the basis for the four principal diseases chosen by WHO for the High Level meeting report. We therefore urge WHO to strengthen its recommendations for actions regarding food supplies and the protection of optimum food and nutrition security. This will also justify the inclusion of food security as one of the multi-sectoral actions (as listed in Appendix 7).

4. In particular we see several places where the improvement of food supplies and the protection of nutrition security can be incorporated into the draft WHO Global Action Plan and this also fits the Social Determinants of health agenda as the poor suffer particularly from the nutritionally induced burdens of ill health stemming from cheap, poor quality food far too rich in fats, sugar and salt as is readily accepted now by WHO in its multiple expert technical reports.

4.1. Paragraph 8. This paragraph lists some of the key background documents. It would be valuable to include here the Global Strategy on Infant and Young Child Feeding (WHO 2003) in particular because it makes reference to the need to protect and promote the use of nutritious locally produced indigenous foods, which are especially valuable for lower income families without the means or facilities to make use of commercial products. Protecting breastfeeding and promoting appropriate complementary foods reduces the risk of child obesity and the NCDs linked to early malnutrition, and the GAP draft refers in passing to the GSIYCF later in the document (e.g. as part of the life course approach).

4.2. Paragraph 36. We are very pleased to see the inclusion of this paragraph which suggests actions for Member States for promoting healthier diets. In subparagraph (d) it suggests “ensure the provision of healthy food in all public institutions and in workplaces”. An additional point can be added here: “and the use of government contracts for food purchasing, and for food and agriculture research commissioning, to promote the production of sustainable and fresh, perishable food supplies” in order to encourage the growth of markets (e.g. horticulture, aquaculture) which are otherwise overladen with less healthy foods, in line with the nutrition security arguments mentioned above, and the work of FAO and other agencies to promote sustainable food production.

4.3. Paragraph 36, subparagraph (i). This refers to the recommendations for reducing children’s exposure to the marketing of foods and non-alcoholic beverages, and we suggest that to this text can be added “... and cooperate with other Member States to put in place the means necessary to reduce the impact of cross-border marketing.”

4.4. Paragraph 36. It would be helpful to insert three further subparagraphs. “(j) develop strategies to support food and nutrition security through the encouragement of local food production of fresh and perishable foods, in line with recommendations from the GSIYCF, the UN Food and Agriculture Organization and other UN agencies and international organizations.”
4.5. The second suggestion is: “(k) encourage the collection of information on food environments and develop indicators for assessment of food supplies and threats to food and nutrition security, including the marketing of breast-milk substitutes and foods and beverages to children, the quality of foods in kindergartens and schools, the availability and prices of fruits and vegetables, and other metrics for assessing the nature of food supplies and trends over time.”

4.6. The third suggestion is: “(l) review the powers available in national and local public health legislation for introducing measures to support the above actions, and to promote healthier food environments and nutrition security.”

4.7. Paragraph 39, subparagraph (d). This refers to the role of the Secretariat in supporting norms and standards. It refers to the development of “... a common set of indicators and data collection tools for tracking modifiable risk factors in populations, including the work on the feasibility of composite indicators for monitoring the harmful use of alcohol at different levels.” We believe it would be helpful here to add “... and indicators of threats to food and nutrition security, for example indicators to monitor the promotion of breast-milk substitutes, or the exposure of children to the marketing of foods high in saturated fats, trans fats, free sugars or salt.”

4.8. Paragraph 40, subparagraph (a). This refers to the role of international partners, and suggests that such partners have a role in the implementation of WHO’s set of recommendations on the marketing of foods and non-alcoholic beverages to children. This might also mention “... especially the recommendation (No 8) to develop methods to reduce the impact of cross-border marketing.”

4.9. Appendix 1 Synergies between major noncommunicable diseases and other conditions. It would be valuable here to include a couple of sentences which reflect the coexistence of malnutrition and over-nutrition – the double burden – which can coexist in the same community, family and even individual (e.g. overweight stunted child). We suggest the insertion of text along these lines:

“Double burden
While undernutrition continues to be a major problem in many developing countries, the problem of overweight and obesity have reached epidemic proportions globally, and both developed and developing countries are seriously affected. In some countries, the epidemic of obesity sits alongside continuing problems of undernutrition, creating a double-burden of nutrition-related ill health among the population, including children. Measures to protect children from obesity (and NCDs linked to maternal or child malnutrition) should be framed in terms of an integrated strategy to promote food and nutrition security. The Maternal, infant and young child nutrition: draft comprehensive implementation plan (ref WHO) addresses this issue, and may be integrated with proposals made in Sustainable nutrition security Restoring the bridge between agriculture and health (ref FAO 2012) and programmes for developing Nutrition Friendly Schools (ref WHO) and broader programmes for strengthening local economic security and reducing poverty.”
4.10. Appendix 3, Table 3, Section 3: add the line: Implement measures to protect children from exposure to commercial promotion of foods high in saturated fats, trans fats, salt or sugar. This will then match the entry in the final column *Recommendations on the marketing of foods and non-alcoholic beverages to children (WHA63.14)* and you can also add the WHO document *A Framework for Implementing the Set of Recommendations on the marketing of foods and non-alcoholic beverages to children*.

4.11. Appendix 8, Table of cost effective interventions. We greatly welcome this table and ask that it should include one of the cost-effective measures recommended in the first reference, namely *Salt reduction through mass media campaigns and reduced salt content in processed foods*. We also urge the WHO to commission further work to extend this list, which could be of significant value to Member State health ministers when arguing the case for making interventions. We would like to see work undertaken on the cost-effectiveness and cost-saving value of a wide range of potentially valuable interventions, such as:

- Implementing and strengthening the Code of Marketing of Breast-Milk Substitutes
- Providing and extending Baby Friendly Hospitals
- Providing health promotion campaigns for lower-income families on making home-produced complementary foods (e.g. FAO/EUFF programme in Cambodia)
- Introducing interpretative front-of-pack nutrition labelling
- Restricting the number of quick-service catering outlets in specified locations, e.g. near to schools

Once again, we thank WHO for the opportunity to submit these comments.

Yours sincerely,

Dr Tim Lobstein, Policy Director,  
International Association for the Study of Obesity

_for  Professor Philip James, President  
International Association for the Study of Obesity_

_and  Professor Boyd Swinburn, Co-Chairman  
International Obesity TaskForce_