

IBFAN Response to WHO consultation: Updated Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases - 2013-2020

September 2012

1 General comments on the updated Global Action Plan

1.1 IBFAN welcomes the opportunity to contribute to this consultation on the Global Action Plan for Non-communicable Diseases (NCDs) 2013-20. We strongly support WHO's role as the lead agency in tackling NCDs and maintaining oversight and accountability for any action on them. WHO is the world's highest health policy setting body and the only UN body where health is its primary and only purpose. WHO also has a constitutional mandate to ensure the fundamental right of every human being without distinction to the enjoyment of the highest attainable standard of health. If WHO loses ownership of the NCD issue, there is a risk that the global response will be vulnerable to the many competing interests which Member States must address at country level, regional and international level.

Since the Action Plan advocates a whole-of-Government approach, it is vital that health is prioritized by at least one powerful advocate such as WHO. The crippling costs of treating long-term chronic diseases and the impact on families must be given due consideration in the face of the many other economic factors.

1.2 Protection of breastfeeding In view of the critical importance of breastfeeding and optimal infant and young child feeding not only in survival but in reducing the risk of childhood obesity and NCDs, its protection, promotion and support should be integrated and emphasized throughout the Action Plan.

1.3 Codex: Greater emphasis should be placed on the impact of trade rules and Codex Alimentarius standards and guidelines. Member States, especially those who are resource poor, need help to defend their sovereign right to regulate imports, product marketing and labeling which they consider necessary to protect health, sustainable development, indigenous foods and practices such as breastfeeding. Strong Codex standards can play an important role in protecting health and preventing NCDs, not least in lowering level of salt sugar and fats in many processed foods. ¹

WHO must exercise its health mandate by maintaining an active role in the Codex standard-setting process. It is its responsibility to stand up to the powerful industrialized countries and industry lobbyists and associations, who dominate meetings and use Codex to protect their market and export interests at the expense of consumer, public health and social justice interests. Developing countries are for the most part still poorly represented in this process, despite the FAO/WHO Codex Trust Fund. ²

The Action Plan should warn that sustainable food systems, traditional food cultures and people-centered

¹ *EU and US block Thailand's proposal to reduce sugar in baby foods* FAO/WHO Codex Nutrition Committee (CCFSNDU) Chiang Mai, Thailand, 3rd November 2006, http://www.ibfan.org/news-2006-eu_us.html

² *The Business of malnutrition: breaking down trade rules to profit from the poor. "The extensive food industry presence – the norm for Codex meetings. 40% of the 268 delegates were food industry, with 59 attending as members of Business Interest NGOs (BINGOS) and 49 included on government delegations – some even heading these delegations. For example, the Mexican delegation, which made many industry-friendly interventions, was 100% industry, with US baby food companies Mead Johnson and Abbott alongside Kellogg's and Coca Cola. Germany hosted the meeting and 12 of its 15 delegates were industry, including baby food giants, Milupa (Danone) and Nestlé, alongside Coca Cola, Kraft, Merk, and others."* <http://info.babymilkaction.org/pressrelease/pressrelease24nov110>

community-based approaches to nutrition are fundamentally threatened by market-led centralized approaches that promote dependence on imported processed packaged foods at the expense of fresh wholesome foods. See comments by the Special Rapporteur on the Right to Food.³

As **Malang Fofana**, the head of the **Gambia** delegation, said at the Nov 2011 Codex Nutrition meeting: *“Because of the move to ‘product-based’ solutions, funding is already drying up for most infant and young child feeding support programs and for community-based approaches that teach and promote skills to make nutritious family foods from local indigenous ingredients. I fear that once this runaway train leaves the station there will be no stopping it.”*

Answers to specific questions

2 Roles and responsibilities of civil society and the private sector

Before addressing this question WHO must set out a policy that defines and distinguishes Civil Society and Private Sector. The boundaries between the private for-profit sector and public interest not-for-profit organizations have become increasingly blurred by the many not-for-profit NGOs, alliances and satellite bodies that have been set up by, or with the active involvement of, the for-profit sector and, who by virtue of their area of operation, governance mechanism or funding are working to further its aims (we call them BINGOs Business Interest NGOs). Many of these BINGOs are pushing market-led solutions to nutrition problems, yet all claim to have public health goals. The advocacy landscape is now very confusing.

The important contribution made by ‘genuine’ public interest NGOs (we call them PINGOs – public Interest NGOs) in the area of public health, human rights and development is acknowledged, especially their mobilizing power and advocacy for the implementation of critical WHA resolutions and human rights instruments that are essential safeguards for public health. However there is a clear imbalance of resources available to these different groupings. All too often the long term background work that needs to be done at grass roots to support governments and WHO is unrecognized.

Meanwhile the new alliances with extensive financial resources can sweep in, proposing ‘innovative’ interventions (TV adverts, product distribution etc.) that look impressive but all too often fail to address the underlying and causes of the problem, or worse still exacerbate problems, especially for marginalized and vulnerable populations. Many of these alliances are promoting partnerships with transnational companies as the best solution.

If WHO and Member States are to stay true to their mandate and responsibilities, they must tackle this issue and find a way to facilitate and maximize the input from the NGOs who not only support WHO’s public health mandate, but do not undermine it in their activities.

Without a clear policy WHO’s principles of democratic policy-making, its constitutional mandate, its independence, integrity and its effectiveness will be undermined. Conflicts of interest will be institutionalized as the norm, and through the back door, industries with a financial interest in the outcome will increase their influence on policy and decision shaping. International and national public health priorities and policies will inevitably be compromised and distorted.⁴

³ **The Special Rapporteur on the Right to Food met the CRC Committee** (Geneva, 7 June 2012)

<http://www.ibfan.org/news-2012-0302.html#rapporteur20120607>

⁴ *WHO Reform and Public Interest Safeguards: An Historical Perspective*, Judith Richter, Social Medicine (www.socialmedicine.info)
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The safeguards outlined in Article 5.3 of the Framework Convention on Tobacco Control, the WHO International Code of Marketing of Breast-milk Substitutes and the Resolutions on Infant and Young Child Nutrition can help establish measures that go beyond individual conflicts of interests, and address these institutional and often hidden conflicts of interest.

2.1 What are the recommended actions for NGOs and civil society that can contribute to the achievement of a 25% global reduction in premature mortality from NCDs by 2025?

The key role of public interest NGOs will be to

- advocate for the adoption of WHA Resolutions, Global Strategies and Human Rights instruments in national legislation,
- public campaigning, networking, training and awareness raising towards this end,
- monitor and holding the for profit sector to account.
- hold governments accountable towards their human rights obligations.
- collaborate with governments in the implementation of public health programmes

2.2 What are the recommended actions for the private sector that could contribute to the to the achievement of a 25% global reduction in premature mortality from NCDs by 2025, in particular with regards to:

Since food, alcohol, tobacco, pharmaceutical and related industries have a fiduciary duty to their shareholders to maximise shareholder value, they will inevitably seek to expand and maintain markets and are unlikely to voluntarily take adequate steps to curb their core marketing strategies in all countries on a long term basis, unless forced to do so by law. These industries do, however, recognize the need to be seen as responsible and trusted protectors and promoters of health, so present voluntary action as the solution, while in practice offering only small incremental changes to marketing strategies.

“... companies use their websites as a means of promulgating a positive public image, thereby potentially reducing the effectiveness of public health campaigns against the problems they perpetuate... All three companies defined the problems they were addressing strategically, minimizing their own responsibility and the consequences of their actions. They proposed solutions that were actions to be taken by others. They also associated themselves with public health organizations. Health advocates should recognize industry attempts to use relationships with health organizations as strategic image repair and reject industry efforts to position themselves as stakeholders in public health problems. Denormalizing industries that are disease vectors, not just their products, may be critical in realizing positive change.”⁵

While waiting for Member States to implement the WHA Resolutions, Strategies and Human Rights instruments that tackle NCDs, food, alcohol, tobacco, pharmaceutical and related industries, should ensure that their conduct at every level conforms to these principles and provisions. ⁶ The industries should not undermine, but rather support government’s efforts to translate these instruments into national or regional legislation. Industry should also refrain from undermining international standards and norms that address NCDs and their social determinants.

This means that industries should:

⁵ *Corporate Image and Public Health: An Analysis of the Philip Morris, Kraft, and Nestle’ Websites.* E Smith, Department of Social and Behavioral Sciences, University of California, San Francisco, Journal of Health Communication, 0:1–19, 2012. Copyright # Taylor & Francis Group, LLC, ISSN: 1081-0730 print=1087-0415 online

⁶ For example: The WHA Resolutions on Infant and Young Child Feeding, the WHO Recommendations on Marketing to Children, The FCTC, the Convention on the Rights of the Child, Global Strategy on Diet and Physical Activity.

- end all forms of marketing promotions of alcohol, foods for infants and young children and foods and beverages high in salt sugar and//or fat, especially promotions for products marketed for children.
- Mainstream the reformulation of products to reduce the amount of salt, saturated fat and sugar across all product lines in all countries and share data with governments to facilitate monitoring. . (See note on Codex).
- Focus on core business, ensuring products are as safe as possible, and labeled clearly with no idealizing claims or messages, full and frank information about ingredients and adequate warnings regarding potential risks.

Health Education Aside from this fundamental duty to inform the public, these industries should not venture into the area of health education. Education is not their area of expertise or responsibility. While they may well have access to greater resources and innovative products and ideas, their messaging will always, at some level, be compromised and biased. Member States must be warned of the risk of public health messages being distorted and undermined.

As specified in the WHA Resolutions on infant feeding, the baby feeding industry should not be involved in the counselling of parents and or sponsorship of public and health worker 'education' on infant and young child feeding.⁷

Companies who continue to manufacture and promote unhealthy products but who want to contribute to a reduction in NCDs would be best advised to do LESS harmful marketing rather than MORE health promotion.

3 Partnerships

What functions should global and national partnerships for the prevention and control of NCDs include, in addition to the five identified in paragraph 18 of WHA paper A65/7?

See also the comments in Section 2 on the *Roles and responsibilities of civil society and the private sector*, which have relevance for all 5 functions.

While conflicts of interest, good governance and the need for regulating the private sector are mentioned several times in the Action Plan, there is an implicit promotion of Public Private Partnerships (PPPs) albeit with a call for such programmes to contain conflict of interest safeguards. However, this safeguard is undermined by the emphasis on the 'fundamental conflict of interest' relating to tobacco, which diverts attention from the 'fundamental conflict of interest' relating to industries that promote alcohol and unhealthy foods and beverages.

Given the many risks of PPPs the Action Plan should refrain from promoting them and should focus only on partnerships and multi-sectoral collaborations with Member States, UN bodies and other non-profit sectors such as academic institutions and public interest NGOs. The word 'partnership' carries a strong emotional value and implies that relationships are based on '*respect, trust, shared benefits*' and are '*agreed.*' It has powerful commercial value and is inappropriate when applied to the for-profit private sector. The terms *Interactions with the private sector* or *Public Private Relations* are much more preferable and where these are used they should be descriptive (such as corporations funding government

⁷ *Exposing the risks of food industry involvement in education* - a selection of presentations on Education Commitments made to the European Platform on Diet and Physical Activity. 6th October 2011. *Tackling Obesity: how Companies Use Education To Build 'Trust'* <http://info.babymilkaction.org/education>

programmes, government funding corporate initiatives, discussion fora, government setting targets for corporations, corporations making commitments etc.)⁸

The Plan should highlight WHA Resolution 65.6 which called on the DG to “develop risk assessment, disclosure and management tools to safeguard against possible conflicts of interest in policy development and implementation of nutrition programmes consistent with WHO’s overall policy and practice.”

Also relevant is the **Statement of the Conflict of Interest Coalition** which has been endorsed by 161 national, regional and global networks and organisations working in different fields of public health, including medicine, nutrition, cancer, diabetes, heart, liver and lung disease, mental health, infant feeding, food safety and development. The Coalition Statement is calling for a clear distinction to be made between business-interest not-for-profit organisations (BINGOs) and public interest non-governmental organisations (PINGOs) and a clear differentiation between policy and norms and standards development and appropriate and properly managed involvement in implementation. The aim is to protect public health policy setting from undue commercial influence.⁹

Innovations and Research

Since the success of the Action Plan will in part depend on scientific evidence of effective interventions, it is important to address the influence of the private sector on scientific groups and institutions.¹⁰

Research funding by business companies and related organizations or foundations can highly compromise the quality and independence of academic research. The potential for bias is present in all research, and 'independence' from commercial interest does not ensure quality. However, misleading findings and unintended consequences are reduced if research is commissioned and funded by a disinterested party rather than one active in the market and where academic rigor can be demonstrated in the research process. Problems are compounded by publication bias where trials with negative outcomes are less likely to be published.

Public health policy, especially in the area of infant and young child feeding, should be predominantly informed by independent, publicly financed studies that are in the public domain and subjected to a rigorous peer review process in journals where authors are not permitted to select their own peer reviewers.

WHO could play an important role in advocating that ethical standards incorporating the WHA Resolutions, Guidelines and Global Strategies are adhered to in these fora and that those setting public health policies should avoid and minimise conflicts of interest wherever possible.

The Cochrane Collaboration urges WHO to use systematic reviews conducted by independent organisations to inform policy about the prevention, diagnosis and treatment of NCDs. The evidence on interventions to reduce obesity and alcohol and tobacco consumption as well treating the resulting health problems must be critically evaluated and free of commercial bias. This is important for example because numerous studies have shown that clinical trials of pharmacological treatments for diabetes, hypertension and cardiovascular disease that are sponsored by a single drug company have results that favour the sponsors’ product even when controlling for the quality of the studies. Therefore systematic reviews that form the basis for

⁸ Hawkes C and Buse K (2011) *Public health sector and food industry interaction: it’s time to clarify the term ‘partnership’ and be honest about underlying interests*. European Journal of Public Health, 21(4): 400-403.

⁹ Conflicts of Interest Coalition Statement of Concern <http://coicoalition.blogspot.co.uk/>

¹⁰ IBFAN comments on EFSA consultative workshop on Independence and Scientific Decision-Making Processes <http://info.babymilkaction.org/node/502>

treatment guidelines must carefully evaluate studies of pharmacological therapy for all relevant risk of bias. As action plans and guidance for the prevention and control of NCDs are developed designed by WHO they must be informed by the best available and unbiased evidence. ¹¹

With the pressure to focus on the good that companies can do and the excitement of using new technologies it is easy for such safeguards and unintended consequences to be overlooked. For example, used with an underlying commercial motive, mobile phone technology for health messaging can become a stealth marketing strategy that distorts health messages.¹²

While there is a need to explore new mechanisms for multi-sectoral action on NCDs, there is no need to create so-called “partnerships” with the private sector. (See above)

4 How does the WHO Secretariat ensure synergies between the recommended actions to promote partnerships to be included in the 2013 to 2020 Action Plan and the outcomes of discussions at the UN General Assembly before the end of 2012 in relation to WHO’s inputs into the report of the UN Secretary-General on options for strengthening multisectoral action for the prevention and control of NCDs through effective partnership?

IBFAN opposes the idea of establishing a Global Coordinating Platform or other body that includes the private sector as some sort of partner, even if such a body were to have a separate independent governing board. As mentioned above, the risks of forming partnerships with food and drink companies in NCD strategies are unlikely to be overcome by 'good governance.' Partners are not 'governed.' Partners are, by definition, part of the decision-making and consensus-building process.

While Platforms can create a forum for 'dialogue,' IBFAN sees many risks if they are to be used as a model for creating health policy. Indeed, our experience has shown that Platforms involving the food and related industries are ineffective for the following reasons:

- industry dominates the debate
- attention is diverted from ongoing irresponsible marketing practices
- It is impossible to get consensus on policies that might be effective in controlling marketing
- There is a ‘lowering of the bar’ with much emphasis on small incremental changes
- The pressure to form partnerships between public health NGOs and the private sector threatens the independence and watchdog role of the NGOs.
- self-monitoring (according to industry’s own criteria) is promoted as an adequate way to guarantee accountability and ‘trust.’
- companies are provided with opportunities to promote themselves as ‘trusted’ providers of health care, information and ‘lifestyle’ educational activities.
- self-regulation is promoted and compromises attempts by governments to effectively regulate on the causes of NCDs and their social determinants.

5 Monitoring

Which recommended actions for the WHO Secretariat should be given priority in the 2013 to 2020 Action Plan to monitor the implementation of the 2013 to 2020 Action Plan and evaluate its results?

Monitoring is an essential component of any action plan to improve health. It is essential that monitoring is free from commercial influence and that it involves on-the-ground evidence. An important lesson can be learnt by the recent proposal for an initiative called *Access to Nutrition Index*, which was sponsored by

¹¹ Statement by Prof Lisa Bero, Cochrane Collaboration 64th WHA May 2011
<http://info.babymilkaction.org/sites/info.babymilkaction.org/files/NCDs%20Cochrane%202011.pdf>

¹² *Abbott pays bloggers for positive reviews of its Similac Iphone app.* <http://info.babymilkaction.org/node/365>

the Global Alliance for Improved Nutrition (GAIN) and proposed monitoring breast milk substitutes marketing by focusing only on compliance with companies' own policies and statements . The idea was abandoned following our complaints. While GAIN accepted that the scheme risked being a whitewashing exercise, we understand that the same strategy might be going ahead for the marketing of foods for children.¹³

IBFAN urges WHO to prioritize the provision of technical assistance and support to member states on the following:

- developing/strengthening national monitoring systems for NCD risk factors and conduct at least one national survey on the prevalence of risk factors every 5 years.
- policy monitoring.

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UK Member of the **International Baby Food Action Network** (IBFAN)
a global network of 250 citizens groups in 166 countries. www.ibfan.org

¹³ *GAIN abandons Monitoring Protocol* <http://info.babymilkaction.org/update/update44page16>