



World Cancer
Research Fund
International

**World Cancer Research Fund International input to the
*third round of informal consultations on the revised draft WHO global action plan
for the prevention and control of NCDs covering the period 2013 to 2020***

Submitted to the World Health Organisation

Date: 8th March 2013

Contact:

**Corinna Hawkes (Head of Policy and Public Affairs) c.hawkes@wcrf.org
Jo Jewell (Policy and Public Affairs Manager) j.jewell@wcrf.org**

WCRF International, 22 Bedford Square, London, WC1B 3HH, UK

+44 (0) 20 7343 4200



About WCRF International

WCRF International and its four cancer charities^{a,b} are dedicated to the prevention of cancer through *food*², *nutrition*, *physical activity*, and *prevention and control of body fatness*. Our mission is to empower people to make choices today to prevent cancer tomorrow by:

1. Bringing together the scientific research on the relationship between food^c, nutrition, physical activity, body fatness and cancer into recommendations for people and populations to reduce their cancer risk. This involves a continually updated rigorous review process which builds on the WCRF International's *Second Expert Report, Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective* (2007), and an expert panel of leading academics.^d
2. Awarding funding to cutting-edge research on food, nutrition, physical activity, body fatness and cancer. Since 1982, the WCRF network has funded over £85 million worth of research, including research by the WHO Agency, IARC – the International Agency for Research on Cancer.
3. Communicating the evidence and recommendations to scientists, health professionals, policymakers and individuals around the world.
4. Through the four charities^a providing science-based information about healthy eating and physical activity. This information is targeted at the supporters of the charities, health professionals, children and their families. The WCRF International Academy also educates young scientists and decision-makers about the relationship between diet, physical activity and cancer.
5. Conducting activities to advance policy at all levels of society. This includes communicating its set of evidence-based policy recommendations for the prevention of cancer.^e
6. Raising funds through the network of four cancer charities as a means of financing the above activities.

Unique in its focus on prevention, WCRF International works in collaboration with the Union for International Cancer Control (UICC) and other NGOs, as well as the scientific community, in advancing the goal of preventing and controlling non-communicable diseases (NCDs).

a. American Institute of Cancer Research (AICR); World Cancer Research Fund UK (WCRF UK); Wereld Kanker Onderzoek Fonds (WCRF NL); World Cancer Research Fund Hong Kong (WCRF HK).

b. WCRF International and the four charities are collectively referred to as the WCRF global network. WCRF International leads and directs the science and policy activities of the network.

c. Includes alcohol

d. The 'Continuous Update Project' is an ongoing review of cancer prevention research that builds on the WCRF/AICR report *Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective* (2007), a comprehensive analysis of the literature on food, nutrition, physical activity and cancer. Available at: <http://www.dietandcancerreport.org>

e. WCRF/AICR. *Policy and Action for Cancer Prevention* (2009). Available at: <http://www.dietandcancerreport.org/>

COMMENTS

- WCRF International broadly **welcomes the revised draft global action plan (GAP)** for the prevention and control of NCDs covering the period 2013 to 2020, including the majority of the revisions made in the two iterations since the Zero Draft, the structuring into six clear objectives and the scope and overarching principles.
- In particular, WCRF International **welcomes the inclusion of specific policy actions** to reduce exposure to the modifiable risk factors relevant to cancer and other leading NCDs: unhealthy diets, physical inactivity, the use of alcohol, and tobacco use. ***These provide the package of measures from which Member States can choose in order to move towards the targets set out in the Global Monitoring Framework.***

Promoting a healthy diet (paragraph 36)

- **We continue to be encouraged by the emergence of a core set of policy measures for Member States to consider.** It represents the most useful guidance provided to date by WHO on the actions Member States can choose from to promote healthy diets, which ***will be essential if Member States are to meet the obesity target set out in the Global Monitoring Framework.*** Most of these actions are already contained in existing political commitments. In order to better reflect existing political commitments, as well as more developments in the evidence base, **we recommend some further amendments to Paragraph 36**, as contained in the our specific recommendations for amendments (see Table 1).
- Our recommended amendments recognise the tension between specificity and flexibility when providing global guidance in this area – too specific and the recommended action becomes too prescriptive and insufficiently flexible given differences in national context; too flexible and it becomes vague and immeasurable and even harder for Member States to prioritise.
- **The current list of policy actions provides a basis from which WHO can continue to develop a core policy ‘package’ of actions to promote healthy diets – what to do and how it can be done.** This should provide an overarching framework for policy, from which Member States can prioritise, select and develop more specific policy actions relevant to their contexts. WCRF International would be happy to contribute expertise to this process. It is a process that will also require more and better evaluation, as emphasised in our comment below.

Table 1: Proposed amendments to Paragraph 36

<p>Edit in initial paragraph "...on emerging favourable cost-effectiveness data. <i>Policies should be developed free from conflict of interest.</i> Such policies and programme would aim to..."</p>
<p>Justification: the development of policies to reduce exposure to risk factors (including those that will shape the market) should be safeguarded from conflicts of interest</p>
<p>A) Edit: Promote, <i>protect</i> and support <i>breastfeeding, including</i> exclusive breastfeeding for the first six months of life, continued breastfeeding until two years old and beyond and adequate and timely complementary feeding, <i>and, in this regard, strengthen the implementation of the international code of marketing of breast milk substitutes and subsequent relevant World Health Assembly resolutions</i>".</p>
<p>Justification: in order to reflect the wording of the UN Political Declaration</p>
<p>B) Edit: Develop policy measures directed at food producers and processors: - to reduce the level of sodium in food <i>by setting targets for all food categories which are time-specific and monitored, and accompanied by public awareness campaigns, and, where appropriate the use of mineral salt is used as a salt replacement.</i> • <i>to eliminate industrially produced trans-fatty acids from food and to replace them with polyunsaturated fatty acids¹⁵</i> • <i>to decrease the level of saturated fatty acids in food and to replace them with polyunsaturated fatty acids¹⁶</i> • <i>to reduce the content of free sugars in food and non-alcoholic beverages.</i> - Add: <i>where appropriate, to reduce the calorie content of high-calorie packaged foods and drinks, including through reductions in portion size (not including foods targeting people at risk of underweight).</i></p>
<p>Justification: to reflect in-country experience and best practice, and to recognise that reducing calorie intake is important for obesity</p>
<p>C) Edit: Develop policy measures directed at food retailers and <i>food service outlets</i> to improve the <i>availability</i>, affordability and <i>acceptability</i> of healthier food products (fruit and vegetables, products with reduced sodium content, saturated fatty acids, trans-fatty acids, free sugars, <i>calories</i>).</p>
<p>Justification: there is an evidence base on the relationship between availability and diet, as well as on "choice architecture," through which retailers which can influence food choices.</p>
<p>D) Delete as it overlaps with 36 (G).</p>
<p>E) Edit: Consider economic tools, including taxes, subsidies <i>targeted at vulnerable populations, and the use of pricing as a promotional tool</i>, to improve the affordability of healthier food products and to discourage the consumption of less healthy options; <i>with the aim of promoting healthier diets among vulnerable populations.</i></p>
<p>Justification: to reflect wording contained in the Global Strategy on Diet, Physical Activity and Health and the full range of potential policy measures</p>
<p>F) Edit: Conduct public campaigns <i>through mass media, social media and at the community level</i>, and social marketing initiatives to inform <i>and motivate</i> consumers about healthy dietary patterns and to facilitate healthy behaviours, <i>including through the communication of food-based dietary guidelines.</i></p>
<p>Justification: to reflect the WHO best buys, wording in the Global Strategy on Diet, Physical Activity and Health (also see new J below)</p>

G) Edit: Create health and nutrition promoting environments in schools, work sites, clinics and hospitals, including through nutrition education, <i>the provision of healthy foods (e.g. fruit and vegetable initiatives), procurement from local food growers, and limiting the availability of products high in salt, sugar and fats.</i>
Justification: to reflect wording contained in the Global Strategy on Diet, Physical Activity and Health
H) Edit: Implement the Codex Alimentarius international food standards for the labelling of pre-packaged foods as well as the Codex Guidelines on Nutrition Labelling, <i>and consider labels which are easy to interpret and understand by consumers</i> in order to provide accurate and balanced information for consumers. ²⁰
Justification: in order to validate the footnote, since front-of-pack labels are not included in Codex Alimentarius guidance (otherwise, the footnote makes no sense)
I) Edit: “Implement WHO’s set of recommendations on the marketing of foods and non-alcoholic beverages to children, including mechanisms for monitoring <i>and evaluation</i> ”.
Justification: to reflect Recommendation 11 in the WHO Set of Recommendations, which states that “The policy frameworks should also include a system to evaluate the impact and effectiveness of the policy on the overall aim, using clearly defined indicators.” (Recommendation 10 states that “All policy frameworks should include a monitoring system to ensure compliance with the objectives set out in the national policy, using clearly defined indicators”).
Add a new J): <i>“Draw up national dietary guidelines, including food-based dietary guidelines, taking account of evidence from national and international sources. Such guidelines should guide all policy measures to promote healthy diets”.</i>
Justification: to reflect existing wording in the Global Strategy on Diet, Physical Activity and Health, and to acknowledge the role of FAO in this area
Add a new K): <i>“Provide nutrition education in the form of a combination of educational strategies and environmental supports designed to facilitate healthy diets, in educational facilities, workplaces, and other community settings, and including health literacy”.</i>
Justification: to reflect existing wording in the Global Strategy on Diet, Physical Activity and Health, and to acknowledge the role of FAO in this area

Other modifiable risk factors

- WCRF International also calls on Member States to take action to **promote physical activity and reduce the use of alcohol and tobacco as risk factors for many types of cancer**. In line with our recommendations for promoting healthy diets, this action should be informed by the best available evidence and existing political commitments in these areas. To that end, we support the suggestions made in the NCD Alliance response to the revised GAP for some amendments to improve Paragraphs 37, 38 and 39.

Integration of Global Monitoring Framework with policy actions

- WCRF International welcomes the new Paragraph 34 which emphasises that the actions taken reduce exposure to modifiable risk factors will contribute to achieving 6 of the 9 voluntary global targets. We also welcome the inclusion of a proposed set of process indicators in Appendix 6. However, we see room for improvement **in integrating the Global Monitoring Framework (GMF) into the GAP and with process indicators** so that it is clear that the WHO Secretariat, Member States and international partners need to implement the actions in the GAP to achieve the voluntary targets. They also need to use the indicators in the GMF and some of the process indicators to report on and reflect progress in implementing the GAP. In the current draft, the targets, objectives, actions, indicators, and process indicators remain detached. We thus call for an initial paragraph for each objective stating that the *“Objective N can attain target/s X through the subsequently listed actions, which should be measured by indicator/s Y (from the GMF), and process indicator/s Z in order to monitor progress in implementing the GAP.”* This will help clarify for Member States the links between the objective, targets, actions, indicators and process indicators. In addition, while we warmly welcome the inclusion of a process indicator on “number of countries with an operational policy, strategy or action plan to reduce the four major behavioural risk factors” (number 3, Appendix 6) the current wording is unclear. We thus recommend rewording to “Number of countries with an operational policy, strategy or action plan *for (i) harmful use of alcohol (ii) physical inactivity (iii) tobacco use, and (iv) unhealthy diet, either as stand alone documents or integrated with heart disease, cancer, diabetes, and or/obesity policies, strategies or plans.*”

Evaluation of policy measures and interventions

- WCRF International believes the **evaluation of policy measures and interventions is essential to identify “what works”**. We thus support the call in Paragraph 39c for the WHO Secretariat to provide “toolkits” on how to evaluate interventions. However, Member States and international partners should likewise play a role. We thus recommend that:
 - Paragraph 40b (for international partners) is reworded “Contribute to expediting the reduction of modifiable risk factors for reducing tobacco use, promoting healthy diet and physical activity, and reducing the harmful use of alcohol by supporting and participating in ~~shaping~~ *implementing* the research agenda, *including through the evaluation of policies and interventions*, the development and implementation of technical guidance, and mobilizing financial support, as appropriate.”
 - Paragraph 50b (for Member States) is reworded “Policies and plans: Develop, implement and monitor – jointly with academic and research institutions – a shared national research policy and plan on prevention and control of noncommunicable diseases that prioritizes research in

public health needs, implementation and innovation, *and the evaluation of policy measures and interventions.*”

International partners and safeguarding against conflicts of interest

- In order to implement the plan, action is clearly needed by international partners. However the definition of the term “international partners” is not clear. For example, in certain sections the term appears to include the private sector (e.g. “the following actions are proposed for international partners [including, as appropriate, the private sector]); in others the private sector is excluded (e.g. “processes that would enable the Secretariat, Member States and international partners to engage with the private sector...”). Nor is it clear how the specific actions listed for the international partners should be allocated to these partners. We would thus like to see a definition of “international partners” in the GAP.
- WCRF International recognises the importance of the ongoing international debate about the potential for conflicts of interest with the private sector in policy development. The inclusion of the proposed action for the WHO Secretariat to strengthen governance, including management of potential conflicts of interest in engaging the private sector in collaborative partnerships for implementation of the action plan. (Paragraph 22c) is to be welcomed. It is very timely for WHO to address this issue, given the commercial complexities around the drivers of NCDs and related conditions. However, we are concerned that the wording has been narrowed in the revised draft to focus only on collaborative partnerships. In addition to re-strengthening this paragraph, we recommend the following amendments:
 - Owing to the continuing lack of clarity at the international level in relation to the role of the food and drink industries, an additional sentence should be added to Paragraph 36 as follows: “.....on emerging favourable cost-effectiveness data. *Policies should be developed free from conflict of interest.* Such policies and programme would aim to.....:”
 - To clarify the role for WHO in producing norms and standards in this area, we recommend the following amendments to Paragraph 39d “Norms and standards: Support the Conference of the Parties of the WHO Framework Convention on Tobacco Control in developing guidelines and protocols; develop normative guidance and technical tools and *model legislation and policies* to support the implementation of WHO’s global strategies for addressing modifiable risk factors, *including, in collaboration with other appropriate UN agencies, principles to help identify and safeguard against conflicts of interest and to ensure transparency and integrity in public policy decision-making*” ; further develop 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.”

Opportunities for global action

- Finally, WCRF International **welcomes the actions specified for the WHO Secretariat to coordinate and support actions by Member States and international partners**, as articulated in the aim of the GAP in Objective 1. For example, we welcome the action for WHO to “promote and facilitate international and inter-country collaboration for exchange of best practices in the areas of health in all policies, whole-of-government approaches, legislation, regulation, health system strengthening and training of health personnel” (Paragraph 22d). However, we would like to express our concern about **the lack of adequate inclusion of ‘global action’ on NCDs in the current draft**. That is, action above and beyond coordination and support at the national level at the global level. Global action to mitigate risk factor transmission across borders would be one such example. In addition, while we think there is value in establishing a “global coordinating mechanism,” the proposed model is inadequately defined in terms of structure and operation. WCRF International believes there is significant scope for more action at the global level by WHO and international partners on NCDs through a better-defined coordinating mechanism. Our recommendation is that a Global Coordinating Mechanism is needed which:
 - Clearly differentiates between, and defines roles for, different stakeholders and sectors
 - Is clear in terms of who will coordinate and lead the activities of international stakeholders, including on the policies, strategies and actions of institutions beyond the WHO.
 - Includes the following core functions for global action: convening to promote dialogue; coordination of policy and action to promote coherence; identifying incentives to stimulate action across sectors; advocating action; and developing mechanisms for monitoring to ensure progress and accountability.
 - Establishes a governance model to fulfil these functions, including an inter- agency policy coordinating mechanism; a civil society mechanism to develop a ‘transformative’ social movement; and, potentially, a platform for positive action by business.
 - Ensures that global action is supported by a mechanism to protect against conflicts of interest including a framework for the governance of public-private interaction and the prevention of conflicts of interest. A common public health objective is essential.