

Submission from World Cancer Research Fund International on the Draft Final Report of the World Health Organization's Commission on Ending Childhood Obesity

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General information

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About World Cancer Research Fund International

World Cancer Research Fund International leads and unifies a network of cancer prevention charities with a global reach. We are the world's leading authority on cancer prevention research related to diet, weight and physical activity. We work collaboratively with organisations around the world to encourage governments to implement policies to prevent cancer and other non-communicable diseases (NCDs).

We advocate for the wider implementation of more effective policies that enable people to follow our [Cancer Prevention Recommendations](#). The evidence shows this will reduce the chances of people developing cancer and other NCDs.

Questions

1. Are the policy options proposed by the Commission feasible in your setting?

We welcome the Commission's draft final report and emphasis on a comprehensive, integrated package of policy options to address childhood obesity.

The proposed policy options are feasible in theory, however the political feasibility (e.g. political will) is less certain and potentially a major barrier to policy implementation. Many governments have made commitments to addressing overweight and obesity, such as the Global NCD Action Plan 2013-2020 and more recently Agenda 2030 (Target 2.2 – End *all* forms of malnutrition), but insufficient action has been taken. The 2014 UN high-level NCD Review concluded that progress on commitments in the 2011 Political Declaration on NCDs has been too slow and uneven, despite having a clear policy framework.

Another barrier to political feasibility is the influence and interference of 'Big Food' and 'Big Soda' industries in the policy process. It is critical that governments protect their national public health policies and policy process from undue influence from any form of vested interest. The report should encourage Member States to adopt the necessary measures to safeguard their policy process for public health.

Lastly, the issue of implementation of the proposed policies merits greater attention by the Commission as it is currently unclear how the WHO or the Commission itself will support translation of its recommendations into action at the national level. In this context, the report should clearly recognize that technical assistance for the development and implementation of nationally appropriate, context specific policies, as well as integrated national monitoring frameworks, will be needed. This will be particularly important for low-and-middle income countries (LMICs), which face unique challenges that the report addresses only marginally.

2. If implemented, will these significantly address childhood obesity?

If a comprehensive, integrated package of policies is implemented by Member States, as recommended by the Commission (page 13) these actions will help address childhood obesity. A piecemeal approach will be ineffective.

It is essential that policy options are multi-sectoral, integrated and address the wide range of factors that impact obesity across the food environment, food system and behaviour change communication. Policies related to trade and industry regulation will require cross-border collaboration in order to have maximum impact.

In addition to implementing a package of policies to address childhood obesity, it will be important to monitor their impact (including intermediary outcomes) to assess whether policy actions are having the desired effect and if not, be revised accordingly. Monitoring impact may also help keep successive governments committed to implemented policy actions.

3. What are the important enablers and potential barriers for the implementation of these policy options?

ENABLERS:

- Strong political leadership championing effective multisectoral collaboration and a whole-of-government approach based on the recognition that childhood obesity is a serious threat to both the health of future generations and economic development.
- Identifying and acknowledging the co-benefits of various policy options to address childhood obesity across sectors.
- Development of a robust investment case for action on childhood obesity and diet-related NCDs more broadly.
- Provision of technical support in the development, implementation and monitoring of policy actions outlined in the report to ensure policy options are context appropriate, particularly in LMICs.
- Strong partnerships between government and civil society.
- Evidence of policy effectiveness and implementation, as well as tools for policy implementation, are readily accessible to policymakers. This requires a stronger focus on evaluating implemented policy actions. To understand the effectiveness of various policy actions, agreed upon intermediary outcomes are necessary.

BARRIERS

- *Ability* to implement an integrated, comprehensive package of policy actions. In contexts where this is not financially or political feasible, a barrier exists in understanding how to prioritise policy actions or a package of policy actions for greatest impact as part of a phased approach.
- Direct and indirect interference by industry in the policy process (see comment in question one).

- International trade agreements and lack of policy coherence.
- Lack of capacity and resources to develop, implement and monitor policies in low- and middle- income settings.
- Misleading portrayal of government interventions as ‘nanny-statism’.
- Limited attention and funding from development agencies and international donors.

4. How can governments and other actors be held to account for implementing these policy options?

Progress should be monitored through existing frameworks such as the *WHO Global Monitoring Framework on NCDs*, the *WHO Global Monitoring Framework on Maternal, Infant and Young Child Nutrition* and the newly adopted *2030 Agenda for Sustainable Development* and its targets and indicators, specifically Target 2.2 and Target 3.4. [Note: proposed indicator 2.2.2, “prevalence of overweight children under five” has disappeared from indicator negotiations, leaving no indicator on overweight or obesity within Agenda 2030.¹ We have urged the Inter-agency and Expert Group on Sustainable Development Goals for the re-inclusion of this indicator.]

We also support the protocols being developed by the INFORMAS² group and the accountability framework described in the recent *Lancet Obesity Series II* (2015). These complement and extend the indicators available through the Global Nutrition Report and focus on the social, commercial and policy-related drivers of obesity.

Civil society also has a strong role to play in monitoring actions and holding governments to account. World Cancer Research Fund International monitors implemented government policy actions through our [NOURISHING policy database](#).

5. Any other comments about the draft final report?

General comment:

Cancer is not mentioned anywhere in the Commission’s draft final report. We strongly urge the Commission to specifically mention cancer as another non-communicable disease associated with childhood obesity. The report states that childhood obesity is a strong predictor of adult obesity. There is strong evidence that being overweight or obese in adulthood increases the risk of at least ten cancers.³ We recommend the Commission add cancer to paragraphs 2 and 15.

- **Paragraph 2:** “Preventing childhood obesity is a key approach to the primary prevention of NCDs **including cancer, diabetes and cardiovascular diseases.**”
- **Paragraph 15:** “Critically, childhood obesity is a strong predictor of adult obesity, which has well known health and economic consequences, both for the individual and society as a whole.” **Childhood obesity’s impact on NCDs can be referenced here and cancer, cardiovascular diseases and diabetes should be explicitly mentioned.**

¹ <http://unstats.un.org/sdgs/files/meetings/iaeg-sdgs-meeting-02/Outcomes/Agenda%20Item%204%20-%20Review%20of%20proposed%20indicators%20-%202020Nov%202015.pdf>

² www.informas.org

³ World Cancer Research Fund International, Cancer linked with greater body fatness. Accessed 10 November 2015: <http://www.wcrf.org/int/cancer-facts-figures/link-between-lifestyle-cancer-risk/cancers-linked-greater-body-fatness>

Specific comments:

- a. Include the statement from the interim report that overweight and obesity is difficult to reverse and tracks into adulthood. This adds urgency to why childhood obesity prevention is critical and warrants immediate action.
- b. Throughout the report, we urge the Commission to use the language “malnutrition in *all* its forms” in **Paragraphs 5, 6, 21, 35** and on **page 23** in the rationale for policy action “Strengthen existing infant and young child feeding guidelines on the timely introduction of appropriate and complementary foods”. Malnutrition in all its forms includes undernutrition, micronutrient deficiencies, overweight and obesity. This language should be used within the report to align with Agenda 2030 and the Outcome Documents from the Second International Conference on Nutrition (ICN2).
- c. **Paragraph 5** – the sentence stating that 42 million children were overweight or obese in 2013 should make it clear that this figure refers to children under age 5 years.
- d. **Paragraph 6** – include micronutrient deficiencies as a form of malnutrition (in addition to undernutrition and overnutrition) – see point (b)
- e. **Paragraph 9** – make connection to the impact on children’s food preferences following sentence “Children are exposed to ultra-processed, energy-dense, nutrient-poor foods, which are cheap and readily available”. Food preferences developed in childhood track into adulthood.
- f. **Paragraph 20** on a whole-of-government approach: include in discussion importance of identifying co-benefits to sectors outside of health.
- g. **Paragraph 30** – the food system is missing from the factors that influence the obesogenic environment
- h. **Page 15:** emphasise that public health messaging is also insufficient to empower society to make healthier choices (in addition to nutrient labelling). Single actions are not effective.
- i. **Page 15:** We welcome the emphasis on taxation and other fiscal measures as viable measures, and strongly recommend keeping the reference to Mexico’s tax on sugary drinks. In the rationale there is a discussion of taxing other unhealthy foods. Consider adding a second policy action (ii) on “imposing an effective tax on unhealthy foods”. Also, consider including a reference to WHO Regional Office for Europe’s [nutrient profile model](#).
- j. **Page 16:**
 - Point ii) – a definition of marketing already exists in the WHO *Set of recommendations on the marketing of foods and non-alcoholic beverages to children*.
 - Strengthen language around the importance of regulatory and statutory approaches to restricting food marketing to children: “Regulatory and statutory approaches (~~may be~~) are needed to ensure that changes reach the desirable level and apply to forms of marketing that are not currently covered under voluntary codes”
 - Include the importance of regulating digital marketing.

- k. **Page 17:**
- Point i) under “Improve access to healthy foods by:”
 - Include nutrition standards for all foods and drinks available on school premises and training for school caterers
- l. **Paragraph 36** – Include the importance of establishing healthy food preferences in the early years, in addition to establishing good nutrition and physical activity behaviours.
- m. Consider including setting mandatory nutrition standards in schools to ensure the provision of healthy foods and snacks on school premises. This is relevant to policy actions on **page 24 and 26**
- Strengthen point ii) by calling for nutrition standards in schools to ensure the provision of healthy foods and snacks on school premises
- n. **Paragraph 37** – Emphasize the importance of teaching food skills in schools in addition to nutrition literacy