

Thank you. My name is Modi Mwatsama, and I am here today representing the International Association for the Study of Obesity with the International Obesity Task Force, and organisations concerned with nutrition including Consumers International, UK Health Forum, World Cancer Research Fund International, World Action on Salt and Health, and the World Public Health Nutrition Association. I wish to contribute the following short statement to this Assembly debate.

Statement to the 66th World Health Assembly

We welcome the WHO Global Action Plan on NCDs and call on member states to adopt it.

Diet related risk factors account for 40% of NCDs. We therefore support the objectives to reduce modifiable diet and alcohol risk factors, and to include diet-related targets and indicators on salt, obesity, alcohol, blood pressure, fruit and vegetables, saturated fats, cholesterol and alcohol.

Secondly, we urge member states to support the inclusion of the full range of policy and regulatory options outlined in paragraphs 37 to 39 including implementation of the Set of Recommendations on Marketing to Children; the development of clear, consumer-friendly food labels; economic and fiscal tools to incentivise healthier food environments and choices; measures to reduce the level of salt, saturated fats and sugar intakes including in processed food and drinks and measures to increase consumption of fruit and vegetables.

Thirdly, we urge member states to strengthen institutional and workforce capacity including the establishment of public health institutions without conflicts of interest to deal with commercial issues such as advertising and the limitations of industry self-regulation as outlined in paragraph 30. We also welcome the inclusion of management of real, perceived or potential conflicts of interest as an underpinning principle in the Action Plan and urge WHO to develop technical tools to support implementation and assessment in line with paragraph 31.

Fourthly, we support the proposal in Appendix 4 to harmonise UN action to reduce diet-related risk factors for NCDs. We call on this process to include determinants such as cross-border trade, agricultural policies, marketing and the regular monitoring of food and nutrition environments with clear accountability mechanisms.

Lastly, we urge member states and WHO to engage and support public interest non-governmental organisations to help achieve these important diet-related NCD objectives.

Thank you.

