



World Cancer Research Fund International response to WHO discussion paper on an updated Global Action Plan for the Prevention and Control of Non-Communicable Diseases (2013-2020)

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Response to WHO Discussion Paper on an updated Global Action Plan for the Prevention and Control of Non-Communicable Disease

About World Cancer Research Fund International

WCRF International and its network of four cancer charities¹ is dedicated to the prevention of cancer through *healthy diets*², *nutrition*, *physical activity*, and *weight management*. Its mission is to empower people to make choices today to prevent cancer tomorrow. It does this by:

1. Financing cutting-edge research on diet 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.
2. Bringing together the scientific research on the relationship between diet and cancer through a continually updated rigorous review process.³
3. Communicating this evidence to scientists, health professionals and policymakers around the world.
4. Providing science-based information about healthy eating through the four charities. This information is targeted at the supporters of the charities, health professionals, children and their families. The WCRF International Academy also educates young scientists about the relationship between diet 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.⁴
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 NCDs.

¹ American Institute of Cancer Research (AICR); World Cancer Research Fund UK (WCRF UK); Wereld Kanker Onderzoek Fonds (WCRF NL); and World Cancer Research Fund Hong Kong (WCRF HK).

² Includes alcohol

³ WCRFs 'Continuous Update Project' is an ongoing review of cancer prevention research that builds on WCRFs/AICRs 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>

⁴ WCRF/AICR. Policy and Action for Cancer Prevention (2009). Available at: <http://www.dietandcancerreport.org/>



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In summary, our key points are sixfold:

- The Global Action Plan should build on the 2008-2013 Action Plan, taking into account recent developments.
- The aim of the Global Action Plan should be clearly stated (see Box). A health goal should be added consistent with the agreed voluntary target of 25% reduction in global premature mortality from NCDs by 2025.
- The objectives proposed in the Discussion Paper are welcome, but need to be restructured and reworded if they are to be effective in encouraging accelerated country *action* (see Box).
- The Global Action Plan should be more explicit in its reference to policy *actions* and interventions as the core means of reducing risk factor exposure.
- The Global Action Plan should provide clearer guidance to Member States on developing and implementing policy actions and interventions to prevent unhealthy diets.
- The emphasis on surveillance and monitoring is important, but should specifically refer to monitoring *progress*, and *evaluating* the effects of actions.

Box. Proposed Aim, goal and Objectives of the Global Action Plan

Overall Aim of the Global Action Plan. To accelerate country action to address NCDs.

Goal of accelerated country action. To reduce the NCD burden through prevention, management and treatment with the target of reducing premature NCD mortality by 25% by 2025

Objective 1. Create political and public awareness of NCDs as a health and development issue

Objective 2. Increase international and national capacity and revenue

Objective 3. Create health-promoting environments which reduce risks associated with tobacco use, harmful use of alcohol, physical inactivity and unhealthy diets

Objective 4. Reorient health systems to address NCDs and provide universal coverage

Objective 5. Promote the implementation of the prioritized NCD research agenda

Objective 6. Conduct surveillance and monitor and evaluate progress

About this response

WCRF International welcomes the opportunity to respond to this consultation on an updated Global Action Plan for the Prevention and Control of NCDs. Our comments aim to support WHO in developing a Plan that will have the effect of accelerating country action to reduce the burden of cancer and other leading NCDs.

Given WCRF International's mission and expertise, our comments focus on policy actions to create environments that promote healthy diets, thereby reducing the risk of diet-related cancers and other NCDs. In that context, we also make proposals on the aim, objectives and goal of the Plan, as well as surveillance, monitoring and evaluation, and governance. We start by setting out some general principles.

Principles for the 2013-20 Global Action Plan

Our vision is of a Global Action Plan that builds upon the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of NCDs, taking into account the progress that has been made since then, notably the:

- ***Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*** (2011) represents high-level political recognition of the scale of the challenge and commitment by Member States to take action.
- ***Draft comprehensive global monitoring framework, including indicators, and a set of voluntary global targets for the prevention and control of NCDs*** by the WHO has focused minds on the need for a common set of metrics and led to agreement by Member States to adopt a global target of a 25% reduction in premature mortality from NCDs by 2025.
- Consultations on ***strengthening and facilitating multisectoral action for the prevention and control of NCDs through partnership*** by the WHO have engaged stakeholders in discussions about potential forms of cooperation.
- ***"Best buys"*** developed by the WHO can now be used by Member State as a starting block to aid priority setting and encourage immediate action.
- ***Increasing number of policy actions and interventions*** implemented by Member States to prevent and control NCDs.
- ***Development of a stronger evidence base for action*** by the research community has led to better understanding of the types of policy action and interventions that are required.

Despite these achievements, actions to date remain inadequate to achieve the voluntary target. The updated Global Action Plan is therefore an opportunity to consolidate this momentum into a document that can ***accelerate action***, and guide ***more effective action***, by WHO Member States.

The Action plan should also:

- be consistent with the principles set out in its underlying strategy – the Global Strategy for the Prevention and Control of NCDs (2000), which emphasises the importance of reducing the level of exposure to common risk through government leadership, stakeholder engagement and policy actions.
- encourage actions consistent with the WHO Global Strategy on Diet, Physical Activity and Health (2004), the WHO Global Recommendations on Physical Activity for Health (2010), the WHO Global Strategy to Reduce the Harmful Use of Alcohol (2010), and the WHO Framework Convention on Tobacco Control (2003).

Objectives of the 2013-20 Global Action Plan

We note the proposed objectives on Section 3, para xv (p.16) of the Discussion Paper. These proposals represent a more refined and updated version of the objectives of the 2008-2013 Action Plan, and we agree with the emphasis placed on:

- Accelerated action
- Creating awareness
- Strengthening international cooperation and national capacity
- Multi-sectoral action and engagement
- Reducing risk factors through health promoting environments

These priorities are consistent with the 2008-2013 Action Plan, the NCD Strategy, the specific risk factors strategies and the Political Declaration. The focus on accelerated action is welcome in light of the momentum built over the past few years.

However, the objectives need to be more clearly focused and structured if they are to be effective in encouraging accelerated action by Member States. Specifically, the objectives need to be:

- placed in the context of an **overall aim** for the Global Action Plan, and a **health goal** consistent with the existing voluntary target
- restructured to clarify how they contribute and interact to achieve this goal
- clearly differentiated from the **actions** needed to contribute to achieving them
- more clearly related to the work on targets and indicators

In addition, the emphasis placed on “*interventions* to reduce the main shared risk factors” in the 2008-2013 Global Action Plan should be re-emphasised (rather than downgraded, as is currently the case) as the **action** required to reduce risk through health-promoting environments (see comments in next section).

We therefore propose fewer but more focused objectives, structured according to how they can achieve the core health goal. We propose one Overall Aim, one Goal and six Objectives (see Box on page 3). Each objective should be accompanied by the basic action to achieve it, and structured as in the Figure on page 6. The rationale for our proposals is set out in the Table on pages 7-8.

Create health-promoting environments which reduce risks associated with tobacco use, harmful use of alcohol, physical inactivity and unhealthy diets

We are pleased that WHO is proposing a key objective on reducing risk and creating health-promoting environments. This is an important inclusion that links to the main objectives of the NCD Global Strategy, the specific risk factor strategies/guidelines and the recommendations from the UN Political Declaration. Consistent with WCRF International, it also recognises that prevention is central to the response.

However, as an **Action** Plan, this objective needs to be accompanied by explicit reference to the policy **actions** and interventions required to achieve this objective. This would act to reinstate the specific reference to “interventions” made in the 2008-2013 Action Plan (though renamed “policy actions and interventions”), thereby drawing attention to the need for Member States to accelerate action if they are to reduce risk factor exposure.

This approach, which is entirely consistent with the perspectives of Member States themselves as set out in the Discussion Paper (Pages 5, 6 and 14, noting the call for “pragmatic suggestions”), would also build on:

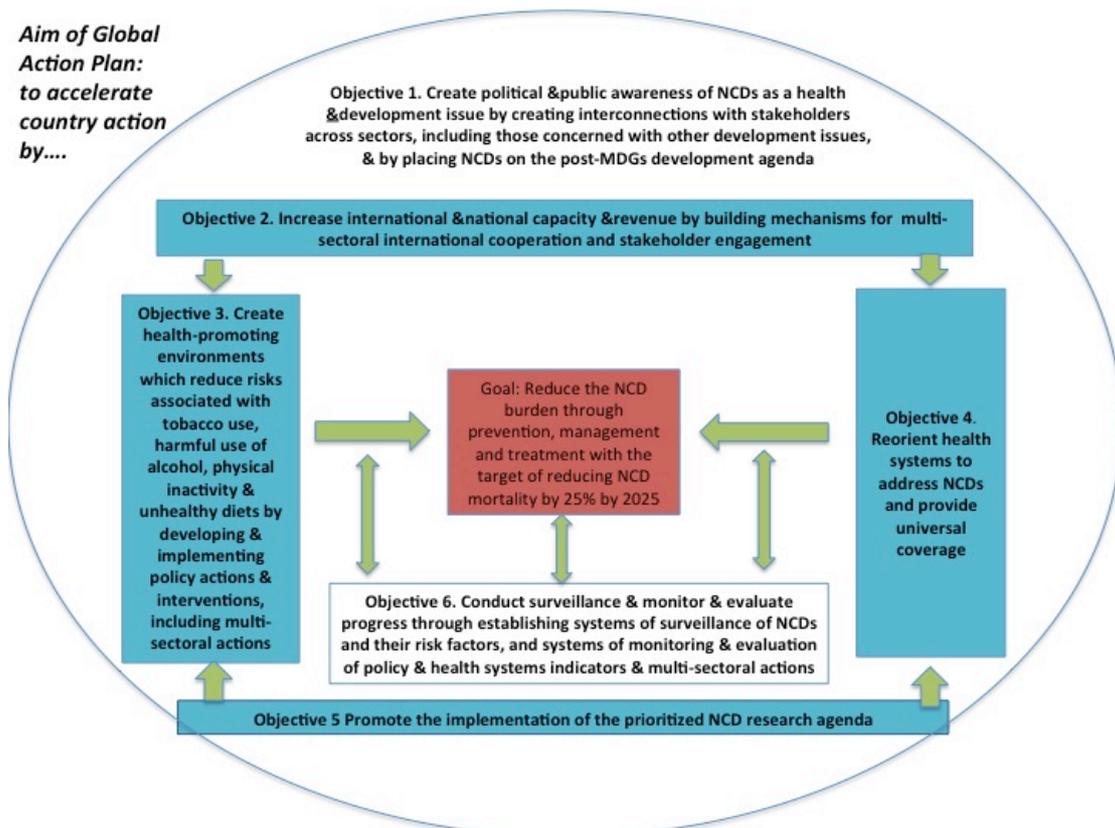
- the work already done by WHO on the “best buys”

- the policy actions recommended in Global Strategy on Diet, Physical Activity and Health
- the emphasis in the UN Political Declaration on the need to “advance the implementation of multi-sector, cost-effective, population-wide interventions.”
- the policy actions already taken by Member and the greater research evidence on effectiveness and cost-effectiveness

Two changes are therefore needed. First, the objective should thus be reworded:

- Create health-promoting environments which reduce risks associated with tobacco use, harmful use of alcohol, physical inactivity & unhealthy diets by **developing & implementing policy actions & interventions, including multi-sectoral actions, the WHO “Best Buys” and other actions in existing risk-factor specific WHO recommendations.**⁵

Figure: Proposals for the use of a graphic to illustrate linkages between Global Action Plan objectives



⁵ The WHO Global Strategy on Diet, Physical Activity and Health, the WHO Global Recommendations on Physical activity for Health, the WHO Global Strategy to Reduce the Harmful Use of Alcohol, the WHO Framework Convention on Tobacco Control and mpower.

Table: Recommended changes to the wording of the objectives for the Global Action Plan

WHO Discussion Paper proposal	Change proposed by WCRF International	Wording proposed by WCRF International (see also Box and Figure)
“To accelerate progress of country action”	It is recommended that this becomes the overarching aim of the Action Plan	Overall Aim of the Global Action Plan. To accelerate country action to address NCDs.
No overall goal included	In light of agreement on a voluntary target by Member States, it is recommended that the Action Plan be consistent and explicit in what it is trying to achieve from a health perspective	Goal of accelerated country action. To reduce the NCD burden through prevention, management and treatment with the target of reducing premature NCD mortality by 25% by 2025
“To create political and public awareness of NCDs as a health and development issue”, “To place NCDs in the post MDG development agenda” and “To create interconnections with all relevant health and development issues and jointly mitigate risks and repercussions”	It is recommended that these objectives are merged to become one objective with two associated actions. It therefore becomes an objective that influences the ability to achieve all the remaining objectives (thus its position in a circle of influence in the Figure).	Objective 1. Create political & public awareness of NCDs as a health & development issue by: <ul style="list-style-type: none"> • creating interconnections and engaging with stakeholders across sectors, including those concerned with other development issues • placing NCDs on the post-MDGs development agenda
“To strengthen international cooperation and results oriented partnerships to raise revenue and strengthen national capacity” and “To establish and monitor multisectoral action for prevention and control of NCDs”	It is recommended that these objectives are reworded to clarify (a) the objective (increase international & national capacity & revenue) ; and (b) the action (mechanisms for multi-sectoral international cooperation and stakeholder engagement)”	Objective 2. Increase international & national capacity & revenue by: <ul style="list-style-type: none"> • building mechanisms for multi-sectoral international cooperation and stakeholder engagement

<p>“To reduce risk factors and create health-promoting environments”</p>	<p>It is recommended that this objective is retained with clearer wording. The addition of actions will clarify HOW this can be done, which is emphasised as being critical by Member states (see para 3iv and 3v) in the Discussion Paper, and also bring in the importance of multi-sectoral action. <u>See more specific comments on Page 6-10.</u></p>	<p>Objective 3. Create health-promoting environments which reduce risks associated with tobacco use, harmful use of alcohol, physical inactivity & unhealthy diets by:</p> <ul style="list-style-type: none"> • developing & implementing policy actions & interventions, including multi-sectoral actions, the WHO “Best Buys” and other actions as set out in existing risk-factor specific WHO recommendations
<p>“To reorient health systems to address NCDs and provide universal coverage”</p>	<p>It is recommended that this objective is retained, although we recommend that WHO add a sentence on the lead action that explains HOW this should be done</p>	<p>Objective 4. Reorient health systems to address NCDs and provide universal coverage</p>
<p>“To implement the prioritized NCD research agenda”</p>	<p>It is recommended that this objective is retained, but reworded since it is not WHO who would actually be conducting the research, and with the recommendation that WHO add a sentence on the lead action that explains HOW this should be done</p>	<p>Objective 5. Promote the implementation of the prioritized NCD research agenda</p>
<p>“To establish NCD surveillance systems and monitor the NCD epidemic”</p>	<p>It is recommended that this objective is retained but reworded, since the objective should capture the need to monitor progress on the set of voluntary targets and indicators, and also monitor and <u>evaluate</u> policy and health systems indicators. <u>See more specific comments on Page 6-10.</u></p>	<p>Objective 6. Conduct surveillance and monitor and evaluate progress by:</p> <ul style="list-style-type: none"> • establishing systems of surveillance of NCDs and their risk factors, and; • systems of monitoring & evaluation of policy & health systems indicators & multi-sectoral actions

Second, the updated Global Action Plan should more explicitly integrate policies for risk reduction into a core comprehensive Plan to produce a set of risk-factor specific policy packages or a menu of policy options. These should include the Best Buys, and:

- For tobacco, include the policy package in *mpower*
- For alcohol, include actions and interventions referenced in the WHO Global Strategy to Reduce the Harmful Use of Alcohol
- For physical activity, include actions referenced in the WHO Global Recommendations on Physical Activity for Health (page 37)
- For diet, include actions and interventions referenced in the Global Strategy on Diet, Physical Activity and Health, and the Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children.

In the absence of other immediate mechanisms for updating policy recommendations to Member States, WCRF International also calls on WHO to provide Member States with a more coherent set of actions to reduce diet as a risk factor. This is because:

- Member States already have a clearly articulated set of actions for tobacco control set out in *mpower*. These measures address the market forces and informational asymmetries that influence an individual's decision to smoke. Such a model – with necessary adaptation – is also applicable to the policy actions for diet and would provide Member States with more guidance on what actions to select from and adapt to their national circumstances. While there are a range of policy actions and interventions in the Global Strategy on Diet, Physical Activity and Health, they are not structured into a clear, logical and results-oriented framework. While it is recognised that the evidence-base for diet takes a different form to tobacco, Member States would benefit from more detailed guidance, with examples of potential actions they could take to achieve their risk-reduction goals. These include targets currently being discussed as part of the consultation on targets and indicators.
- The “best buys” developed by WHO fail to take account of the main dietary risk factors for preventable cancers. While they include physical activity (linked with colorectal, breast and endometrial cancers and obesity, an independent risk factor for cancer), alcohol (linked with cancers of the mouth, pharynx and larynx, the oesophagus, colorectum (men) and breast cancer), and tobacco⁶, salt is the only dietary risk factor relevant to cancer – stomach cancer – that has been included. Yet there are many other dietary risk factors associated with cancer that need to be addressed, including fruit and vegetable consumption, the consumption of foods high in dietary fibre and breastfeeding (decrease risk) and the consumption of red meat (increases risk)⁷. Obesity and overweight – absent from the list of best buys - independently increase the risk of many common cancers including cancers of the oesophagus, pancreas, gallbladder, colorectum, breast (post-menopause), endometrium and kidney. The consumption of energy-dense foods (including foods high in sugars and total fat) and sugary drinks has also been judged to influence the likelihood of obesity.

⁶ Tobacco has been linked to cancers of the bladder, bowel, cervix, kidney, larynx, liver, lung, myeloid leukaemia, nasal cavity and sinuses, oesophagus, oral cavity, ovary (mucinous), pancreas, pharynx, and stomach (Source: Cancer Research UK).

⁷ WCRF/AICR (2007), Food, Nutrition, Physical Activity and the Prevention of Cancer

- The “best buys” also focus on what needs to be achieved – the reduction of trans fats etc – rather than HOW they should be achieved (that is, the specific **actions** required to do so).
- WHO has a responsibility to update the 2008-2013 Action Plan taking account of the accrual of knowledge in this area: that the evidence now suggests that multi-component actions are needed to change food availability, food affordability and food acceptability to comprehensively reduce risk, combined with actions designed to educate consumers. Many of these actions have been estimated to be cost-effective

We thus recommend that the Global Action Plan should include a more detailed sub-section for this objective, albeit not suitable to have a highly detailed and descriptive menu of policy options and associated mechanisms for implementation. WCRF International believes this is necessary if national action is to be accelerated for the prevention of cancer and other NCDs. The Global Action Plan should therefore include a clearer framework into which Member States can map existing actions and identify further actions relevant to the specifics of their NCD burden and national context. A suggested framework for this is provided in the Table on page 11.

Surveillance, monitoring and evaluation

We welcome the inclusion of surveillance and monitoring as a core objective of the Action Plan, since they are essential in order to measure the NCD burden. Given the aim of accelerating national action, and the work on targets and indicators (including policy and health systems indicators), further emphasis needs to be made on monitoring **progress** towards the health goal, **monitoring the development and implementation of policy and health systems indicators**, and **evaluating** the effects of implemented actions and interventions.

Evaluating the effects of actions and interventions is a way of improving the evidence-base, thus enabling more effective action into the future. As an organisation concerned with science, research and evidence, WCRF International strongly recommend that WHO takes the opportunity presented by the Global Action Plan to emphasise to Member States the importance of evaluation – as well as monitoring the policy indicators – as a needed **action**. This should include the monitoring and evaluation of multi-sectoral actions.

Governance

In the Political Declaration, Member States recognised the primary role and responsibility of governments to respond to the challenge of NCDs. This point should be emphasised in the Action Plan.

Along with government, it is recognized that there are many different stakeholders involved given all four risk factors require actions by non-health actors. As part of their leadership role, government should define the role and responsibilities of these different actors in developing and implementing actions and interventions, drawing on input from across-government. External stakeholders should also be consulted in this process, including civil society. The private sector may also be called upon to provide technical input. However, in many cases, there are clear conflicts of interest with the private sector, and it is well-established that the private sector actively lobbies against legislation and statutory regulation, even where it is most likely to be effective.

Table: A potential framework to guide the selection of actions to reduce diet-related NCD risk by Member States

Target of action	Aim of action	Examples of potential actions to achieve aim
Consumers	Consumers are more educated and have more food skills	Provision of nutrition education and cooking skills in schools
		Engaging primary care providers in the provision of dietary advice
Food information environment	Change food acceptability though the provision of clear & accurate information to consumers	Accurate and balanced information campaigns in the mass media or specific settings
		Provision of nutrient lists on food labels, packaging, menus etc
		Promotion of nutrient information on food labels, packaging, menus etc
		Rules for use of nutrient and health claims
		Restrictions on commercial food promotion
Food market environment	Change availability of foods to consumers in specific settings (e.g. schools, workplaces) and of foods with improved nutritional quality in the marketplace	Food and/or-nutrient-based standards in specific settings
		Change the availability of specific foods, either through restrictions or increased provision
		Change the location and visibility of available foods in specific settings (“choice architecture” actions)
		Create incentives for food retailers and service providers to locate in specific settings
		Food product reformulation
	Change affordability of food to consumers	Health-related food taxes
		Subsidies
		Financial incentives at point of sale

The Global Action Plan should thus recommend that Member States to clearly define the roles and responsibilities of different actors, recognising that there may be conflicts of interests when engaging with the private sector. WHO recognised this challenge in the Discussion Paper.

Many Member States are not experienced in dealing with the unique challenge pertaining to conflicts of interest of the private sector as they relate to NCDs. WHO should therefore assist the Member States through the development of guidance. This could include the development of an ethical framework and code of conduct to guide Member State interactions with the private sector, recommending a clear separation of policy development and policy implementation to firewall policy development from potential conflicts of interest. These principles should also apply to the work of the WHO, recognising the need to re-define what is meant by ‘civil society’ and the rules governing its engagement with different external stakeholders.