



**Submission to the public consultation on ‘sport and healthy lifestyles and the right to health’ by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health**  
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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 (<http://www.wcrf.org/int/research-we-fund/our-cancer-prevention-recommendations>). The evidence shows this will reduce the chances of people developing cancer and other NCDs.

[www.wcrf.org](http://www.wcrf.org)  
[www.wcrf.org/NOURISHING](http://www.wcrf.org/NOURISHING)

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**QUESTIONNAIRE**

*“Sport and healthy lifestyles as contributing factors to the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”*

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**Other respondents** (non-Member States, including civil society)

**1. In your view, what should United Nations Member States be doing to encourage individuals to participate in sport and adopt healthy lifestyles? What is the extent of their responsibilities to their population in this area?**

- 1.1 World Cancer Research Fund International welcomes the opportunity to provide a submission to this important consultation by the Special Rapporteur on the right to health. This follows the report by the Special Rapporteur focusing on ‘unhealthy foods, non-communicable diseases and the right to health’ (A/HRC/26/31), that highlighted the urgent need for States to address the negative structural changes in the food environment, which is linked to an increase in unhealthy diets and non-communicable diseases. The report outlined and supported a number of policies Member States should implement to increase the availability and accessibility of healthier food options, and the responsibility of the food and beverage industry to refrain from producing, marketing and promoting unhealthy food and drinks. World Cancer Research Fund International strongly supports the recommendations in this report and believes that it provides a solid foundation for further enquiry into the importance of sport and healthy lifestyles and the role of Member States to respect, protect and fulfil their obligations in this area.

- 1.2 Furthermore, the Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of NCDs (2011), the WHO Global Action Plan for the Prevention and Control of NCDs (2013-2020), the WHO NCD Global Monitoring Framework, and the Sustainable Development Goals (specifically target 3.4 and target 2.2), must form the basis for increased action by Member States in the area of promoting healthy lifestyles.
- 1.3 World Cancer Research Fund International encourages a comprehensive policy approach to promote healthy diets and reduce cancer and other NCDs. Our approach compliments the 'policy approach' highlighted by the Special Rapporteur and outlined in the 24<sup>th</sup> thematic report submitted by the mandate holder to the UN Human Rights Council (A/HRC/29/33). Member States should implement policy actions across the ten policy areas outlined in our NOURISHING framework (see Figure 1). These actions are grouped into three domains – food environment, food system, and behaviour change communication. In order to support individuals to adopt healthy lifestyles, a comprehensive approach is needed where policy actions are implemented across all ten areas of NOURISHING.

**Figure 1 World Cancer Research Fund International's NOURISHING framework**

N O U R I S H I N G	
FOOD ENVIRONMENT	
FOOD SYSTEM	
BEHAVIOUR CHANGE	
	POLICY AREA
<b>N</b>	Nutrition label standards and regulations on the use of claims and implied claims on foods
<b>O</b>	Offer healthy foods and set standards in public institutions and other specific settings
<b>U</b>	Use economic tools to address food affordability and purchase incentives
<b>R</b>	Restrict food advertising and other forms of commercial promotion
<b>I</b>	Improve nutritional quality of the whole food supply
<b>S</b>	Set incentives and rules to create a healthy retail and food service environment
<b>H</b>	Harness supply chain and actions across sectors to ensure coherence with health
<b>I</b>	Inform people about food and nutrition through public awareness
<b>N</b>	Nutrition advice and counselling in health care settings
<b>G</b>	Give nutrition education and skills

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- 1.4 NOURISHING outlines the policy areas necessary to promote healthy diets and does not include actions to help promote physical activity. The advocacy council of the International Society of Physical Activity and Health (ISPAH - <http://www.ispah.org/advocacy-gapa>) uses the Toronto Charter for Physical Activity: A Global call to Action to promote the importance of physical activity as a policy priority around the world.

1.5 It is the responsibility of Member States to generate the conditions that respect, protect and fulfil the opportunity of its citizens to be as healthy as possible. Through policy and legislation Member States are able to support individuals to make positive changes to their health and improve the overall health of their population.

**2. Do you know of any State that has introduced legislation or policy in relation to sport and/or healthy lifestyles? If so, please provide a brief description and evaluation of the laws or policies adopted.**

2.1 Many Member States around the world are implementing policy actions to promote healthy lifestyles. World Cancer Research Fund International's NOURISHING framework is accompanied by a policy database ([www.wcrf.org/NOURISHING](http://www.wcrf.org/NOURISHING)) that provides examples of actions being taken across the ten policy areas. The NOURISHING policy database provides a brief description of implemented government policy actions and is a valuable resource for monitoring what is happening in countries around the world. The framework and database also help policymakers to identify where action is needed, select and tailor options suitable for different populations and assess if an approach is sufficiently comprehensive. The database currently holds 255 implemented government policies across 100 countries.

2.2 World Cancer Research Fund International can conduct further evaluations of specific legislation and policies included in the database on request – please contact [policy@wcrf.org](mailto:policy@wcrf.org).

**3. What are the major challenges and opportunities that arise in adopting a right-to-health approach to participation in sport and adoption of healthy lifestyles?**

3.1 World Cancer Research Fund International reiterates the importance of the recommendations made by the Special Rapporteur in report A/HRC/26/31, which highlights the impact of globalisation, foreign direct investments, and food and beverage industry pressures on Member States obligation to make legislative, judicial and administrative mechanisms available, accessible and effective for citizens with regards to promoting healthy lifestyles.

3.2 However, Member States capacity, resources, knowledge and interest in fulfilling the ambition of taking a right to health approach varies worldwide – despite certain good initiatives and progress by Member States in some areas, the actions described within our NOURISHING policy database suggest an overall fragmented approach to policymaking indicative of 'implementation gaps' (A/HRC/29/33) and a lack of evaluation of implemented policies.

3.4 There is a need for more 'right to health' champions within Member States at the highest policy levels and there is an urgent need to build global capacity and inter-sectorial collaboration around a 'health in all policies' approach. As the right to health is based on 'progressive realisation' it is vital that Member States include dedicated measures in National Plans of Action with allocated resources available for its implementation.

3.5 Adopting a right to health approach increases the avenues available to citizens and NGOs to ensure greater monitoring and accountability of Member States, but also supports Member States in implementing legislative, judicial and administrative mechanisms that respect, protect and fulfil citizens right to health, including those which help to regulate food and beverage industry pressures.

**4. What are the best ways that individuals can be encouraged to participate in sport and adopt healthy lifestyles by Member States? Please, provide and briefly describe any examples of “best practices” adopted in this respect.**

4.1 The best way to encourage individuals to participate in sport and adopt healthy lifestyles is by creating a positive and enabling policy environment that makes it easier for people to make healthier choices and be physically active. World Cancer Research Fund International developed a policy brief (2014) highlighting some good practice examples of policies being implemented around the world entitled Food Policy Highlights from Around the World (<http://www.wcrf.org/int/policy/our-policy-recommendations/food-policy-highlights-around-world>). Briefly, these actions are:

- New Zealand and Australia’s health claims standard
- The European Union’s mandatory nutrition labelling
- Finland’s salt warning label
- South Korea’s food advertising restrictions for children
- Mexico’s sugary drinks tax
- Hungary’s public health tax
- French Polynesia’s tax on sugary products
- New York City’s ‘Health Bucks’ Programme
- Slovenia’s school nutrition law
- New York City’s Food Procurement Standards
- Argentina’s salt law
- UK’s voluntary salt reduction targets
- South Africa’s mandatory salt-reduction targets
- Denmark’s trans fat law
- Austria’s trans fat regulation
- Ghana’s fat content standards
- Singapore’s ‘Healthier Hawker’ Programme
- Western Australia’s ‘Go for 2&5’ fruit and vegetable campaign
- France’s National Nutrition & Health Programme

4.2 For more details about the actions included and why they were included as ‘highlights’, refer to the brief (<http://www.wcrf.org/int/policy/our-policy-recommendations/food-policy-highlights-around-world>).

**5. Are there any targeted interventions that can be implemented to promote participation in sport and adoption of healthy lifestyles amongst populations who could face vulnerable situations, including women, children, and people with disabilities?**

5.1 Targeted interventions are necessary to promote participation in sport and adoption of healthy lifestyles in order to reduce inequalities and inequities within a population. Examples of policy actions that target specific populations from our NOURISHING policy database ([www.wcrf.org/NOURISHING](http://www.wcrf.org/NOURISHING)) are included below:

5.2 Examples of targeted subsidies for healthy foods:

- 5.2.1 UK: The Healthy Start programme provides pregnant women and/or families with children under the age of four with weekly vouchers to spend on foods including milk, plain yoghurt, and fresh and frozen fruit and vegetables. Participants or their family must be receiving income support/jobseekers allowance or child tax credits. Pregnant women under the age of 18 can also apply. Full national implementation of the programme began in 2006.
- 5.2.2 US: In 2009, the U.S. Department of Agriculture (USDA) implemented revisions to the Special Supplemental Nutrition Program for Women, Infants,

and Children (WIC) to improve the composition and quantities of WIC-provided foods from a health perspective.

- 5.2.3 US: In 2012, the USDA piloted a "Healthy Incentives Pilot" as part of the Supplemental Nutrition Assistance Program (SNAP, formerly "food stamps"). Participants received an incentive of 30 cents per US\$ spent on targeted fruit and vegetables (transferred back onto their SNAP card).
- 5.2.4 US: The New York City Health Department District Public Health Offices distribute 'Health Bucks' to farmers' markets (launched in 2006). When customers use income support (e.g. Food Stamps) to purchase food at farmers' markets, they receive one 'Health Buck' worth \$2 for each \$5 spent, which can then be used to purchase fresh fruits and vegetables at a farmers' market.

**6. Other than Member States, which other actors should be taking steps to encourage individuals to participate in sport and adopt healthy lifestyles? How can this be achieved? Please list any "best practice" examples that apply.**

- 6.1 Civil society organisations are active in promoting participation in sport and healthy lifestyles. For example, World Cancer Research Fund International's network members use the most current scientific information on the prevention of cancer and other NCDs and deliver practical help, advice and tips on how people can reduce their risks, for example through health information, tools, recipes, support for health professionals, parents and teachers.
- 6.2 Researchers are monitoring Member State activities, as well as those of the food and beverage industry – for example the International Network for Food and Obesity/non-communicable Diseases Research, Monitoring and Action Support - INFORMAS (<https://www.fmhs.auckland.ac.nz/en/soph/global-health/projects/informas.html>). Initiatives such as this help to benchmark progress, identify the evidence available for different policies, identify research gaps, and helps to monitor and evaluate policies.
- 6.2 The food and beverage industry have, as a minimum responsibility, to comply with government regulation and voluntary targets (e.g. product reformulation, restricting food marketing to children) to help citizens adopt healthy lifestyles.

**Deadline for submission of responses to the questionnaire:**

In order to give the Special Rapporteur the opportunity to take into account the different contributions, all parties are encouraged to submit their responses as soon as possible and at the latest by **15 October 2015 (extended to 2<sup>nd</sup> November 2015)**.

Answers can be submitted via email to the following address:

[srhealth@ohchr.org](mailto:srhealth@ohchr.org)