

Response to the public consultation on the Draft First Report of the WHO Independent High-level Commission on Non-Communicable Diseases

The World Obesity Federation welcomes the opportunity to participate in this public consultation on the draft report of the WHO Independent High Level Commission on NCDs. We share the Commission's concern that policy implementation to date has been slow and that progress towards achieving the NCD targets has been disappointing. This is of particular concern in Low- and Middle Income Countries where health systems are far from adequate for dealing with the rapid rise in NCDs. We hope that the Third UN High Level Meeting in September will provide an opportunity to turn the tide on NCDs.

Having reviewed the draft report, we are concerned about the removal of any reference to obesity within the document text. By 2025, 2.7 billion adults are expected to be overweight or suffer from obesity and the global medical bill to treat the consequences is estimated to rise to \$1.2 trillion. Actions to prevent, manage and treat obesity throughout the life course are critical in helping to achieve the NCD targets. This needs to start with the recognition that obesity is not only a risk factor for NCDs linked to poor nutrition and other causes, but is also a disease in its own right which requires urgent attention at the forthcoming High-level Meeting and within national responses to address NCDs. There are a number of opportunities to integrate and address obesity within NCD responses which we list below.

- **Include obesity within Universal Health Coverage:** Obesity prevention, management and treatment should be integrated into Universal Health Coverage as an 'essential health service'. For people suffering from obesity health services should provide access to appropriate and safe treatments, medicines and support services as well as provide adequate access to specialist health workers, and to address weight issues as equal in impact as other risk factors. Provisions must be made to ensure health services and staff are sensitive to and do not perpetuate weight stigma, which has impacts for both physical and mental health. Improving the treatment and care for people suffering with obesity will in turn improve health outcomes and reduce disability and premature mortality that results from obesity its consequences.
- **Commit to reducing childhood obesity:** It is estimated that 267 million school-aged children globally will be overweight or suffer from obesity by 2025. The Third High-Level Meeting on NCDs

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should be seen as an opportunity for political leaders to renew their commitment to reducing childhood obesity. This will require the implementation of national obesity strategies which include a comprehensive package of policies, building on the work of the WHO Commission on Ending Childhood Obesity (ECHO). Reducing childhood obesity is our best chance of preventing adult obesity and diabetes and ending the obesity pandemic. A focus on childhood obesity aligns with the Draft 13th WHO Programme of Work, which includes a target to halt and reverse child and adolescent obesity.

- Prioritise policies that tackle the social and commercial determinants of health: Steps to tackle the social and commercial determinants of health will be essential for halting the rise in obesity. Political leaders must be encouraged to implement the full set of “Best Buy” policies where possible, with a particular focus on policies which address the commercial determinants of health, including a sugar tax (STAX). Tackling these drivers will be essential for halting the rise in obesity and reducing NCDs.

In addition, we would like to offer some comments on specific recommendations in the report.

Recommendation 1: Prioritisation

We agree with the sentiment that countries will not be able to implement all policies at once, and concur that the priorities laid out within this recommendation are important. However we are concerned that the approach taken to encourage Member States to ‘implement a small set of priorities’ and to present just five priorities for action is detrimental to the overall efforts to address obesity and NCDs. This goes against evidence that suggests a comprehensive approach is the most effective way to tackle obesity and NCDs. Member States should be encouraged to prioritise “Best Buy” policies appropriate to their national context. The five priorities listed do not reflect the breadth of the “Best Buys”, nor do they cover important upstream policies which address the social and commercial determinants of health, such as restricting marketing of unhealthy food, taxation of unhealthy commodities, reduction in sugar content, or providing safe space for physical activity. The Commissioners themselves have recommended that countries take bold steps and the priorities recommended in this report should reflect this perspective.

The NCD agenda should be firmly placed as central to UHC, and Member States must ensure their health systems are adequately prepared to deal with obesity and other NCDs. However, achieving the NCD targets will also require actions which address food and other environments. Unhealthy diets are one of the leading causes of NCDs and as such it is essential that an explicit mention of promoting healthier food environments is included as part of this recommendation, to sit alongside promoting healthier environments and inclusion of mental health within UHC.

Recommendation 2: Private sector engagement

On the whole, we welcome the points addressed as part of Recommendation 2, in particular the emphasis given to market and legislative actions, the need for multi-sector responses and to the sustainable investment of NCDs. However, we also recognize that industry interference was identified in the Director General's own report on NCDs as being a key barrier to achieving NCD targets. While the private sector does have a vital role to play in addressing NCDs, this role should be firmly in the implementation of policies, rather than in priority setting or policy development. And while governments should incentivise positive private sector engagement and innovation, private sector actors must be held accountable for all their actions. The 'Guidance for Managing Conflicts of Interest' due to be adopted at the forthcoming World Health Assembly will be an important tool for supporting Member States with their engagement with different stakeholders.

Recommendation 3: Financing

We share the view of the Commissioners that better financing models are needed if we are to successfully get a handle on addressing NCDs and that taxation is one mechanism to achieve this. However, we note an absence of the recommendation to tax sugary drinks which has been listed as a "best buy" and has been shown to be a successful policy intervention for reducing obesity. Investment should be channelled into NCDs and health systems strengthening via existing financing mechanisms, including the Global Fund and the Global Financing Facility, capitalising on cost-effective delivery of integrated services. Furthermore, there should be moves towards divestment of private funds from unhealthy commodities industries and economic activity that leads to increased risk of NCDs. Additional innovations such as impact investments and pooled procurement should be considered.

Recommendation 4: Accountability

We welcome the recommendation to strengthen accountability for action on NCDs, and urge Member States to use SMART targets to measure their work. Simplifying the accountability mechanisms will be valuable, so long as it enhances reporting and fosters better accountability rather than hinder the information on progress that can be collected.

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