To Whom it May Concern

Re: Submission to WHO Independent High-level Commission on NCDs

The Australian and New Zealand Obesity Society (ANZOS) is a scientific organisation of medical practitioners, dietitians, scientists and other health care professionals interested in obesity research, treatment or public health initiatives directed at the prevention of obesity. ANZOS welcomes the opportunity to review the draft First report of the WHO independent High-Level commission on non-communicable diseases.

Key recommendation: ANZOS recommends that obesity prevention and treatment be included in the report as both a cause of NCD’s and a key area for action.

ANZOS fully supports the recommendations in submission made by the World Obesity Federation and agrees obesity prevention and treatment requires urgent attention at the forthcoming High-level Meeting and within national responses to address NCD’s.

Full response to the draft First report

ANZOS agrees that non-communicable diseases (NCD’s) are a major cause of disability and early death around the world and that the incidence of NCD is increasing. ANZOS welcomes the promise to reduce one-third of premature mortality from NCD’s through prevention and treatment and promote mental health and well-being.

In addition to tobacco, harmful use of alcohol, unhealthy diets and physical inactivity ANZOS recommends that obesity prevention and treatment be included in the report as both a cause of NCD’s and a key area for action.

ANZOS fully supports the recommendations in submission made by the World Obesity Federation and agrees obesity prevention and treatment requires urgent attention at the forthcoming High-level Meeting and within national responses to address NCD’s.

These recommendations are to:

- Include obesity within Universal Health Coverage:
  Obesity prevention, management and treatment should be integrated into Universal Health Coverage as an ‘essential health service’. Health services should provide access to appropriate and safe treatments, medicines and support services for people with obesity. 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.

- Commit to reducing childhood obesity:
The Third High-Level Meeting on NCDs 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 the best chance to prevent adult obesity and diabetes and end 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. Tackling these drivers will be essential for halting the rise in obesity and reducing NCDs.

Outlined below is further evidence from the Australia/New Zealand context for including obesity prevention and treatment in the report.

**Obesity Prevention**
Around two-thirds of Australian and New Zealand adults are overweight or obese, a statistic that is reflected around the world. Without further action monitoring data suggests the rates will continue to rise. ANZOS therefore recommends recognition that obesity is a major risk factor for NCDs along with unhealthy diets and physical inactivity.

We suggest prevention programs to halt the rising prevalence and treatment programs for those already affected by obesity will be an important part of reducing the burden of NCDs. Australian data indicates that obesity contributes 5.5% of the total burden of disease in Australia while dietary risk factors account for 7.2%, the third and second major contributors after tobacco use (9%) and physical inactivity (7.2%) respectively. The impact on cardiovascular disease and diabetes is even starker, with high body mass contributing 21% and 49% respectively.

In regards to cancer, significant progress has been made on reducing cancer mortality in Australia. Rates of cancer mortality have declined over the past 20 years. Despite this success, rates of some cancers where obesity is a risk factor have started to rise. Kidney, uterine, oesophageal and female breast cancer rates in Victoria have risen above 1982 levels and current trends indicate they are likely to continue to rise. A large 2015 Australian study estimated the population attributable fraction (PAF) of cancers associated with exposure to causal (or preventive) factors. They found that in Australia unhealthy diet was attributable
for 7,000 (6.2%) cancer cases and overweight and obesity was attributable for 3,900 (3.4%) cancer cases each year\textsuperscript{ii}.

Treatment
Given the already high rates of obesity treatment is also vital. Recognition that obesity is a disease in its own right is important first step to increased access to treatment. ANZOS believes that adopting this position will help to promote a better understanding of the biological and environmental causes of obesity and as such will help to reduce stigmatisation and enable a more supportive environment for those individuals struggling with the health, social, emotional and financial consequences of obesity. The recognition of obesity as a chronic relapsing disease process should heighten the need for effective population – wide programs to best prevent and manage it.

Yours sincerely,

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