Introduction

The Grocery Manufacturers Association (GMA)\(^1\) thanks the World Health Organization (WHO) for the opportunity to comment on the “Draft First Report of the WHO Independent High-level Commission on Non-Communicable Diseases.”

GMA is proud of its ongoing collaborative work with governments, consumers, and other stakeholders to help provide the products and information people need to eat healthy, balanced diets. To truly achieve the Sustainable Development goals, particularly SDG 3.4, all facets of society, including the private sector, have important roles to play in supporting economic growth and development and helping people everywhere achieve and maintain healthy diets and lifestyles. Given the complex nature of nutrition and health, real progress towards addressing non-communicable diseases (NCDs) is only possible through constructive, transparent engagement between governments, the private sector, and civil society.

General Comments

The food and beverage industry’s many contributions to global efforts to improve nutrition and combat NCDs are guided by science-based principles that include:

- Providing a range of nutritious product choices and marketing them in ways that promote healthy lifestyles;
- Pursuing product reformulation to enhance healthfulness and reduce or remove nutrients of public health concern like sodium and artificial trans fats.
- Emphasizing the importance of achieving a balance throughout life of physical activity and nutrition;
- Improving awareness and understanding of nutrition and energy balance;
- Undertaking responsible advertising practices, taking into account the special needs of children;

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\(^1\) Founded in 1908 and based in Washington, D.C., GMA is the voice of more than 300 leading food, beverage and consumer product companies that sustain and enhance the quality of life for hundreds of millions of people in the United States and around the globe.
• Communicating clearly through labeling, packaging, websites, brochures, and in-store communications to enable consumers to make informed choices; and
• Partnering with other stakeholders in these endeavors.

The food and beverage industry has undertaken significant initiatives across all of these areas, in particular on new and reformulated products, packaging innovations, enhanced nutrition information, communications to promote healthy lifestyles, and partnerships aimed at promoting physical activity and nutrition education. Much work remains, but we are committed to continuing our efforts to work in collaboration with governments, the WHO, and other stakeholders to make real progress.

Making such process require partnerships to be formed between policymakers and non-state actors with lines of communication remaining open. Transparency and equitable approaches that maximize the benefits while managing potential risks of engagement, are critical components of success. Recognized international best practice2 and WHO’s own Framework for Engagement with Non-State Actors (FENSA) reflect that engagement with non-state actors, when managed properly and equitably, contributes to developments of effective policies and will advance goals in addressing and managing NCDs.

We support and welcome recommendations in the Draft First Report of the WHO Independent High-level Commission on Non-Communicable Diseases (Draft First Report) that recognize the value and importance of engagement with the private sector to address NCDs. We encourage WHO to build on these recommendations as it continues to advance strategies that help all facets of society, particularly national governments, reduce burdens and instances of NCDs. We offer the following specific comments with the Draft First Report and encourage the High-level Commission (HLC) to consider revisions in a few specific areas.

Specific Comments on the Draft First Report

Paragraph 13: We note that the figures for this paragraph and document cited in the accompanying footnote are not available as of publication of this Draft First Report. This is unfortunate as no opportunity is provided for interested parties to comment on the calculations referenced. We encourage WHO to provide an opportunity for public consultation on this document before it is finalized.

Paragraph 26: The reference to EB142/15 is concerning as we do not believe all of the recommendations in Table 5 reflect a balanced, inclusive approach to consulting with all stakeholders when shaping NCD policy. Specifically, the Draft First Report refers to “obstacles at national and subnational levels to implement the best buys and other recommended interventions,” while Table 5 discusses “industry interference” in detail.

The unsubstantiated claims about the role of industry in EB142/15, particularly Section (v) of Table 5, are inconsistent with the balanced and inclusive approach to engagement with private

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2 For example, see obligations for transparency as elaborated in the World Trade Organization Technical Barriers to Trade (TBT) and Sanitary and Phytosanitary (SPS) Agreements. See also, the 2012 Organization for Economic Cooperation and Development (OECD) Recommendation of the Council on Regulatory Policy and Governance.
sector recommended throughout the rest of the Draft First Report. We, therefore, encourage the HLC to consider striking textual and footnote reference to EB 142/15. We believe this would make the document more balanced and reduce inconsistencies between paragraph 26 and Recommendation 2.

**Paragraph 31:** GMA strongly supports the approach taken by the HLC, specifically that “recommendations should have the potential to be actionable, innovative, transformative, and scaled up (and thus be transformative in terms of their health impact) and feasible to implement across all contexts.” It is critical that all recommendations are actionable for all stakeholders but also recognize the differences in capacity and feasibility of implementation across national contexts.

In most cases, we believe the HLC has achieved these laudable goals with their recommendations. Where stakeholder input is provided through this consultation, we encourage the HLC to evaluate input against the criteria that any changes made should ensure the recommendations are more actionable, innovative, transformative, and feasible to implement across all contexts. We also encourage the HLC to prioritize changes that make the recommendations clearer to all stakeholders.

**Paragraph 33:** We encourage this paragraph to be revised to more accurately reflect the context around discussion of Resolution 70.11. Specifically, we believe it is important for the text of the report to reflect that there was lack of consensus over endorsement of the resolution at the 70th WHA, as more than one Member State expressed reservations with the resolution. We believe the report would benefit from a more accurate description of the resolution by including the positions of the United States and Italy on the WHO’s 2017 “best buys” in the body of the text, rather than in footnote 16 as currently drafted.

**Recommendations:**

**Prioritization:**

**Recommendation 1:** GMA wishes to express support for recommendation 1, specifically noting our agreement with the HLC that prioritization is critical to help national governments and other stakeholders manage the complex and multifactorial challenges associated with NCDs. Cost-effective interventions that are evaluated based on the best available data are most likely to produce results and reflect the evidence driven and science-based approach to policymaking strongly supported by GMA.

We specifically wish to express support for Recommendation a) 2). With regard to artificial trans-fat reduction, U.S. food and beverage companies have worked diligently and successfully to reduce the use of partially hydrogenated oils (PHOs). These actions have reduced PHO-related trans-fat use by close to 98 percent in the U.S. Significant efforts have also been undertaken to reduce sodium. These transformative reformulation processes are complex, can be furthered through close coordination between private sector and government, and have the potential to yield significant benefits. GMA members and experts stand ready to work with WHO, national
governments and other stakeholders to offer technological advice to further ongoing efforts to reduce use of artificial trans-fats and sodium.

Private Sector:

Recommendation 2: Overall, GMA is strongly supportive of recommendation 2: “Increase engagement with the private sector.” As noted above, GMA believes that all stakeholders must work together to accomplish common goals around NCDs, and we specifically support the HLC conclusion that “to influence health outcomes, stakeholders outside traditional health sectors must be brought together and engaged” (see paragraph 36).

We further welcome the Commission’s conclusion that “a fresh working relationship must be established with the food, non-alcoholic beverage, restaurant, technology and media industries, with the aim that all countries benefit from public-private partnerships that promote health and behavior change” (see paragraph 38). In fact, we encourage further broadening the range of industry sectors listed in paragraph 38. Retailers, the full agro-food value chain, the entertainment industry, the sports sector, the transport and mobility sectors, the construction industry are all examples of economic operators that could provide unique expertise and input as part of whole-of-society approaches to NCDs.

GMA supports responsible marketing practices, especially with regard to children, and notes that our members have undertaken a number of domestic and global initiatives in this regard. However, we have concerns with the use of “health-harming products” in Recommendation 2 b) and c). The use of this terminology in Recommendation 2 in conjunction with the language in paragraph 39 referring to food and beverage products with a high content of fat, sugar or salt, leads to a possible understanding that such products are “health-harming”. While high-fat, sugar and salt products should be consumed in a balanced manner, it would not be appropriate to classify such products as “health-harming” products that should be totally avoided or excluded from the diet completely.

Finally, with regards to Recommendation 2 e), we suggest that consideration be given not just to risks of engagement with private sector, but also with risks of not engaging with the private sector. We remain concerned about recent WHO policy recommendations, including the WHO tool on “Safeguarding against possible conflicts of interest in nutrition programmes,”\(^3\) that seem inherently negative towards private sector engagement and would effectively exclude the private sector from meaningful partnerships with government in the area of nutrition. In order to achieve the spirit of Recommendation 2, it is essential that WHO support government engagement with private sector, including by helping governments understand missed opportunities and assess risk of not engaging. We encourage the HLC to make this clear to WHO and to encourage that this be a WHO priority going forward consistent with this recommendation.

Financing

Recommendation 3: GMA agrees with the importance of quantifying the costs and benefits of policies, interventions and other actions (paragraph 43). An important component good

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\(^3\) Available: [http://www.who.int/nutrition/consultation-doi/comments/en/](http://www.who.int/nutrition/consultation-doi/comments/en/)
policymaking is calculating the costs and benefits of proposed policies/interventions before implementing them to ensure that evidence shows that the costs associated with the intervention will result in reasonable benefits. This cost and benefit analysis is a common step in national regulatory processes, including the United States, and helps all stakeholders understand the anticipated benefits of specific interventions in the context of broader policy changes.

Furthermore, we encourage the HLC to consider providing further clarification around what is meant by Recommendation 3 b) 2). It is unclear to us what is meant by “policies for sustainable consumption and production.”

**Accountability**

*Recommendation 4:* GMA is generally supportive of the need to strengthen accountability for actions on NCDs. We also believe there is significant utility in simplifying existing NCD accountability mechanisms created since 2011 (Recommendation 2 b).

We also encourage the HLC to consider recommending enhanced tracking and reporting on global activities/progress of non-state actors, including the private sector, to addressing NCDs. GMA would support development of a reporting tool for non-state actor contributions based on Paragraph 44 of the UN Political Declaration on NCDs, in the framework of relevant UN mechanisms, such as the UN Decade for Action on Nutrition, the periodic WHO and UN stocktaking reports and other future mechanisms that may be established in the context of the SDGs. Such an approach would encourage a broader range of non-state actors to take action and to measure progress and might further engagement with the private sector.

**Conclusion**

Overall, GMA believes the recommendations contained in the Draft First Report reflect a strong foundation for further our collective efforts to address NCDs. While we encourage revisions and further clarification in some areas, we welcome many of the proposed recommendations, particularly Recommendation 2. We believe this recommendation will facilitate greater collaboration between the private sector, national governments, the WHO and other stakeholders to accomplish shared policy goals related to NCDs. We hope the High-Level Commission will continue to advocate for an inclusive, whole-of-society approach to solving the complex factors associated with managing incidences and reducing burdens of NCDs.

GMA appreciates consideration of our comments.

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