World Health Organization (WHO) Public Consultation:

Draft First Report of the WHO Independent High-level Commission on Non-Communicable Diseases (Version dated 1 May 2018)

Submitted via email: May 16, 2018

Introduction

The United States Council for International Business (USCIB) 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.”

The United States Council for International Business advances the global interests of American business. We do so through advocacy that calls for an open system of world trade, finance and investment, where business can flourish and contribute to economic growth, human welfare and environmental protection. USCIB’s advocacy spans a broad range of policy issues, leveraging the expertise of our business members and a unique network of global business organizations: the International Chamber of Commerce (ICC), Business at OECD (BIAC), and the International Organization of Employers (IOE). Through these organizations’ official consultative status in major intergovernmental forums, USCIB represents American business positions both to the U.S. government and to such organizations such as the UN system, the OECD and the International Labor Organization. Our policy positions are developed by our membership, encompassing more than 300 global corporations, professional firms and industry associations, who work through our committees to provide business input for USCIB to convey to policymakers at home and abroad.

General Comments

The private sector has a critical role to play in addressing non-communicable diseases (NCDs). This is because it is the private sector - from individual farmers to large multinational companies - that produces, distributes, and markets most of the products that are consumed by most people. Further, in most countries it is the private sector that is both the engine room for innovations that determine how food systems operate and the largest employer of a nation’s workforce, with direct influence over the health and nutrition status of their employees.

Given the complex nature of nutrition and health, making progress on NCDs will 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 practice 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.

Overall, USCIB and its members believe the Draft First Report should reflect the following:

- The private sector has a key role to play in addressing NCD as it brings innovative solutions to the challenges of NCDs.
- Inclusion of all industries is key to effective solutions for NCDs.
- Governments have a role to play in providing the right regulatory and fiscal incentives to encourage the development of less harmful and safer products, verified by evidence and science.
- Harm reduction is a concept that is employed in the United States and many other leading countries which encourages innovative technologies that minimize the risk of harm and should be reflected in the NCD debate and outcomes document.
- Evidence-based regulation and risk management in policy-making are effective tools to “strengthen the capacity of individuals and populations to make healthier choices and follow lifestyle patterns that foster good health.” (See Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases (A/RES/66/2) 19 September 2011, at paragraph 35.)

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 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:** USCIB 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.

**Recommendations:**

**Prioritization:**

*Recommendation 1:* USCIB 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 USCIB.

**Private Sector:**

*Recommendation 2:* Overall, USCIB is strongly supportive of recommendation 2: “Increase engagement with the private sector.” As noted above, USCIB 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.
USCIB 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,” 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:* USCIB agrees with the importance of quantifying the costs and benefits of policies, interventions and other actions (paragraph 43). An important component of good 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:* USCIB 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. USCIB 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, USCIB 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.

USCIB appreciates consideration of our comments.

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