WHO Discussion Paper: WHO GCM – WG on how to realize government’ commitments to engage with the private sector for the prevention and control of NCDs

General Comments:

We support the General Comments made by the NCD Alliance on the modalities of the working group meetings and on equity as a cross-cutting theme.

Specific Comments:

Reducing marketing of unhealthy food and non-alcoholic beverages to children

Page 5, para 13 – It would be useful to understand in more detail how the impact of existing measures has been measured and thoughts on why the impact has been limited. This will help make a recommendation for next steps and provide lessons for LMICs.

Product reformulation (including salt reduction) and nutrition labelling to support healthier diets

It is right to highlight the different approaches to making progress with food reformulation, P.5 Para.16, but it would be helpful to know which have been most effective/successful.

Agree that salt reduction is a good starting point for engagement with the food industry on NCD prevention and control.

Workplace Health

Recognizing the potential for workplace health, P.7, para 24, it would be helpful to see a reference to some of the regulatory and financial incentives available to governments so that the WG can make specific recommendations.

Improved access to essential medicines and technologies

Concur with the barriers outlined on p.7 para.26.

When considering recommendation here, it is important that the strategies in this section do not act as a sticking plaster but provide sustainable solutions to the underlying weaknesses in the health system that currently act as a barrier to access. For example, establishment of a secure supply chain guaranteed by the public sector.

Challenges and barriers to progress

Lack of public and political awareness of the issue.

P.8, para 31, highlights a significant need for advocacy and awareness raising. We think it is important to separate the two and demonstrate the links between increased public awareness, increased political awareness, advocacy, policy making and private sector engagement.

Competing priorities for national and global health funding

P. 32, para 9. It is not clear to what extent this group will make recommendations on private sector engagement in addressing this barrier. There is a clear overlap with the other Working Group.
Lack of supporting regulation and capacity to enable legislation

The second point on p.9, para 35 is not often stressed enough and yet there may be potential to make quick progress if it is addressed, recognizing that the corporation has already been able to work constructively with governments. We would be interested in the thoughts of the Working Group on addressing this.

Conflicting objectives and drivers

The points made in this section of the discussion paper highlight why statutory regulation will often be more effective than self-regulation. Besides workplace health initiatives it would be interesting to see examples of business objectives being aligned with health objectives in the food and beverage industry.

Lack of good data to support action, target setting and monitoring

Agree that capacity building is required for data collection and analysis to understand the impact of interventions. Governments should be able to critically appraise the data provided by the private sector while undertaking independent monitoring. Again, it should be stressed that civil society can play an active role here.

Other challenges and constraints

To address “consumer acceptability of alternatives”, further work must be undertaken to educate consumers with information coming from an independent and trusted source. Current guidelines on various ingredients need to be accessible to the public. The media, in particular, has a role to play in communicating the evidence responsibly.

Cross-cutting themes and emerging learnings

A comprehensive approach with clear overall policy goals is needed

A comprehensive approach may seem prohibitively complex where there are a limited set of resources available. What recommendations can the WG make to ensure such an approach is manageable? If governments are to take a lead across a range of areas, coordination will be critical. Those responsible for coordination will require considerable authority. If governments are to take the lead in establishing targets p.11 para 46, the WG should recommend how to ensure adherence to them.

A health system strengthening approach is essential

The healthcare industry may have valuable lessons to share in integrated care models, particularly where they are healthcare providers. Similarly a health systems strengthening approach should work to ensure continuity of care in fragmented healthcare systems where care is delivered by different sectors (public, private, third-sector).
Individual and institutional conflicts of interest need to be managed

Management of conflict of interest requires a system that all stakeholders can trust. Critical to this are consistency and transparency, with independent monitoring by a trusted stakeholder. Capacity building support to implement the actions suggested on p.13 para 55 will be essential.

The Private Sector can do more even without pressure to act

The point that multinationals have a particular opportunity to show leadership by acting consistently across jurisdictions is critical. Where they feel their competitiveness is being damaged by offering products that adhere to higher health standards than competitors, they should work with governments to identify appropriate solutions rather than drop to the lowest common denominator.

Specific comments on Policy Brief: Taking Measures to Implement the WHO set of Recommendations to Reduce the Impact of the Marketing of Unhealthy Foods and Non-Alcoholic Beverages to Children

• Would like to see a reference to the types of support required by low and middle income countries to implement the recommendations

• “to call on” is too weak. Would suggest strengthening this to ensure governments make it clear that the private sector must support implementation of the recommendations

• P.2 para 4: Perhaps highlight that adult obesity has health and financial consequences

• P.3 para 2/3: Inclusion of self-regulation (already identified as inadequate) provides an option that is too weak and potentially blunts the impact of the final recommendations produced by the working group

• P.3 para 4: Would like case studies available for the working group highlighting which private sector entities have started to take measures and how WHO rates those actions

• In the section on progress and barriers, if these are presented to the WG it would be helpful to have a summary of what has been seen to work and what has failed, perhaps in bullets along the lines of the common features highlighted for the 3 SEAR countries

• How can the WG help facilitate capacity building on policy and regulatory development in LMICs? Is there willingness at a political level on the part of LMICs to put this in to practice? It would be interesting to know to what extent failure to implement the recommendations is a result of political rather than technical factors