



**UK Health Forum Response to Updating Appendix 3 of the WHO Global NCD Action Plan
2013-2020**

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About the UK Health Forum

The UK Health Forum (UKHF), a registered charity, is both a UK forum and an international centre for the prevention of non-communicable diseases (NCDs) including coronary heart disease, stroke, cancer, diabetes, chronic kidney disease and dementia through a focus on up-stream measures targeted at the four shared modifiable risk factors of poor nutrition, physical inactivity, tobacco use and alcohol misuse. UKHF undertakes policy research and advocacy to support action by government, the public sector and commercial operators. As an alliance, the UKHF is uniquely placed to develop and promote consensus-based healthy public policy and to coordinate public health advocacy.

UKHF welcomes the initiative to update and extend Appendix 3 of the WHO Global NCD Action Plan 2013-2020. We are pleased to submit the following summary comments and specific points.

Summary

- UKHF is particularly pleased to see that the WHO has extended its list of interventions and indicated their cost-effectiveness.
- We support the inclusion of a new column indicating non-financial considerations arising from some of the interventions. However, we do not support the loss of the original columns specifying the relevant voluntary global targets and, especially, the tools available for supporting and guiding the suggested interventions. These tools are a valuable pool of experience and should be reinserted into the Appendix.
- UKHF strongly welcomes the emphasis on the need to “implement the WHO recommendations on the marketing of foods and non-alcoholic beverages to children”.
- UKHF would welcome more clarification on how interventions have been selected and assessed. The methodology provided does not explain selection and assessment. The document could provide links to more detailed descriptions of the process for identifying and including or rejecting interventions in Appendix 3 – similar to what one might expect from a UK NICE-type assessment. ***This is no small point***, as the authors of Appendix 3 will be aware, the nature of evidence in the public health field is fraught with difficulty. RCT evidence for example is hard to obtain and tends to be limited to 'controllable' settings such as schools. Other forms of evidence showing effectiveness have to be considered, including modelling studies, in vivo case studies of voluntary and regulatory actions, and expert consensus.
- In the Appendix, there needs to be a clearer statement that the interventions listed here are not the only ones which may work and be cost-effective and that some of those listed are not well-supported in the literature. Other, perhaps untested interventions, could be worthwhile and should be included.
- ***Objective 2*** makes reference to ‘strengthening multisectoral action and partnerships’. We urge WHO to ensure that health policy is protected from vested interests, in particular producers of unhealthy commodities such as alcohol, soft drinks, infant formula and processed foods high in

fat, salt and sugar. Guidelines should be developed for Member States to support them in preventing, identifying and managing conflicts of interest when developing and implementing policies to tackle NCDs.

Comments on specific interventions

- **A1 increase in excise taxes on alcoholic beverages** - UKHF recommends that 'minimum pricing policies' are added to the list of fiscal measures under intervention A1 designed to raise the price of alcohol. This policy is already listed in the WHO Global Strategy to reduce harmful use of alcoholⁱ and the WHO European action plan to reduce the harmful use of alcohol.ⁱⁱ
- **U6 on breastfeeding support** can be strengthened with interventions that deliver Baby Friendly Hospitals and social policies that provide adequate maternity leave.
- **U9 on taxing sugar-sweetened beverages** – Taxes need to be implemented in conjunction with social marketing campaigns and bans on advertising as part of a comprehensive approach. Furthermore, taxation is strongly cost-effective as it is a net gain to the public treasury – this should be stated in bold.ⁱⁱⁱ
- **U11 (nutrition education) and U12 (nutrition labelling)** have weaker evidence of effect than do other food policies and interventions.^{iv} Does WHO recommend these as highly as taxation, breastfeeding promotion and fruit and vegetable subsidies? UKHF suggests a 'strength of evidence of effectiveness' rating needs to be provided.
- **U14 on mass media campaigns** is only weakly effective and probably increases health inequalities. A rating system would also be helpful – noting that a rating for health equity impact may raise some interesting questions.^v
- **P2 urban design for physical activity** - UKHF suggests there would be a good case for subsidising public transport (or increased taxation of private transport such as congestion charging) to encourage greater use of public transport and active travel.
- **P4 providing school playground facilities** - Providing playground facilities is only effective if there is time to use them. The recommendation should be bolstered with ensuring adequate play-time and activity times are included in school curriculums.

References

ⁱ WHO (2010) Global strategy to reduce harmful use of alcohol. Available from

http://www.who.int/substance_abuse/alcstratenglishfinal.pdf?ua=1 [Accessed 16 August 2016].

ⁱⁱ WHO (2011) European action plan to reduce the harmful use of alcohol 2012-2020. Available from http://www.euro.who.int/_data/assets/pdf_file/0008/178163/E96726.pdf?ua=1 [Accessed 16 August 2016].

ⁱⁱⁱ Cecchini, Michele et al (2010) Tackling of unhealthy diets, physical inactivity, and obesity: health effects and cost-effectiveness. *The Lancet*. 376 (9754): 1775 – 1784.

^{iv} Hawkes, Corinna et al. (2015) Smart food policies for obesity prevention. *The Lancet*. 385 (9985): 2410 – 2421.

^v Cecchini, Michele et al (2010).