



World
Cancer
Research
Fund International

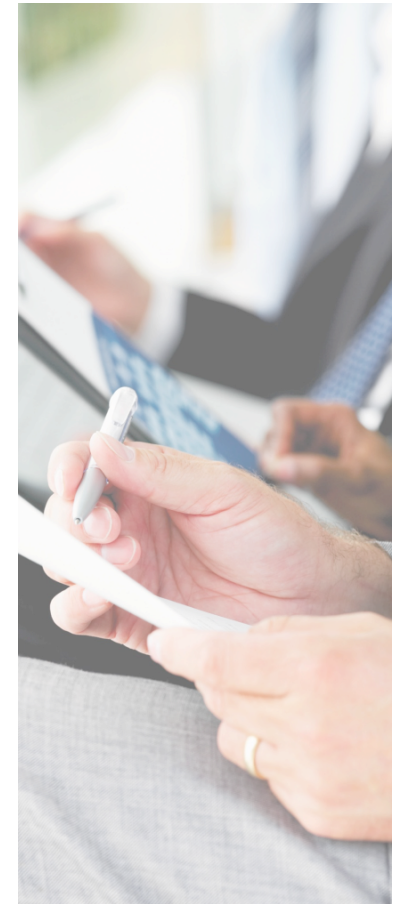
The NOURISHING policy tool

A comprehensive policy approach to reduce diet-related NCDs

Harvard T.H. Chan School of Public Health, 6 March 2017

Simone Bösch

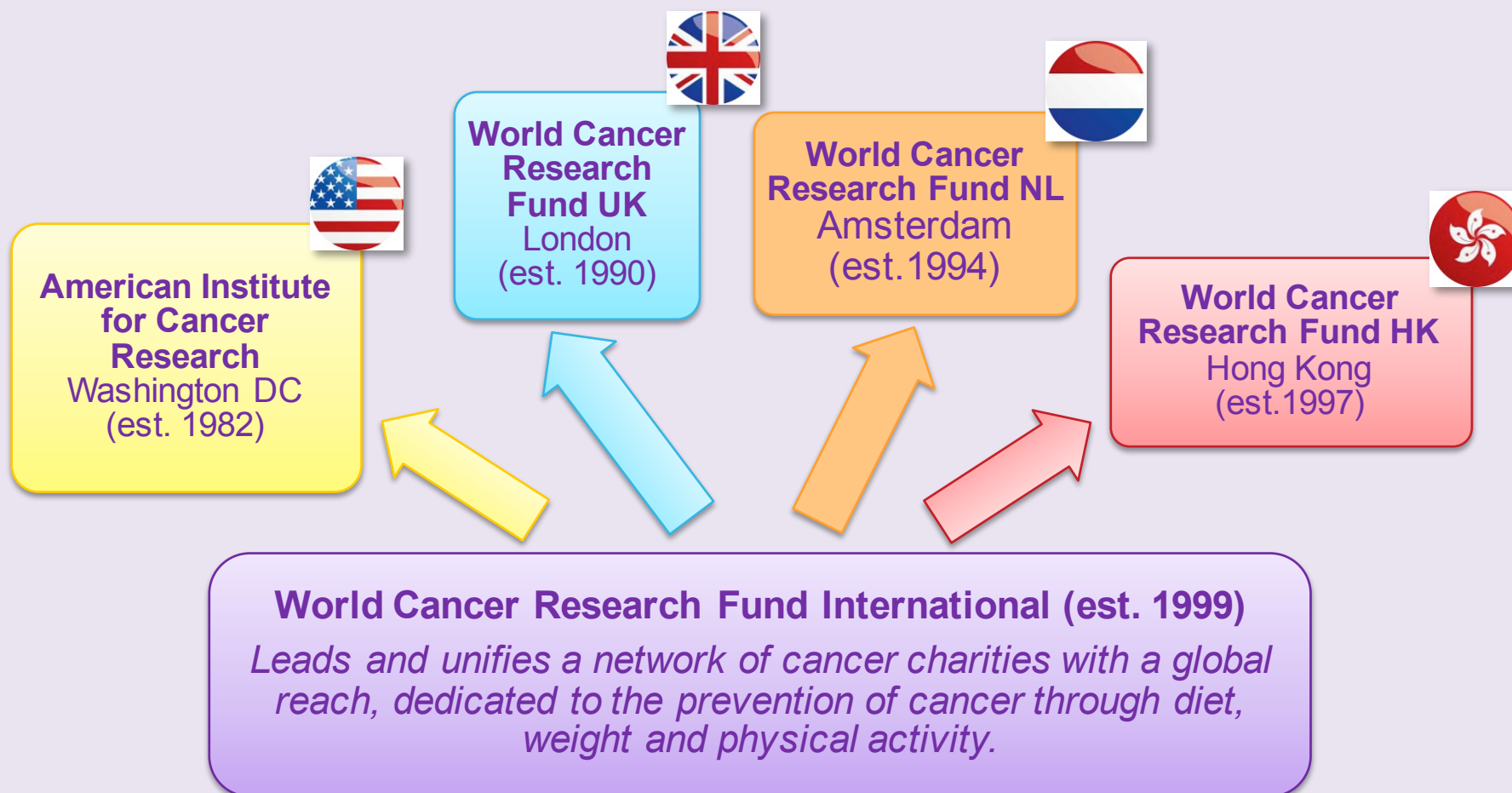
Senior Policy & Public Affairs Manager




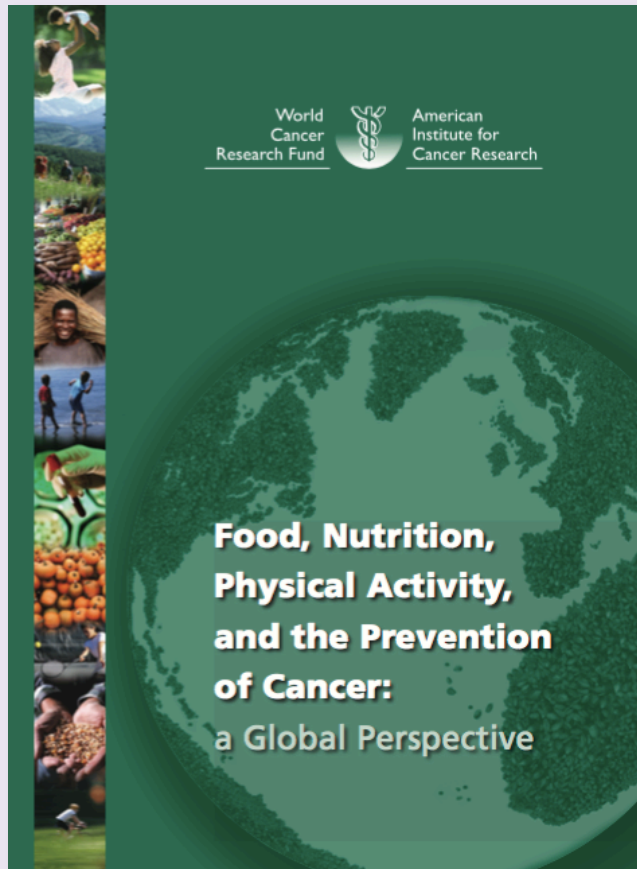
Overview

- **About World Cancer Research Fund International**
- Our Policy & Public Affairs work
 - Overview
 - NOURISHING: Advancing the evidence for policy
 - Advocacy
- Summary

The World Cancer Research Fund Network



Our science work on cancer prevention

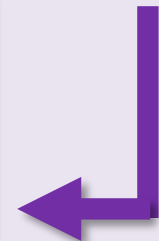


CUP Continuous Update Project

Analysing research on cancer prevention and survival



**10
Cancer
Prevention
Recommendations**



Cancer preventability estimates

Prevention through:

- healthy diet
- physical activity
- healthy weight

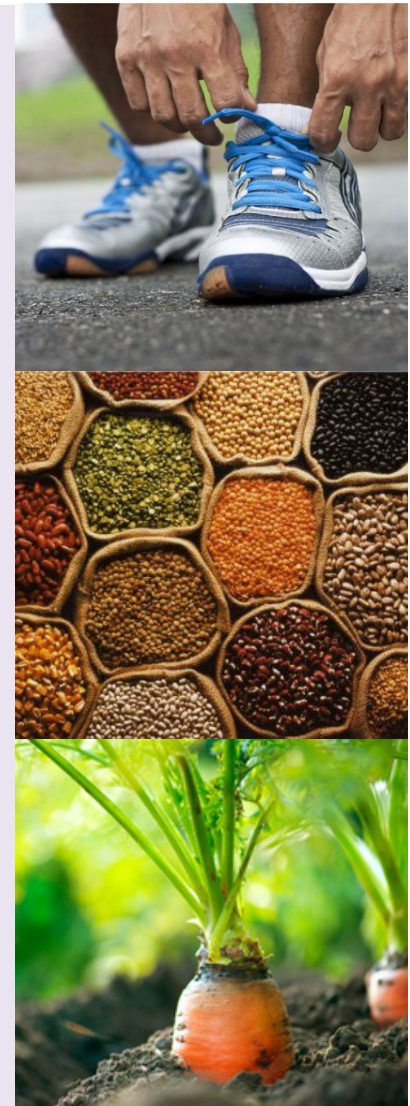
	USA	UK	BRAZIL	CHINA
Mouth, pharynx, larynx	63	67	63	44
Oesophagus	33	34	25	20
Lung	36	33	36	38
Stomach	15	17	6	4
Pancreas	19	15	11	8
Gallbladder	22	17	11	6
Liver	30	23	13	7
Colorectum	47	45	41	22
Breast	33	38	22	11
Ovary	5	4	3	1
Endometrium	59	44	37	21
Prostate (advanced)	11	9	5	4
Kidney	24	19	13	8
Total for these cancers	29	29	22	19
Total for all cancers	20	22	15	15

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Our main goals

1. The wider implementation of more effective policies to enable individuals to follow our Cancer Prevention Recommendations
2. To move cancer and other non-communicable diseases (NCDs) up the international agenda



NCD burden

60% of global deaths
(38 million)

74% of NCD deaths
in LMICs
(28 million)

42% of NCD deaths
before age 70
(16 million)

82% of premature
NCD deaths in
LMICs
(13.1 million)



72% of global NCD deaths are due to
cardiovascular diseases, cancers, and
diabetes
(27.2 million)

Source: WHO

Overweight & obesity burden

41 million children
under 5

1.9 billion adults

45% of countries
face double burden
of disease



2–20% of health costs around the world go to
obesity treatment

Global economic impact: \$2 trillion/year

Source: 2016 Global Nutrition Report

Our key priorities

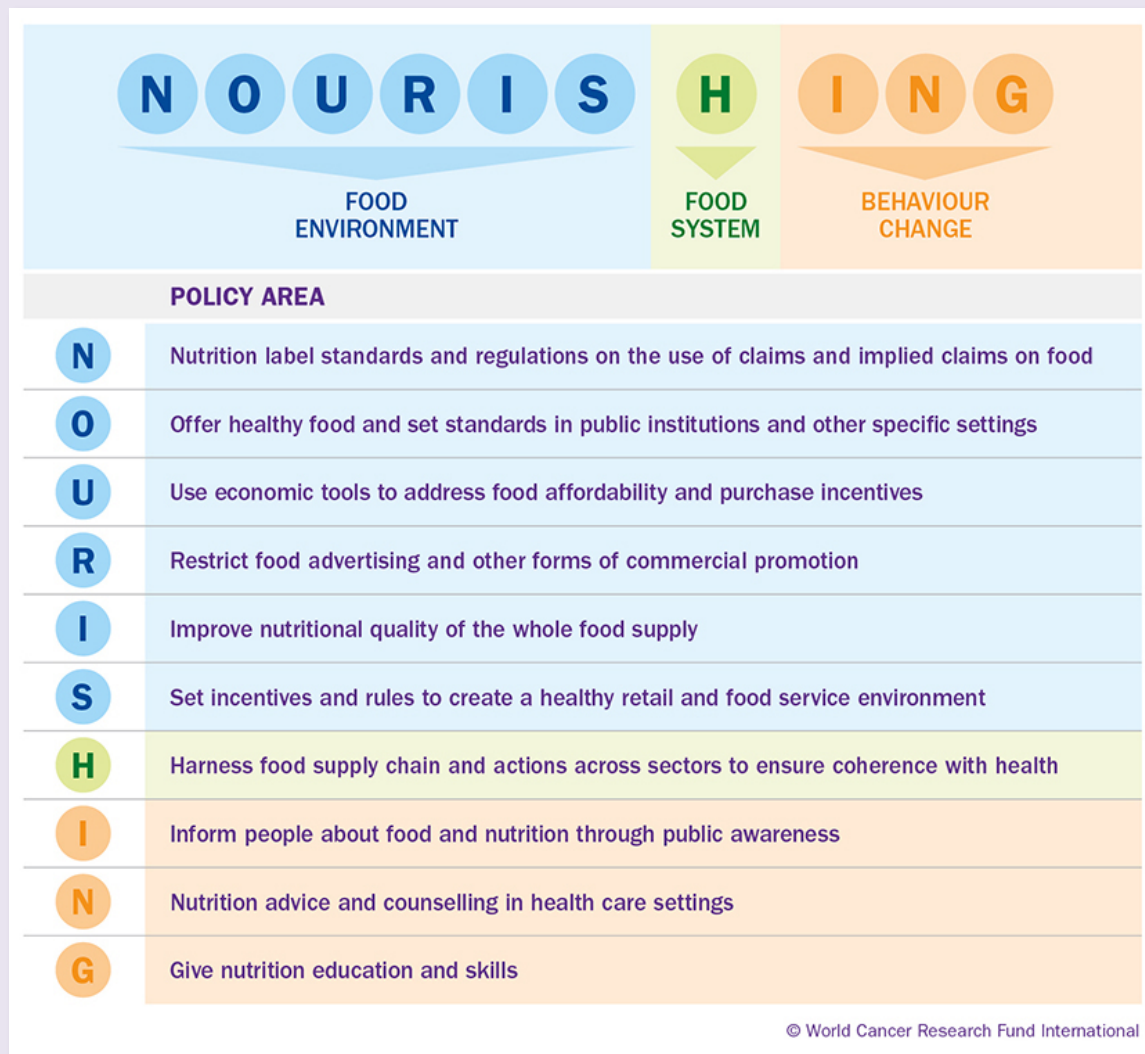
1. Advancing the evidence for policy
2. Building relationships with our target audience
 - Official Relations status with WHO (2016)
 - Consultation responses
3. Engaging with other civil society organisations
4. Communicating our work globally
 - Policy briefs
 - Letters of support

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1. Where is action needed and what policy options exist?
 - NOURISHING framework
2. What policies are implemented?
 - NOURISHING policy database
3. What is the evidence that policies work?
 - Evaluations, Policy Advisory Group
 - Evidence gaps (research needs)

1. Policy areas



NOURISHING framework

Aim: formalise a comprehensive package of policies to promote healthy diets and reduce obesity and NCDs

Target audience

- Researchers
 - To identify the evidence available for different policies, identify research gaps and act as a resource for policy monitoring & evaluation
- Policymakers
 - To identify where action is needed to promote healthy diets
 - Select and tailor options suitable to different populations
 - Assess if an approach is sufficiently comprehensive
- Civil society organisations
 - To monitor what governments are doing around the world, benchmark progress and hold them to account

2. Implemented policies

Filter by country or access the full database below

- Food environment
- Food system
- Behaviour change

Choose a country ▼

- N Nutrition label standards and regulations on the use of claims and implied claims on foods ▼
- O Offer healthy foods and set standards in public institutions and other specific settings ▼
- U Use economic tools to address food affordability and purchase incentives ▼
- R Restrict food advertising and other forms of commercial promotion ▼
- I Improve nutritional quality of the whole food supply ▼
- S Set incentives and rules to create a healthy retail and food service environment ▼
- H Harness supply chain & actions across sectors to ensure coherence with health ▼
- I Inform people about food & nutrition through public awareness ▼
- N Nutrition advice and counselling in health care settings ▼
- G Give nutrition education and skills ▼

I
Improve nutritional quality of the whole food supply ▲

We are all influenced by the food that is available and affordable when we grow up, and the habits of the people around us. That's why people in different countries and communities consume differently. We know that when the food supply changes, so does what people eat. This is why we need to improve the quality of the food supply. Evidence from salt reduction indicates that people's tastes can change.

[Download the table](#)

Examples of policy actions

- Voluntary reformulation of food products ▼
- Voluntary commitments to reduce portion sizes ▼
- Mandatory limits on level of salt in food products ▼
- Mandatory removal of trans fats in food products ▼
- Limits on the availability of high-fat meat products ▲

What the action involves and where implemented


In 2000, Fiji introduced a sales ban on mutton flaps, which have very high fat and very low meat content.

FIJI

Ghana set standards in the early 1990s to limit the level of fats in beef, pork, mutton and poultry in response to rising imports of low quality meat following liberalisation of trade. The standards are also applicable to domestically produced meat. The relevant standards establish maximum percentage fat content for de-boned carcasses/cuts for beef (<25%), pork (<25%) and mutton (<25% or <30% where backfat is not removed), and maximum percentage fat content for dressed poultry and/or poultry parts (<15%). The standards are currently being enforced for turkey tails and chicken feet.

GHANA

390
implemented
policies across
125 countries;
70 evaluations;
65 US policies



US food policy examples

N Nutrition label standards & regulations

Calorie labelling in chain restaurants (local; federal law from May '17 onwards)

O Offer healthy food and set standards in public institutions

Arkansas, DC, Florida, Indiana & Texas: bans on vending machines in elementary schools

U Use economic tools to address food affordability

NYC Health Bucks, and Philly Food Bucks

S Set incentives and rules to create a healthier retail environment

Healthy Food Financing Initiative (HFFI) to provide financial and/or other types of assistance to attract healthier retail outlets to underserved areas

H Harness the supply chain

NYC & MA: nutrition standards for all food purchased/served by public entities

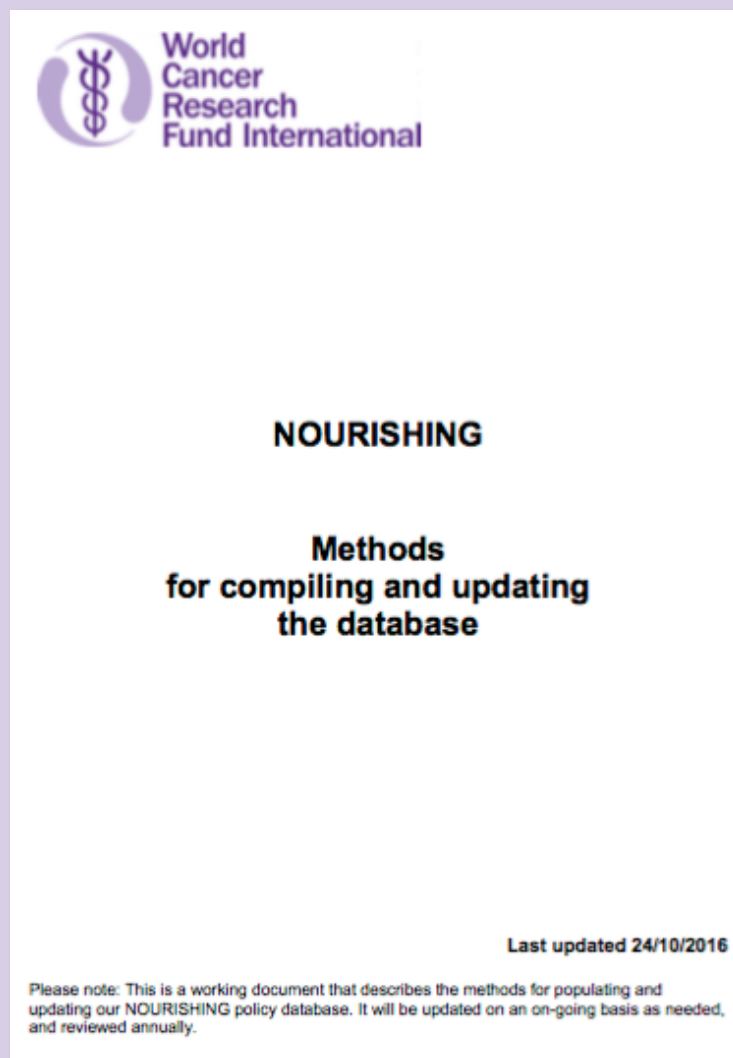
G Give nutrition education and skills

Colorado Department of Health: nutrition training for catering managers in participating restaurants and canteens to encourage healthier menu options

Updating the database

Two-step process:

1. Sourcing and reviewing policy actions
2. Verification process with in-country specialists



Inclusion criteria for policies

1. Must have a public health goal: reduction of obesity and/or nutrition-related NCDs through promoting healthy diets
2. Must be a government policy action
3. Must be implemented
4. Must fit one of NOURISHING's 10 policy areas

3. Evidence that policies work

Evidence is vital in the development and implementation of policy actions

- What evidence is needed?
- How should the evidence be framed so that it can be most effectively used by policymakers?
- What outputs would be most useful and how could they be most effectively communicated?

Our Policy Advisory Group

- Launched April 2015
- Advises us on meeting the evidence needs of the policy-making community, e.g. recommended formalising methodology to update database and including evaluations
- Provides insight into a range of challenges associated with policy development and implementation in different contexts & countries



Evidence gaps (research needs)

- NOURISHING contains many more policies implemented in high-income countries, i.e. Europe, North America, Australia
 - How can effective food policies be implemented in low- and middle-income countries? Enabling environment must be given, e.g. rule of law, infrastructure
 - How can policy coherence be achieved?
- The 70 evaluations are mostly from high-income countries, and look at policies re labelling, taxation, school food and advertising restrictions. More evidence on policy is needed:
 - Successful policy implementation (process evaluations)
 - Impact of food policies (impact evaluations)
 - Evaluations from low- and middle-income countries
 - Evaluations of food systems and behaviour change policies

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Engage with civil society

- **Provide technical expertise** on food policy to civil society organisations (credibility via CUP & Official Relations status)
- **Participate in coalitions** on UK and international level, in particular bridging the gap to undernutrition, to raise awareness of importance of prevention and food policy focused on obesity and diet-related NCDs
- **Organise events** to inform policymakers on the importance of food policy and prevention, and hold them accountable for commitments made (e.g. side event on childhood malnutrition at the 2016 World Health Assembly; event on malnutrition in all its forms at Westminster)
- **Support initiatives** of other civil society organisations, in particular in low- and middle-income countries



Ambitious, SMART commitments to address NCDs, overweight & obesity
Make the UN Decade of Action on Nutrition count for all forms of malnutrition

This brief illustrates how recommendations in the **Second International Conference on Nutrition (ICN2) Framework for Action** can be translated into policy commitments which are SMART (Specific, Measurable, Achievable, Relevant and Time-bound). The ICN2 Framework for Action contains a set of policy actions that governments pledged to implement as part of the ICN2 Rome Declaration to address malnutrition in all its forms (overweight & obesity, stunting, wasting, micronutrient deficiencies).¹

The brief focuses on SMART commitments which target overweight & obesity and nutrition-related non-communicable diseases (NCDs), where possible, policy actions are identified which reduce undernutrition at the same time (so-called double-duty actions). **Double-duty actions** have the potential to impact undernutrition, NCDs, overweight & obesity at the same time, as opposed to addressing specific types of malnutrition in isolation.

SMART commitments to address malnutrition in all its forms

Governments are currently off-track to meet **global nutrition and NCD targets**, namely the 2025 nutrition targets of the World Health Organization (WHO)², the global WHO NCD targets³, and the nutrition and food security related targets in the United Nations 2030 Agenda for Sustainable Development. Action to implement multi-sector policies and to increase policy coherence⁴ across different government ministries is urgently needed to achieve these global targets. Recognising this need for sustained and coordinated action, the UN General Assembly has proclaimed a **Decade of Action on Nutrition 2016-2025** (Decade of Action) reinforcing the commitments of the ICN2 Rome Declaration and Framework for Action.

Against the background of the Decade of Action, we call on governments to:

- ▶ **Set ambitious national food and nutrition targets aligned with the ICN2 Rome Declaration and Framework for Action** to ensure bold action to end all forms of malnutrition.
- ▶ **Make SMART financial and political commitments** to implement the ICN2 Framework for Action.
- ▶ **Develop robust accountability mechanisms** to review, report on and monitor SMART commitments with the involvement of civil society.
- ▶ **Align national agriculture, nutrition, and NCD strategies and related policies** to ensure policy coherence.
- ▶ **Prioritise double-duty actions** to address stunting, wasting and micronutrient deficiencies while simultaneously protecting against overweight & obesity.⁵

¹ Specific policy recommendations to address overweight & obesity and nutrition-related NCDs are also set out in the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020, and the First Report of the WHO Commission on Ending Childhood Obesity (2015).
² World Health Assembly Res. 65.6: Comprehensive implementation plan on maternal, infant and young child nutrition (2012).
³ World Health Assembly Res. 65.6: WHO Global Monitoring Framework for the Prevention and Control of Non-Communicable Diseases (2013).
⁴ Policy coherence is the 'systematic promotion of mutually reinforcing policy actions across government departments and agencies creating synergies towards achieving the agreed objectives' (UNU, 2014).
⁵ More research is required in the area of double-duty actions. WHO, UNU governments and donors need to fund in research to expand the evidence base in this area.


2016



Curbing global sugar consumption

Effective food policy actions to help promote healthy diets & tackle obesity

2015



FOOD POLICY HIGHLIGHTS FROM AROUND THE WORLD

What more could YOU do to promote healthy eating in YOUR COUNTRY?

Nutrition labels + claims

- New Zealand and Australia's health claims standard (2013)**
 - Health claims & nutrition function claims can only be used on foods with a healthier nutrient profile
 - Requires approval for disease risk reduction health claims
- European Union's mandatory nutrition labelling (2011)**
 - Requires a list of nutrient content on most pre-packaged foods
 - Permits voluntary development of front-of-pack nutrition labelling
- Finland's salt warning label (1993)**
 - Explicitly communicated high salt content
 - Encouraged product reformulation through specific salt limits

Food marketing

- South Korea's food advertising restrictions for children (2008)**
 - Bans TV advertising for specific food categories during children's prime time viewing
 - Also restricts gratuitous incentives when advertising children's foods on TV, radio and internet

Taxes + subsidies

- Mostco's sugary drinks tax (2013)**
 - Increases price of sugary drinks by about 10%
 - Application at point of production simplifies its implementation
- Hungary's public health tax (2012)**
 - Provides incentive for reformulation of selected food products through taxing salt, sugar and caffeine content
 - Effectively increases price at point of purchase of most targeted products
- French Polynesia's tax on sugary products (2002)**
 - Taxes sugary drinks, confectionery, ice cream
 - Between 2002 and 2006, tax revenue went to a preventive health fund; from 2006, 80% has been allocated to the general budget and earmarked for health
- New York City's Health Bucks programme (2005)**
 - Provides direct incentive for low-income people to allocate spending to fruits and vegetables
 - Shows potential for scaling up

Public institutions

- New York City's Food Standards (2008)**
 - Apply to about 260 million meals/snacks served by all the city's public institutions, with a clear coordination body
 - Nutrient standards apply to both public procurement and meals
- Slovenia's school nutrition law (2013)**
 - Bans vending machines selling food and drink on school property
 - The ban complements standards and subsidies for school meals, cross-curriculum nutrition education, and a school fruit programme

Food supply

- Argentina's salt law (2013)**
 - Sets maximum salt-levels for widely consumed foods, including restaurant dishes, with clear penalties for infringement
 - Includes complementary actions to raise awareness
- UK's voluntary salt reduction targets (2006)**
 - Specific targets set for 80 food groups including staples and convenience foods
 - Salt levels reduced in key food products by 25-45%
- South Africa's mandatory salt-reduction targets (2013)**
 - Sets specific targets for salt reduction for 13 food categories
 - Regulation enforced by government
- Singapore's Healthier Hawker Programme (2011)**
 - Engages food supply chain (e.g. oil manufacturers) to increase availability of healthier vegetable oils to street vendors at lower prices
- Denmark's trans fat law (2003)**
 - Bans the sale of products containing trans fats
 - Complete ban facilitates monitoring
- Austria's trans fat regulation (2009)**
 - Sets clear limits on trans fats for different food items
 - Targets producers and retailers
- Ghana's fat content standards (1990s)**
 - Limits fat levels in meat (domestic and imported)
 - Reduces availability of high-fat meats, enforced by meat testing

Supply chain

- Western Australia's Go for 2&5⁺ fruit and vegetable campaign (2002-2009)**
 - A sustained multi-strategy social marketing campaign
 - Clearly communicated, solutions-based, delivered by credible source
- Street vendors using healthier oils can display a 'Healthier Choice' symbol**

Public awareness

- France's National Nutrition & Health Programme: Manager Budgeter (2005-present)**
 - Widespread, comprehensive and sustained
 - Applies across settings, including mandatory health messages for all television advertising for processed foods and drinks

The data provided above represent either the enactment of a law/regulatory rule, or the initiation of a programme.

www.wcrf.org

2014

Realities of advocacy (I)

Recent examples

- **Economics:** N4G fails due to economic collapse in Brazil – where should the International Coalition for Advocacy on Nutrition (ICAN) go from here?
- **Industry:** UK sugary drinks tax survives industry attacks because of concerted civil society consultation response
- **Politics:** due to Brexit, DFID's nutrition strategy is delayed and lacks support
- **Marketing:** overweight, obesity, NCDs are hard to "sell" – having a celebrity champion like chef Jamie Oliver helps!

Differences to undernutrition

- No silver bullet to solve obesity and NCD burden
- Negative outcomes take long to manifest
- Positive impact of policies/interventions also takes long to manifest
- NCDs are not visible (“silent killer”)
- No social justice agenda / public not emotionally involved
- Complex issue to explain to policymakers and the public
- Historic “burden” of individual responsibility
- “Nanny state” rhetoric

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- More evidence on policy is needed, in particular on:
 - successful policy implementation (process evaluations)
 - impact of implemented food policies (impact evaluations)
 - a more diverse range of implemented policies (type & geography)

→ **Academics need to conduct high-quality evaluations**
- More linkages to other sectors are needed to achieve policy coherence

→ **We all need to step out of our public health silo**
- Reframing of NCDs is necessary to achieve sense of urgency and increased political will

→ **Creation of a social justice movement necessary**

→ **Academics for advocacy needed**

For further information

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