



**The International Food & Beverage Alliance Comments on the WHO Discussion Paper:  
Zero Draft Shanghai Declaration on Health Promotion in the  
2030 Agenda for Sustainable Development (version dated 20 May 2016)**

The International Food & Beverage Alliance thanks the World Health Organization for the opportunity to provide comments on the *Zero Draft Shanghai Declaration on Health Promotion in the 2030 Agenda for Sustainable Development (Zero Draft Declaration)* to be considered by the participants of the Ninth Global Conference on Health Promotion in Shanghai, 21 – 24 November 2016.

The International Food & Beverage Alliance (IFBA) is a group of eleven global food and non-alcoholic beverage companies - The Coca-Cola Company, Ferrero, General Mills, Grupo Bimbo, Kellogg, Mars, McDonald's, Mondelez International, Nestlé, PepsiCo and Unilever - that share a common goal of helping people around the world achieve balanced diets, and healthy lifestyles.

Formed in response to the World Health Organization's (WHO) call to action in the 2004 *Global Strategy on Diet, Physical Activity and Health*, CEOs of the founding members of IFBA voluntarily committed to work together to implement a set of actions - on product reformulation and innovation, nutrition information, responsible marketing and the promotion of healthy lifestyles - recognized by the WHO and the public health community as crucial to improving public health.

Since that time, IFBA members have made substantial progress in addressing nutrition-related concerns. Tens of thousands of products have been reformulated or developed with less fat, sugar, salt and calories and ingredients considered beneficial for good health have been added – whole grains, fibre, fruits and vegetables, low-fat dairy. Nutrition information has been increased and simplified with front-of-pack labelling and new digital tools and technologies. Marketing communications to children have been restricted and re-focused on the promotion of healthier options. We have introduced workplace wellness programmes and extended our collaborations with governments and other stakeholders to promote healthier lifestyles in communities around the world.

We recognize there is more work to be done and strive to work collaboratively with the public health community to do more. For members of IFBA good health is good business and we are committed to ensuring our businesses create and preserve the long-term sustainability and health of the environment and communities they serve.

**I. General Comments**

The *2030 Agenda for Sustainable Development* (the *2030 Agenda*) consists of 17 Sustainable Development Goals (SDGs). Goal 3 is aimed at ensuring healthy lives and the promotion of well-being for all at all ages.

The *Zero Draft Declaration* is predicated on the adoption of a health promotion strategy for the development and implementation not only of Goal 3 but of all the SDGs, and the prioritization of three actions: to strengthen good governance for health; to improve urban health and support healthy cities and communities; and to strengthen health literacy.

In general, IFBA supports this overall approach. We recognize that many of the SDGs are social, economic and environmental determinants of health and agree that health promotion can provide a platform for multisectoral cooperation and increased opportunities for implementation of the SDGs.

One of the fundamental questions posed by the *Zero Draft Declaration* is how can we better align private sector incentives with public health goals. In our view, as a first step, it is critical that governments and civil society see industry as a willing and effective partner. We must find ways of working together and trusting each other and take action to identify common areas of opportunity and collaboration. We are convinced that much can be accomplished with an open exchange and transparent dialogue, collaborative agenda-setting, clarification of the role of the private sector in its contribution to health promotion and an enabling environment, led by governments.

WHO and UN strategies recognize that an effective multisectoral response to improve health requires a whole-of-society approach and the collaboration of governments, civil society and the private sector. We strongly support this approach. One of the fundamental principles underpinning IFBA's work is a commitment to public-private partnerships that support public health strategies.

We are concerned as to the lack of consideration the *Zero Draft Declaration* gives to the contribution the private sector can make. For example, paragraph 6 of the current draft lists a number of "policy approaches" and "policy tools" as examples of health promotion initiatives that work but fails to recognize that "public-private partnership approaches" and "voluntary industry initiatives" can and have also delivered successes in health promotion. For example, the UK salt reduction initiative, a public-private partnership led by the UK government which has resulted in the reduction of average daily salt intakes by 15% since 2001. Similar salt reduction initiatives and trans fat and calorie reduction strategies around the world have also proven effective. EPODE, the community public-private partnership approach originated in France and being replicated around the world has shown encouraging results in preventing childhood obesity in France and Belgium and has reduced the socioeconomic gap in obesity prevalence in France.<sup>1 2</sup> The programme has been by recognized by the McKinsey Global Institute as one of two initiatives leading the way in delivering integrated responses to obesity.<sup>3</sup>

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<sup>1</sup> J-M Borys, L. Valdeyron et al, "EPODE – A Model for Reducing the Incidences of Obesity and Weight-related Comorbidities," *US Endocrinology*, Vol. 9, Issue 1, September 2013.

<sup>2</sup> T. M. Van Koperen, "Characterizing the EPODE logic model: unravelling the past and informing the future," *obesity review*, doi:10.1111/j.1467-789x, 2012, 01067.



We believe the *Zero Draft Declaration* can be strengthened with an acknowledgment of the growing body of multistakeholder initiatives that have successfully employed the contributions of the private sector to improve public health.

## **II. Specific Comments**

### **Health promotion: A transformative strategy**

As mentioned above, we are concerned that the contribution the private sector can make to health promotion is not addressed. We recommend that “public-private partnerships” and “voluntary industry initiatives” be included in the list of approaches in paragraph 6.

### **Responding to an unsustainable development path**

We would suggest nuancing the statement in paragraph 8 that, “the obesity epidemic requires exactly the kind of transformative approach called for in SDG implementation by addressing the cross-cutting nature of an unsustainable global food system.” We consider this statement to be overly simplistic. Obesity is a complex, systemic and multi-causal problem. Experience has shown that no single intervention is enough to solve the problem. We believe the solution will require a whole-of-society approach and coordinated multistakeholder actions directed at empowering consumers to lead healthy lifestyles.

We also believe that the statement in paragraph 9 b) regarding the impact of globalization of marketing and trade and the call to “action on the harmful health impacts of [tobacco and alcohol, as well as] food products and sugary drinks not consistent with a healthy diet” is overly simplistic. We believe the appropriate action are a call to reformulate and innovate products that increasingly make available food choices that help people eat healthy, balanced diets and a call to encourage consumers to adopt a balanced diet – eating a wide variety of foods in the right proportions to achieve and maintain healthy body weight.

### **Supporting SDG implementation through health promotion**

#### **Strengthen good governance for health**

Paragraph 13 a) commits to a whole-of-government approach to health for engagement, policy coherence and accountability and the creation of fiscal space at the national level to build strong public health systems through taxation of certain products. We would recommend that the proposed action

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<sup>3</sup> Richard Dobbs, et al. *Overcoming obesity: An initial economic analysis*. McKinsey Global Institute. November 2014. The other initiative is the Healthy Weight Commitment Foundation, a multistakeholder initiative in the U.S.A., led by industry, and designed to help reduce obesity, especially childhood obesity which resulted in the removal of 6.4 trillion calories from the marketplace in just five years by companies representing nearly 25% of calories consumed and an increase in sales for lower-calorie products.

on the taxation of certain products be approached with caution. An analysis by the McKinsey Global Institute of 74 interventions to address obesity that are being discussed or piloted around the world found that the highest-impact intervention areas are portion control and product reformulation.<sup>4</sup> In our view, further work is still needed to assess the impact of fiscal measures on diet and health outcomes before such measures are recommended.

Paragraph 13 b) commits to take action to better align private sector incentives with public health goals and includes a number of proposed actions such as legislation, regulation, taxation and restrictions on advertising and promotion of “unhealthy commodities”, but omits to include co-regulatory schemes or voluntary industry initiatives which have been proven to be effective in reducing the burden of noncommunicable diseases and obesity; reducing salt, sugar and fat in food and non-alcoholic beverage products; improving the nutrition of foods marketed to children; and increasing nutrition literacy. We would recommend the commitment be re-worded to include “co-regulatory schemes and voluntary industry initiatives.”

#### **Strengthen health literacy**

Paragraph 17 b) commits to increase efforts to ensure that consumer environments support healthy choices with transparent information and clear labelling, regulation of marketing and advertising and social media strategies. We fully support the call for the creation of health and nutrition promoting environments and social media initiatives aimed at educating consumers around nutrition, balanced diets and promoting healthy behaviours.

We also support the call for transparent information and clear labelling. The provision of nutrition information to consumers forms the cornerstone of any policy framework to address poor dietary intakes and to promote healthier eating habits. Helping consumers to make informed dietary decisions to meet their individual nutritional needs is a key element of IFBA’s commitment on nutrition information. We provide nutrition information using a variety of tools and media, including on-pack labelling, point-of-sale materials, company websites and social media apps. Product packages display the key nutrients of public health concern and by the end of 2016, will also display calories on the front-of-pack and wherever possible, the product’s contribution to an overall diet, including the percentage of the daily reference intake guidance for one or more key nutrients.

We would recommend nuancing calls for the “regulation of marketing and advertising” for two reasons. Firstly, we consider this statement to be overly broad as it fails to specify the goods or services subject to regulation. Secondly, while we recognize the implicit advantages of regulation when it comes to ensuring a level playing field across a whole industry, we also believe the ability to take a flexible approach to regulation provides significant advantages in responding to challenges. A range of policy

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<sup>4</sup> Ibid. 42

options – including industry-led self-regulation and co-regulatory approaches – also need to be considered and their benefits and costs assessed.

Self-regulation has its place in the policy mix – it is cost-effective, measurable, and flexible and can quickly respond to societal concerns. It has the ability to harness industry knowledge and expertise to address industry-specific and consumer issues directly. In countries where there is little capacity to develop regulations, monitor and enforce compliance, credible voluntary initiatives, like the IFBA Global Policy on Advertising and Marketing Communications to Children, which is in line with the policy objectives of the 2010 WHO *Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverage to Children*, (and which formally recognizes industry-led regulation as a policy option), represents a valid starting point and has proven to be successful.

Co-regulatory schemes, led by governments are increasingly emerging as a credible approach to setting standards for marketing to children and appear capable of delivering meaningful outcomes.

We recommend the commitment in paragraph 17 b) be re-worded to add “industry-led self-regulation and co-regulatory schemes.”

Paragraph 17e) commits to increase citizen’s access to information to support healthy choices and informed decisions on health, including strengthening health literacy in schools. IFBA members have a long and successful history of collaboration with Member States and civil society in community, school and workplace initiatives aimed at promoting nutrition education and increasing the understanding of the role nutrition, eating habits and physical activity plays in a healthy life. Supporting employees to get and remain healthy not only increases productivity but can also help to reduce health care costs and some of the burden on the public health system. Many employers, both public and private and including IFBA members, have realized the benefits of health promotion and are offering workplace health programmes. We believe commitment 17 e) can be strengthened by adding an initiative to increase health literacy in “workplaces.”

## **Transformative strategic approaches to support the SDGs through health promotion**

### **Whole of society engagement**

Paragraph 18. The 2030 *Agenda* is predicated on the fundamental principle of collaboration among governments, civil society and business. SDG 17 recognizes the importance of multistakeholder partnerships for mobilizing and sharing knowledge, expertise, technologies and financial resources to support the achievement of the SDGs. WHO and UN strategies recognize that the private sector is a key contributor to the public health agenda. However, the *Zero Draft Declaration* omits the private sector from the list of non-State actors that can contribute to health promotion - “Media, NGOs, academia and philanthropic organizations can contribute to health promotion.” We recommend that this sentence be re-worded to include “the private sector.”



Paragraph 19 b) commits to strengthen interaction between different sectors to support health promotion actions requiring engagement beyond the health sector. In order to give true meaning to the whole-of-society approach advocated by the 2030 *Agenda* and in paragraph 18, we recommend this commitment also include a commitment to strengthen interaction with non-State actors.

### **Transparency and Accountability**

Paragraph 20. We support the *Zero Draft Declaration* call for transparency and accountability. A commitment to these principles underpins our actions. We report publicly and annually on our progress, including commissioning a third party to monitor and report on our members' compliance with the IFBA Global Policy on Advertising and Marketing Communications to Children. We also believe that a systematic process for monitoring and evaluating the impact of health promotion initiatives is critical to assessing progress on the implementation of the SDGs.

Paragraph 22 c) commits to protect public health from any form of vested interest. We respect the need to safeguard public health from vested interests and undue influence. We believe that conflicts of interest can be managed by a comprehensive, robust and transparent disclosure system and a clear process to identify, manage and resolve these appropriately. For the sake of clarity, we would recommend adding additional language to this commit

ent to state that conflicts of interest will be managed in accordance with the provisions of the WHO *Framework of engagement with non-State actors* (WHA69.10) adopted by Member States in May 2016.

### **Call to action**

Paragraph 29 calls on the WHO to deliver a global strategy and action plan on health promotion covering the period until 2030. IFBA is committed to helping achieve the SDGs of ending hunger, achieving food security and improved nutrition and promoting good health and well-being for all. In the event the WHO determines it is in the best interest of Member States to develop an action plan for health promotion, we look forward to providing our industry expertise and experience in the hopes of making a meaningful contribution to the development of the plan.

15 October 2016