

**THE INTERNATIONAL FOOD & BEVERAGE ALLIANCE SUBMISSION ON THE  
WORLD HEALTH ORGANIZATION'S SECOND DISCUSSION PAPER (VERSION DATED 1 NOVEMBER 2013)  
DRAFT TERMS OF REFERENCE FOR A GLOBAL COORDINATION MECHANISM  
FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES**

The International Food & Beverage Alliance (IFBA) wishes to thank the World Health Organization on its constructive consultation session with the private sector on 15 August 2013 and the opportunity to provide comments on the second discussion paper for the draft terms of reference for a global coordination mechanism for the prevention and control of noncommunicable diseases.<sup>1</sup>

**General Comments**

We welcomed the adoption of the WHO *Global Action for the Prevention and Control of Noncommunicable Diseases, 2013-2020 (WHO Global NCD Action Plan)* as a concrete step towards reducing the incidence of NCDs globally and have pledged our support for the plan and the “whole of society” approach endorsed by Member States. We all share a common interest in finding a solution to this global problem and each of us has a unique contribution to make. This includes the development of a robust evidence base to support and validate the implementation of WHO policy.

Effective responses to noncommunicable diseases (NCDs) require multisectoral and multistakeholder support. We believe – and experience has shown - that collaborative partnerships represent one of the strongest and most cost-effective ways to address public health challenges. We have been working in collaboration with governments and NGOs on a variety of initiatives aimed at helping people the world over to achieve a healthy diet through reducing levels of salt, fats, sugars and calories in our products, as well as increasing levels of whole grain, vegetables and low-fat dairy in our products and in programmes aimed at reducing NCDs. We have learned that by including the private sector you are able to add valuable perspectives, help achieve scale; open the possibility of innovative finance mechanisms where public institutions are able to leverage private capital; provide leadership to encourage others to participate; and bring together different skill sets that can, hopefully, deliver a better and more effective outcome. We offer product innovation, consumer understanding and communication, R&D expertise, supply chain expertise and the potential positive influence on small and medium enterprises.

We welcome the establishment of a global coordination mechanism where stakeholders, including Member States, UN-affiliated agencies, nongovernmental organizations and the private sector, can contribute and take concerted action against NCDs.

**Specific Comments**

We support many of the changes that have been proposed in this second discussion paper and believe that these will help ensure a mechanism that will provide the means to mobilize and coordinate

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<sup>1</sup> IFBA is a group of eleven companies – The Coca-Cola Company, Ferrero, General Mills, Grupo Bimbo, Kellogg's, Mars, McDonald's, Mondelēz International, Nestlé, PepsiCo and Unilever – who share a common goal of helping people around the world achieve balanced diets and healthy, active lifestyles.

collaborative action among all stakeholders. However, the discussion paper does raise some concerns, particularly in respect of the provisions regarding accountability, participation and conflict of interest.

**Purpose (paragraph 3):**

We agree with the purpose of the global coordination mechanism as it is now specifically linked directly to coordinating the activities for WHO, Member States, international partners and the private sector set out in the WHO *Global NCD Action Plan* and the achievement of the nine voluntary global targets.

**Functions (paragraph 5):**

We also support the functions of the global coordination mechanism - advocating and raising awareness, brokering knowledge and information, encouraging innovation, promoting multisectoral action and promoting accountability. We wholly support the principles of transparency and accountability – these are the very principles that underpin the commitments to action our members made in 2008 in support of the WHO 2004 *Global Strategy on Diet, Physical Activity and Health*. We report publically and annually on our progress. While we are pleased to note the inclusion of a specific function on accountability, we are concerned that there is no mechanism for defining accountability. We are not advocating the creation of a new accountability mechanism as there are various models within the UN system which can provide guidance, but rather that they be harmonized. Furthermore, as we have stated previously, the same rules of accountability and transparency should apply equally to nongovernmental organizations and the private sector.

**Partners (paragraph 6):**

We are pleased to note the change from “Participants” to “Partners” which reinforces a partner-centric approach which we believe is critical to the success of the global coordination mechanism. However, we do wish to reiterate a concern we have raised previously in this consultation and in the consultation for the engagement of WHO with non-State actors. Participation in the global coordination mechanism is limited to non-State Actors, as defined in paragraph 15 of the WHO *Global NCD Action Plan*, “...including those that are demonstrably committed to promoting public health and are willing to participate in public reporting and accountability frameworks.” This characterization is very broad, lacks definition, is wholly subjective and may preclude responsible actors from participating based on non-relevant criteria.

The progressive type of multistakeholder action called for by the global coordination mechanism should be guided by the overarching goal of finding and implementing the most effective public health solutions. Rather than an approach of categorization and exclusion of certain stakeholders, the identification of “shared values” and principle of inclusiveness will better serve the best interests of public health. Ideally, it should be applied fairly and uniformly to all stakeholders who engage with WHO, whether nongovernmental organizations or the private sector. We believe that WHO needs the flexibility to engage with a diverse and broad range of non-State actors. A determination of whether or not to include a non-State actor should be made on a case-by-case basis.

**Overarching principles and approaches (paragraph 4):**

We support the four overarching principles and approaches in the discussion paper and would propose a fifth principle. Working together – achieving collaboration and collective impact – requires a systematic approach that focuses on the relationships between stakeholders, a sustained alignment of efforts based on an agreed set of actions and measured progress towards stated objectives. Building trust

among stakeholders is a first and critical step. WHO is in a unique position to leverage its convening role in order to bring all stakeholders – governments, UN, civil society and the private sector – together to develop such an approach. In addition to “facilitate[ing] engagement among Partners,” we believe that if we are going to make a difference in the fight against NCDs, we must create an atmosphere of trust and an environment conducive to effective collaborations serving common interests. Therefore, we propose including a fifth overarching principle and approach whereby the global coordination mechanism will seek to create a culture of engagement conducive to effective cooperation based on inclusiveness, openness, and shared values.

**Working groups (paragraph 9):**

We believe that the working groups represent an integral component of the structure of the global coordination mechanism. We are disappointed that recommendations provided by the private sector on working groups on salt reformulation, physical activity and innovation were not included. As the purpose of the global coordination mechanism is now inextricably linked to the set of actions outlined for stakeholders in the WHO *Global NCD Action Plan* and the realization of the nine voluntary global targets, in order to achieve these objectives, we recommend establishing working groups aligned to the nine voluntary global targets. For example, as the Pan American Forum for Action on NCDs established a multistakeholder working group, the SaltSmart Consortium – which we are proud to serve on - to realize PAHO’s commitment to reduce salt intake in the Americas to 5g/person/day by 2020 – we recommend the establishment of a working group on how to achieve the target of a 30% reduction in population intake of salt.

**Lifespan of a global coordination mechanism and evaluation (paragraph 16):**

We note that the lifespan of the global coordination mechanism is proposed to mirror the term of the *WHO Global NCD Action Plan* – from 2013 – 2020. However, we would recommend that, as the attainment of the nine voluntary global targets is a key purpose of the global coordination mechanism, that the term be extended to 2025 in line with the achievement date of the targets.

**Secretariat for a global coordination mechanism (paragraph 11):**

To reiterate a practical suggestion made during the informal dialogue on August 15<sup>th</sup>, as you consider how to manage on-going dialogues with non-State actors, it would be appreciated if the Secretariat could ensure inclusion of non-State actors in relevant WHO meetings, as a delegation or via webinars.

**Conflict of interest (paragraph 20):**

Paragraph 20 states that “Participation in a global coordination mechanism will be determined by the WHO Secretariat in accordance with existing and future operational procedures.” This language is very broad and while we assume this to mean that participation will follow WHO’s policy for engaging with non-State actors which is currently under development, we are concerned that as drafted it could easily be interpreted to mean a separate and different set of criteria. We would recommend that this be revised to ensure that participation will follow WHO’s policy for engagement with non-State actors. As mentioned previously, we believe the principles of such engagement should be balanced, inclusive and apply equally and uniformly to all stakeholders, whether nongovernmental organizations or the private sector.

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We support the need to safeguard WHO and public health from undue influence, reputational risks and conflicts of interest, and believe these can be effectively managed by a robust transparency and disclosure system based on a principle of full disclosure of real, perceived or potential conflicts of interest and a clear process to identify, manage and resolve these appropriately in an unbiased and timely manner.

8 November 2013