

**SUBMISSION BY THE INTERNATIONAL FOOD & BEVERAGE ALLIANCE
ON THE WORLD HEALTH ORGANIZATION DISCUSSION PAPER (DATED 26 JULY 2012)
“FOR THE DEVELOPMENT OF AN UPDATED ACTION PLAN FOR THE GLOBAL STRATEGY FOR THE
PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES COVERING THE PERIOD 2013-2020”**

The International Food & Beverage Alliance (IFBA) commends WHO for providing stakeholders, including Member States, NGOs and the private sector with the opportunity to submit comments to the online WHO consultation on the development of an updated Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases covering the period 2013 to 2020 (the 2013 to 2020 Action Plan). This type of collaboration is aligned with the United Nations’ call in the UN *Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases* (the *Political Declaration*), which in paragraph 33 calls for multisectoral action and for an appropriate role for the private sector, in paragraph 37.¹

The members of IFBA wish to provide both general comments and more specific comments on this discussion paper and specifically on the development and clarification of official WHO policy and the contributions the private sector can make towards the achievement of a 25% global reduction in premature mortality from NCDs by 2025.

IFBA is a group of ten of the world’s leading food and non-alcoholic beverage companies – The Coca-Cola Company, Ferrero, General Mills, Grupo Bimbo, Kellogg’s, Kraft Foods, Mars, Nestlé, PepsiCo and Unilever – who share a common goal of helping consumers around the world achieve balanced diets and healthy, active lifestyles. In May 2008, we made five global commitments to the WHO in support of the WHO 2004 *Global Strategy on Diet, Physical Activity and Health* (the 2004 *Global Strategy*), including commitments to reformulate and develop products that support the goals of improving diets, to provide fact-based nutrition information, to restrict the marketing of foods high in fat, sugar and salt to children, to promote balanced diets and active, healthy lifestyles, and to work in partnership with others to address global public health challenges.

GENERAL COMMENTS

1. Coherence and consistency with the *Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases* and official UN and WHO policies.

The purpose of the 2013 to 2020 Action Plan is to provide a roadmap for implementation of the commitments of the *Political Declaration*. However, there are a number of inconsistencies between the recommendations outlined in the discussion paper and the *Political Declaration*. For example, references to NCD “Best buys” policies (pgs. 3, 5-6) which are not included in the *Political Declaration* or

¹ Resolution A/RES/66/2

adopted by Member States; language that could be interpreted as a recommendation for taxation on food and/or non-alcoholic beverages which is also inconsistent with the *Political Declaration*. As a basic principle we would suggest that descriptions of NCD risk factors and interventions proposed to be included in the 2013 to 2020 Action Plan discussion papers and drafts should be consistent with the *Political Declaration* unanimously adopted by Member States in September 2011, and the WHO 2004 *Global Strategy* and the WHO 2010 *Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children* (the WHO 2010 *Recommendations on Marketing*) incorporated by reference in the *Political Declaration*.

2. Clarification on official WHO policy

Member States, civil society, NGOs and the private sector follow WHO as the global technical lead on sound public health. For this reason, it is necessary that WHO develop a system whereby official WHO policy, as adopted by the WHO governing bodies or its Guideline Review Committee, is clearly distinguishable from unofficial, informal or discussion documents. For example, the January 2012 *WHO Framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children* (the WHO 2012 *Framework*) was not developed, negotiated or approved by Member States as official WHO policy, yet is it published as a guidance or “how to” document with the imprimatur of the WHO. Despite legal disclaimers, many actors construe such documents as official WHO positions, approved by Member States or the Guideline Review Committee.

3. Objective, evidence-based and balanced policy development.

Given the unique global health role of the WHO, its analysis, policy advice and compilation of stakeholder inputs for the 2013-2020 Action Plan must be objective, evidence-based and balanced. Necessarily, it should also reflect implementation issues that can arise in diverse country contexts. Indeed, the discussion paper states that the 2013 to 2020 Action Plan should be a driving force for national action – flexible enough to be adapted and adopted by countries as a multisectoral national NCD action plan. It also acknowledges a “one size fits all” plan could pose a challenge given the wide disparities among countries in socioeconomic development, epidemiological transition and different starting points in terms of addressing NCDs. (pg. 15). WHO should continue to raise awareness of the need to act on NCDs as a critical issue and provide sound, technical advice on policy options on what WHO and Member States have acknowledged are complex and critical issues.

4. Support for interventions increasing physical activity.

We are pleased to see the discussion paper indicates there is strong evidence on the benefits of, and interventions for, increasing physical activity (pg. 6) to tackle the major risk factors for NCDs and would encourage more interventions on physical activity for all ages. If we are to prevent and control NCDs, then we must begin by inspiring and encouraging positive, active healthy behavior and habits early in life. Raising awareness of the importance of balanced diets and increased levels of physical activity is one of the five commitments IFBA members made to WHO in 2008. For many years IFBA members have

engaged in successful initiatives around the world at the global, regional, national and local level to inspire and encourage physical activity. Examples of our efforts may be found on our website and in our public, annual progress reports, also available on our website.² As stated in our submission to the WHO on the global monitoring framework and set of voluntary global NCD targets, we fully support the WHO's draft recommendation to include a global voluntary target for the reduction of physical inactivity.³

SPECIFIC COMMENTS

5. Sustainable financing. Fiscal policy options to finance NCD interventions and to reduce the "consumption of products harmful to health" are defined to "include taxation for products, such as tobacco and alcohol, and potentially for other products...". (pg. 6). We are concerned that this language could be interpreted as a recommendation for the effectiveness of raising taxes on food and/or non-alcoholic beverages. Member States should retain the right to set tax policy appropriate to their specific context and needs, consistent with the *Political Declaration*.

Paragraph 43 of the *Political Declaration* calls for the implementation of multi-stakeholder interventions, including "regulatory and fiscal measures, without prejudice to the right of sovereign nations to determine their tax policies...". While the *Political Declaration* cites taxes as an effective means to reduce tobacco consumption in paragraph 43(c), there are no references to raising taxes on food or non-alcoholic beverage products, nor any definition or classification of products "harmful to health." The "recommended best buys" in the WHO Discussion Paper, "Prevention and Control of NCDs: Priorities for Investment" do not include taxation on food and/or non-alcoholic beverages.⁴

It is in the interests of all stakeholders that public health policies be evidence-based and science-based. We assume these fiscal measures have been included for tobacco and alcohol as there is evidence-based science to demonstrate that they work. There is no such similar science or evidence for food products. Policy efforts to improve health should focus on making healthier options available, accessible and affordable. Food taxation is an ineffective policy intervention that does not address food poverty or improve consumer's access to healthier foods.

² www.ifballiance.org

³ To view IFBA's submission on the Second WHO Discussion Paper (dated March 2012) on a Comprehensive Global Monitoring Framework including Indicators and a Set of Voluntary Global Targets for the Prevention and Control of Noncommunicable Diseases, [click here](#).

⁴ WHO First Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control (Moscow, 28-29 April 2011)

6. Role of the private sector in a “whole of society” approach and conflict of interest.

We are pleased to see the discussion paper recognizes “collaborative efforts and alliances [as] essential components” of the 2013 to 2020 Action Plan and encourages public private partnerships and mechanisms to strengthen such programmes. (pgs. 12-13). The *Political Declaration* also recognized that an effective approach to the global challenge of NCDs requires a whole of society effort and the contribution the private sector can make. Paragraph 44 of the *Political Declaration* lists a set of recommendations for our industry. These are, in fact, the very actions that IFBA members have been undertaking voluntarily since 2004 and form the core of the five commitments made to WHO in May 2008.⁵

Paragraph 54 of the *Political Declaration* urged the WHO to engage in collaborative partnerships, “including the private sector and civil society,” where appropriate, “including to build community capacity...”. We are therefore concerned to see recommendations (pg. 14) that the 2013 to 2020 Action Plan “should highlight the role and importance of regulating [the private sector]...” and references to the “unregulated private sector” as a key constraint to effective action against NCDs. (pg. 7). On pg. 10, “a lack of regulations and guidelines for involving the private sector” is again cited as a key barrier to multisectoral action. The *Political Declaration* did not cite an “unregulated private sector” as a key obstacle to effective multisectoral action.

The 2013 to 2020 Action Plan also states that “in seeking the benefits of engagement with stakeholders, a primary concern is to avoid negative impacts arising from real or perceived conflicts of interest.” It goes further to say that conflicts of interest may arise when “business interests are not aligned with agreed public health goals.” (pg. 12). The discussion paper also recognized the need to identify ways in which the private sector could be part of the solution to addressing NCDs, “while safeguarding public health from any potential conflict of interest.” (pg. 15)

Highlighting the lack of “regulations and guidelines” only for private sector involvement makes it appear that WHO believes the private sector has an inherent conflict with public health interests. We all share a common interest in finding a solution to the global challenges of NCDs and all have a contribution to make. We believe collaborative partnerships represent one of the strongest and most cost-effective ways to address NCDs. Working together – achieving 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; followed by ensuring the appropriate processes and procedures are in place at the local level to manage potential concerns or issues among all stakeholders.

⁵ To view IFBA’s 2011 Progress Report, [click here](#).

7. The marketing of foods and non-alcoholic beverages to children.

Interventions proposed by WHO on the marketing of foods and non-alcoholic beverages to children for the 2013 to 2020 Action Plan should be consistent with the *Political Declaration* and the WHO 2010 *Recommendations on Marketing* which provide Member States a menu of policy options without prescribing a specific approach, acknowledging and respecting the role of Member States.

The WHO 2010 *Recommendations on Marketing* reflect a long and intensive two-year consultation process in which all stakeholders, including Member States, NGOs and industry participated. These were much discussed by Member States, carefully drafted by the WHO Secretariat and adopted by Member States. We would recommend that WHO exercise caution to ensure it does not inadvertently prescribe an overly narrow approach, such as specific regulatory limits or bans on the marketing of foods and non-alcoholic beverages to children which might be inferred from the WHO 2012 *Framework*, which as mentioned above has not been adopted by Member States. It is also inconsistent with the requirements of paragraph 43(f) of the *Political Declaration* which calls for a multistakeholder effort to promote implementation of the WHO 2010 *Recommendations on Marketing* and with paragraph 44(a) which indicates that this should be done “while taking into account existing national legislation and policies.” There is no “one size fits all” approach. The WHO 2010 *Recommendations on Marketing* included the type of policy options which IFBA has adopted and implemented globally with proven effect.

8. Specific actions that the private sector can contribute to the achievement of a 25% global reduction in premature mortality from NCDs by 2025.

The discussion paper acknowledges that the 2013 to 2020 Action Plan should be aligned to targets and indicators of the global monitoring framework and “provide direction” to countries so all can make a meaningful contribution to the overarching global target of a 25% reduction in premature mortality from NCDs by 2025. The discussion paper at pgs. 17-18 also asks what contributions the private sector can make towards achieving this goal with regard to:

- (i) the marketing of food and non-alcoholic beverages to children;
- (ii) reduction of salt in processed food;
- (iii) the elimination of industrially produced trans-fatty acids from the food supply, and
- (iv) other potential contributions.

IFBA members have developed and implemented strategies in each of these three areas; as follows:

- (i) The marketing of food and non-alcoholic beverages to children.

In 2008 IFBA member companies voluntarily committed to change how and what they advertise to children under 12 years of age and adopted a global policy covering television, print and internet

advertising in child-directed media. The policy provides minimum criteria for advertising and marketing communications that are paid for, or controlled by, IFBA companies in every country where they market their products.

Members commit either to only advertise products that meet specific criteria based on accepted scientific evidence and/or applicable national and international dietary guidelines (for example, CODEX Alimentarius created by WHO and the Food and Agriculture Organization of the United Nations (FAO), the U.S. Food and Drug Administration (FDA), the U.S. Institute of Medicine (IOM) and EURODIET, a project funded by the European Commission), or not to advertise to children under 12 years.

IFBA's global policy is designed to *reduce* the impact on children of the marketing of foods high in saturated fats, trans-fatty acids, sugars or salt and *increase* their exposure to foods and beverages compatible with a balanced diet and healthy, active lifestyle, and is in line with the aims of the 2010 WHO 2010 *Recommendations on Marketing*.

The policy is an evolving process and we continue to look for ways to enhance and strengthen it. At the end of 2011, IFBA enhanced the commitments to cover more television programming - the policy will now apply when 35% or more (more restrictive than the current 50%) of the audience is under 12 years of age; and to improve coverage in the online world by including all marketing communications on company-owned websites in addition to third-party websites.⁶

The voluntary actions by IFBA companies are helping to drive change in the marketplace. Impact monitoring data from Australia, Canada, the EU and the U.S. demonstrate a major reduction in the exposure of children to marketing communications for products high in fat, sugar and salt. Each year we engage a third party to monitor and verify compliance with our global policy. Since 2009, television advertising compliance rate has been above 93% in every market analyzed and the print and internet advertising compliance rate was at 100% in all three years.

The steps we have taken globally and on a regional basis have been acknowledged by policymakers - the U.S. Institute of Medicine recognized IFBA's work on marketing to children as an *"important step forward."*⁷ John Dalli, the EU Commissioner for Health and Consumer Protection, spoke out in favor of the EU Pledge, describing the changes to extend the pledge to cover more television programming and include company-owned websites as *"an important step in the right direction."*⁸

⁶ The new commitments have started to come into effect and members must ensure the policy is applied consistently at a global level by the end of 2012. PepsiCo may require until the end of 2013 to ensure global implementation.

⁷ The Institute of Medicine. *Promoting Cardiovascular Health in the Developing World: A Critical Challenge to Achieve Global Health*. (March, 2010).

Our voluntary industry responsible marketing initiatives were designed to complement regional and national regulatory initiatives to create a system which promotes marketing that is truthful and responsible. This approach is cost-effective and highly-adaptable to the unique needs and conditions of different nations, and is backed by transparent, independent monitoring, reporting and enforcement systems. We report regularly and publicly on our progress to WHO and on our website.

The IFBA global policy covers marketing communications directed to children by IFBA members in every market where their products are sold around the world. We also work with many local and regional food companies encouraging them to adopt responsible marketing practices in the form of pledges based on the core tenets of the IFBA *Global Policy on Advertising and Marketing Communications to Children*. Such local pledges now cover 46 countries.

(ii) Reduction of salt in processed foods.

Globally, IFBA members have reformulated or innovated tens of thousands of products since 2004 to provide better-for-you options, including several thousand products with lower or reduced sodium levels. Salt reductions have been achieved through recipe reformulations; the introduction of salt replacers, such as lower-sodium sea salt; and salt enhancements such as aromas, herbs and spices. For example: Kellogg's has had an active salt reduction programme in place in the EU since 1999 which to date has led to the removal of 50% salt in major cereal brands; since 2009 Kraft Foods has reduced sodium in its *DairyLea* cheeses by 25%, and also reduced sodium levels over the years in *Vegemite* by 20%. Unilever has achieved a 10-25% reduction in salt in powdered soups in Europe and South America since 2005. Grupo Bimbo has achieved a 20-30% reduction in salt levels in its bread portfolio in Mexico and the U.S. since 2008 and in 2009. General Mills has reduced salt levels in its *Old El Paso Dinner Kits* distributed in the EU by 23%, and in 2011, 54 products were reformulated in the U.S. achieving a reduction of at least 10% and five new lower-sodium products were introduced. Mars reduced sodium in its *Dolmio Taste of Italy* pasta sauces in Europe by 44%, and by the end of 2011, more than 50% of pasta sauces in the U.K. had met the U.K. Food Standard Agency's 2012 targets. PepsiCo India uses microlight salt to reduce sodium by 25% in *Lays Classic*; in the U.S., *Frito-Lay* reduced sodium levels in its flavored potato chips by an average of about 25% by reengineering seasoning systems in 23 plants; and in the U.K., PepsiCo's *Walkers* has reduced the salt in many of its crisps and snacks between 25% and 55% since 2004. Nestlé's *Maggi* new soups and bouillon range in Chile contain 50% less salt and the salt level in its' *Maggi* noodles in India has been reduced by 34%.

Notwithstanding the reductions made to date, IFBA members have publicly committed to continue their efforts to reformulate products and develop new products with lower or reduced sodium levels, but we cannot do it alone. Effective sodium reduction interventions must:

⁸ Remarks delivered on 29 November 2011 at a joint meeting of the EU Platform for Action on Diet, Physical Activity and Health and the High Level Group of EU member state health representatives in Brussels.

- Address *all* sources of sodium in the diet, not just the salt content in processed foods, and be implemented across the spectrum of the food industry and involve local producers – often the primary source of food sold, particularly in developing markets.
- Recognize that a “one size fits all” approach may not work
- Be supported by consumer education and media campaigns – we are committed to working with others to help raise awareness on this issue.
- Encourage all stakeholders, including health care professionals and NGOs to raise awareness and consumer demand for products with less sodium.
- Employ our core capabilities, including insights into consumer behavior and build on our continuing efforts on reformulation and development of new products.

IFBA works with governments at the national and local level to voluntarily reduce sodium in our products and provides leadership to encourage other food manufacturers at a national level to also reduce their levels of sodium – reducing alternatives helps to ensure overall consumer acceptance of lower sodium products.⁹

(iii) The elimination of industrially produced trans-fatty acids from the food supply.

As part of IFBA’s 2008 commitment to reduce key ingredients of public health concern from our products, trans fats have been virtually eliminated or significantly reduced in most products of IFBA members. Manufacturing processes have been designed which severely restrict the use of partially hydrogenated fats.

IFBA support the initiative to eliminate industrially produced trans fats from the food supply and work with governments to assist in these efforts. For example, FBA members are participating in the “Trans Fat Free Americas” agreement established by PAHO in 2008 and in the UK government’s “The Public Responsibility Deal,” a collaborative approach, established in March 2011 that aims to create an environment that can empower and support people to make informed, balanced choices that will help them lead healthier lives. Under the UK’s government initiative participating IFBA members each committed to the elimination of artificial trans fats in the form of partially hydrogenated vegetable oils by the end of 2011, and at the end of the year, each member had satisfied its target to remove all artificial trans fats from their products.

(iv) Other potential contributions by the private sector.

In addition to responding to the specific questions asked in the discussion paper on what contributions the private sector can make towards the achievement of the 2025 goals, IFBA members have also adopted policies and strategies to:

⁹ For more information on IFBA’s approach to sodium reduction, [click here](#).

INTERNATIONAL
FOOD & BEVERAGE
ALLIANCE

- provide fact-based nutrition information about their products to help educate consumers on making informed and healthy food choices and living active, healthy lifestyles. In November 2010, IFBA members adopted a set of “Principles for a global approach to fact-based nutrition labeling.” These principles provide that nutrition information be objective, fact- and science-based, emphasize the importance of the overall diet and encourage physical activity. In addition to provide information on product labels, IFBA members also provide consumers with practical health and nutrition information through a variety of media, including company websites which offer interactive tools for personalized coaching programs with nutritionists and health care professionals and online healthy menu planning and recipes. Social media apps with practical videos are complemented with help lines, email alerts, brochures and newsletters. IFBA members also sponsor and promote healthy eating awareness through community events and multi-media consumer education campaigns.
- support data collection and surveillance of relevant, non-proprietary nutrition data.
- support collaborative research in the field of malnutrition.
- engage in collaborative partnerships as mandated in the *Political Declaration*. As noted above, we agree that effective responses to NCDs require an “all-of-society” approach. We believe strategic alliances and collaborative partnerships represent one of the most cost-effective ways to address public health challenges. Experience has shown that working together we can make a difference. The discussion paper notes the success of partnerships in achieving the objectives of the 2008 to 2013 Action Plan and the increasing experience of global coalitions and networks to address NCDs, including the Pan American Forum for Action on NCDs (PAFNCD) (pg. 20). We applaud PAHO on the launch of PAFNCD, and are honoured to serve on the Interim Advisory Group of this platform.

7 September 2012