

**SUBMISSION BY THE INTERNATIONAL FOOD & BEVERAGE ALLIANCE ON THE  
WORLD HEALTH ORGANIZATION DISCUSSION PAPERS 1 and 2 (VERSION DATED  
19 MARCH 2012) ON EFFECTIVE APPROACHES FOR STRENGTHENING  
MULTISECTORAL ACTION FOR NCDs**

The International Food & Beverage Alliance (IFBA) commends WHO for reaching out to stakeholders, including the private sector, to obtain views on the development of options for strengthening and enhancing multisectoral action for the prevention and control of NCDs through effective partnerships. In particular, IFBA commends WHO for recognizing the importance of multisectoral action and the value of partnerships for the prevention and control of NCDs.

The WHO Discussion Papers provide a very useful review of the issues impacting the development of effective multisectoral actions, and starts an important discussion on ways to strengthen multisectoral action through partnerships, whilst supporting the principle of a whole-of-society approach to address NCDs as endorsed by Member States in the adoption of the *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (A/RES/66/2)* (the *Political Declaration*). This is an extremely important principle, fully endorsed by IFBA.

The objective of this paper is to provide our comments on WHO Discussion Paper 1 (version dated 19 March 2012) on “Effective approaches for strengthening multisectoral action for NCDs,” and WHO Discussion Paper 2 (version dated 19 March 2012) on “Lessons-learned from existing multisectoral partnerships that may inform the global response to NCDs,” and specifically on the proposed actions and opportunities for contribution by the private sector. Our comments, provided below, intend to support the development of sound public policy, which, in turn, we believe will support sound business practice.

The International Food & Beverage Alliance (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 a commitment to support public-private partnerships that support the 2004 *Global Strategy*.

## **GENERAL COMMENTS**

**Whole of society approach and whole of government approach.** The *Political Declaration* correctly calls for a “whole-of-society approach,” to the challenges posed by the increasing prevalence of NCDs

and recognizes the important role and contribution the private sector can make – which the WHO Discussion Papers fully endorse. Thank you. WHO Discussion Paper 1 states, “Managing complex multisectoral and multistakeholder interactions is critical for effective action for NCD prevention and control. This includes engagement with the private sector, which has a critical role to play in efforts against NCDs.” (pg. 14, 3<sup>rd</sup> paragraph). Annex 1 states, “Achieving multisectoral actions and whole-of-government/whole-of-society efforts requires innovative approaches to governance, policy-making and partnering.” (pg. 5, 2<sup>nd</sup> paragraph). We agree with both of these statements, but note with some concern that the discussion papers appear to focus primarily on a whole of government approach, rather than a whole of society approach. The discussion papers suggest considerable attention has been paid to identifying tools and strategies governments may adopt in a health-in-all-policies or whole of government approach with little effort spent on considering joint efforts to develop innovative approaches to partnering. This suggests a very limited interpretation of paragraph 64 of the *Political Declaration*. We recommend the approach be broadened to include a coordination of cross-sector efforts rather than a series of isolated actions for key stakeholders.

**Effective multisectoral and multistakeholder strategies.** We agree that effective responses to NCDs require multisectoral and multistakeholder support, and believe collaborative partnerships represent one of the strongest and most cost-effective ways to address public health challenges. We also believe the collective impact of industry, government and civil society is exponentially greater than the efforts of any single stakeholder. The WHO 2004 *Global Strategy on Diet, Physical Activity and Health* recognized this, and experience has shown that in acting together we can make a difference. The OECD has said that cooperation between governments and the food industry is the single most critical link in the adoption of a multistakeholder approach.<sup>1</sup> Recently, Dr. Margaret Hamburg, Commissioner of the U.S. Food and Drug Administration, said,

*“It is clear that meaningful strategies require multifaceted approaches and require the engagement of partners across disciplines, across sectors...if we’re going to make a difference, we have to make sure we are very clear about our goals and define a strategy to address them, and then we work together to make it happen.”<sup>2</sup>*

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

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<sup>1</sup> OECD. *Obesity and the Economics of Prevention: Fit not Fat*, (OECD Publishing, 2010), 235

<sup>2</sup> Speaking at a panel discussion, “Working Together: Collaborating to Fight NCDs,” hosted by IFBA, The Business Council for the United Nations and the United Nations Foundation, 19 September 2011. <https://www.ifballiance.org/sites/default/files/IFBA%20Transcript%20of%20Panel%20Working%20Together%20-%20Collaborating%20to%20Fight%20NCDs%20%28September%202011%29.pdf>

and measured progress towards stated objectives.<sup>3</sup> Building trust among stakeholders is a first and critical step. The WHO is in a unique position to leverage its convening role in order to bring all stakeholders – governments, civil society and the private sector – together to develop a joint approach, capitalizing on the core strengths of each sector and stakeholder coordinating with the actions of others, to generate a collective impact initiative necessary to address the prevention and control of NCDs. We understand the important and unique role our industry has to play in addressing NCDs and have committed to do our part through product innovation and reformulation, nutrition education, restrictions on marketing to children, workplace wellness programmes and by convening partners and leveraging our core capabilities – our innovation capacity, supply chain logistics, consumer insights and marketing expertise to promote balanced diets and increased physical activity.

**Evidence-based policy development.** It is in the best interests of all stakeholders that public health policies be evidence-based, science-based and measureable. The development and implementation of sound public health policy by governments cannot successfully be undertaken without evidence and technical input from the private sector. NCDs are not confined to the public sector, so the private sector can be part of the solution and play a role in the evidence gathering, analysis, development and implementation of sound public policy to prevent and control NCDs.

**Alignment of interests as opposed to conflict of interest.** The argument is often made that there is a fundamental conflict of interest between the public health and private sectors. But as WHO Director-General Dr Chan stated at the WHO Global Forum in advance of the Moscow Ministerial Conference in April last year, “everyone has interests.” We understand there may be competing interests and governance concerns, however, we all share a common interest in finding a solution to this global problem and all have a contribution to make. We need to determine how we can all take on this responsibility and accountability effectively. The focus should be on the alignment of interests, within a national policy framework, led by governments. Ensuring the development and implementation of a whole of society approach requires the engagement of *all* stakeholders and the alignment of interests.

**Global coordination.** We support the approach for evidence-based, cost-effective, population-wide and multisectoral interventions which allow governments the flexibility to adopt initiatives that reflect unique national circumstances and priorities. However, we believe that these efforts can be strengthened and enhanced if there is also an effort towards global coordination. A global coordination effort should include all stakeholders and the full spectrum of sectors.

**Integrated solutions.** We cannot separate the issues of NCDs from food insecurity, climate change, the profound changes in agriculture, or the challenges facing the food industry from improving global

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<sup>3</sup> Kania, J. and Mark Kramer, “Collective Impact,” *Stanford Social Innovation Review*. (Winter 2011, 36-41). The authors define collective impact as “the commitment of a group of important actors from different sectors to a common agenda for solving a specific social program.”

nutrition. Further progress in the prevention of nutrition-related chronic disease depends on collaborations across multiple sectors for the effective development and distribution of packaged foods. WHO Discussion Paper 1 builds on the whole of government principle espoused in the *Political Declaration* and refines it to ensure that NCDs receive appropriate cross-sectoral responses. We believe the approach can be further strengthened with recommendations on how to foster joint work across sectors, and particularly for those beyond health. For example:

- policies to virtually eliminate trans fat and move to healthier oils where possible, such as high-oleic sunflower, cannot be undertaken by the food industry without the engagement of the agricultural sector;
- the globalization of trade has a role to play in preventing NCDs, as trade is a key market enabler, contributing to improved access to food supplies. At a time when the world is facing food and grain shortages, we need to look at opening trade channels, not closing borders. Open and well-functioning markets are essential to allow for the transfer of knowledge and more investment in agriculture. The recent G20 declaration recognized the important role that international trade can play in improving food security;<sup>4</sup>

## SPECIFIC COMMENTS

### **WHO Discussion Paper 1: Effective approaches for strengthening multisectoral action for NCDs**

**Proposed actions for the private sector.** We agree with many of the proposed actions for the private sector set out in consultation issues 1 – 7, including the actions included in paragraph 44 of the *Political Declaration*. These, are in fact, the very actions that IFBA members have been undertaking voluntarily since 2004, and are the core of IFBA’s five commitments made to WHO in May 2008. (See Annex 1 for a description on how IFBA members are implementing these actions).

**Proposed wording changes and/or clarification.** We note throughout the document, there are references to the marketing of “unhealthy” foods. To avoid any confusion, we propose that this language be changed to reflect the language adopted by Member States in May 2010 in the WHO *Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children*, (WHA63.14) as “foods high in saturated fats, trans-fatty acids, free sugars, or salt.”

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<sup>4</sup> Cannes Summit Final Declaration, “Building Our Common Future: Renewed Collective Action for the Benefit of All.” (4 November 2011)

## **Consultation Issues 1 – 7**

### **Issue 1: Achieving whole of government action**

Re: Proposed actions for the private sector:

- Consider including NCD-related activities in corporate philanthropy.

We propose removing this specific action for the following reason. NCD-related activities should form part of a company's business model, and not be siloed in corporate philanthropy, where its impact is limited. These activities should form part of the shared value a company provides in the marketplace and in communities through its sustainability initiatives. For IFBA, healthy communities lead to healthy businesses. It is an inherent conflict of interest not to act in support of a healthy populace for unhealthy consumers do not purchase our products.

### **Issue 2: Political leadership**

Given the broad array of diseases and illnesses which constitute NCDs, we would suggest WHO and Member States should focus on the four main NCDs, cardiovascular diseases, diabetes, cancers and chronic respiratory diseases and their related risk factors, as well as the WHO "best buys," set out in Table 1, pg. 2 in prioritizing the work of whole of society approaches to combatting NCDs.

Re: Proposed actions for Member States:

- Recognize "the "community domain" in all health policies – i.e. that civil society, the general public and the private sector need to have a voice in setting NCD policy for a country – and create platforms for engagement. Encourage social movements for NCD prevention and control.

The proposed action recognizes that the private sector needs to have a voice in setting NCD policy. We propose a specific action be added for WHO and Member States, to develop, in cooperation with the private sector, specific rules of engagement that will support this action.

### **Issue 3: Responsible stewardship and conflict of interest**

**Proposed wording changes and/or clarification.** Pg. 14, last paragraph. There is a list of actions that WHO and others have explored to avoid real and perceived conflicts of interest and to promote engagement, including, to:

- "Support scientific evidence-based interventions." We would emphasize this and reiterate all interventions and monitoring and evaluation efforts be science- and evidence-based.

- “Distinguish between “scientific exchanges” and information sharing from policy dialogues and decision-making, and ensure appropriate governance for each.” We would recommend that this statement be clarified.

Re: Proposed actions for Member States:

- Develop guidelines and codes of conduct for engagement with NCD stakeholders.

Re: Proposed actions for the WHO Secretariat:

- Clarify and disseminate WHO approaches to engaging the private sector, incorporating all existing due diligence, to support NCD goals and related multisectoral action.

We propose that all of these actions be enhanced with a specific action for Member States and WHO to develop rules of engagement for the private sector and civil society, in collaboration with both the private sector and civil society. We believe successful global and national responses require innovative thinking and collaborative efforts based on the core strengths of each stakeholder. The *Political Declaration* and WHO Discussion Papers 1 and 2 recognize the role the private sector has to play in efforts against NCDs. However, our inclusion in the public policy debate and development of a strategy to address NCDs is precluded by a lack of standing and a perceived conflict of interest. The private sector, including IFBA, does not have a proper forum for engagement with WHO and Member States. WHO and Member States must find a creative way to engage constructively with the private sector, in order to tap into the expertise, experience and resources we bring to the table. There are precedents which can be used. The UN and business community have a long history of working together. Principles for engagement have been adopted by FAO, the UN Standing Committee on Nutrition and the International Union of Nutritional Sciences.

Re: Proposed actions for civil society:

- Ensure an independent voice for accountability.
- Consider use of codes of conduct to manage conflict of interest.

The discussion paper references the role of civil society as one of “accountability” and one of “codes of conduct to manage conflict of interests.” In any true partnership, accountability is shared by all parties and should be concentrated in national governments as the leaders in any national policy framework. To assign this responsibility solely to civil society is counterproductive to any meaningful partnership and limits the sovereign rights of Governments to play its role in policy setting and implementation.

Re: Proposed actions for the private sector:

We propose adding two new actions. The first as a mirror image to the proposed action for Member States and the WHO Secretariat for the private sector - to develop, in collaboration with Member States and WHO, the rules of engagement for the private sector. The second – to share best practices from

workplace wellness programmes. We believe greater emphasis should be placed on the role of companies as employers in combatting NCDs. The reach we have, not only to our workforce, but, by extension, to their families should not be underestimated. IFBA companies collectively employ more than 1.2 people, and all have workplace wellness programmes in place – many of which extend to families.

#### **Issue 4 – Sustainable financing for addressing NCDs**

Pg. 16, 1<sup>st</sup> paragraph. We note an inconsistency in the 1<sup>st</sup> sentence of this paragraph in the call for the implementation of “a core set of NCD interventions require[ing] predictable, sustainable short-term financing,” with the following sentence which states “countries should explore the provision of adequate, predictable, and sustained resources to implement...” We believe the intention is to ensure reliable and ongoing financing for addressing NCDs, and in that event, propose that in the 1<sup>st</sup> sentence, “sustainable” be changed to “sustained” and/or “short-term” be changed to “on-going.”

Pg. 16, 2<sup>nd</sup> paragraph. In the 1<sup>st</sup> sentence of this paragraph, fiscal policy options are defined to include taxation for alcohol and tobacco products, and potentially for foods that are unhealthy. We propose the phrase “potentially for foods that are unhealthy” be deleted. We reiterate our earlier comment that all interventions be science- and evidence-based. They must also be appropriate for the sector. As WHO Discussion Paper 2 states, the foundation for achieving NCD prevention and control at country level are the global voluntary NCD targets being developed by WHO and cost-effective “best buy” interventions.<sup>5</sup> The “best buys” do not call for fiscal measures on foods, only on tobacco and alcohol products. 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.

Re: Proposed actions for the WHO Secretariat

Further to our comment in the preceding paragraph, we propose amending the last bullet point as follows:

- Collate **science- and evidence-based** best practices of **alcohol and tobacco** taxation models and widely disseminate.

#### **Issue 7 – Promote development and use of impact assessment methods to monitor and evaluate multisectoral action**

Re: Proposed actions for the private sector:

- Provide access to data for monitoring commitments to the Political Declaration on NCDs.

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<sup>5</sup> II Background: Advancing multisectoral actions through partnerships, 2

The legality of this proposed action is of potential concern as it requests information that may be proprietary or confidential, and/or the provision of which may violate WTO conventions and competition law. We propose amending this as follows:

- Provide access to **industry and/or third-party reports** for monitoring commitments to the Political Declaration on NCDs.

**WHO Discussion Paper 2: Lessons-learned from existing multisectoral partnerships that may inform the global response to NCDs**

**Question 1. Global Response: Given the realities of the problems of NCDs, the demands of the NCD pandemic, and lessons learned from other partnerships: a) what gaps and challenges should global partnerships target as priorities?**

The discussion paper lists a number of areas as “urgent to underpin a Member State-led global response to NCDs at the national, regional and global level, including: need for sustainable financing mechanisms; whole of government approaches; access to essential medicines and technologies; political leadership; stewardship; and sustainable workforce.” Noticeably absent from that list is “whole of society approaches.” We repeat our earlier comments. Effective multistakeholder actions and partnerships require a whole of society approach and the participation of all key stakeholders, including the private sector.

We would suggest WHO and Member States focus on the four main NCDs and their related risk factors, as well as the WHO “best buys,” set out in Table 1, pg. 2 in prioritizing the work of whole of society approaches to combatting NCDs.

**Annex 2**

Re: Recommendations for the private sector:

We propose including the same recommendation for the private sector as included for civil society.

- NCD fora/alliances at global, regional and national level for advocacy, resource mobilization, accountability and sharing of good practices

Re: Recommendations for the WHO Secretariat:

- Create a multistakeholder coordination platform mandated to further:

We believe that effective partnerships based on multisectoral and multistakeholder actions must include the involvement of all key stakeholders in both the development and implementation of strategies to address NCDs. IFBA has undertaken a number of actions voluntarily in support of the 2004 *Global Strategy*, and has a vested interest and should be included in the multistakeholder coordination platform.

- Create a multistakeholder coordination platform mandated to further...technical support and best practice sharing.

We propose an amendment this to include not only best practices, but also practices that have not succeeded. There is also much to be learned of failed interventions and those should be shared lest they be repeated.

**Question 2. National Response: There are many examples of in country partnerships, coalitions and networks for non-communicable diseases. What success stories from your country could be replicated or adapted for other countries?**

IFBA members have a long and successful history of collaborating with governments, the academic and scientific communities, NGOs and civil society around the world. The collaborative partnerships we have at global, regional, national and local levels are wide-ranging and employ a range of different models to achieve a diversity of goals. They include the funding of public health research; trans fat and sodium reduction interventions; school, community and workplace initiatives aimed at promoting nutrition education, physical activity and the adoption of healthy lifestyles; programmes for reducing the prevalence of childhood obesity; projects providing health care in disadvantaged communities, fighting malnutrition and feeding hungry children.<sup>6</sup> For example,

### **1. Promoting better nutrition and physical activity**

**India: Get Active.** Education is often a privilege rather than a right for the children of India. For lower-class Indian children, education is neither consistent nor secure. The Swashrit Society is a national charity, with a mission to educate children for a better tomorrow. Focused on empowering youth by providing them with literacy, education and awareness programs to create better health, the organization works to provide the underprivileged with equal opportunities of learning in the formative years and engage students of public and private schools in various health education initiatives. In 2006, PepsiCo partnered with the Swashrit Society, Hriday and the Indian Dietetic Association to launch the *Get Active* project, a school-based edutainment program with a central objective – “to raise awareness on the importance of balanced nutrition and regular physical activity for a healthy lifestyle among

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<sup>6</sup> IFBA 2009-2010 Progress Report, 53-81

[https://www.ifballiance.org/sites/default/files/IFBA\\_Progress\\_Report\\_2009-2010.pdf](https://www.ifballiance.org/sites/default/files/IFBA_Progress_Report_2009-2010.pdf)

children.” Since its launch Get Active has reached more than 3.5 million in 477 schools in 12 cities across India – Amritsar, Baroda, Chandigarh, Chennai, Delhi, Ghaziabad, Gurgaon, Kolkata, Kottayam, Ludhaina, Mumbai and Noida.

**Northeast Brazil: Health in Action.** In January 2010, IFBA member, Kraft Foods partnered with INMED Partnerships for Children (INMED) to deliver a school-based health and nutrition program to youth in Northeast Brazil. The three-year program, called *Health in Action*, will reach 675,000 people - including over 160,000 school children (ages 5 – 14) who learn about the importance of good nutrition, physical activity, basic hygiene and sanitation. The children also actively manage school gardens to provide an ongoing sustainable supply of fresh of produce for the school and surrounding communities. *Health in Action* operates across three states in eight cities including: Curitiba, Piracicaba, Recife, Vitória de Santo Antão, Moreno, Chã de Alegria, Jaboatão dos Guararapes, and Bauru. As of today, the program has reached over 116,000 students across more than 400 schools. 76 schools have established gardens, with a planned 100 school gardens in total by the end of 2012. Working closely with the local and regional Departments of Health, INMED has trained over 4,200 volunteer community health agents (CHA) in nutrition, food safety and oral health. The CHAs are vital to linking families with the public health system. In spring 2011, INMED incorporated additional opportunities for physical activity into the program. With the “Bate-Bola” program, a youth sports program, INMED is working to promote and encourage healthy habits through high quality sports and physical education in schools. The program will reach over 650 students in the first year.

**Europe: Kinder + Sport.** Building on years of sponsoring local sports teams and sports events, Kinder + Sport project was launched in 2005 in Italy, with a mission to promote and support healthy lifestyles among children and young generations through the encouragement of everyday sports and physical activity. The project is built on a partnership model – collaborations are established with national and International Sports Federations, Olympic Committees and Sports Centers to promote physical activity, organize sports events and supply sports equipment in order to help kids to “move” and practice more sports. In 2011, the project reached approximately 2,500,000 children (6-18 years of age) across Europe - in Italy, Austria, Belgium, Croatia, the Czech Republic and Slovakia, France, Germany, Hungary, Luxembourg, Poland, Portugal, Russia, Slovenia, Spain and Switzerland, and more than 2,500 children outside Europe – particularly in China, Brazil and Mexico.

**Turkey: Akillica tatli yemenin sirlari.** Studies have shown that the Turkish community in Germany is a high-risk group for obesity. The education initiative, “Akillica tatli yemenin sirlari,” set-up by Mars in 2009 in cooperation with TDG e.V., was extended in 2010 to provide a wider range of tailor-made consumer information to the Turkish community, for example, the activation of a health and nutrition messaging strategy via Turkish media channels and a dedicated website, the running of health and nutrition workshops for mothers in cooperation with the insurance fund AOK Hessen and TDG e.V. under the patronage of the Minister of Integration of the state of Hessen. The goal is to actively support

parents in making wise-snacking decisions for their children and to improve family life towards an active lifestyle.

## 2. Reducing childhood obesity prevalence.

**Global: EPODE (Ensemble, Prévenons l'Obésité Des Enfants – Together Let's Prevent Childhood Obesity).** EPODE is a world-renowned methodology in childhood obesity prevention with 20 years of experience and encouraging results in the large-scale reduction of childhood obesity prevalence. EPODE's methodology is based on community based interventions aimed at changing the environment and behaviors of children, families and local stakeholders with the ultimate goal of promoting healthy lifestyles in families in a sustainable manner. IFBA members, Ferrero, Mars and Nestlé are sponsors of the EPODE methodology and support programs in a number of European countries through the EPODE European Network (EEN). The Coca-Cola Company and Nestle are founding global private partners for the EPODE International Network (EIN). The objective of EIN, which was announced at the United Nations High-Level Meeting on Non-Communicable Diseases in New York in 2011, is to build international capacity and capability for sustainable EPODE programs in communities around the world. At the same time, there is a global need to build more scientific evidence and collaborate across all stakeholder groups including academia, health professionals, consumer groups and political and institutional leaders. The EPODE methodology is global, present on three continents, implemented in more than 8 countries, 500 cities and more than 20 million people are involved. By 2015 EIN aims to involve more than 20 new countries on six continents, including 40 large-scale community-based interventions and involve more than 400 million people worldwide.

**United States: The Healthy Weight Commitment.** The Coca-Cola Company, General Mills, Kellogg's, Kraft Foods, Mars, Nestlé, PepsiCo and Unilever are founding members of the Healthy Weight Commitment Foundation (HWCF), a multi-year effort to reduce obesity in the U.S.A., especially childhood obesity, by 2015. Launched in October 2009 with 41 food companies, trade associations and NGOs, today the coalition numbers more than 195 retailers, food and beverage manufacturers, restaurants, sporting goods companies and professional sports organizations, insurance companies, trade associations and NGOs, committed to promote ways to help people achieve a healthy weight through energy balance – calories in and calories out. This innovative partnership pursues its mission focusing on where Americans spend the majority of their time – in the marketplace, the workplace and in schools – as well as through broad public education. In May 2010, participating food and beverage companies also pledged to reduce annual calories in the marketplace by 1.5 trillion by the end of 2015. Participating companies have also committed to making changes in the workplace by helping employees develop and maintain healthy lifestyles and to supporting schools by sponsoring programs, tools and resources to help children build healthy lifestyles. In April 2011, HWCF launched a public education campaign, *Together Counts*, on a social media platform which promotes the advantages of family meals and encourages families to eat more meals together engage in and physical activity together. The

campaign is focused on children, age six to eleven and provides online tools to track progress. By the end of 2011 the campaign had reached more than 70 million consumers. The schools platform, *Energy Balance 101 (EB 101)*, developed by the Healthy Schools Partnership (formed by the American Council on Fitness and Nutrition, the Academy of Nutrition and Dietetics and PE4life to deploy registered dietitians and PE4 teachers to combine nutrition and physical education to teach energy balance), promotes wellness by providing energy balance resources including a free online curriculum, lesson plans and toolkits. Focused on children in grades K – 5, *EB 101* had been utilized by more than 100,000 teachers by the end of 2011. HWCF, together with an external evaluator, the National Business Group on Health, developed the *Workplace Wellness Scorecard* to provide best-in-class solutions for employee programs.

### **3. Helping increase consumers' use and understanding of nutrition facts.**

**Canada: The Nutrition Facts Education Campaign.** Industry and government have been actively engaged in increasing nutrition facts table literacy. In support of the Government of Canada's on-going commitment to promote healthy eating by helping Canadians make more informed nutrition choices, IFBA associate member FCPC and 34 companies, including IFBA members, The Coca-Cola Company, Ferrero, General Mills, Kellogg's, Kraft Foods, Mars, Nestlé, PepsiCo and Unilever partnered with Health Canada in the fall of 2010 on the *Nutrition Facts Education Campaign*. This multi-media campaign focuses on increasing understanding of the nutrition facts table, and in particular the % Daily Value, and explains how Canadians can use this information to make healthier choices. The campaign includes a multi-faceted approach with messaging on food packages, in store and in national media (print, television and online) on how to read labels and eat healthy. It also directs consumers to Health Canada's educational website, and online interactive tools, including shopping tips. In the first year of the campaign, messaging was placed on more than 300 million units of products.

### **4. Promoting heart health.**

**Global: Heart Age.** For more than two decades, Unilever has helped encourage consumers and health care professionals to reduce excess saturated fat in their diet through education programmes. In 2009, Unilever and the World Heart Federation launched *Heart Age*, an online tool that calculates an individual's heart age in comparison to their chronological age. Based on the well-established Framingham Risk Score, it uses standard risk factors for heart disease or stroke – such as age, Body Mass Index, cholesterol, blood pressure and smoking – to estimate an individual's Heart Age. Supported by a 12-week online Heart Health Plan providing tailored advice to help guide and motivate people to make positive diet and lifestyle changes to reduce their heart age. The goal of the initiative is to reduce elevated heart age by an average of three years for those who follow the recommended diet and lifestyle plan. More than 5 million people have taken the Heart Age test since its launch.

## 5. Supporting health care professionals

**Global: Exercise is Medicine (EIM).** This initiative, which is supported by The Coca-Cola Company, encourages primary care physicians and other health care providers to include exercise when designing treatment plans for patients. EIM strives to make physical activity a “vital sign” and believes it is integral to the prevention and treatment of chronic diseases and should be regularly assessed as part of medical care. Because the benefits of exercise do not stop at country borders, EIM has developed six regional centers to enable all countries to learn about, implement and benefit from the EIM programme. The six regional centers include: North America, Latin America, Africa, Australia, Europe and Asia. EIM is present in 30 countries.

**Canada: The Canadian Association of Cardiac Rehabilitation (CACR).** Kellogg’s is a sponsor and partner for the past 12 years of CACR. CACR is a multi-disciplinary association of healthcare professionals dedicated to providing leadership in clinical practice, research and advocacy in cardiac disease prevention and rehabilitation for the enhancement and maintenance of cardiovascular health of Canadians.

## 6. Helping build a sustainable food supply chain in developing countries.

**Africa: Partners in Food Solutions.** This initiative is helping African countries build a sustainable food supply and a more secure future through innovative, knowledge-sharing partnerships. Founded by General Mills in 2009, the goal of the initiative is to improve the ability of African companies to produce nutritious, affordable food and increase demand for the crops of small farmers who supply them. The initiative links volunteer employees at General Mills and other U.S.-based food companies and associations to small and medium-sized mills and food processors. Partners in Food Solutions offers expertise in areas such as: determining the best nutritional mix based on local ingredients; developing locally sourced new products; designing facilities and food processing systems; creating high-performance packaging; improving quality, safety and food processing procedures; and improving marketing, distribution and other aspects of getting products to end-consumers. The model allows for a remote knowledge exchange between U.S.-based food companies and associations and their partners in Africa. Projects are currently underway in Kenya, Malawi, Tanzania and Zambia.

## 7. Population-based initiatives to promote healthy lifestyles.

**Mexico: Alianza por una Vida Saludable.** Launched in 2005 with the objective of combining the efforts of the food and beverage industry with other public and private institutions to generate and support actions to promote the adoption of healthy lifestyles among the Mexican population. AVZ partners represent a large part of the production, distribution and processing food chain as well as media and academia, and include: ConMéxico (Mexican Council of the Consumer Products Industry), the National

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Association of Convenience Stores (ANTAD), the Confederation of Industrial Chambers of the United Mexican States (CONCAMIN), the National Agricultural Council (CNA), the National Chamber of the Restaurant Industry and Spicy Foods (CANIRAC) and the Mexican Foundation for health (FUNSALUD). To fulfill its commitment to provide consumers the highest quality, providing consumers with useful and timely information and promote healthy lifestyles, the food industry has established five actions: 1) Extension of product portfolio (including a reformulation of products and/or development of new alternatives by reducing or replacing sweeteners, fats and salt, development of high fiber foods including whole grains and other functional properties, diversification of portion sizes, incorporation of new technologies for conservation and food freshness and to potentiate its attributes - while respecting the identity and originality of the food categories and recognizing customer preferences in taste, texture and convenience; 2) continue to responsibly market to children (based in self-regulatory mechanisms established in the private sector); 3) optimize consumer information channels (advertising, labeling and point of sale, among others); 4) develop massive and specific campaigns to promote healthy lifestyles, focusing on two concepts: awareness of self-health care and creating incentives to do so; and 5) establish and strengthen strategic alliances with key actors: parents, teachers, other private sector organizations, media, etc.

**Annex 1**  
**Actions undertaken by IFBA**

The *Political Declaration* recognized the contribution and important role the private sector could play in addressing global health challenges. As leaders in our industry, the steps we have taken since 2004 – and those we have further committed to take - are progressive and proving very effective as part of the broader efforts on NCDs and obesity. These efforts have been acknowledged by WHO, OECD, the U.S. Institute of Medicine, the CARICOM Council on Human and Social Development and others. WHO Discussion Paper 1 proposes certain actions for the private sector, including implementation of the actions included in paragraph 44 of the *Political Declaration*. These, are in fact, the very actions that IFBA members have been undertaking voluntarily since 2004, and are the core of IFBA's five commitments made to WHO in May 2008.<sup>7</sup>

**44 (a) Take measures to implement the WHO set of recommendations to reduce the impact of the marketing of unhealthy foods and non-alcoholic beverages to children, while taking into account existing national legislation and policies;**

In 2008, IFBA members 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. This policy, which is in line with the aims of the 2010 WHO *Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children*, 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. At the end of 2011, IFBA enhanced the commitments to cover more television programming and to improve coverage in the online world by including all marketing communications on company-owned websites.

While the IFBA global policy covers marketing communications directed to children by IFBA members in every market where their products are sold around the world, there are many regional and local food companies that do not belong to IFBA. To encourage these companies to follow our lead, regional and national pledges, based on the core tenets of the IFBA Global Policy on Advertising and Marketing Communications to Children have been launched around the world. Pledges now cover 46 countries including the 27 countries of the European Union, the six countries of the Cooperation Council for the Arab States of the Gulf, Australia, Brazil, Canada, India, Mexico, Peru, the Philippines, Russia, South Africa, Switzerland, Thailand, Turkey and the U.S.A.

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<sup>7</sup> IFBA 2009-2010 Progress Report. [https://www.ifballiance.org/sites/default/files/IFBA\\_Progress\\_Report\\_2009-2010.pdf](https://www.ifballiance.org/sites/default/files/IFBA_Progress_Report_2009-2010.pdf)

IFBA's global policy is part of a global framework for responsible marketing communications developed by the industry, designed to complement regional and national regulatory initiatives to create a system which promotes marketing that is truthful and responsible. The approach is cost-effective, adaptable to the unique needs and conditions of different nations and backed by transparent, third party monitoring and reporting.

**44 (b) consider producing and promoting more food products consistent with a healthy diet, including by reformulating products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labeling standards, including information on sugars, salt and fats and, where appropriate, trans-fat content;**

IFBA members have reformulated tens of thousands of products globally since 2004 to provide better-for-you options, removing or reducing key ingredients of public health concern – sodium, saturated fats and trans fats, sugar and calories - and improving the nutritional profile of products by adding ingredients considered beneficial for good health, such as whole grains and fiber, calcium, fruits and vegetables, and vitamins and minerals to address micronutrient deficiencies.

Providing accurate, easily accessible nutrition labeling is a key element of our commitment to the *Global Strategy*. We are committed to providing consistent labeling that exceeds many regulatory minimum standards around the world and meaningful nutrition information about our products to help consumers make informed and healthy food choices. The product label and the nutrition facts panel or table is a primary source of information for consumers, and 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. Nutrition information is provided on-pack on the key nutrients of public health concern – calories, total fats/saturated fats, sodium/salt and total sugars per 100g/ml and/or per serving.

**44 (c) promote and create an enabling environment for healthy behaviors among workers, including by establishing tobacco-free workplaces and safe and healthy working environments through occupational safety and health measures, including, where appropriate, through good corporate practices, workplace wellness programmes and health insurance plans;**

We recognize that workplace initiatives can yield significant benefits in reducing both the personal and economic burden of NCDs. Supporting employees to get and remain healthy not only increases productivity but can also help to reduce healthcare costs and some of the burden on the public health care system. IFBA members employ more than 1.2 million people, and workplace wellness programmes are an integral part of the management structure. Companies offer free health risk assessment and personalized improvement programs, access to nutrition education classes and a variety of programs and tools to help employees improve and sustain overall health and wellness. They also offer smoking

cessation and weight management programs, and many offer incentives. Many of these programmes offer incentives.

Several IFBA members, including The Coca-Cola Company, General Mills, Kraft Foods, Nestle, PepsiCo and Unilever are part of the World Economic Forum's Workplace Wellness Alliance (Appendix 4 of Annex 1 to WHO Discussion Paper 1). The Workplace Wellness Alliance is a consortium of companies and institutions committed to advancing wellness in the workplace and galvanizing employee wellness globally (<http://alliance.weforum.org/>). The Alliance provides members with the structure and the process to identify pivotal risk factors, design programmes to mitigate them and measure outcomes, primarily through two Web-based resources: the knowledge repository for evidence-based practice and the metrics database. The metrics database collects health data on tobacco use, exercise, fruit and vegetable consumption, alcohol consumption and general stress levels, as well as biometrics such as height, weight, waist circumference and parameters such as blood pressure and cholesterol levels. From this baseline, employers can compare their health status to peers, measure the impact of their workplace wellness programmes and track progress.

**44 (d) work towards reducing the use of salt in the food industry in order to lower sodium consumption;**

For many years, IFBA members have been providing consumers with a broad range of foods containing no sodium or low sodium or with no added salt. Between 2004 and 2008, IFBA member companies together reduced sodium in more than 2,600 products and the work on sodium reduction continues. All members have established sodium reduction targets moving forward. IFBA members also take part in sodium reduction interventions, working at the national and local level to voluntarily reduce the sodium in their products. For example, in the UK, IFBA members, Ferrero, General Mills, Kellogg's, Kraft Foods, Mars, Nestlé, PepsiCo and Unilever, have signed up to the "Public Responsibility Deal," collaborative approach launched by the government in March 2011 which aims to create an environment that can empower and support people to make informed, balanced choices that will help them lead healthier lives. Organizations signing up to the Public Responsibility Deal commit to taking action voluntarily through a series of collective and individual pledges to improve public health through their responsibilities as employers, as well through their commercial actions and their community activities. IFBA members committed to salt reduction targets for the end of 2012 and the elimination of artificial trans fats by the end of 2011. At the end of 2011, [each member was on target to meet its obligations on salt reduction] and each had satisfied its respective obligation on artificial trans fats and all artificial trans fat had been removed from their products. IFBA members also participate in the similar sodium reduction interventions with PAHO, and in Australia, Canada and New York City (in collaboration with the Center for Disease Control).

