



Transcript of a Panel Discussion “Working Together: Collaborating to Fight NCDs” hosted by the international Food & Beverage Alliance, The Business Council for the United Nations and the United Nations Foundation on Monday, 19 September 2011 at the Millennium Plaza Hotel, New York City, on the Occasion of the United Nations High-level Meeting on the Prevention and Control of Non-communicable Diseases

Welcome

Janet Voûte, Co-Chair of IFBA and Global Head of Public Affairs, Nestlé

On behalf of all the International Food & Beverage Alliance members and the Business Council for the UN, I'd like to welcome all of you to this event. First, we'd like to say that we appreciate that you have chosen to come to our event because it is very clear that there is a lot of competition for this spot. We look forward to a very challenging open and frank discussion with our panelists.

It is a great pleasure for IFBA to be co-hosting this event with the Business Council for the UN. BCUN has certainly served as an important link between the United Nations and the business community for well over fifty years and they ought to be congratulated for that. And for those of you who don't know, the International Food & Beverage Alliance unites ten of the largest food and non-alcoholic beverage companies who share a common goal to help people in all of the countries in which we operate to achieve healthier diets and physical activity - to achieve that life balance and energy balance that is not always currently the case.

So, today we are happy to be here supporting the action happening at the UN and supporting the draft Political Declaration which lays out specific actions for our industry. We want to point out that our industry has been engaged since before 2004 when the *Global Strategy on Diet, Physical Activity and Health* was first launched by the WHO. And then in 2008, our CEOs - the CEOs of these ten companies - got together and decided that we'd be more effective together. So in 2008, we created the International Food & Beverage Alliance and committed to five very specific actions that were given to WHO Director-General Dr. Chan and reported on every year. Number one - in the area of product reformulation, number two - in the area of improved labeling and ease of understanding the nutrition information, and number three - and very importantly - in the area of restrictions on marketing of foods in high fat, sugar and salt to children. That is a critical issue, but we would also like to focus your attention on objectives four and five. Number four is the promotion of healthy lifestyles, and number five is working in partnership in order to promote these healthier lifestyles.

It is the hope, therefore, that the Political Declaration that emerges across the street will provide and endorse a whole-of-society approach and enable us all not only to work on those things we must do less of, but to also focus on those things that we should do more of, which is the promotion of healthier lifestyles in workplaces, in schools, and in communities where everyone lives in their everyday lives. And on that note, I'm very happy to introduce our moderator Charlotte Howard, Healthcare Correspondent for the Economist. Charlotte. (Applause)

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Moderator

Charlotte Howard, Health Care Correspondent, *The Economist*

Thank you Janet for having me. I have the pleasure of introducing Kathleen Sebelius, the Secretary of the Department of Health and Human Services, in other words, America's Health Minister. As the world's biggest donor to health, the United States has an important role in the fight against non-communicable diseases. The country also has the burden of NCDs as its populations grow older and wider. Secretary Sebelius was the governor of Kansas before President Barack Obama appointed her to her current position in 2009. She helped to usher in what was America's most ambitious health reform and now has the large task of implementing it. Please welcome Kathleen Sebelius. (Applause)

Key Note Address

Hon. Kathleen Sebelius, Secretary, U.S. Department of Health and Human Services

Thank you, Charlotte. It is my great pleasure to have a chance to be with all of you today. And I'll start by recognizing our terrific Commissioner of the Food and Drug Administration, Dr. Peggy Hamburg, who you will hear from in a bit from the panel that follows and also have a chance to say hello to Dr. Judith Palfrey who just took the new role of the First Lady's "Let's Move" Initiative and is part of our delegation. I want to thank our hosts at the International Food & Beverage Alliance along with our co-hosts, the Business Council for the United Nations and the United Nations Foundation, for bringing us together today.

We're in a time where this Summit could not be more urgent. Non-communicable diseases have emerged as a growing health problem for countries of every size, in every corner of the globe, at every stage of development. Around the world, chronic diseases like heart disease, cancer and stroke rob families and communities of millions of loved ones and the United States unfortunately is no exception. Chronic diseases now account for seven out of ten deaths in our country. And, this isn't just a health issue. The growing prevalence of chronic diseases is also a major driver of rising health care costs that are putting a growing burden on government, on business and on family budgets. When we look at the reason chronic diseases has taken such a big toll in the last few decades, we know it's not just because our populations are aging, it's also changes in the world around us. Many of us are eating bigger portions and more unhealthy food and beverages; we're snacking more and exercising less. Adult obesity has doubled and child obesity has tripled in just one generation. It is clear we can't reduce the toll of chronic disease unless we improve nutrition and increase levels of physical activity.

Now in the Obama administration we firmly believe that no single actor can solve this problem alone. The federal government can't do it, supermarkets can't do it alone, the food and beverage industry cannot do it alone. This is just really a society-wide problem. If we are going to solve this problem, we are going to need partnerships that span every level of government and public and private sectors.

For example, we are reaching out to community leaders. We know in America there are lots of cities and towns that have developed really innovative approaches for promoting healthy lifestyles. I've had the chance of visiting many of them over the last few years. From a wonderful urban farm in Boston where students are growing fresh fruits and vegetables and selling it in local markets to a school in Louisville that has figured out how to put physical exercise into every classroom with every curriculum. Other communities are doing everything from bringing supermarkets to underserved areas so residents can get fresh fruits and vegetables to creating new parks and bike trails so people can easily go outdoors and be more physically active.

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And, what we've done in America under the Recovery Act and the Affordable Care Act - two new pieces of legislation - is to make for the first time major investments in prevention and help these communities expand their efforts and ultimately become models for the rest of the country. So, now if you are a mayor or a school principal or a housing commissioner and want to understand how you can help to improve health in your community, we have best practices highlighted and we have mentors and role models to look to.

We're also reaching out to foundations and private industry. Just last week we launched a campaign known as "Million Hearts" which is a groundbreaking initiative to prevent one million heart attacks and strokes over the next five years. Now it starts with some seed capital with \$200 million in targeted funds from our CDC and the Centers for Medicaid Medicare Services to promote some common sense methods that we know are proven to prevent heart disease and stroke. They're sometimes referred to as the ABCs. The "A" is for Aspirin to prevent heart attacks for people who need it; the "B" is for blood pressure control, "C" is for cholesterol control; and the "S" is for quitting smoking. What's really unique about the ABCs efforts and the Million Hearts campaign is the partners that have already joined up. Under the campaign, Walgreen's, one of our large drugstore chains, for example, is providing blood pressure testing at no additional charge in consultation with its' nurses and pharmacists. The YMCA is expanding its' diabetes prevention program. The American Heart Association is providing consumers access to its proven heart health management tools.

Another example of partnership building to promote better health is the First Lady's "Let's Move" Campaign aimed at ending childhood obesity within a generation. The campaign has won multiple commitments from schools' food suppliers, from the beverage industry, major retailers and restaurant chains - all with a shared goal of tackling childhood obesity. In June, the First Lady and I were able to announce a new "Let's Move" childcare initiative and already we have more than 1,500 childcare centers who have committed to implementing new nutrition and physical activity standards for our youngest children and the families they serve.

In July, the First Lady announced that several major retailers, foundations, and small business owners have committed to bringing healthier foods to neighborhoods where supermarkets are scarce—tackling the so-called food deserts around our country. And just last week, the Darden restaurant chain announced changes to their children and adult meals to make them healthier—so efforts are paying off.

We're also partnering with local and other governmental officials. At the local level, there are examples like Pennsylvania's initiative to reduce food deserts. At the federal level Congress has passed key legislation like the healthcare law which included new menu labeling requirements ensuring Americans have the information they need to make healthy choices when they go out to eat. I also want to point out that these provisions were made in collaboration with the National Restaurant Association.

And finally, we recognize because chronic disease is a global issue, we are reaching out to our partners across the world. For example, the CDC is partnering with the Pan-American Health Organization (PAHO), the WHO, the American College of Sports Medicine, and the International Union for Health Promotion in Education to train health professionals in 40 countries to develop national physical activity plans.

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We can make the biggest impact on health when we all work together and that's why I'm glad to be speaking with you today as we work to make sure all Americans can eat a healthy diet. I know there are significant opportunities for even stronger partnerships that can be made between government and the food and beverage industry.

For example, we are partnering to address excess sodium consumption. We know that too much sodium intake is a serious problem. It increases blood pressure and causes many heart attacks and strokes. This is one of the reasons our department has made sodium a top priority. We recognize that many companies have already taken great leadership steps to reduce sodium in many of their products. And we continue to seek input from the food industry and others on ways we can build on those efforts to make dramatic progress to lower sodium intake. We've also seen how the industry has taken the initiative in reducing the marketing of unhealthy food to children in recent years. And we've seen how they've reduced artificial trans fat in foods by more than half in a very recent period of time. In the last few months, we've been doing significant outreach to a number of industry members to discuss how we can build on these collaborations.

And I've listened to your concerns ranging from technological limitations to economic costs of making too swift a transformation. And I believe, and many of you believe, we can be both nutritious and delicious. I don't think that healthy offerings and healthy profits are mutually exclusive. And many of you are showing in your business plans that there is a strong demand for healthy food options if they're done right. So in the months to come, I hope we can continue these conversations and find new areas to help promote healthy lifestyles and reduce chronic disease. It is not the responsibility of the food and beverage industry alone to solve these problems, but we can't solve them without you.

Over the last century it was our response to infectious diseases from polio to tuberculosis that shaped our global landscape. And today we face different crises in the form of chronic diseases and our response to that challenge is what will shape the century ahead. So to continue the move forward, we must continue to reduce the risk factors that contribute to chronic disease and we can only do that if we work together around the world as partners.

Thank you very much for being here today and thank you for this conversation. I can take a few questions if you've got some questions for me. Thank you. (Applause)

Moderator: Are there any questions from the audience?

Q&A Session with HHS Secretary Sebelius

Audience Member: I'm a health nut and it's very disturbing when I go to the supermarket and see, especially lower income people, what they fill their baskets with. What can you do at the source? Because that is the source where people are getting their food from and it's very difficult to hold my tongue and not ask why they buy these prepared foods and not start from scratch. The kinds of things that they are buying are just all wrong.

Secretary Sebelius: Well, I think that there are number of challenges. One, is doing a much better job at consumer information and parent information and putting tools in people's hands. That effort is very much underway, with everything from menu labeling which doesn't prevent people from making choices they

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want to make, but at least gives them information about those choices. We're having robust discussions about front-of-package labeling, about updating nutrition facts which is again underway to get better information into people's hands.

There is no question that there's a great correlation between lower income neighborhoods and easy access to affordable fresh fruit and vegetables. It's one of the challenges that we're trying to address in some of our prevention and investment strategies. In fact, there is an effort underway in a number of stores - Walgreen's amongst others - are testing out some marketing and adding racks of fresh fruits and vegetables in the stores that are there already.

There is a second challenge we are trying to address - making sure that people, especially in lower income neighborhoods, can safely go outside for physical activity. It is one thing to say to your kids, turn off the television, turn off the computer and have your kids go outside and play. However, if there is no safe place to play, if there is no place that parents feel comfortable having kids outside, it is a very hollow statement. So again we're taking an all-of-government approach. We're working with the Department of Housing and Urban Development when they are looking at putting a housing footprint in place and making sure it has green space. We're working with the Department of Transportation on more bike paths and walking trails to make sure that there are safe and accessible places in neighborhoods - in every neighborhood - to not only buy healthy foods, but also to participate in physical activity. And I think those efforts will pay off.

Hon. Andrew Lansley (UK): I am the Secretary of State for Health in the United Kingdom. As you know, Kathleen, we're adopting what I would regard as very similar approaches in working in partnerships with the food and drink industry. From my point of view it is challenging - not just for us as government, but together with non-governmental organizations, health organizations, consumer organizations - to say to the food and drink industry - public health is everyone's business and we can deliver more progress, more quickly through a voluntary approach than we can do through a regulatory and legislative approach. So, for example, you were describing the elimination of artificial trans fats. Well, we said we're going to do that. We're going to do that on a voluntary basis and we're going to eliminate trans fats by the end of this year. So, I suppose my question is - we're already pushing that way and I know you are too. Do you share our view that we can deliver more progress, more quickly? Clearly, if we can't, if there is resistance, then we would have to take on regulatory approaches. But, actually the evidence is if we engage in a partnership approach, we can make more progress more quickly.

Secretary Sebelius: I know that England has been ahead of us on some of these discussions on sodium reduction. I think you were well ahead on some of the fresh fruit and vegetable issues - you pioneered and brought opportunities into neighborhoods. So we are engaged in a very robust voluntary dialogue. At the same time we're gathering information for some of the issues frequently raised with me by manufacturers in the food industry. It's a very legitimate dialogue. Where are we trying to get to? Where are the targets? Over what period of time? So, if we're talking about sodium reduction, what's the measure? At what pace? How far are we trying to get? That agreement is very important to reach and everyone is working on a scientifically-based set of evidence. I don't think there is any question that some significant progress has been made in a voluntary fashion. And on another hand, what I also hear from the food industry is that if they take a leadership position and move out more quickly than some of their competitors, they actually get penalized financially. So, they would in some ways, welcome some kind of standards where people are all expected to get to the same place at the same time. So, I think that balance is one that we're in active discussion about. Leadership in the industry is terrific. They are

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reformulating products every day - lower salt, lower sugar, getting rid of trans fats. Others are slower. There are targets that are pretty much all over the board. So the Food and Drug Administration, under Dr. Hamburg's leadership, is just launching a request for information around sodium. We intend to have a robust discussion on what appropriate targets should be and over what period of time; where we want to get to and how fast we can get there. Discussions regarding whether or not there is a regulatory approach to ensure everyone is moving at the same time or if voluntary approaches are more beneficial. From what I hear from industry, it's a bit of a catch 22. They want the voluntary approach, but they want everyone in the voluntary approach. How to do that without standing behind some regulatory opportunity is a little complicated, but we're eager to have that discussion.

Christine Hancock: Thank you. I run a small global, London-based charity. I'm surprised that your fellow citizens aren't queuing up to ask you questions. So, the English are, obviously, having to wade in where others dare not. I was really impressed and interested in the examples you quoted of things happening here. But the United States image and particularly, in developing countries, is, of course, that of leading giants like McDonald's and Coca-Cola. I just wondered whether you had any thoughts about how some of these companies, when they're doing really interesting things in their own territory, how they're making America seem as still exporting the chronic disease problems.

Secretary Sebelius: Well, I think that is a very important discussion to have. Certainly, the western access to fast food, processed food is changing the diet of not only developed countries but also developing countries in a pretty alarming way. My hope is that if we can be successful with a lot of market reformulation and a lot of product reformulation here in the United States that it will be exported around the world. So the dialogue here, hopefully, will not just be about the United States and customers here, but will be about a global market - and we live in a global market - as the major leaders in the food and beverage industry look at what that footprint looks like. It is one of the reasons it's so important that this UN High-level Ministerial Meeting takes place now. It's only the second time in history that the United Nations has gathered world leaders together to talk about a health initiative. The last time was a conversation around HIV/AIDS and that has paid enormous dividends across the globe. We are, I think, encouraged that this is a second opportunity to deal with a problem that is emerging not just in developed countries, but in the developing world and addressing it as global partners. Looking at strategies that work not only in one or two countries, but work across the board. Sharing best practices, sharing research and actually, as products are reformulated, making sure those products are what is exported - I think has enormous benefit at this point in time.

Prophesi Ofemoke (Nigeria): I am actually curious about this - in an attempt to increase food production in low income countries, like our country Nigeria, we had to import a lot of fertilizers and encourage farmers to use fertilizers to increase their production. Secondly, in animal husbandry like poultry, a lot of hormone is included in the food. I would like to know what is the advice you are going to give to low income countries in an attempt to increase their food production? Should we end this as harmful because there has been associations with this hormone used in food with asthma and all that? So, I would like to know your opinion so that when we get back we can also include that in our strategies.

Secretary Sebelius: Well, again, I think the conversations about everything from the use of antibiotics to some of the genetically modified discussions to hormones in animals are really critical not only in the developed countries, but also in the developing world. I think what we have an opportunity to do, and a responsibility to do, is share the science about what we know is occurring and happening. I can tell you it's not just in Nigeria where these questions are being raised, but certainly in the United States. Those

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conversations about what the balance is between increasing production and having ingredients appear in foods that may have ultimately some harmful effects, or making sure they don't have harmful effects, as you track them along. Currently, I think the science is evolving and studies are continuing to be done. We certainly have an active discussion underway about antibiotics in animals and what impact that has on human consumption and resistance to antibiotics down the road. There is ongoing scientific study on food products. I would suggest - not to pass the hot potato - but our expert on food and food ingredients will be on the next panel, Dr. Peggy Hamburg, who is Commissioner of the Food and Drug Administration. Many of these debates are lively and underway in our food safety area in the food department in the FDA. So, I'd also ask her to tee up that question a little bit as to where we are on some of those issues. It is not just in Nigeria - this is a conversation that again we live in a global market so we're eating fruit and vegetables being imported into the United States. You all are dealing with not only things grown in your country around certain advice, but also food products being imported into the country. So, we really need to have these global conversations and understand the science and understand the cost-benefit analysis of seed modification, of animals being treated against diseases - what that does in terms of production, what that does in terms of health impacts. That science needs to be very robust, very visible and very transparent.

Moderator: Thank you.

Secretary Sebelius: Again, thank you all very much. (Applause)

Panel Discussion Featuring:

Dr. Margaret Hamburg, Commissioner, Food and Drug Administration

**Despina Spanou, Principal Advisor to the Director-General for
Health & Consumers, European Commission**

Dr. Julio Frenk, Dean of the Faculty, Harvard School of Public Health

Dr. K. Srinath Reddy, President, Public Health Foundation of India

Dr. Derek Yach, Senior Vice President of Global Health and Agriculture, PepsiCo

[The Moderator introduces each panelist as they take the stage. Each panelist speaks for several minutes and a Q&A session follows.]

Moderator: Everyone here is aware of the depressing statistics on non-communicable diseases and everyone knows what that picture looks like over the next few decades. So I think the question now is what do we do? I think that's a question that is still unanswered some might argue from the Political Declaration. So what are the next concrete steps? People have talked about evidence based policies, what are these? What kind of collaboration will be most effective? Not just in the long term, but in the next months, in the next years. So we'll start with Dr. Hamburg.

Dr. Peggy Hamburg: Thank you very much. I am happy to be here and happy to follow-up with the remarks begun with our distinguished Secretary of the Department of Health and Human Services. I think she laid out the case about the importance of chronic disease and effective strategies to address it. It is a problem certainly within our country, the United States, but certainly it is a global problem across all nations and a depressing one in terms of the burden of the diseases, its impact on individuals, families and communities, but also more broadly, on our healthcare system, and our economy and the economy of all nations.

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So this is a very opportune time to address it. It is clear that meaningful strategies require multifaceted approaches and require the engagement of partners across disciplines, across sectors. And really thinking about this as an issue where, 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. That is one of the unique opportunities of this UN meeting and, of course, the focus of this session is, working in partnership. The FDA has a very special role to play. We are just one of many in the ecosystem of players that will make a difference, but we do have an important role to play. And I'll just take a few moments to talk about that and where I see opportunities for broader engagement as well.

You know, of course, the FDA is engaged in a range of educational, regulatory and policy activities. Many think of us only with regard to the medical product realm with respect to chronic diseases. Our role in terms of the review of promising products for safety and efficacy is very, very key. Also, our role in helping to translate discoveries and opportunities that result as the advancement of science and technology goes, for translating that into real world products that will make a difference. But as the Secretary emphasized, and as you all recognize, there are very, very critical fundamental factors in chronic diseases - both their development, and their persistence and complications - that really result from a set of social, behavioral and lifestyle issues that FDA also plays a role in and which we must have as part of a comprehensive program. Secretary Sebelius mentioned some of the activities we are involved in - and providing leadership in - the areas of consumer education, awareness and access to information about food products and healthy choices - and also some of what we are doing with respect to product reformulation and safety on the consumer education and awareness side. We are really very actively engaged on the nutrition facts panel - the nutrition label which is the mechanism by which people get the information about what is in food and begin to deepen their understanding. Working with industry now to really review the information about how people get their understanding of health products, what they understand about it, and how else to present it. Efforts to begin to approach the front-of-pack presentation of nutritional information are very much underway and it has been an area where collaboration and engagement with other countries that have been working on these issues has been very valuable as well.

On product reformulation issues around sodium and trans fat, we are seeing encouraging progress in terms of the leadership coming from industry in many areas. But, FDA has an important role to play to help provide the best possible information and help to make sure new knowledge is generated and then to apply that knowledge to what is being done. And it is another arena where it is more than just a question of sitting down and thinking about what should be done - it is also making sure that the appropriate research is done in both the fundamental science of product reformulation and also the understanding about consumer preference and behavior in making healthy choices. In all of these domains, I really think that an enormous amount has been done and is being done. There is also a tremendous opportunity really - from whichever sector we come from, whatever perspectives we come from - to sit down at the table together to really map out what is the agenda of work to be done and how can we best do it. I've been very struck recently for example that we need to really deepen the base of scientific research to inform our work on product safety and formulation. And that involves both understanding, for example, the role of sodium in food safety and preservation, the role of sodium in food composition in certain activities such as baking and also understanding consumer preference and choices. And this is work that can be done with industry and academia and government working together. It can be done in this country, it can be done in collaboration with other countries, because the answers will inform better health choices for all of our nations. Those kinds of activities are enormous,

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underdeveloped opportunities for collaboration that I hope we can talk more about, as well as talk, of course, about the issue Secretary Sebelius teed up - that we're talking about food and nutrition, we're talking about food and food safety, we're talking about food and food availability, because they all intertwine and we need to address them together. Thank you.

Despina Spanou: Well I am here to give you the European perspective because, of course, non-communicable diseases have not spared the European Union. We have reached four million deaths from non-communicable diseases there. And, while I am in the bad news section, I will share some facts from Europe with you on the risk factors concerned. For instance, 15% of our population are obese. We have countries ranging from 7% - 24% in the 27 countries of the European Union and this is an increasing trend. When it comes to overweight, we have countries where the amount of the population being overweight is about 50% or 60% in some cases. When it comes to alcohol-related harm and other important risk factors, we have data that shows us one out of four deaths of young men are attributed to alcohol-related harm. We have 650,000 deaths from tobacco use and we have one-quarter of our adults who have admitted in a recent survey that they have no physical activity whatsoever. When we have stats like that, we can't stand back and wait for laws or God to change things. Partnerships for us are very important and I'm delighted to be on this panel because it is exactly the way we have been doing things in the European Union—working together. And I'd like to share with you the way we partner with several actors - the way we have partnerships with government. Because we are a Union, we have partnerships with all stakeholders and actors concerned, and partnerships also with international organizations. The European Commissioner for Health has just delivered [to the High-level Meeting] his statement on behalf of the European Union expressing a commitment to work on these issues and he has delivered this on behalf of 27 different countries. So the importance of international cooperation is also very important for us.

When it comes to partnerships with governments I also have some interesting news because one of the best examples we have is salt reduction. I think in this area Europe is a bit ahead of the game, if I may say so. Because it is one of the first areas we started working on when we started working on reformulation. We have a High-level group of Member States that brings together 27 governments and they discuss issues such as reformulation, diet and physical activity-related matters. We started working with governments on salt about four years ago and last year we achieved [the objective to have] all governments sign up to a common target of 16% in the next four years for sodium reduction. For some countries that is not a lot because they have gone already further than that, but for some of our countries that is very far from where they are today. It is quite an achievement to have a common target without legislation, agreed on a voluntary basis, but applying to all governments who now work on their national strategies with other industry and other relevant actors to achieve it.

Other very important partnerships we have with governments is by putting money in our actions - dedicating part of our budget in actions that goes to government-related activities. For instance, by providing free fruits and vegetables to schools (and we don't do that for free in any case as our budget does come from the governments). When governments get that money, they have to match it up with a national strategy of awareness about the importance of bringing to children facts on nutrition and physical activity. They need to have concrete strategies that go to schools, that go to local communities, that go where our children are today. So that's another area we work together - all 27 governments.

We also work together in exchanging best practices. I don't like to only talk about nutrition and diet because there are other important factors. For instance, alcohol-related harm - we have one country in

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the European Union that was the first to regulate for instance, the importance of labeling all alcohol products that should not be drunk by pregnant women. And that was France – they have done this for all wine and are quite advanced. Now we have more and more countries that are working together exchanging this practice and seeing how they can implement similar rules. So, we use partnerships also amongst governments at all levels albeit expert level and the political level.

Then we have partnerships with all our stakeholders. This goes back to what Mrs. Sebelius was saying earlier. This is something that we cannot do alone, governments cannot do it alone. We need all stakeholders — you need industry, you need retailers, you need the doctors, you need the medical professionals, you need researchers, you need universities, you need consumer organizations, you need civil society, you need families, schools, you need the youth - and we have done that. We have created platforms and groups that bring stakeholders together. We have done it for diet and physical activity, we have done it for alcohol, and we have done it for even specific diseases.

Two years ago we launched “Action Against Cancer” where we brought all stakeholders together to create a knowledge base and centers around Europe, even on a specific non-communicable disease, because we felt there was a need for it. So we even apply partnerships for bringing all stakeholders together from caregivers to doctors to researchers to you name it, also for specific diseases.

We also promote in the context of partnerships of different stakeholders, public-private partnerships. The European Commission from its public health program funds actions that are partnerships between public, local authorities, local government and industry. We have one great example that is now spreading around the world -apparently it is now spreading over this part of the Atlantic - it is a program that we applied in four different countries in Europe as a pilot case and actually it started in France. I'm sorry to name France again, it's a coincidence (laughter). And I'm not from France anyway so I cannot be taken to favor the country (laughter). But we had a program where we saw for the first time that we could manage to carry the obesity of children downwards by applying a program that brought together local communities, funding from the industry, the medical profession and researchers who were creating holistic programs applying both nutrition and physical activity elements together with schools. And we had two cities where we managed to curb the trend of obesity and there we applied to four different countries. The European Commission funded this program and now this methodology is spreading around the world. Apparently there are millions of children that are benefiting from it. That's another kind of partnership we promote in Europe. *[Note: the name of this program is EPODE]*

And last but not least, we have partnerships with international organizations. Very recently we published a report because we wanted to see what the trends were in the European Union on all these risk factors and it was work that we carried together with the Organization of Economic Development. There is a lot of interesting work being done on the burden of health and healthcare systems. We should not forget the current economic context because it is also about saving money for healthcare systems. By prevention through healthy lifestyles, we also achieve to gain more money for other important healthcare challenges. So this is also the work we've been doing with the OECD.

But we also work on solid evidence. We all spoke about science. All our work needs to be science-based. We also need to develop common indicators. We have all these actions through the partnerships, but we need to have indicators to see if our actions are producing the right results. All actions are well-manned, but we need to see whether we are reaching our target. We are working with

the WHO very closely to develop common indicators that would apply around the world. I think that is a very important partnership.

Of course, partnerships are great, but we should also not forget to have a solid regulatory environment to match partnership action. When it comes to food in the European Union, one very good example links very much to what you were saying, Mrs. Hamburg, earlier - food information. For this we have two very good recent examples. Our legislation on health claims that allows the consumer to make a good, informed choice by not allowing health claims to be made on food unless it is scientifically-based. Our food risk assessment - we have an independent food risk assessment authority - has to assess every single health claim that is made on food in the European Union. And of course, food labeling legislation, which is a very recent piece of legislation adopted just last July now creates a common denominator. Labeling schemes already existed in Europe thanks to the partnerships and actions we are doing with the private sector, but now we have solid legislation on what is required on food so that, again, consumers can make an informed choice.

But, of course, in other areas like tobacco and alcohol, there is also a regulatory environment where we can match all the voluntary action we are talking about. As I said, I think this is exactly the way we can work. We need to take now the partnerships across the Atlantic. This is our aim. This is why we are here. We are delighted the European Commission is one of the delegations attending this present UN Assembly and I look forward to our discussion. Thank you.

Dr. Frenk: Thank you very much and good afternoon. I guess I should say *bon appetit*.

I think the significance of the meeting that started this morning is that we are actually in New York, we are not in Geneva. The fact that this is being discussed at the UN to my mind is the most important element of the discussion we're having. As Secretary Sebelius said, this is only the second time that the UN takes on the discussion of a health related topic. It is underscoring that beyond the health implications - which are very important and all of us care very much about that - this is also directly linked to the larger goals of the global agenda. The goals around economic development, sustainable economic development, goals about security and that is the significance of having the discussion here at the UN and not at the WHO only. And what that actually is telling us is that this is a much larger conversation. That's why I am delighted that we are here today and that the Alliance has convened the voice of industry. The fact itself that we're at the UN is expanding the circle of the conversation. To my mind, that is just a reflection of the recognition of how complex the health scene has become.

For decades we have grown accustomed to these dichotomies of poor and rich countries, communicable and non-communicable is a classic one. I think we need to move beyond those dichotomies. The situation has become much more complex. Most countries are facing a double burden of disease. As we're talking about all our concerns about obesity and overweight, there are still a billion people who are undernourished in this world, who suffer from hunger. Let us not forget that's part of the same picture. It is part of a complex world where we still have a huge unfinished agenda of common infections, under-nutrition, reproductive health problems while we already have to deal with problems of non-communicable diseases and injury.

The word non-communicable itself - although I think we need to keep the acronym of NCDs because it has gained currency - but I'd like to think it stands for "new-challenged diseases" because they are really not that non-communicable. If you think about that - I mean apart from that a fifth of all cancers are from infectious origin and you know there are many non-communicable diseases that are actually infectious.

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The fact that non-communicable diseases are also transmitted, they're transmitted not just through genetic and epigenetic mechanisms about which we know, but they are disseminated through social networks. That is why publicity and active promotion of healthy lifestyles become so important. Dr. Gro Harlem Brundtland, the former Director General of WHO and our Commonwealth where Derek [Yach] and I worked for her at WHO, used to say that “yeah there is communicable diseases, and then there are communicated diseases” — diseases where publicity and active promotion play a fundamental role. That's just a part of the issue and to my mind that's the main part of my message: we need comprehensive responses.

During the six years I had the privilege to be the Minister of Health in Mexico, I developed a platform that included three major pillars which I think are all fundamental. One is that we need a new generation of health promotion, risk protection and disease prevention strategies and policies. This is the upstream side of the health system which we tend to neglect. Then even if we are successful with those policies we still—you know exposure to these complex chronic diseases has already happened—we need the second pillar which is universal access to high quality service with financial protection, so that people are protected from the financial consequences of losing their health. And then three, we need innovations in the delivery of services that mobilize the current revolutions in telecommunications, the current revolution in the life sciences. The three pillars are very important. The last two really deal with the downstream, the consequences and it's what we tend to focus on when we talk about strengthening health systems, when we talk about health reform.

But I would like us to focus briefly — I'll just say one thing about the upstream strategies that are the new generation of health promotion, risk protection and disease prevention strategies. And that's where there is a fundamental strategy of strengthening all health systems that I like to call stewardship. This is a fundamental part of the health system. Stewardship goes beyond regulation narrowly defined. It includes regulation, but it also includes all the measures to develop a level playing field and it includes promoting activities, deliberate policies in many domains beyond what the health policies strictly define to create enabling environments. Environments that actually empower people to make the choices that promote their health and that actually give them access to solutions. And it's very important to speak about enabling environments. Otherwise, we may, and very often we do, fall easily into a culture of blaming the victim, which we saw so much around AIDS. We start stigmatizing these people and blaming them when we create these societies and environments that actually facilitate and create the default option to be the unhealthy option. And that is why you know some of the measures Secretary Sebelius was talking about dealing with food deserts and things of that sort are so important. So stewardship includes more promotion of enabling environments both on the diet side and also on physical activity. The built environment — there are policies we should mobilize to create built environments - that actually promote and make physical activity safe and desirable.

The second big part of stewardship is to promote innovation. I think there's a huge space opportunity for industry because I do think that given the growing rate of consumption and risk associated with certain lifestyles, there is an enormous space here where innovation can also generate a competitive advantage to industries that are able to get ahead of the game and develop products that are both, as the Secretary mentioned, pleasant and delicious, but also nutritious. I think this is the concept of shared value which goes way beyond the issues of corporate social responsibility and actually looks for sustainable solutions where innovation drives both good business practices, but also practices that promote health objectives and gets us out of that false dilemma that these are necessarily objectives in conflict. They are objectives

in conflict if we don't have the policies that actually reward those companies that generate that shared value for themselves, for their investors, but for also for society.

And one last point. This is a global problem. We need global policy instruments. We need to create global standards and global forms of money flowing from mutual accountability. I think this was implicit in some of the previous discussion. The idea that companies behave differentially according to the local regulatory environment very often hurts the credibility of those same companies. Actually, in the end, that becomes short-sighted and it comes to hurt us. We are all interconnected, so we do require global instruments, global standards. I think there's a lot to be shared. For example, [look at] what the FDA does - this is the weakest part of ministries of health throughout the world. Strengthening that kind of capacity and building the capacity for this kind of enlightened stewardship ought to be on our agenda. And we're talking of shared responsibility. I think we also need to talk about shared accountability which gives the idea of concrete commitments that is monitored in an aspiring way where we all — governments, industry, civil society — are accountable to each other and ultimately accountable to the people we are all trying to serve.

Derek Yach: It's a real privilege to be here and meet you again. As Julio [Frenk] said I don't think we can underestimate the value of being here in New York at a time when there are so many other global issues being discussed and having the issue of NCDs on the global agenda. The world of global health and the scope of it will never be the same after this week. It will always now be seen in a broader context.

Just a few comments that occurred to me while hearing my colleagues speak. First, across the Atlantic, Secretary of State Lansley, comes from a country that I think has been on the front end of thinking innovatively and analytically about the deep causes of obesity, diet and food issues. And I keep reminding my colleagues that anybody who has not read the Foresight Report produced by the Treasury first on obesity and most recently on the future of food and farming and really tries to integrate the key messages of those reports, I think, will fail to actually realize that we cannot separate the issues of non-communicable diseases from food insecurity, climate change, and the profound changes in agriculture. And the more we start thinking about integrated solutions, the more we're going to do with the long-term health of ourselves and the planet. I think the framework for action is spelt out and I certainly hope that we will have the simplified version of the report available for every country because I think it is now a global resource.

Of course, the food companies have taken up many of the challenges that are embedded in those reports and while Janet [Voute] mentioned five [IFBA] pledges, I wouldn't like you to think that that is all the food and beverage companies are doing. Those are one aspect of our response to non-communicable diseases. But in the same way the UK Reports take a broader perspective, those very same companies are part of very broad-based coalitions, often through the World Economic Forum, in transforming agriculture, looking at climate change with a bigger focus on water over the last few years, and addressing the really big pressing crises of food security and food insecurity.

Dr. Hamburg made very important points about the critical role of salt and sodium in the diet, something many of us accept. In fact, from the beginning it was one of the pledges companies made to WHO to work on. At this stage marketing has been taken up by WHO and I think we've made good joint progress. We look forward and I know among the food and beverage companies many have been looking forward to making steady incremental progress and lowering the average level of sodium in their products. I'm sure we will be more than willing to sit and share some of the insights that we have about how we can

accelerate it globally and, most importantly, start ensuring that the smaller-medium enterprises and the leading companies in individual countries have the same capability to start doing it. This way we don't have a disadvantage being created where people will continue to drift into high sodium categories while we all start lowering our sodium. So we would certainly take you up on that. And we have looked very carefully at what we regard as the best examples in the world of progress and I'll say again that the UK, Finland and Japan come out as having different approaches to incrementally, voluntarily reducing sodium.

I can remember sitting very recently in a meeting in the UK where the Food Standards Authority and the WHO brought many of us in the room together to discuss progress. And hearing the angst of the Stilton cheese manufacturers talking about how they're going to have to lower their sodium and when they realized that they could, the first thing they realized they were going to save some money by taking sodium out. The biggest debate then was how they're going to protect themselves from the French Roquefort cheese being imported into the UK at higher sodium levels. These things aren't easy.

On the trans fats issue that we heard mentioned by Secretary Sebelius, I think the industry, certainly in many of the developing countries, over the last decade has made profound changes. Certainly Frito-Lay a decade ago started its journey, moved very fast and had the foresight not just to see this as a trans fat issue. They knew that the route out of trans fat lay in healthy oils. So the desire to go from trans fats to palm oil as an interim solution before eventually going to high-oleic sunflower was one that they didn't take. They went from trans fats to a range of high-oleic sunflower. The reality we face across the world is that pricing is against making that shift an easy shift. Unless we are willing to accept that the trans fat issue and the move to healthier oils cannot be undertaken by the foods sector without the deep engagement of the agricultural sector, I think we'll fail to make the progress we want to make. And we've seen how we can do that in a very small way in Mexico where we have partnered with the Agricultural Ministry and the Inter Development Bank to start producing high-oleic sunflower and providing it in a country where the predominant source at that point was palm oil.

The European Commission's points take these broad lofty ideas down to some very pragmatic levels at the school, individual and the personal level. And I'm sure the example you're talking about is EPODE which started ten years ago. I can remember sitting down with my colleagues at the time I was at WHO, almost forbidden from talking to my colleagues at Nestlé and they wanted to tell us about EPODE. People often forget, ten years later they were one of the key supporters of the two villages that started the focus on how we can reverse the obesity epidemic. These two little rural villages in France grew over the decade to be one of the best examples and that I've presented at the National Institutes of Health as one of the few exemplary examples of changing the epidemic. I mentioned that because engagement of some of the private sector often in a quiet gentle way, drawing on their consumer insights, drawing on their insights on what motivates individual behavior can actually give a leap-frog in how we can move ahead.

And finally, Julio's [Frenk] comments led me to think that over the last year we have seen transformations in the school's food system in Mexico and the start of this school year is met with a whole new set of criteria in the schools. And we are very proud, certainly at PepsiCo, to know that the changes that happened over the last year or so stimulated dramatic innovation in the reformulation process and in looking at how you can see this as a great opportunity for industry to step up in terms of R&D and innovation and meet the needs of children in a way which is acceptable to the Mexican system. And I think that lesson of how fast it was achieved has enormous implications for many other countries.

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Finally, let me just say that Janet [Voute] reminded us that there are five [IFBA] pledges. Pledge five is to build public-private partnerships. In the MDG goals, there are eight goals - goal eight is to build public-private partnerships. The problem with both those goals is that they are not taken seriously and yet if they were imagine where we would be. Recently I had the privilege of being with our CEO outside of the WHO building and I introduced her to a statue which anybody who visits WHO may be aware of is in the gardens of WHO. It is also at the World Bank headquarters and it is also outside Merck headquarters. And the statue is of a child leading a blind man out of the River Blindness program of West Africa. It's a testament to one of the longest and most enduring private-public partnerships that has transformed the ability of people to live lives in West Africa. I mentioned that because the question I have is: why is it that we've made so much progress on private-public partnerships in infectious disease control and micronutrient deficiencies and, more importantly, what would this symbol of we, in the food and beverage industry, along with government and international agencies, be? What would we aspire to have as a symbol of our success equivalent to what was achieved in the River Blindness program? I know that we could think of that if we did and I think that's what we should be aspiring to. Thanks.

Moderator: Thank you. I'm going to start asking a few questions. You spoke about accountability, about the leveling of the playing field for companies in different countries and within countries. You spoke about the enabling environment, making the choice easiest for consumers and we've heard a lot about collaborations and about pledges. And I'm just curious, starting with you, Dr. Yach, does there come a point at which regulation does become a suitable option after a few years of these pledges? What are the circumstances under which that would become a reasonable thing to do or why not?

Derek Yach: Certainly I've seen in the real world, in the developing world, it's very easy to have laws on the book which never translate to laws on the street. Those who tend to abide by the laws on the book tend to be multinationals and a few leading companies which basically would lead us to an unlevel playing field. When I was at WHO, one of the pieces of work I did was to assess the regulatory and public health law capacity in developing countries - basically to direct the regulations, to implement them and enforce them - and they virtually did not exist in almost all of the developing countries. So when we say let's regulate, we need to think about the fact that in many developing countries, I would say most, we don't have the entire set of circumstances that would allow for the kind of approaches that you can have in the OECD countries. Certainly I think there's always going to be a place for setting enabling goals, or targets and moving people along. When we ask the question what are the advantages of a self-regulatory approach often people think it's simply a means of trying to avoid hard-handed regulation, but we're saying it is a more effective way of achieving the desired public health goal. For many reasons, the cost of enforcement is borne off a regulatory system imposed by the companies themselves. Second, the onus is often on them to ensure no one is cheating in the system and often that requires a self-enforcing mechanism. And thirdly, as I said, you have the real reality of simply having very weak capacity.

Moderator: What does accountability look like? Dr. Frenk, you were building on this. If we are talking about a self-regulatory environment, how do we hold companies accountable for the pledges that they make?

Dr. Frenk: Well, I think the first step is we do need to strengthen that side of the health system. This is an integrative part of the health system and that is why you know this is the WHO framework for thinking about health systems. We use the word stewardship rather than regulation which seems to generate this association with the bureaucratic, corrupt, usually non-enforceable part of government. But I think that it is, in a democratic society, fundamental that we create the mechanisms for markets to be able to function

properly. A lot of what we call regulation is not the opposite of what we call market mechanisms. It's what is required to give transparency and reduce transaction costs and provide the necessary certainty so that markets can work well. It is one more of these dichotomies that we're so used to -- market versus government. Good enabling stewardship, which goes beyond setting rules of the game by my understanding of regulation, is about creating the framework for self-regulation to happen. I think self-regulation can be enhanced and be a very powerful tool. But it has to be accompanied by an environment where there are the elements you were talking about, where there is effective control of the various actors, where there is a way of monitoring and then being accountable to society that in fact is also self-regulating mechanisms that are actually yielding the products. But, even for that, there are a number of organizations, the kind of work that say the FDA does, that have to be done and they themselves are subject to transparency and accountability which you know is almost germane to the government function in a democratic society. We had the experience in Mexico taking what was a very dysfunctional, disconnected, not very efficient system and built an agency. To build an agency and taking best practice from around the world and there is such a field as regulatory science that tells us how to build a scientifically-based, evidence-based, transparent and accountable agency that is not acting against industry or against society, but it is actually enabling society. Firms are a part of a society, the people who work there are citizens who vote, the executives are citizens. We need to get out of this frame of either one or the other. A good stewardship with mutual accountability I think is what makes this - in places that it works - what makes it work well.

Moderator: Do you have anything to add to that Dr. Hamburg?

Dr. Hamburg: Well I think that Julio [Frenk] expressed it really well. At the end of the day it is a partnership between the regulator and the regulated industry and that in fact there is a common set of goals which is providing consumers with safe, quality products that they need and can count on. I think history shows that in fact industry thrives when there is appropriate and predictable regulation because it supports consumer confidence and it supports product quality, but I think it needs to be an open, transparent, proactive relationship and not a combative relationship. I think it ultimately depends on ensuring that the issues generate the scientific understandings and the decision-making is data driven. As we think about the global context, this is really a critical time to help strengthen regulatory capacity in developing economies as they are looking both to be full participants in the global marketplace and looking to address critical health and quality of life issues within their countries. By helping to actually make sure that we have both functional industry and adequate regulatory capacity, we can help move these nations forward in important ways to provide both food and medical products that their people need. Provide for economic development and quality jobs and economic opportunity within their borders, export markets that are robust and reliable and ultimately it benefits all of us because of the world of global commerce—products and components of products are moving all around the world so it is in our best interest as the US to know that regulatory capacity in other parts of the world is robust and that industry understands and is working with standards and approaches that we endorse and it really enhances national and international security.

Moderator: There's been a lot of talk about evidence-based policies and the need to gather further evidence. I'm just curious, what do you see as the remaining black holes as we move forward and what are the things that are just no-brainers we can start next week or continue the work that is already underway to any of you. Dr. Yach?

Derek Yach: Well, I think one of the areas of research that we desperately need is adaptation research. We need to adapt the policies and actions that we are starting to see work in the OECD countries to the very real world reality of the developing countries where there are resource constraints, competing priorities in health and a range of other issues and I suppose vice versa. Basically, the one-size-fits-all approach needs to be reviewed. I think on the actual basic interventions strategies I don't know that we need dramatically more research to show the kind of risks and issues that got so well highlighted during the session today. We can be sure that if we take those issues that are likely to have impact, but the how you do them and the implementation – moving from paper and putting it into practice in a real world community - that applied type of research is very severely under-supported. And I think that's the real challenge.

Dr. Frenk: I would add just on this because it's been a very common topic in the discussions on NCDs. I mean very much in the idea of being adaptive and practical, there's been a tendency to automatically take policy interventions that have worked for one set of risk factors and adopt them. The case typically here is to take the very successful package of measures that have worked very well for tobacco and then immediately apply it for example for food, but that doesn't take into account that food is a much more complex issue. Tobacco is basically a binary choice, I mean even one puff is dangerous so certain measures are really straight forward - increase taxation as much as you can to the point where you don't stimulate contraband. Wholesale bans are easy, but food is actually required for the sustenance of life. So just the idea of packaging risk factors and sometimes without much thought, transfer policy prescriptions from one field to the other is another one where I think we're [weak.]

Ms. Spanou: We can improve how we can work together better and doing it in an evidence-based approach. Also in terms of education so that we don't have to reinvent the wheel for the next generation - maybe do something now to promote that. Frankly when we all get together that is when the solutions come and if we don't do that we are just going into this piecemeal after piecemeal after piecemeal. And we're at the stage where we cannot afford this anymore - personally, that's my opinion.

Moderator: So the question is what can we do in terms of research for behavioral changes and education so that we can begin to prevent the spread, the rising incidence of these diseases before it's too late?

Dr. Frenk: I agree that we need that. We grew - I think this was a reflection of the bipolar geopolitical world after World War II - with all these false dichotomies of communicable and non-communicable; prevention versus treatment; public versus private; primary care versus specialized care, as if we had to choose. And just as we're moving to a multi-polar world in geopolitical terms we need to adjust our thinking because the world has become much too complex. It's not one or the other. That's why I think we need comprehensive policies. We need upstream policies, interventions, strategies to deal with some of these determinants. But, a lot of people are already sick and we need to provide opportune responses. You know for developing countries with a double burden it is not - don't ask a Minister of Health to choose between maternal mortality or cancer of the cervix - they are both priorities. Let's get out of this zero-sum mentality where if you do one thing, you need to give up something. I think this is the gist of your point and I think the spirit of this meeting is exactly to break out of the zero-sum mentality that if something is good for industry, it has got to be bad for people, for people's health. That's not true. I really believe in this concept of shared value. I do believe that innovation, through strategic investments in research and development, which includes the drivers of human behavior is exactly the kind of element we need to foster because then that creates value for shareholders, companies that create jobs, investing in people,

that's something we want and at the same time not as a zero-sum, at the same time improves health. If we can move out of this dichotomous mentality, I think we will make great strides.

Dr. Hamburg: Can I just add one thing. I'm sorry, but I think also we do have a tendency to make programs and policies based on the crisis of the day or the disease of the month and that really underscores the need for integrated comprehensive systems. I think that it is encouraging to see that in the global health arena we are now moving towards a systems-building approach. And I think that this meeting and the discussion and the focus on non-communicable diseases really does provide a very ripe opportunity to really underscore that many of the problems in fact reflect a set of underlying factors that need to be addressed and not just trying to pick off the disease once it happens.

Q&A Session

Dr. James Reilly (Ireland Minister of Health): Thank you very much. First, I would like to thank the panel for their talk and the discussion. The reality here we find ourselves in is with 63% of deaths now occurring because of non-communicable diseases. It's a creeping catastrophe and the consultation appears to me to be going on at a rather slow rate. I wonder if in our country we waited for a consultation, an agreement, and a voluntary code, would we have a smoking ban? I do not think we would. I'm not suggesting, and I agree with you Dr. Frenk that there is a huge amount of complexity in the food area, the issues of sugar, salt and the issue of alcohol, all of these are different issues. Nonetheless, we have made little progress in our country by taking this voluntary approach. I believe that sometimes governments have to lead and do so by regulation if progress isn't being made in a sufficiently fast way. Thank you.

Ms. Spanou: Often in Europe we are asked the question why self-regulation and not regulation. I think it is also not an either/or question. Sometimes, it is about complimenting things. For instance, in our experience in Europe we saw that GDA labeling of food had been taken up by industry already before we managed to put it in legislation. We have now regulated it, but in fact the experience of the industry was very useful. So, sometimes self-regulation can be a precursor. It can be a good test case. It can serve even as a study for things that can come later. So it is not always an either/or. We are very often asked about this on marketing and advertising. In Europe, we have very serious pledges in the context of our Platform on Diet and Physical Activity on marketing and advertising to children, some of which would probably take many years before it would be agreed by all of the governments together in law. I don't exclude that may happen, but, in the meantime, we are building up some forces. So I don't think we should always see it as a either/or, it can be complimenting legislation with self-regulation and vice versa as well. Certain things go faster sometimes.

Derek Yach: First thing, I was very privileged to be in Dublin a couple of years before the ban. I was involved with the government and the commission. And then being there for St. Patrick's Day, the first time there was a ban. I remember being in a pub and wondering what on earth is missing. There was something strange in the pub on that day. It was the first time they had smoke-free pubs. But I think that speaks to Julio's [Frenk] point, because sometimes clear, strong, regulatory approaches are needed and there is no choice. I think we also need to think of where exactly global health is at this point and we can very easily get into a sense of despair and despondency. The reality is life expectancy is continuing to rise in every country just about around the world - rise not fall. The reality is the quality of life indicators are getting better in almost every country, not worse. If that's the truth, and we saw it presented yesterday and we've seen it presented over and over again, we need to recognize that the crisis of chronic diseases

is partly one of aging, but partly one of the way we are living our lives. If we could start putting in place the kind of measures that have succeeded in the OECD countries where you've seen a dramatic collapse of chronic diseases, I think there's a lot of hope for the developing world. Slowly, but surely these are starting to come to the fore. We heard from the World Bank last night that they felt that access to treatment was going to be a really tough one not to be able to achieve in many developing countries and they would put the emphasis on agricultural changes and urban design changes. That is going to take many years to happen, but while it is happening, the life expectancy may very well still continue rising. Yes, the healthcare costs may go up. I'm always concerned when people say 68 or 70% of people are dying of NCDs. I would anticipate that if we're successful, that 100% people will die of NCDs because what's the alternative? They'll turn to these deaths in maternal health and infectious diseases or injuries and violence. So the question is not proportion, it's the age of death and the age of death is starting to rise in every country around the world.

Rachel Nugent: Thanks. Hi, my name is Rachel Nugent. I'm at the University of Washington Department of Global Health and thank you to the speakers for their eloquent statements. I was participating in an event this morning about the links between agriculture, food and non-communicable diseases and I think there is a report out front available for those of you who might have missed it. [Note: The Chicago Council on Global Affairs, "*Bringing Agriculture to the Table: How Agriculture and Food Can Play a Role in Preventing Chronic Disease*" (2011)]. It was interesting in the discussion several of the people who were in the agriculture sector said that they feel the agriculture and food sectors are ready and receptive to be involved in helping to prevent non-communicable diseases, but their perception is that the global health community is not so receptive to their involvement. And first of all, as leaders of the global health community, all of you, I'm wondering if you agree or disagree with that, but more importantly, secondly, what do you think the global health community ought to do to show the receptivity and to begin working with agriculture and food?

Dr. Frenk: I think the idea of stewardship which is so central at the national level, is equally applicable at the global level. I would say that WHO's main role is at stewardship and includes the elements of regulation, and I very much agree with the comment from the Minister of Ireland, but it also includes the ability to mobilize other areas of public policy that have an effect on health. And it's not that it's out there. It's very much part of the duty of the Minister of Health to bring it to the national level to persuade the Minister of Finance to raise the taxes on tobacco, not for a matter of fiscal policy, but as part of health policy. We know it is the most effective policy to stop young people from starting to smoke. It is the duty of a health steward at the national, the global level to mobilize every field of public policy because health is not just a specialized area of activity, it is a social objective and you have to mobilize every tool of policy. So you know when it is agricultural policy we have to be there, because of the obvious reasons, when it comes to security and safety of the food supply which is almost inherent to the whole notion of health. But it is when we think in this much more comprehensive way about the health system, as Despina [Spanou] was saying, that we need to strengthen, not just on the downstream alone.

By the way, I do agree with Derek [Yach], I mean the point is the age. I would also add the conditions of which you are dying. Because what is happening now with NCDs is as Dr. Felicia Knaul who has been leading the work of the Taskforce on Expanded Access to Cancer Care and Control in developing countries has written - there is a cancer device that is moving a new frontier of equity. Now you are seeing that the contrasts are amazing. You take diseases that are highly curable right now like acute leukemia in children where 90% of children survive in countries like Canada or close to 90% and 90% of children die in the poorest countries - the same disease. There are drugs that are off-patent, most of them

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and there is a huge problem of access. You take the question of access to pain control, that is a huge problem with NCDs. These are the downstream activities, so the point here is, if you are a good steward you are worried about the upstream elements of environmental health and food, and fiscal policy, and urban design, but you also have to be worried about the downstream consequences and particularly questions of access where NCDs are opening this whole new area of huge inequities around the globe.

Moderator: Thank you. I think that we actually don't have time for any more questions.

Closing Remarks

Donna Hrinak, Co-Chair of IFBA, VP, Global Public Policy and Government Affairs, PepsiCo

I just want to thank everyone who attended today. I think we heard a lot about challenges, we certainly heard some challenges to the food and beverage industry. Those of you who have influence over the built environment, who work in education, a whole host of areas also heard some challenges. I just wanted to say as much as I agree that it's great we're all here in New York talking about these challenges, it will be even better when we are in Lima or Nairobi or Jakarta working on these solutions. So thank you all very much and I hope you have a productive session over at the UN this week.