

## Obesity Policy Coalition (Australia) responses to on-line questions regarding the WHO Commission on Ending Childhood Obesity Draft Final Report.

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### 1. Are the policy options proposed by the Commission feasible in your setting?

We, the Obesity Policy Coalition (OPC), are a coalition of public health organisations in Victoria, Australia (Cancer Council Victoria, Diabetes Victoria and the WHO Collaborating Centre on Obesity Prevention at Deakin University, with funding from VicHealth). We advocate for evidence-based policy and regulatory change to address overweight, obesity and unhealthy diets in Australia.

We were pleased to comment on the 'Interim Report' of the Commission on Ending Childhood Obesity and are grateful for this opportunity to now comment on its 'Draft Final Report'. We commend the improvements that have been made since the Interim Report was circulated earlier this year, in particular the strengthened focus on prevention and the importance of government leadership. We also welcome the greater specificity with respect to the Policy Actions, particularly in relation to unhealthy food marketing, food labelling and fiscal policies.

The proposed Policy Actions are feasible in the Australian context. We are confident that each of the policy and regulatory options could be actioned and implemented within the powers of Australia's federal, state and/or local governments.

Feasibility will be promoted by a multi-sectoral approach, whereby all relevant departments and sectors work together and prioritise public health. While your report highlights the need for a whole of government and multi-sectoral approach, it could be strengthened by including as a specific 'Policy Action', that governments should mandate a *health-in-all-policies* approach. This would more strongly encourage governments to ensure that policies across all sectors and government departments take into account health implications and seek to improve population health.

Pressure from industry claiming that it wants to be "part of the solution" while trying to delay action and prevent meaningful policy and regulatory reforms, must also be managed. We would therefore encourage you to highlight in your Final Report (in paragraph 63.b), the need for governments to manage the inherent conflicts of interest when working with industry. In particular, governments should be encouraged to have regard to the WHO's development of a framework for engaging with non-state actors.

### 2. If implemented, will these significantly address childhood obesity?

There is no magic bullet or single initiative that will solve the obesity problem in Australia or around the world. However a range of complementary evidence based programs, policies and regulations (as proposed in the Draft Final Report) do have the potential to significantly address the obesity epidemic and reduce its social and economic costs. Impact will be maximised through whole of government, long term strategies that are centrally coordinated and supported by adequately funding, social marketing, monitoring and evaluation.

Evidence is rapidly emerging across the globe of the effectiveness of various policy and regulatory interventions to not only address childhood obesity, but also reduce its social and economic costs in the long term. Obese children are at high risk of becoming obese adults and a recent study in Australia by PricewaterhouseCoopers for Obesity Australia, titled '[Weighing the cost of obesity: A case for action](#)' has found that direct and indirect costs of obesity in Australia will escalate to \$87.7 billion over the next ten years if action is not taken. Conversely, by investing in a set of evidence based interventions (including personal, education, environment and medical type interventions), estimated to cost \$1.3 billion, there would be a benefit of \$2.1 billion to society after 10 years.

As the Commission knows, around the world significant evidence is also emerging about the impacts of particular policy initiatives, including unhealthy food advertising, labelling and fiscal measures. It will be methodologically impossible to produce incontrovertible evidence of the impacts of isolated initiatives, so a precautionary approach must be taken. Apparently small impacts or changes in people's consumption and weight can also have significant health benefits at a population level. See for example, in the context of restricting unhealthy food advertising to children, [Livingstone \(2006\)](#).

### **3. What are the important enablers and potential barriers for the implementation of these proposed policy options?**

Strong government leadership and long term strategies that are well funded across sectors will be the key to developing and implementing effective policy and regulatory options to address childhood obesity.

Strong guidance from the WHO, ideally through a framework convention, has great capacity to support government action and implementation in this area. We maintain the view that the Commission should use this opportunity to advocate for the elevation of the WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children to convention status, or at the very least code status. It should also consider advocating for a broader framework convention bringing together and building upon current international policy on food, diets, weight and non-communicable disease. See for example, the [Global Convention to Protect and Promote Healthy Diets](#) proposed by Consumers International and World Obesity.

The main barrier to policy development and implementation, if not well managed, will be the ultra-processed food and advertising industries. Our concerns regarding industry involvement in policy and regulatory development were detailed in our submission to the Interim Report.

As discussed above in response to Question 1, the Final Report should highlight the need for governments to manage the food and advertising industries' inherent conflicts of interest when being engaged in policy development and regulation. Governments should also be encouraged to have regard to the WHO's development of a framework for engaging with non-state actors.

#### **4. How can governments and other actors be held to account for implementing these policy options?**

We maintain the view that the Final Report should have regard to the protocols being developed by the [International Network for Obesity/NCD Research, Monitoring and Action Support \(INFORMAS\)](#), and the accountability framework outlined by Swinburn et al in [Strengthening of accountability systems to create healthy food environments and reduce global obesity](#) .

Consideration should also be given to encouraging governments to require food companies to disclose financial and marketing information. This is done in the US where the Federal Trade Commission collects this information as part of its consumer protection role. This information would provide data for the shorter term targets. Broadcasting regulators should also be encouraged to monitor the exposure of children to unhealthy food advertising, particularly on television.

#### **5. Any other comments about the draft final report?**

We congratulate the Commission on its Draft Final Report. Subject to the issues raised above, it will provide much needed guidance to governments on how they may address childhood obesity, taking into account local contexts. We are particularly pleased by the strengthened discussion of the importance of prevention and government leadership in this area.

Our other comments are as follows:

- Paragraph 2: This paragraph should highlight that preventing childhood obesity is vital to reducing adult obesity rates as well as NCDs throughout the life course, as obese children are at increased risk of becoming obese adults.
- Paragraph 20: The roles for the finance and marketing/communications sectors should also be highlighted as they must play key roles in any multi-strategy and sector approach to addressing childhood obesity.
- Paragraph 16: This paragraph refers to the absence of economic data demonstrating the broader costs of obesity. We would therefore again highlight the recent Australian study by PricewaterhouseCoopers for Obesity Australia, [Weighing the cost of obesity: A case for action](#) that explores the current direct and indirect costs of obesity in Australia and includes projections for costs in Australia if no action is taken, compared to if a set of evidence based interventions are developed and implemented.
- Pages 16-17: The need for governments to consider restrictions not only on the advertising of unhealthy foods products, but also unhealthy food brands should be identified. Brand advertising is increasingly used in Australia to avoid obligations under self-regulatory codes that apply to product advertising only. Brand promotions are also particularly common in schools and school sports through sponsorship and the provision of branded materials, fundraising and other means. For more information about the problems with brand advertising and how it may be restricted, please see the Obesity Policy Coalition's report: [A](#)

[comprehensive approach to protecting children from unhealthy food advertising and promotion.](#)

- Page 17: The Policy Action in relation to interpretive front-of-pack labelling should be strengthened from 'considering', to that governments should be 'mandating' an interpretive front of pack labelling system. There is strong and consistent evidence that interpretive front-of-pack labelling schemes assist consumers to understand nutrition information and make healthier choices. See for example, reports by the [World Cancer Research Fund and American Institute of Cancer Research \(2007\)](#), [UK Food Standards Agency \(2009\)](#) and [US Institute of Medicines \(2011\)](#). In the Australian context, see the [Labelling Logic Report \(2011\)](#) prepared for the Australian government. The recommendations in this report for an interpretive front of pack labelling scheme led to the development of Australia's voluntary (thus far) Health Star Rating interpretive front of pack labelling system. For more information, see the [Health Star Rating system website](#) and the Obesity Policy Coalition's Policy Brief: [Health Star Rating Food Labelling System](#).
- Page 17: The Final Report should urge governments to require menu labelling in chain food outlets. There is strong evidence from New South Wales in Australia, and around the world where menu labelling requirements have been imposed, that these requirements influence consumers to purchase food with fewer calories and make healthier choices particularly when complemented by an education campaign. For more information, please see the New South Wales Food Authority's report: [Evaluation of menu labelling](#) and the [OPC's Policy Brief: Menu kilojoule labelling in chain food outlets in Australia](#).