



World Health Organization

**Draft Implementation Plan for the
recommendations of the Commission on
Ending Childhood Obesity**

**Obesity Policy Coalition submission
12 October 2016**

1. Introduction

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

We strongly support the recommendations outlined by the Commission on Ending Childhood Obesity (the Commission) in its final report and welcome the opportunity to comment on its Draft Implementation Plan (the Implementation Plan). An implementation plan that builds upon the recommendations in the Commission's final report and provides clear guidance will support and enable Member States and other partners to take the strong, effective action needed to significantly reduce rates of childhood obesity across the globe.

2. Actions needed to end childhood obesity

2.1 Provide leadership for comprehensive, integrated, multi-sectoral action

The OPC is pleased that the Implementation Plan recognises the importance of strategic leadership, including establishing appropriate governance structures, providing dedicated resources and ensuring coordinated contributions across government sectors and institutions. Strong government leadership is critical to providing an environment where childhood obesity and prevention of chronic disease is afforded a high profile and the development and implementation of policies and programs is given appropriate priority and resources.

We support the steps listed in the Implementation Plan as required to achieve the relevant recommended actions. However, the OPC encourages the Commission to strengthen its final plan by including as a key step the development and publication of a national or local childhood obesity prevention strategy to detail how and when a Member State plans to adopt the recommendations and take the key steps listed in the Implementation Plan. A document of this type can sit alongside or incorporate the targets and monitoring mechanisms the Implementation Plan currently recommends.

The OPC also supports the Implementation Plan's step of establishing clear mechanisms/policies for the management of conflict of interest. We would encourage the final report to expand on this and provide further detail as to what such a policy should include. We discuss the issue of conflict of interest later in the discussion on key elements for successful implementation.

2.2 Interventions – Actions to improve the food and physical activity environment

The OPC agrees with the WHO's view that no single intervention can halt the rise of the growing obesity epidemic and we support coordinated multi-sectoral action to improve children's diets and encourage increased physical activity.

We are pleased to see the Commission's key recommendations reflected here and their adaptation into steps to be taken by Member States to improve the food and physical activity environment. In our view, however, the steps identified on the whole do not provide sufficient detail to represent a meaningful plan for action. The steps largely mirror the Commission's recommendations, with little expansion, aside from the valuable provision of additional key documents.

We acknowledge that as a global document the Implementation Plan must be sufficiently broad to cater for the different political, social, economic and cultural contexts of Member States. We believe, however, that within this global environment, the Implementation Plan should provide clear and detailed guidance to Member States as far as is possible.

We believe there is significant room for improvement in this area and will provide our views on further detail that we would like to see included for key advocacy areas:

a. Sugar-sweetened beverage tax – recommendation 1.2

We strongly support the implementation of an effective tax on sugar-sweetened beverages by all Member States. A tax on sugar-sweetened beverages to increase their retail price and reduce consumption is potentially a powerful policy intervention to improve diets and reduce childhood obesity. A recent Australian study, for example, found that an additional 20% tax on sugar-sweetened beverages would lead to an estimated 1,606 more Australians being alive in 25 years, would save millions in healthcare costs and could generate in excess of \$400 million (AUD) annually.¹

We encourage the Commission to include more detail on the characteristics of an effective tax in the Implementation Plan. For example, we believe an effective tax should:

- Increase the price paid by consumers for the product
- Be set at a sufficiently high rate to result in a change of purchase behaviour
- Raise funds that will be used for other obesity prevention measures, and
- Be imposed simply using existing tax structures where possible.

We also encourage the Commission to provide Member States with guidance about the types of beverages that should be covered by such a tax, and the forms that the tax could

¹ Veerman JL, Sacks G, Antonopoulos N, Martin J, "The impact of a tax on sugar-sweetened beverages on health and health care costs; a modelling study", (2016) *PloS One*, 11(4).

take (for example based on a percentage of the price or based on the volume of either the drink itself or the sugar content).

We note that the Commission released a document titled '*Fiscal Policies for Diet and Prevention of Noncommunicable Diseases*' on 11 October 2016. The OPC welcomes this development of further guidance on food and drink taxation for Member States. For more details on our position on sugar-sweetened beverage taxes, please see the policy brief on the OPC's website, [The case for an Australian tax on sugar-sweetened beverages](#).

b. Marketing of food and beverages to children – recommendation 1.3

We strongly support the adoption and implementation of legislation or regulations to restrict the marketing of unhealthy foods and non-alcoholic beverages to children. Children are exposed to large amounts of unhealthy food advertising through television, online and in new forms of media. There is substantial evidence that this advertising influences children's food preferences and consumption and is likely to contribute to overweight and obesity.

We note the Implementation Plan refers to the restriction of marketing of foods and non-alcoholic beverages to children generally, and does not specify that it relates to unhealthy food and beverages. The OPC has no objection to the marketing of healthy food and beverage products to children and we encourage the Commission to clarify the intended application of the legislation or regulation as applying to unhealthy products.

The OPC is concerned that the step of adopting and implementing legislation and regulations does not clarify whether the regulation should be government regulation, or whether Member States can choose to adopt a self-regulatory model overseen by the advertising or food and beverage industries. The OPC urges the Commission to provide guidance to Member States as part of the Implementation Plan that government regulation is the most effective tool in restricting the marketing of unhealthy foods to children. In our view, self-regulation adopted by industry is of limited effect because the food and advertising industries have little incentive to take meaningful steps to limit marketing if it may negatively affect their sales and profit growth. Self-regulation by the food and advertising industries is primarily aimed at reducing the likelihood of more restrictive government action.

In particular, there is evidence that globally, industry led self-regulatory approaches have failed to meaningfully reduce children's exposure to, or the power of, unhealthy food advertising to children.² The food and advertising industry codes in Australia are no

² See for example, Galbraith-Emami S and Lobstein T. The impact of initiatives to limit the advertising of food and beverage products to children: a systematic review (2013) 14(12) *Obesity Reviews* 960–974; K Ronit and J D Jensen. Obesity and industry self-regulation of food and beverage marketing: a literature review (2014) 68 *European Journal of Clinical Nutrition* 753-759.

exception. For more information on the problems with industry self-regulation in Australia, see the OPC's [End the Charade](#) report.

The OPC also considers that the steps to be taken by Member States should be broadened beyond adopting and implementing legislation or regulations. The Commission's recommendation was to implement the Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children (Marketing Recommendations) to reduce the exposure of children and adolescents to, and the power of, the marketing of unhealthy foods. The Marketing Recommendations included 12 separate recommendations, and in our view not all of these are adequately captured by the step listed.

To address this issue, the OPC urges the Commission to provide stronger guidance to Member States. We would like to see the Commission use this opportunity to advocate for the elevation of Marketing Recommendations to code status.

In the absence of a code, we encourage the Commission to extend the key steps listed in the Implementation Plan to include additional guidance such as:

- Clarifying that the policy aim should be to reduce the impact (both exposure and power) on children of marketing foods high in saturated fats, trans-fatty acids, free sugars, or salt
- Settings where children gather should be free from all forms of marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt- including schools, pre-schools, playgrounds etc
- Governments should be the key stakeholders in the development of policy and should protect the public interest and avoid conflict of interest
- Effective enforcement mechanisms and monitoring systems should be put in place

If the Commission does not wish to incorporate all Marketing Recommendations as key steps within the Implementation Plan, we encourage the Commission at a minimum to clarify that the legislation or regulations should be developed, implemented and enforced in line with the Marketing Recommendations and the Framework for their implementation.

c. Food labelling – Recommendations 1.4, 1.6 and 1.7

We strongly support the adoption of an interpretive front-of-pack labelling system based on best available evidence to identify unhealthy food using a validated nutrient profile model. Such a system is an important tool in enabling consumers to make healthy and informed food choices.

The OPC encourages the Commission to amend the key steps to be taken by Member States to clarify that the interpretive front-of-pack labelling system should be mandatory

rather than voluntary. Australian experience has shown that a voluntary labelling system may not result in widespread adoption with slow uptake, and that it may be used selectively by food manufacturers to highlight some products over others. Where the labelling system is not consistently applied across all processed food products in a timely manner, its impact on consumer food choices will be lessened.

We also encourage the Commission to include within the Implementation Plan or a linked document, further guidance for Member States on the characteristics of an effective interpretive front-of-pack labelling system and the issues Member States need to consider when developing and implementing such a system. Such issues should include the handling of industry designed and implemented labelling systems. Australian experience suggests that food manufacturers or their representative bodies may introduce or persist with their own labelling scheme that may serve to undermine the effectiveness of any government scheme and act to confuse consumers. It is important that this is raised as an issue for Member States to consider and take steps to address.

The Implementation Plan refers to various nutrient profiling models. The OPC suggests that the Commission sponsor the development of a standardized global nutrient profiling model for incorporation in the Implementation Plan as this would assist the Member States in developing an interpretive front of pack labelling system.

2.3 Monitoring and accountability for effective progress

The OPC agrees that monitoring is necessary to track progress in the development, implementation and effectiveness of interventions. We encourage the Commission to strengthen the monitoring and accountability aspects of the Implementation Plan.

The main monitoring and accountability step required of Member States under the Implementation Plan is to develop monitoring mechanisms and systems, with appropriate feedback mechanisms to ensure effective policy implementation. In our view this step does not add significant value to the recommendation of the Commission's final report. We would like to see the Implementation Plan include more detail on the monitoring mechanisms, systems and feedback mechanisms and reporting timeframes that should be adopted by Member States.

In particular, we support the development of indicators to provide short and long term targets that Member States can work towards. We support a requirement for Member States to periodically report to the Commission with data showing their progress against the agreed indicators, including recent childhood obesity levels, and an outline of the steps taken in accordance with the Implementation Plan and their results.

We note that the success of any policy options should be measured against short and long-term goals. For example, while long term goals may include improved weight and population health outcomes, shorter term goals may include increased engagement with relevant sectors and reduced sales of unhealthy food. They may also relate more specifically to policy implementation, such as effective implementation of a front of pack labelling system, reductions in children's exposure to unhealthy food advertising and behavioural changes. In particular, the Commission should have high regard to the monitoring criteria and progress of the International Network for Obesity/NCD Research, Monitoring and Action Support (INFORMAS)

Without these additional steps and indicators to work towards, the visibility of Member State actions in the area of childhood obesity will be low and it will be difficult to assess whether any progress has been made to improve diets, reduce the rates of childhood obesity and increase population health.

2.4 Key elements for successful implementation

The OPC agrees that prioritisation, awareness, communication and education, mobilisation of resources and capacity building are of fundamental importance to the successful implementation of the Commission's recommendations and the key steps in the Implementation Plan.

The OPC's view, however, is that the Commission's identification of those key issues is unlikely to provide sufficient guidance to Member States in bringing those elements into its policy development and implementation processes. We encourage the Commission to expand on these topics to provide greater support and guidance to Member States.

In particular, we would support the inclusion of a more detailed discussion on how Member States can manage conflict of interest concerns. This is raised in the sections on prioritization and mobilisation of resources. The OPC considers conflict of interest to be a critical issue and a key potential barrier to the successful implementation of the Commission's recommendations, given the unavoidable conflict of interest between the health priorities inherent in the Implementation Plan and the responsibility of ultra-processed food companies to shareholders to maximise profits. The ultra-processed food industry is likely to take steps to limit the effectiveness of any action taken by Member States under this Implementation Plan. We encourage the Commission to provide further guidance to Member States to enable them to identify possible areas of conflict of interest and to take steps to limit it, while maintaining proper governance procedures taking into account the need to consult with stakeholders where appropriate.

We note that the Commission has identified equity as a guiding principle for the Implementation Plan. We strongly support the guiding principle of equity but believe 'equitable coverage' of interventions is not enough. To ensure inequalities in obesity, at worst, do not widen, and at best, are reduced, it is essential that effective obesity prevention efforts are equitably distributed throughout society and with attention given to where need is greatest. Greater attention to how this might be done when discussing implementation of actions, the whole-of-society and life course approaches and monitoring would be useful.

2.5 Key roles and responsibilities of stakeholders

The OPC supports the multi-sectoral approach taken in the Implementation Plan and considers that many stakeholders have key roles to play.

As a non-governmental public health coalition and a leading Australian advocacy voice on obesity issues, we are already working towards the actions identified in the Implementation Plan. Our work raises the profile of obesity prevention, in particular childhood obesity prevention, within the Australian community and motivates consumers to demand government support for healthy lifestyles and to hold the food and beverage industry to account. For more information and access to the OPC's work (including policy briefs, submissions, complaints to regulators and media releases) please visit the OPC's website at www.opc.org.au.

We welcome the opportunity to contribute to the development and implementation of a monitoring and accountability mechanism. As we outlined in previous submissions to the Commission, we support 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](#).

3. Conclusion

The OPC thanks the Commission for this opportunity to comment on its Draft Implementation Plan for the recommendations of the Commission on Ending Childhood Obesity. The Plan represents a valuable opportunity to provide guidance and direction to Member States as they take steps to implement actions to reduce the prevalence of childhood obesity and improve population health. We are hopeful that the Commission's final plan will enable strong and effective action and lead to a significant reduction in the burdens of childhood obesity across the globe.

Please contact Katarnya Hickey, Legal Policy Adviser to the OPC at katarnya.hickey@cancervic.org.au if you have any queries about this submission or require further information.