WHO PRINCIPLES IN WORKING WITH THE PRIVATE SECTOR ON DIET, PHYSICAL ACTIVITY AND HEALTH

Speaking notes prepared for The Prince of Wales International Business Leaders Forum (IBLF) dialogue with WHO in London, October 28, 2002

By Dr Derek Yach,
Executive Director, Noncommunicable Diseases and Mental Health, WHO

WHO is engaging in a dialogue with several industry sectors, including food and beverage, sport and insurance companies. Why is WHO talking to food companies? Because the chronic diseases burden now exceeds that from infectious diseases. Because it affects people in poor countries as well as rich. Because we believe that food companies can make major contributions towards easing this burden and promoting healthier diets and lifestyles. Because we see them as being part of the solution to a problem that has significant implications for the well-being of people worldwide.

Why is WHO pursuing a Global Strategy on Diet, Physical Activity and Health?

First, because it's our duty. WHO is a United Nations technical agency. Our primary objective, enshrined in Article One of the WHO constitution, "shall be the attainment by all peoples of the highest possible level of health." This gives us a wide remit; to direct and co-ordinate international health work; to stimulate and advance work to eradicate epidemic, endemic and other diseases; to improve nutrition; to work out norms, standards and guidelines to promote public health. And, most importantly, to assist in developing an informed public opinion among all peoples on matters of health.

Second, because our Member States have asked us to act. To briefly explain how we function, WHO has 192 Member States. We serve and act on behalf of those states. Our main "shareholder" meeting is the annual World Health Assembly. We have an Executive Board, which meets twice a year. We have a global network of six regional offices, a presence in most countries, and a number of collaborating centres. This keeps us in touch with developments worldwide and tell us of their concerns. We are charged with providing evidence for policy-making, and with formulating possible national public health strategies and programmes.

WHO corporate strategy specifically charges us with the following:

- Reducing excess mortality, morbidity and disability, especially in poor and marginalized populations;
- Promoting healthy lifestyles and reducing health risk factors that arise from environmental, economic, social and behavioural causes;
- Developing health systems that equitably improve health outcomes, respond to peoples' legitimate demands, and are financially fair;

- Developing an enabling policy and institutional environment in the health sector, and promoting an effective health dimension to social, economic, environmental and development policy.

Our Member States are increasingly concerned about the rising burden of chronic disease. The Fifty-third World Health Assembly in May 2000 adopted a resolution endorsing a Global Strategy for prevention and control of noncommunicable diseases (WHA 53.17). The strategy emphasized integrated prevention by targeting three main risk factors: tobacco, unhealthy diet and physical inactivity.

Earlier this year, the Fifty-fifth World Health Assembly approved a new resolution. This requested the Director General to develop a Global Strategy on Diet, Physical Activity and Health (WHA 55.23) over the next two years. And it asked the DG to formulate this strategy in consultation with its member states and UN agencies, as well as in collaboration with the private sector and civil society.

In response to these very direct expressions of Member State concern, WHO is now engaged in a process that will involve a broad and inclusive consultation. Which is why we are here today, talking with you from the private sector.

I'll be going into more detail later about the size of these health problems, with the latest data from *World Health Report 2002: reducing risks, promoting healthy life*, which is strictly embargoed until Wednesday at 10 am. Here, I'd like to briefly outline what is at stake here and why our Member States are so concerned.

The global chronic disease burden

Chronic diseases are now the major cause of death and disability worldwide. They increasingly affect people from developing as well as developed countries. Noncommunicable conditions – including cardiovascular diseases (CVDs), diabetes, obesity, cancers and respiratory diseases – now account for 59 per cent of the 56.5 million deaths annually and almost half (45.9 per cent) of the global burden of disease. NCDs dominate in five of WHO's six regions – Africa being the exception.

One example which makes this point very graphically, comes from China. In China's rural areas – and that's still more than 800 million people – NCDs now account for more than 80 percent of deaths; communicable diseases, less than three percent. Unfortunately, AIDS/HIV is likely to alter this picture.

Five of the top 10 global disease burden risk factors identified by our *World Health Report 2002* – obesity, high blood pressure, high cholesterol, alcohol and tobacco – independently and often in combination, are the major causes of these diseases. Food is clearly a major factor in all this, as is the increasing physical inactivity resulting from changes in people's working and living habits.

So what are we doing about this?

These are enormous, global problems. National action can be effective – it has provided much of our evidence base for effective interventions – but independent action is not enough in an increasingly globalised and interdependent world. We

believe that WHO's goals to advance public health worldwide – and perhaps more importantly, to set new public health priorities – can only be met through broader, multi-level involvement with stakeholders.

Four Guiding Principles of Consultation
Our four guiding principles for this consultation are:

- To develop stronger evidence for policy-making
- To advocate for policy change
- To ensure maximum stakeholder involvement
- And to create a strategic framework for action

Our mandate from Member States requires that we present a Global Strategy on Diet, Physical Activity and Health to the World Health Assembly in May 2004. We are approaching this as a three phase process.

Phase One, focuses on assembling and compiling evidence on the extent of the problem and possible solutions. This includes finalising the draft report of the expert group, which many of you commented upon. The report, which is scheduled for publication in the early part of next year, is one of a number of elements in the evidence-gathering process.

Phase Two includes the wide multi-level consultation I described.

Phase Three will focus on drafting the strategy, using resources such as an expert reference group.

Formulating a strategy does not mean that we have solved this enormous problem. We then have to implement the strategy worldwide with the support of the various stakeholders involved. We aren't simply working on another dry document. We want to create a momentum behind that strategy so that it works to better the health of people worldwide.

To sum up: A few common risk factors explain most of the chronic disease burden – tobacco, unhealthy diets and physical inactivity. The scientific evidence is strong that a change in these factors can produce rapid changes in population risk factors for chronic diseases.

The latest data from *World Health Report 2002* gives us a better idea of why we are so concerned. I should say here too that this edition of WHO's annual report is in itself groundbreaking. For the first time, the Report focuses on disease risk factors. This reflects a major shift in WHO focus, from managing diseases, to trying to prevent them. And this in turn reflects our growing concern at the extent to which preventable chronic diseases are coming to dominate globally. **(hyperlink to charts)**

The *World Health Report 2002* examines current deaths/disease data. It reflects the impact of risk factors over the last decade or so. But current risk levels predict major increases in chronic diseases. As you have seen, there is great cause for concern. We need the help of the food companies.

Experiences of WHO-Private Sector interaction
The focus of WHO's work in the past few years on TB, Malaria, AIDS and on Risks to Health, have all reinforced the usefulness of developing relationships with the private sector. We now realise just how much effective multi-stakeholder involvement can amplify our public health agenda.

There are several factors that have helped shaped this view. WHO Director General, Dr. Brundtland has led the way in stressing the importance of global partnerships, involving all stakeholders, and harnessing diverse resources to advance public health. We have seen several private-public partnerships established, such as the Global Alliance for Vaccines and Immunization, the Medicines for Malaria Venture, International AIDS Vaccine Initiative, as well as WHO collaboration with the IOC and FIFA on tobacco control, Roll Back Malaria, Vision 2020 and many other campaigns.

Perhaps our most frequent private-sector interaction has been with the pharmaceutical industry. This ranges from industry commenting on WHO policies and documents, through an established mechanism for an ongoing dialogue, the Director General's Roundtable with pharmaceutical CEOs, to establishing practical partnerships on certain campaigns or the development of certain medicines.

However, we have to abide by some key principles in these relationships. These have developed as a result of our growing understanding of the differences between the roles and goals of private corporations and international agencies. WHO-private sector partnerships should, primarily, be about promoting health. We have to safeguard the integrity of the policy-making process to protect ourselves from real or perceived conflicts of interest. Our interaction must be transparent and accountable. And of course, WHO does not endorse companies or products.

What is our common agenda with food, beverage, sports and other companies?
So what do we have in common? I will refer here to the excellent short brochure prepared by the IBLF on CSR and the food industry, “Food For Thought”, and I couldn’t agree more with the four areas they suggest for engagement. These are:

1. Policy dialogue about public good beyond immediate commercial interests
2. Engaging in creating value for people in host communities
3. Operate responsibly in the value chain
4. And create social shareholder value

However, we also have to identify those areas where we need to openly acknowledge our differences and work to resolve them.

It seems to me that real change will occur if we can attempt to act at all of these levels simultaneously. Effective international interaction will send signals to countries and companies about the potential for co-operating to further the public health agenda.

We clearly have differing roles to play. WHO is a public sector organization charged with protecting and promoting public health. The private sector’s role involves issues

such as business development, increasing market share, enhancing brand value, as well as legislative compliance.

However, there is quite a wide area in which we share common goals, and where our interests converge: we both have self-interests in the health and well-being of the public. You want them as customers to come back to your restaurant, or into the supermarket, and purchase your products and services. For that, people must be healthy, and need to trust that none of the products consumed will harm their health.

This is a very high-profile public issue. And there have been some encouraging initiatives, many food companies have already introduced products with low or even no fat, with no or low sugar. Some supermarket chains have joined the "5-a-Day" partnership to aggressively promote fruits and vegetables. Many companies in the food, insurance and sports sectors are already sponsoring and promoting physical activity, through facilities and awareness. Consumer demand is often influenced by new science and knowledge coming from the public sector, which currently includes the need for better nutrition and more physical activity. We would expect this to stimulate increased demand for different foods and new food products.

All of this is extremely important. But, there is a need for much more. We want more for three main reasons: first, the health problems are truly devastating, especially in poorer communities and countries, and will get much worse if we do not act now. Second, because a lot more can be done and your companies have the capacity to begin leading that change right now. And, third, because change will ultimately benefit everyone, most importantly, the health of our constituents; your consumers.

So what are we actually saying, as we begin to formulate a Global Strategy on Diet, Physical Activity and Health? It's pretty straightforward, and we don't wish to get buried in endless debates about choosing between fat and carbohydrate, or between physical activity and the consumption of certain foods. There are some issues on which I doubt we have much disagreement – the easy success factors if you will. We need more fruits and vegetables in the diet. We advocate much more physical activity. We would like to see much greater availability and affordability of healthy foods globally. We think everyone should be encouraged to see the health advantages of maintaining a normal body weight.

And then, there are the more contentious issues**.** We would like food companies in some countries to promote smaller portions. We would like to see real moves to cut the amount of fat, salt and sugar in foods. We would like to accelerate the move towards simpler, easier to understand labelling of food products' benefits or potential harmful effects. We want food companies to reassess the way it markets to young children who are unable to critically analyse messages and discern between different types of information.

I am convinced that there are untapped opportunities for us to work on marketing health messages to the public together, which would be of mutual benefit to both of our constituencies. I want to make it clear: WHO is for personal choice. We simply want to make sure that these choices are made by fully informed consumers. We want these choices made in an environment in which it is easy for people to make healthy decisions about what to eat and how much physical activity they get.

We know that these are difficult issues to navigate. We know they will take time. We know that we will often disagree on the best way forward.

We are not suggesting that the solutions are all in the hands of the companies. WHO recognizes that there is a need for a range of possible interventions by the public and private sectors. Governments have a key leadership role in developing the legislative and economic environment needed to allow people to make healthy choices and to stimulate markets to promote health. We believe all stakeholders have a role to play in encouraging the consumption of healthier diets and in encouraging more physical activity. WHO will be engaging constructively with all parties on these issues in developing its strategy.

We believe governments, health professionals, wider civil society, as well as food and advertising companies, should contribute to making the healthy choice, the easy choice – both for diet and physical activity.

I would reiterate that WHO has been mandated to develop this strategy by our Member States. Governments are deeply concerned about this issue. I would like to quote here Health and Human Services Secretary, Tommy Thompson, who last week told representatives of the fast food industry he wanted : "more choices and healthier choices on their menus, and advertising campaigns to eat healthy". We agree with this approach.

Companies are part of the solution

On this issue we see the industry as an ally. This contrasts, for example, with the WHO approach to the tobacco industry. Nearly five million people die every year from tobacco. Tobacco kills half its regular users if consumed as recommended. The tobacco industry knew for years of the harmful effects of its product. But it used everything in its power to deny the scientific evidence. It thwarted government efforts to introduce effective controls – as we know from the industry documents made public as a result of the US litigation. Therefore, our approach to the tobacco industry was from the beginning clear: we sought no collaboration or partnership with tobacco firms. And we are working hard to put in place strong national and global legislation aimed at reducing tobacco consumption.

But food is not tobacco. Foods are not deadly products. We all need food for living and we all want to enjoy the food we eat. We all benefit from the variety of choices the food companies offer us. The variety of food products available worldwide would have been unimaginable a century or so ago. Consumers largely trust that the food they see on supermarket shelves will cause them no harm. Indeed, there are countries where food company products may be the only safe and hygienic food product available. We also all benefit from the fact that thanks to new products, food companies play an important role in enabling many women around the world join the work force or gain better quality of life.

The food, sports, insurance, advertising and many other sectors can endorse and assist in dissemination of nutrition messages, and improve their products across the board to be healthier and contain less harmful nutrition components. Mainly, we are advocating a strategic shift that we believe is viable from a business point of view, where the health and well-being of consumers are explicitly protected and promoted.

We will invite all industry associations to comment on our strategy documents and will take their input into account when we formulate the final text, which will be discussed and hopefully endorsed by the World Health Assembly in 2004.

Where do we go from here?
I have outlined some of the long-term objectives for discussion. For the shorter term, issues include:

- Products and access
- Information, marketing and informed choice
- Physical activity promotion
- Research and monitoring

Dr. Gro Harlem Brundtland said in her speech at the last World Health Assembly: "I shall invite the key players in the food industry to work with WHO in addressing the rising incidence of obesity, diabetes and vascular diseases in developing countries."

This could be a good opportunity for us to launch our policy dialogue process as well as agree on a common agenda we share. This meeting could facilitate our long-term engagement. We would like companies to join with us in helping make the healthy choice the easy choice.