Roundtable on noncommunicable diseases - strengthening the role and contribution of the food and non-alcoholic beverage industry to respond to the 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of NCDs

Co-convened by the World Health Organization and Chatham House on 26 June 2018 at Chatham House, London

Introduction and Background

1. The World Health Organization and Chatham House held a Dialogue with representatives of the food and non-alcoholic beverage industries in London, at Chatham House on the 26th of June 2018.

2. The objectives of the meeting were to: (i) review up-to-date information on the progress in the prevention and control of noncommunicable diseases (NCDs) made since 2011, with specific focus on what the food and non-alcoholic beverage industry has contributed to NCD prevention and control (in response to paragraph 44 of the 2011 Political Declaration);

3. The agenda of the roundtable is provided in Annex 1 and a list of participants is Annex 2. A background paper was developed for the meeting and is available separately.

Current position

4. An initial briefing was provided by WHO that outlined the current global situation on NCDs, included progress towards global nutrition and NCD targets, as well as the health impact of NCDs and economic returns of prevention. The presentation highlighted that progress is insufficient to meet the

1 §44. With a view to strengthening its contribution to non-communicable disease prevention and control, call upon the private sector, where appropriate, to: (a) Take measures to implement the World Health Organization set of recommendations to reduce the impact of the marketing of unhealthy foods and nonalcoholic beverages to children, while taking into account existing national legislation and policies; (b) Consider producing and promoting more food products consistent with a healthy diet, including by reformulating products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labelling standards, including information on sugars, salt and fats and, where appropriate, trans-fat content; (c) Promote and create an enabling environment for healthy behaviours among workers, including by establishing tobacco-free workplaces and safe and healthy working environments through occupational safety and health measures, including, where appropriate, through good corporate practices, workplace wellness programmes and health insurance plans; (d) Work towards reducing the use of salt in the food industry in order to lower sodium consumption; (e) Contribute to efforts to improve access to and affordability of medicines and technologies in the prevention and control of non-communicable diseases;
SDG target 3.4 on NCDs (i.e. by 2030, reduce by one-third premature mortality from NCDs). WHO described the ‘best-buys’ and other recommended interventions for the prevention and control of NCDs, obstacles to progress, examples of technical support being provided by the Organization and the recommendations of the WHO Independent High-level Commission on NCDs. A briefing was then provided on the background to the Third High-level Meeting of the UN General Assembly on NCDs and the preparatory process. The briefing concluded with a description of the UN Decade of Action on Nutrition 2016-2025.

5. WHO outlined what is considered a healthy diet and described WHO guidelines for sugar and sodium intake. WHO then reviewed commitments made by the industry since 2008 in the area of product formulation and innovation, nutrition information, advertising and marketing to children and the promotion of healthy lifestyles, and provided a WHO perspective on progress in each of these areas.

6. While WHO recognised that industry had taken initial steps to move forward on Paragraph 44 of the 2011 UN Political Declaration on NCDs, there remained the opportunity to go faster and deeper. Commitments are not yet standardised across countries or between companies. When it came to advertising and marketing to children, there was the opportunity to raise the level of ambition around this commitment (age range, brand inclusion and concept of marketing). WHO appreciated the work on voluntary front-of-pack labelling, but this had yet to shape consumer choices sufficiently, so this was identified as an area for further work, considering efforts undertaken in several countries.

7. The International Food & Beverage Alliance (IFBA) described a set of commitments from the industry in response to Paragraph 44 in the following areas: (i) new & improved products and smaller portions; (ii) provision of nutrition information to consumers; (iii) responsible marketing and; (iv) the promotion of healthy lifestyles. IFBA described the industry’s progress in these areas and outlined a set of challenges around reformulation (functional, regulatory, measuring progress, and setting targets) and described the biggest opportunity being national, government-led, whole-of-industry reformulation initiatives, based on a category and nutrient-based approach. IFBA, based on the responses from 10 companies, indicated that industrially produced transfats had now been removed from 98.8% of IFBA companies’ global portfolios (aggregate basis) and IFBA and the companies concerned were willing to facilitate share experience with other companies, especially in low- and middle-income countries. With regard to the removal of industrially-produced transfats, the availability of suitable (non-partially-hydrogenated oils) is a challenge that needs to be addressed in emerging markets. Industry also described challenges with regard to different markets, cultures, tastes, legislation and availability of data when it came to reformulation.

8. Other discussion points were:

- Technological and cost challenges with regard to product formulation exist, but can be addressed in many instances if a competitive level playing field is secured.
- There is a need to increase reach in low- and middle-income countries (LMICs), where most premature deaths from NCDs occur and where moving the global agenda forward is challenging. With regard to the private sector, local companies mostly dominate local industries in LMICs and
these are not always sufficiently aware of the global public health agenda. There was agreement that the industry needed to work with WHO to move this forward.

- Concerns around promoting unhealthy products through sponsorship of sporting and other events, as well as sales promotions.
- That there are differences in the level of commitment and degree of innovation between different food and non-alcoholic beverages business associations.
- The importance of ever more effective communication between WHO and industry and its partners when inconsistencies were identified.
- The importance of industries tackling issues in their ‘own space’ – e.g. focusing on reformulation rather than promoting, for example, exercise classes as part of broader corporate social responsibility.
- Dialogue with food and beverage industry needs to include/be extended to small and medium enterprises (SMEs).

**Expectations**

9. WHO described a set of expectations of industry to support targets agreed by the World Health Assembly (WHA) on sodium, sugar and transfats. They were as follows:

<table>
<thead>
<tr>
<th>WHA Target (by 2025)</th>
<th>Expectation</th>
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<tbody>
<tr>
<td>30% relative reduction in mean population intake of salt/sodium intake</td>
<td>Reformulation: adopt standardized targets for sodium levels for food and beverage categories that are top contributors to sodium intake and implement them by 2025 (all food industry - manufactured, retail and out-of-home and food services). Establish a global common set of targets through a dialogue with WHO, by 2019. Labelling: Provide the on-pack sodium data required by Codex (all food services and manufacturers in every jurisdiction). Food services and restaurant chains should also provide these data in store, on packaging or online.</td>
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<tr>
<td>Halting obesity and diabetes</td>
<td>Reformulation: adopt standardized targets for free sugars content in foods and implement them by 2023 (all food industry - manufactured, retail and out of home and food services). A global common set of targets will be established, through a dialogue with WHO, by 2019. Labelling: label total and added sugars on pre-packaged foods by 2020 (all food industry - manufactured, retail and out of home and food services).</td>
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<tr>
<td>25% relative reduction in risk of premature mortality from NCDs and comply with WHO</td>
<td>Reformulation: eliminate IP-TFA from the food supply across all product lines anywhere in the world, in line with WHO recommendation to bring TFA content to &lt; 2 g/100g of total fat in all food categories, including fats or oils,</td>
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</table>
**recommendations on transfats and saturated fats**

and avoid increasing SFA (all food industry - manufactured, retail and out of home and food services).

Replacement: phase out the manufacture of IP-TFA and increase the supply of replacement alternatives low in TFA and SFA by 2023 (fat and oil manufacturers).

Labelling: implement TFA labelling on pre-packaged foods by 2020 (all food industry - manufactured, retail and out of home and food services).

Support for SMEs: contribute methods and technological innovations to support SMEs to eliminate IP-TFA (all food industry).

10. Industry representatives were broadly supportive of the above actions but reminded WHO that it remained important to consider: (i) definitions (e.g. free sugar) and measurement; (ii) consumer concerns around standardisation of food; (iii) the need not to confuse consumers when it comes to labelling (e.g. trans vs saturated fats); (iv) national context, including consumer and government lack of demand in many countries; (v) alternatives such as portion size; (vi) the ‘home space’ – how consumers use food; (vii) a timeframe that allows consumers to come on board and for industry to make the necessary changes; and (viii) that non-packaged food and beverage was an important element of dietary intake and needed to be addressed. The business network of the Scaling Up Nutrition movement committed to support the interaction between multinational companies and SMEs in LMICs on the issue of IP-TFA removal and outlined a concept note to work with IFBA and WHO in this regard.

11. WHO responded to each of the above, encouraging industry not to become side-tracked by these issues, some of which were unproven concerns, and to focus on the above expectations. Industry participants said that they felt that they could do more and would like to increase their collaboration with WHO to move forward on the expectations outlined above and committed to consulting internally on the WHO proposals and reverting to WHO with a formal and more detailed response in due course. Considering the limited number of companies in the fats and oils manufacturing sector, WHO considered that a meeting of these large companies with would be an important step to achieve the elimination of trans fats from the food supply.

**Accountability**

12. WHO described the NCD Progress Monitor, which allowed comparisons to be made on how Member States were doing against commitments made. WHO said it was important that non-State actors, including the private sector, were doing the same – and indeed WHO has been tasked with taking this forward with the private sector since 2014. WHO’s proposal was a standardised self-assessment tool for individual companies to use, with reports available in the public domain. Industry representatives at the meeting welcomed this, saying that they would welcome developing the tool with WHO and noting that SDG/NCD reporting frameworks do not include the private sector sufficiently.
13. WHO asked industry participants to: (i) agree to work with an accountability platform comprising WHO and independent evaluators; and (ii) agree on the independent evaluation and support in providing data. Industry indicated that they were supportive of this in principle but that there were a number of issues that needed further discussion, for example: (i) who sets the key performance indicators; (ii) how are the metrics agreed; (iii) who decides what’s relevant and meaningful; (iv) who is brought into the process (this would need to include broader private sector constituencies to be meaningful); (v) who would pay for it – if industry does, it would not be seen as independent; (vi) and the challenge of data availability.

14. Conclusion

There was considerable will on both sides to move forward together on the expectations and accountability mechanisms. It was agreed that further technical discussions were required, and these should move forward rapidly.
**Annex 1: Agenda**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>08.30 – 09.00</td>
<td>Welcome and introductions, background to the meeting, how we will conduct the meeting.</td>
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<td></td>
<td>Briefing on the Third High-level Meeting and the WHO Independent High-level Commission (WHO).</td>
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<td>09.00 – 10.00</td>
<td>Industry contributions on NCDs over the last 10 years</td>
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<td></td>
<td>• Presentation from WHO</td>
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<td>• Presentation from IFBA</td>
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<td>• Interactive discussion</td>
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<td>10.00 – 11.00</td>
<td>Industry contributions on sodium reduction</td>
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<td>with coffee break</td>
<td>• Proposals from WHO</td>
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<tr>
<td></td>
<td>• Interactive discussion</td>
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<tr>
<td>11.00 – 11.45</td>
<td>Industry commitment on free sugars reduction</td>
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<td></td>
<td>• Proposals from WHO</td>
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<td></td>
<td>• Interactive discussion</td>
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<tr>
<td>11.45 – 12.30</td>
<td>Industry contributions on transfat elimination</td>
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<td></td>
<td>• Proposals from WHO</td>
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<td></td>
<td>• Interactive discussion</td>
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<tr>
<td>12.30 – 13.00</td>
<td>Monitoring and evaluation</td>
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<td></td>
<td>• Proposals from WHO</td>
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<td>• Interactive discussion</td>
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