The NOURISHING policy tool
A comprehensive policy approach to reduce diet-related NCDs

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Overview

- About World Cancer Research Fund International
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The World Cancer Research Fund Network

World Cancer Research Fund International (est. 1999)
Leads and unifies a network of cancer charities with a global reach, dedicated to the prevention of cancer through diet, weight and physical activity.

American Institute for Cancer Research
Washington DC (est. 1982)

World Cancer Research Fund UK
London (est. 1990)

World Cancer Research Fund NL
Amsterdam (est. 1994)

World Cancer Research Fund HK
Hong Kong (est. 1997)
Our science work on cancer prevention

Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective

Analysing research on cancer prevention and survival

10 Cancer Prevention Recommendations

www.wcrf.org
## Cancer preventability estimates

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>USA</th>
<th>UK</th>
<th>BRAZIL</th>
<th>CHINA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth, pharynx, larynx</td>
<td>63</td>
<td>67</td>
<td>63</td>
<td>44</td>
</tr>
<tr>
<td>Oesophagus</td>
<td>33</td>
<td>34</td>
<td>25</td>
<td>20</td>
</tr>
<tr>
<td>Lung</td>
<td>36</td>
<td>33</td>
<td>36</td>
<td>38</td>
</tr>
<tr>
<td>Stomach</td>
<td>15</td>
<td>17</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Pancreas</td>
<td>19</td>
<td>15</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>Gallbladder</td>
<td>22</td>
<td>17</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Liver</td>
<td>30</td>
<td>23</td>
<td>13</td>
<td>7</td>
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<tr>
<td>Colorectum</td>
<td>47</td>
<td>45</td>
<td>41</td>
<td>22</td>
</tr>
<tr>
<td>Breast</td>
<td>33</td>
<td>38</td>
<td>22</td>
<td>11</td>
</tr>
<tr>
<td>Ovary</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Endometrium</td>
<td>59</td>
<td>44</td>
<td>37</td>
<td>21</td>
</tr>
<tr>
<td>Prostate (advanced)</td>
<td>11</td>
<td>9</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Kidney</td>
<td>24</td>
<td>19</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td>Total for these cancers</td>
<td>29</td>
<td>29</td>
<td>22</td>
<td>19</td>
</tr>
<tr>
<td>Total for all cancers</td>
<td>20</td>
<td>22</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

**Prevention through:**
- healthy diet
- physical activity
- healthy weight
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1. The wider implementation of more effective policies to enable individuals to follow our Cancer Prevention Recommendations

2. To move cancer and other non-communicable diseases (NCDs) up the international agenda
60% of global deaths (38 million)

74% of NCD deaths in LMICs (28 million)

42% of NCD deaths before age 70 (16 million)

82% of premature NCD deaths in LMICs (13.1 million)

72% of global NCD deaths are due to cardiovascular diseases, cancers, and diabetes (27.2 million)

Source: WHO

www.wcrf.org
Overweight & obesity burden

41 million children under 5
1.9 billion adults

45% of countries face double burden of disease

2–20% of health costs around the world go to obesity treatment

Global economic impact: $2 trillion/year

Source: 2016 Global Nutrition Report

www.wcrf.org
1. Advancing the evidence for policy
2. Building relationships with our target audience
   - Official Relations status with WHO (2016)
   - Consultation responses
3. Engaging with other civil society organisations
4. Communicating our work globally
   - Policy briefs
   - Letters of support
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Evidence for policy

1. Where is action needed and what policy options exist?
   → NOURISHING framework

2. What policies are implemented?
   → NOURISHING policy database

3. What is the evidence that policies work?
   → Evaluations, Policy Advisory Group
   → Evidence gaps (research needs)
1. Policy areas

**N O U R I S H**

**FOOD ENVIRONMENT**

- Nutrition label standards and regulations on the use of claims and implied claims on food
- Offer healthy food and set standards in public institutions and other specific settings
- Use economic tools to address food affordability and purchase incentives
- Restrict food advertising and other forms of commercial promotion
- Improve nutritional quality of the whole food supply
- Set incentives and rules to create a healthy retail and food service environment
- Harness food supply chain and actions across sectors to ensure coherence with health
- Inform people about food and nutrition through public awareness
- Nutrition advice and counselling in health care settings
- Give nutrition education and skills

**FOOD SYSTEM**

**BEHAVIOUR CHANGE**
Aim: formalise a comprehensive package of policies to promote healthy diets and reduce obesity and NCDs

Target audience
- Researchers
  - To identify the evidence available for different policies, identify research gaps and act as a resource for policy monitoring & evaluation
- Policymakers
  - To identify where action is needed to promote healthy diets
  - Select and tailor options suitable to different populations
  - Assess if an approach is sufficiently comprehensive
- Civil society organisations
  - To monitor what governments are doing around the world, benchmark progress and hold them to account
2. Implemented policies

We are all influenced by the food that is available and affordable when we grow up, and the habits of the people around us. That's why people in different countries and communities consume differently. We know that when the food supply changes, so does what people eat. This is why we need to improve the quality of the food supply. Evidence from salt reduction indicates that people's tastes can change.

### Examples of policy actions

- Voluntary reformulation of food products
- Voluntary commitments to reduce portion sizes
- Mandatory limits on level of salt in food products
- Mandatory removal of trans fats in food products
- Limits on the availability of high-fat meat products

### What the action involves and where implemented

In 2008, Fiji introduced a sales ban on nuttloaf frank, which have very high fat and very low meat content.

**Fiji**

Ghana set standards in the early 1990s to limit the level of fat in beef, pork, mutton and poultry in response to rising imports of low-quality meat following liberalisation of trade. The standards are also applicable to domestically produced meat. The relevant standards establish maximum percentage fat content for deboned cuts/cuts for beef (<25%), pork (<25%) and mutton (<25%) or <30% where breast fat is not removed, and maximum percentage fat content for dressed poultry and/or poultry parts (<15%). The standards are currently being enforced for turkey tails and chicken feet.

**Ghana**
US food policy examples

**N** Nutrition label standards & regulations
Calorie labelling in chain restaurants (local; federal law from May ‘17 onwards)

**O** Offer healthy food and set standards in public institutions
Arkansas, DC, Florida, Indiana & Texas: bans on vending machines in elementary schools

**U** Use economic tools to address food affordability
NYC Health Bucks, and Philly Food Bucks

**S** Set incentives and rules to create a healthier retail environment
Healthy Food Financing Initiative (HFFI) to provide financial and/or other types of assistance to attract healthier retail outlets to underserved areas

**H** Harness the supply chain
NYC & MA: nutrition standards for all food purchased/served by public entities

**G** Give nutrition education and skills
Colorado Department of Health: nutrition training for catering managers in participating restaurants and canteens to encourage healthier menu options
Two-step process:

1. Sourcing and reviewing policy actions

2. Verification process with in-country specialists
Inclusion criteria for policies

1. Must have a public health goal: reduction of obesity and/or nutrition-related NCDs through promoting healthy diets
2. Must be a government policy action
3. Must be implemented
4. Must fit one of NOURISHING’s 10 policy areas
3. Evidence that policies work

Evidence is vital in the development and implementation of policy actions

- What evidence is needed?
- How should the evidence be framed so that it can be most effectively used by policymakers?
- What outputs would be most useful and how could they be most effectively communicated?
Our Policy Advisory Group

- Launched April 2015
- Advises us on meeting the evidence needs of the policy-making community, e.g. recommended formalising methodology to update database and including evaluations
- Provides insight into a range of challenges associated with policy development and implementation in different contexts & countries
Evidence gaps (research needs)

- NOURISHING contains many more policies implemented in high-income countries, i.e. Europe, North America, Australia
  - How can effective food policies be implemented in low- and middle-income countries? Enabling environment must be given, e.g. rule of law, infrastructure
  - How can policy coherence be achieved?

- The 70 evaluations are mostly from high-income countries, and look at policies re labelling, taxation, school food and advertising restrictions. More evidence on policy is needed:
  - Successful policy implementation (process evaluations)
  - Impact of food policies (impact evaluations)
  - Evaluations from low- and middle-income countries
  - Evaluations of food systems and behaviour change policies
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Engage with civil society

- **Provide technical expertise** on food policy to civil society organisations (credibility via CUP & Official Relations status)
- **Participate in coalitions** on UK and international level, in particular bridging the gap to undernutrition, to raise awareness of importance of prevention and food policy focused on obesity and diet-related NCDs
- **Organise events** to inform policymakers on the importance of food policy and prevention, and hold them accountable for commitments made (e.g. side event on childhood malnutrition at the 2016 World Health Assembly; event on malnutrition in all its forms at Westminster)
- **Support initiatives** of other civil society organisations, in particular in low- and middle-income countries
Policy briefs

Ambitious SMART commitments to address NCDs, overweight & obesity

Curbing global sugar consumption

Effective food policy actions to help promote healthy diets & tackle obesity

2016
2015
2014
Realities of advocacy (I)

Recent examples

- **Economics**: N4G fails due to economic collapse in Brazil – where should the International Coalition for Advocacy on Nutrition (ICAN) go from here?

- **Industry**: UK sugary drinks tax survives industry attacks because of concerted civil society consultation response

- **Politics**: due to Brexit, DFID’s nutrition strategy is delayed and lacks support

- **Marketing**: overweight, obesity, NCDs are hard to "sell" – having a celebrity champion like chef Jamie Oliver helps!
Differences to undernutrition

- No silver bullet to solve obesity and NCD burden
- Negative outcomes take long to manifest
- Positive impact of policies/interventions also takes long to manifest
- NCDs are not visible ("silent killer")
- No social justice agenda / public not emotionally involved
- Complex issue to explain to policymakers and the public
- Historic "burden" of individual responsibility
- "Nanny state" rhetoric
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- More evidence on policy is needed, in particular on:
  - successful policy implementation (process evaluations)
  - impact of implemented food policies (impact evaluations)
  - a more diverse range of implemented policies (type & geography)
  → Academics need to conduct high-quality evaluations

- More linkages to other sectors are needed to achieve policy coherence
  → We all need to step out of our public health silo

- Reframing of NCDs is necessary to achieve sense of urgency and increased political will
  → Creation of a social justice movement necessary
  → Academics for advocacy needed
For further information

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