World Obesity response to draft Updated Appendix 3 of the WHO Global NCD action plan 2013-2030

June 2022

World Obesity welcomes the opportunity to feed into the update process for the WHO NCD "best buys". World Obesity is a membership organisation made up of over 80 obesity-related organizations s around the world and aims to lead and drive global efforts to reduce, prevent and treat obesity. By representing stakeholders in low-, medium-, and high-income countries, World Obesity's vision is to create and lead a global community of organisations dedicated to solving the problems of obesity.

Appendix 3 is a highly useful resource which offers high-impact policies that can help reduce NCDs globally. This review is particularly welcome, as an opportunity to consider new and evolving evidence and ensure that policy decisions are as informed as possible. We support NCD Alliance's comments on this consultation and add the following remarks.

Obesity interventions must be incorporated into Appendix 3, recognising obesity as both a disease and a risk factor of NCDs, and that failure to act on obesity will jeopardize our ability to meet all NCD targets

The existing Appendix 3 and the latest draft revision of the document include a number of strong and necessary policies related to unhealthy diet and physical activity which are important components of prevention strategies to reduce obesity, the importance of which is reinforced by a range of research, including from Australia's ACE-Obesity Policy report.[1]

However, we are concerned by a notable absence of anything specifically on obesity in health care, either in its own right or as part of other disease areas such as diabetes. This overlooks the ICD-11 definition of obesity as a disease and ignores the latest *WHO Recommendations on the Prevention and Management of Obesity throughout the life course* and accompanying Acceleration Plan to support implementation. These were adopted at the recent World Health Assembly and acknowledge the comprehensive definition of obesity along with key policies that need to be implemented within the health system to help manage obesity and prevent other NCDs. The draft overlooks the important benefit that the prevention and management of obesity has as part of the prevention and management of other NCDs, including but not limited to diabetes.

The new management-related recommendations from WHO cover the health care service requirements to effectively support people living with obesity, whether it be through better screening and effective referrals to weight management services, training of healthcare professionals, the use of

[1] Ananthapavan J, Sacks G, Brown V, Moodie M, Nguyen P, Barendregt J, Veerman L, Mantilla Herrera A, Lal A, Peeters A, Carter R. Assessing Cost-Effectiveness of Obesity Prevention Policies in Australia 2018 (ACE-Obesity Policy). Melbourne: Deakin University, 2018.

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multidisciplinary teams or inclusion within PHC and UHC. Such interventions are vital, not only for supporting people with obesity, but for helping to prevent other NCDs, particularly diabetes.

With the most rapid increases in the prevalence of obesity occurring in middle-income countries, there is a further urgent need to adopt a comprehensive approach to managing and treating obesity, and adopt policies and practical action plans at different levels, including in the prevention of obesity, the treatment and management of people already living with obesity, and the prevention of the development of other NCDs such as diabetes, cardiovascular diseases and certain cancers.

With an increasing number of recommendations emerging from the NCD agenda, it is more important than ever that we provide consistent guidance to Member States and support them comprehensively across the NCD agenda, which includes both the prevention and management of obesity. Drawing on the specific Recommendations made in the latest documentation adopted by Member States, some examples of policies that should be considered for inclusion as standalone interventions under an 'Obesity' sub-heading under Objective 4 and acknowledging as part of the recommended diabetes interventions are as follows:

- **Provision of integrated health services which offer a continuum of care for people living with obesity**, covering health promotion, disease prevention, diagnosis, treatment and management. There is a growing body of evidence for the cost-effectiveness of obesity treatment and management for services for both adults and adolescents.
- **Screening for obesity, with referral to weight management services**. Effective screening would allow for the early detection of obesity and support the prevention and management of other NCDs such as diabetes.
- **Access to multidisciplinary teams for people with obesity**, including to support them with mental health.
- **Integrate obesity management into primary and secondary care,** including training primary care clinicians to treat obesity and to prescribe viable lifestyle changes to people with obesity, taking into account specific needs and context.

An additional opportunity to integrate obesity into this Appendix 3 update would be to reference the Recommendations and/or Acceleration Plan within one of the boxes on 'enabling actions', for instance within Objective 4 focused on strengthening health systems.

We would encourage WHO to consider gaps in cost-effectiveness evaluations, and work closely with Member States to improve the evidence base for this, including on interventions which have previously been overlooked. Examples of cost-effective studies are provided at the end of this document.

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Recommendations on unhealthy diet must be specific to ensure that policies are implemented effectively so as to ensure the greatest impact is realized

We welcome the inclusion of a range of policy interventions in this section of the Appendix, including reformulation, front-of-pack nutrition labelling, taxation on SSBs, public procurement policies and support for breastfeeding. However, we have some concern about the vagueness of the language used, with no detail provided on the specific nutrients targeted (e.g. saturated fat, sugar, salt, trans fat), or how the policy intervention is implemented (e.g. regulatory/mandatory or voluntary) which will have been specified in the cost-effective studies used to rationalise inclusion. Furthermore, we urge the Appendix to reference the work done through existing WHO's technical packages, such as on unhealthy diets and breastmilk substitutes following the 75th World Health Assembly, to inform the implementation of recommended interventions.

Merging of best and good buys risks diluting the perceived impact of the most cost-effective policies

Since its update in 2017, the Appendix became a key document to advocate towards countries for the implementation of NCD policies by making strong investment case given their cost effectiveness, and by always highlighting the need to consider epidemiological profiles and other national contexts to decide on the most impactful packages of policies. However, merging the '*best buys'* and the *'good buys'* into one category comes with a risk that governments choose not to, or are unaware of, the **most** cost-effective interventions and prioritise less effective interventions, and we caution that approach.

The methodology needs to be clearer, in particular the way that adjustments are made to take into consideration differences between countries based on their development status

The technical annex to Appendix 3 needs to provide more information on the measures and formulas used, and explain how the health impact is calculated across interventions and how a countries' development status is taken into consideration when calculating cost-effectiveness. For example, Table 3 (*Summary of WHO-CHOICE economic analyses for interventions for NCD prevention and control*) shows that many interventions under the unhealthy diet risk factor have substantially lower HLY gained per 1 million for low-income countries compared to middle-upper income countries. This could reflect lower levels of effectiveness in lower-income settings. We would therefore encourage WHO to conduct cost-effectiveness analysis of specific policies separately for low-income, middle-income, and upper-middle income countries to ensure that the proposed policies are effective and don't increase the risk of widening already existing inequalities.

Avoiding conflicts of interest is vital, and more work is needed to support countries in overcoming this challenge to effective policymaking

In order to enhance policy implementation and success, there is a need to strengthen regulatory capacity, as stated as a non-financial consideration for unhealthy diet interventions. Multisectoral action, while vital, must be managed with clear conflicts of interest guidance to ensure the public interest is prioritized at all times, and commercial actors must only undertake actions which fall logically within their core-business model. Conflicts on interest is a sensitive subject and impacts many small-

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island and low-resourced states the most, reinforcing the need for strong WHO leadership and guidance on this issue to support effective policy implementation which favors the public interest, and which is not undermined by commercial interests, through the implementation of conflict of interest policies like those drafted for nutrition in 2016.

Examples of cost-effectiveness studies for obesity:

- ACE policy report is available here: http://www.aceobesitypolicy.com.au/
- Harrison S, Dixon P, Jones HE, Davies AR, Howe LD, et al. (2021) Long-term cost-effectiveness of interventions for obesity: A mendelian randomisation study. PLOS Medicine 18(8): e1003725. https://doi.org/10.1371/journal.pmed.1003725
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- Krishnan, A., Finkelstein, E. A., Levine, E., Foley, P., Askew, S., Steinberg, D., & Bennett, G. G. (2019). A Digital Behavioral Weight Gain Prevention Intervention in Primary Care Practice: Cost and Cost-Effectiveness Analysis. *Journal of medical Internet research*, *21*(5), e12201. https://doi.org/10.2196/12201
- Cecchini, M., Sassi, F., Lauer, J. A., Lee, Y. Y., Guajardo-Barron, V., & Chisholm, D. (2010). Tackling of unhealthy diets, physical inactivity, and obesity: health effects and cost-effectiveness. *Lancet (London, England)*, *376*(9754), 1775–1784. https://doi.org/10.1016/S0140-6736(10)61514-0
- Lee, M., Lauren, B. N., Zhan, T., Choi, J., Klebanoff, M., Abu Dayyeh, B., Taveras, E. M., Corey, K., Kaplan, L., & Hur, C. (2019). The cost-effectiveness of pharmacotherapy and lifestyle intervention in the treatment of obesity. *Obesity science & practice*, *6*(2), 162–170. https://doi.org/10.1002/osp4.390