WHO consultation on Second Discussion Paper (Version 22 March 2012) on

"A Comprehensive Global Monitoring Framework including indicators and a set of voluntary global targets for the prevention and control of noncommunicable diseases"

Submission of the German Obesity Association, Member of the German NCD Alliance

Thank you for offering the German Obesity Association, the German academic organisation of obesity experts, the possibility to submit our statement prior to the closing of the consultation process and the WHO General Assembly in May 2012.

In September 2011, 193 Member States made important commitments by unanimously adopting the Political Declaration at the High Level Meeting on NCDs. The German Obesity Association welcomes the post-summit conceptual work of WHO as well as the open consultation process and the clarification, the focus on social determinants of health and the broader range of indicators for NCD surveillance. Including a new target on physical inactivity is a major step forward and an important recognition of the need for targets that require multisectoral action. Good progress has been made on elaborating the monitoring framework and how it will work in practice.

However, we question that the dramatically reduced set of proposed targets will match the ambitions and the scope of the Political Declaration. Considering the fact that to date only 21 Member States provided feedback on this WHO process, we believe that this basis is too small for determining the future of the global response to NCDs and should not be the basis for the reduced set of targets for 193 Member States. We also believe that reporting every five years is not enough to keep attention adequately focused on NCDs. Progress should be reported every two years.

A key issue is to put public health first and to adopt targets on *all* major risk factors and targets that will drive progress in the prevention *and* control of NCDs. But there are no targets addressing obesity, alcohol, trans-fats, treatment and early detection of breast cancer is not mentioned so far. No indicators of obesity, alcohol, nutrition (saturated fats, added sugar, fruit and vegetables) can be found. We strongly believe that five targets will not be able to meet the most complex public health issue the world has possibly ever had to deal with. **Ten is not too many targets.**
These missing targets and indicators should be added.

We also would like to stress the point that the timeline set for WHO by the Executive Board resolution (EB130.R7) barely allows for development of a truly multisectoral and fully costed global NCD Plan.

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The German Obesity Association strongly supports the retention of the proposed **targets by 2025** (on the basis of 2010 data):

1. **Mortality from NCDs: 25% relative reduction** in overall mortality from cardiovascular disease, cancer, diabetes and chronic respiratory diseases as a **central goal for the next plan on NCDs**
2. **Tobacco smoking: 30% relative reduction** in prevalence of current tobacco smoking
3. **Dietary salt intake: 30% relative reduction** in mean adult (18+) population intake of salt, with aim of achieving recommended level of **less than 5 grams per day**
4. **Blood pressure/ Hypertension: 25% relative reduction** in prevalence of raised blood pressure
5. **Physical activity: 10% relative reduction** in prevalence of insufficient physical activity in adults aged 18+ years

The German Obesity Association is recommending the reinstatement of the five additional targets:

6. **Availability of essential medicines and technologies**: A minimum of 80% availability of affordable, quality-assured essential NCD medicines and technologies in public and private sectors
7. **Prevention of heart attack and stroke: 80% coverage** of multidrug therapy (including glycaemic control) for people aged 30+ years with a ten year risk of heart attack, stroke or diabetes ≥30%, or existing cardiovascular disease
8. **Alcohol: 10% relative reduction in persons aged 15+ alcohol per capita consumption**
9. **Elimination of industrially produced trans- fats** from the food supply
10. **Obesity: No increase** in obesity prevalence - **or** considering replacing with this target on **childhood obesity: sustained downward trend in prevalence of obesity in below-5s and school-aged children to ≤5% of the population**

The German Obesity Association is supporting the proposed indicators:

- Unconditional probability of death between ages 30 and 70 years from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases
- Cancer incidence, by type of cancer and stage (as appropriate)
- Age-standardized prevalence of current tobacco smoking among persons +15 years
- Age-standardized prevalence of insufficiently active adults 18+years (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent (%)
- Age-standardized mean adult (18+years) population consuming less than 5 total servings (400 grams) of fruit and vegetables each day
- Age-standardized prevalence of raised blood pressure among adults aged 18+years (defined as blood pressure ≥140mmHg and/or diastolic blood pressure ≥90 mmHg or on medication for raised blood pressure (%)
- Age-standardized prevalence of raised blood glucose/diabetes among adults (defined as fasting plasma glucose value ≥7.0 mmol/L (126mg/dl) or on medication for raised blood glucose (%)
- Age-standardized prevalence of raised total cholesterol among adults aged 18+ (defined as cholesterol ≥5.0 mmol/l or 190 mg/dl)
- Policies to reduce the impact on children of marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt

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- Prevalence of women between ages 30-49 screened for cervical cancer at least once
- Vaccination against infectious cancers: Human Papilloma Virus (HPV) and Hepatitis B
- Access to palliative care assessed by morphine-equivalent consumption of strong opioid analgesics (excluding methadone) per death from cancer

According to the German Obesity Association, further indicators should be added:

- Adult per capita consumption in litres of pure alcohol (recorded and unrecorded)
- Age-standardized prevalence of heavy drinking occasions among adults aged 18+ years (%)
- Age-standardized prevalence of overweight and obesity in adults aged 18+years, children and adolescents (defined as Body Mass Index >25kg/m^2 for overweight or 30 kg/m^2 for obesity or for children and adolescents according to the WHO Growth Reference and WHO Growth Reference Standard (%)
- Age-standardized mean population intake of saturated fat per day as a percentage of total energy
- Age-standardized mean population intake of added sugar per day as a percentage of total energy
- Adoption of national policies that eliminate partially hydrogenated vegetable oils (PHVO) in the food supply
- Affordability and availability of fresh fruit and vegetables
- Multidrug therapy (including glycemic control) for people aged 30+years with a 10 year risk of heart attack or stroke ≥30%, or existing cardiovascular disease
- Policies to support national programmes for early detection of breast cancer that are appropriate and feasible for the population-need and resource-setting and include, at a minimum, tumor size to be collected as part of the pathological assessment at diagnosis

The German Obesity Association is supporting a **comprehensive but phased approach to establish the Global NCD Framework**

- headed up by a multisectoral Global Coordinating Platform (with UN interagency coordination)
- with responsibility to mobilize resources and catalyze sustainable finance mechanisms
- and to fully develop, cost and advocate for a new Global NCD Strategy and Plan
- in which the Global Monitoring Framework, indicators and targets are integral
- and which are reflected in well-resourced national and regional plans.