

# WHO GLOBAL ACTION PLAN FOR THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES

Comments on the Zero draft

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## *Universality and Causality*

NCDs are a problem in all countries – the emphasis and identification of low and middle income countries is inappropriate. We are all in it together – same chain of causality needing the same intervention modalities: health promotion, primary and secondary disease prevention, and disease management at a community/society and personal level.

## *Disease Categories*

Categorisation of NCDs needs to be inclusive and the interrelationships between NCDs and their common chain of causality identified as the focus of intervention. If it is considered necessary to have a “main focus” then the following is suggested: metabolic syndrome (open-ended to accommodate new diseases and definitions, associated conditions and complications), cancers, chronic respiratory diseases, musculo-skeletal disorders, and mental disorders = 5.

## *The Role of Industry*

Identify the elephant in the room – BIG FOOD and other multi-national corporations with financial interests in tobacco, alcohol, and related industries. It is essential that the role of these bodies as major determinants of NCDs and in undermining efforts to contain and manage NCDs is explicitly identified and addressed and factually, vociferously, and repeatedly exposed. Who knows for example what the sugar industry did to the WHO's document *Global Strategy on Diet, Physical Activity and Health*? The overt and covert influence of these bodies on governments, NGOs, local and international agencies, and civil society makes this not easy but without a strong and unequivocal exposition of this reality, the document has no credibility. If we cannot beat them, we do not need to join them!

It is questionable whether stating the obvious will make a difference because of the ubiquitous and overwhelming power that they exercise but it could add to a general public awareness and hopefully a momentum of opposition – people power!

## *Legislation*

The document is replete with concepts like encourage, promote, develop, educate, motivate but there is no mention of regulations to **compel** - for example industries. Existing legislation on food labels, sodium reduction, abolition of trans-fats, and portion sizes etc and on the sale, promotion, and taxation of tobacco and alcohol should be tightened and expanded globally.

## *Definitions*

Credibility is also dependent on correct definitions and on consistency. For example, what is a healthy diet and specifically what do terms like carbohydrates, free sugars, glycaemic index, whole grains, starch, refined foods, fibre mean? Existing ones are confusing, often wrong, and frequently influenced not by science but by industry.<sup>1</sup>

## *Research*

More research is not needed before action is taken. There is already a massive good quality data-base. Monitoring and evaluation, yes. An easy to use and universally compatible medical record system (personal and service-based) should be developed where it does not exist, appropriately modified where necessary, and globally implemented as a patient /disease management tool and for data retrieval for monitoring and evaluating interventions and outcomes.<sup>2</sup> National data on commodity production, sales, and related matters and consumer surveys should be reviewed to monitor causative factors. Obviously base-line data must be collected.

## *Sharing Best Practice*

Best practice organisational structure and processes, human resource training and deployment systems,<sup>3</sup> and disease management protocols should be developed and shared. Many effective programmes and systems are in use but not shared because those of us who developed them were often/usually not working in academic institutions with access to status, collaborators, and time to write up our experience for publication acceptance in peer-reviewed journals. It would therefore be helpful if platforms are established for our experience to be shared. This will also ensure that “monitoring and evaluation” is meaningful and not merely esoteric exercises.

## *General*

The format of the document is unwieldy and the contents repetitive.

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<sup>1</sup> [http://www.fffieschultz.com/files/pdf/2011\\_dietary\\_fibre.pdf](http://www.fffieschultz.com/files/pdf/2011_dietary_fibre.pdf)

<sup>2</sup> [http://www.fffieschultz.com/files/pdf/2011\\_msis.pdf](http://www.fffieschultz.com/files/pdf/2011_msis.pdf)

<sup>3</sup> <http://www.fffieschultz.com/hrforhealth.php>