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- News: Health ministers pledge to tackle non-communicable diseases with global action (*BMJ* 2011;342:d2796)
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Will industry influence derail the UN summit?

In the run up to the UN summit on non-communicable diseases, there are fears that industry interests might be trumping evidence based public health interventions. Will anything valuable be agreed? **Deborah Cohen** reports

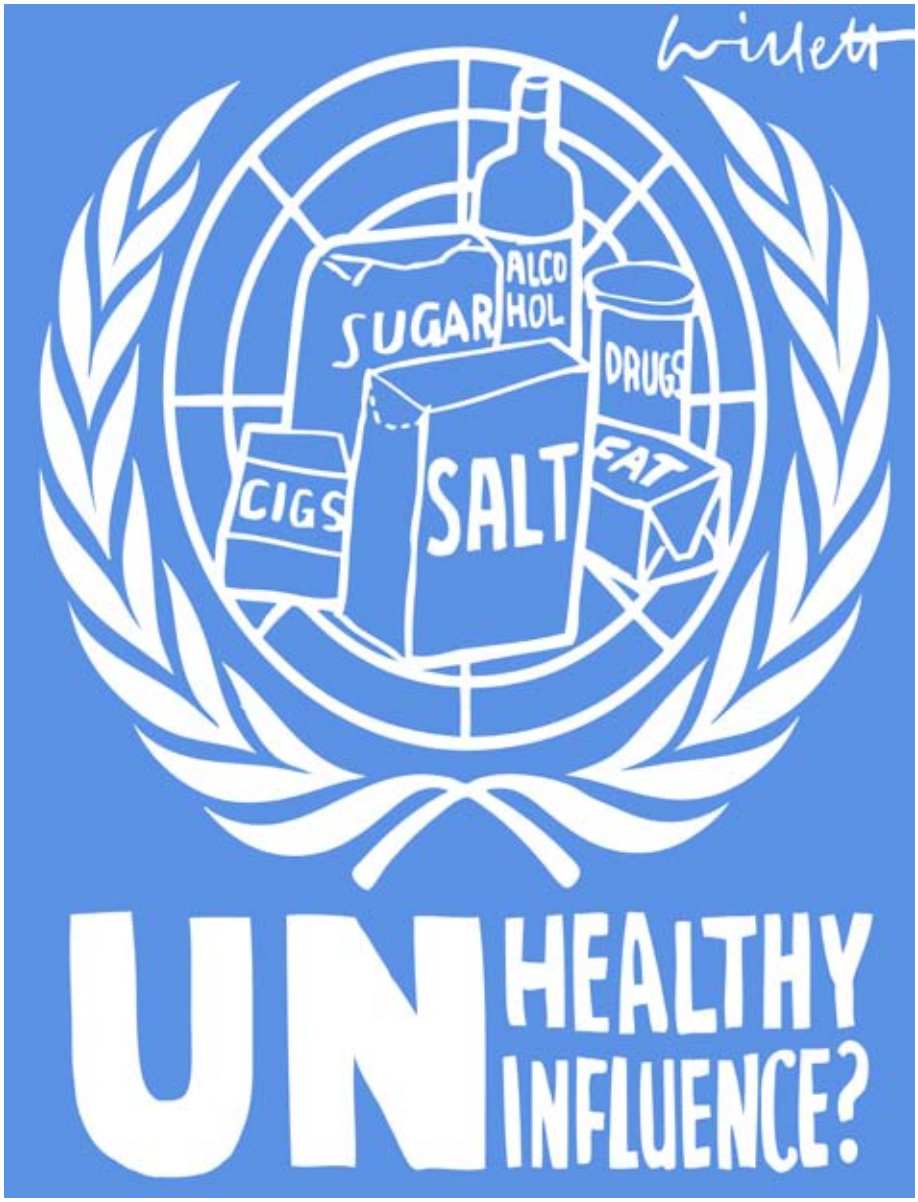
"I wish I had AIDS and not diabetes," a man in Cambodia was heard to say. He was speaking to UN representative Princess Dina Mired of Jordan. The man was not commentating on the diseases themselves but highlighting the fact that with AIDS he could be treated for free in a modern facility whereas treatment for diabetes was unaffordable in his country.

Such is the plight of some patients with chronic diseases in low and middle income countries, that the UN general assembly unanimously voted to convene a special summit on non-communicable diseases—cancer, cardiovascular disease, respiratory illnesses, and diabetes—to be held in New York on 19-20 September.

Many hope that this meeting will force non-communicable diseases into the spotlight just as the first health related UN summit did for AIDS a decade ago. But non-communicable diseases do not have the high profile AIDS campaigners, gay activists, and celebrities ramping up pressure on governments to act.

The NCD Alliance, a group of international federations representing the four main non-communicable diseases, and public health professionals have quietly pieced together evidence for action on a group of chronic illnesses that the influential World Economic Forum has placed high on its list of global financial risks.[1] One estimate is that $84bn (£51bn; €59bn) of economic output will be lost between 2005 and 2015 as a result of non-communicable diseases.[2]

But years of planning may be set to unravel. With only weeks to go before the summit, years of negotiations seem to be stalling. Discussions have stopped on the document that forms the spine of the summit, and charities are concerned that governments are trying to wriggle out of commitments.



With UN meetings, most of the groundwork is done well in advance, and centres on drafting a declaration. By signing up to a declaration, governments make a commitment to its aims. But for governments to make such public pledges, they have to be sure they can deliver. Attention is paid to the precise wording; there can be no room for misinterpretation.

Heavily annotated draft documents have been circulating among the various member states for many months. Each change is marked with the names of the countries, flagging up where the fracture lines are. The latest version—dated 5 August—is being kept under wraps. The *BMJ* has, however, seen a copy.

An NCD Alliance meeting suggested that "member states are deeply divided on key issues," including access to essential medicines and vaccines; control of risk factors; and resources to prevent and control NCDs. But the biggest worry is the lack of precise goals.

"Of particular concern are the "actions of the US, Canada and the European Union to block proposals for the inclusion of an overarching goal: to cut preventable deaths from NCDs by 25% by 2025," the alliance said in a statement.

Such is the plight of patients with chronic diseases in low and middle income countries, that the UN general assembly voted to convene a special summit on non-communicable diseases

Risk factors

One argument for grouping together cardiovascular disease, respiratory illnesses, cancer, and diabetes is that they share common risk factors—namely, tobacco use, unhealthy diet, lack of physical activity, and misuse of alcohol. But there's political disagreement on who experiences the greatest burden of disease and how much the various risk factors contribute.

The World Health Organization is clear that non-communicable diseases are diseases of poverty and that therefore social determinants of health need to be tackled.[3] But a letter from Andrew Mitchell, the UK's secretary of state for international development, in May this year shows that not everyone agrees.

"While there are many poor people affected by NCDs, and certainly, these diseases are an important and growing cause of impoverishment, the majority of sufferers tend still to be in the wealthier quintiles of the population," said the letter.

This view was corrected by a commentary in the *Lancet*,[4] but the misconception will undoubtedly be replicated elsewhere.

Economic climate and donors

As Richard Smith, professor of health system economics at the London School of Hygiene and Tropical Medicine, points out, there are winners and losers from every action and they are not as obvious as you might think. Reduced red meat consumption in the UK may have health benefits for the UK population but will also affect farmers across the world, potentially causing job losses and plunging people into poverty. The resulting health effects of poverty may exceed the benefits from reduced consumption of meat.

But protection of financial interests is a more important barrier to change. When traffic light labelling on food was discussed in Europe, companies tried to persuade members of the European Parliament that restrictions on the food industry would inevitably lead to job losses—among other things. And exactly as the tobacco industry had before, the food industry used sponsored science—placing articles in journals—to influence policy makers.[5]

The campaign was successful—traffic lights were not implemented in the EU. And in the current economic climate, this fiscal argument might carry even more weight. Some cash strapped EU governments and the US—among the chief donor countries—may not want to risk rising unemployment rates at the expense of fending off ill health in low and middle income countries.

Influence of industry

There are numerous examples of the powerful sway that the tobacco, alcohol, and food industries have over international governments and how this impedes effective health policy.

WHO director general, Margaret Chan, warned in Moscow this year that many threats to health come from powerful corporations, driven by commercial interests—and she should know. When WHO tried to provide guidance on restricting dietary sugar consumption in 2003 they were told in no uncertain terms to back off; their report was dismissed as "misguided" and "non-science based" by the Sugar Association.

And food is proving to be a sticking point again. Changes to language in the latest version of the draft document are subtle but clearly important. While the so called G77 group of lower income states—including India, China, Kenya, and Brazil—argue that saturated fat should be reduced in processed products, as well as sugar and salt, that recommendation is being resisted by the US, Canada, Australia, and the EU. A specific target of reducing population salt intake to less than 5 g per person per day has been considered but deleted.

"Omission of saturated fat follows the conflicted industry agenda," claims the World Public Health Nutrition Association, a group of public health and nutrition professionals.[6]

And they're not the only ones who are concerned that industry interests might be trumping evidence based public health interventions. Non-governmental organisations point to the draft document's call for "partnerships" between industry and government on prevention and control of non-communicable diseases. They are not convinced that industry won't strong arm its way into getting what it wants in public health plans.

The *BMJ* has learnt that this partnership approach—whereby governments work with other organisations such as industry and non-governmental organisations—is one of the most contentious points in the latest version of the draft outcome document.

In a letter to George Alleyne, the former director of the Pan American Health Organization, who has played a key part in getting the problems of NCDs recognised, Patti Rundall, policy director of Baby Milk Action, expressed concern that partnerships meant a "close" rather than "arms-length" relationship with business.

"We share the NCD Alliance concerns that there should be concrete actions to take the NCD issue forward and we all want industry to change—but we strongly believe that this proposed 'partnership' is entirely the wrong strategy."

Over 100 non-governmental organisations and medical groups signed a petition in July saying that there needed to be a code of conduct with industry as there was a "lack of clarity of roles for the industry sector in UN health policy setting and shaping."

At a UN meeting in New York for representatives of charities and the public (called "civil

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Indra Nooyi, chairman and CEO of PepsiCo, is facing concerns from investors that her push into healthier brands has distracted the company from some core products

Margaret Chan, director general of WHO, warned in Moscow this year that many threats to health come from powerful corporations, driven by commercial interests

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Morten Wetland, the Norwegian ambassador to the United Nations, says the UN meeting needs to discuss the use of legislation in public health

Louise Kantrow, from the International Chamber of Commerce has said that businesses and the public will play their part on a "voluntary basis"

society" in global health) in June—staged to allow advocates to have their say on the final political declaration—many of the tabled speakers came from groups either representing industry or funded by industry. Speakers included representatives of the International Federation of Pharmaceutical Manufacturers and Associations, the International Food and Beverage Alliance, and the World Federation of the Sporting Goods Industry. A list of those attending the September summit on behalf of civil society also includes representatives of industry, the *BMJ* has learnt. GlaxoSmithKline, Sanofi-Aventis, and the Global Alcohol Consumers Group are included within the official US delegation. And drinks companies Diageo and SABMiller are coming from the UK.

Nevertheless, this hasn't stopped Olivier Raynaud from the World Economic Forum—one of WHO's main partners along with the NCD Alliance—from complaining that the private sector has no voice in the negotiations later that month. It perhaps comes as no surprise that, along with Kofi Annan, Peter Brabeck, a former CEO and current chairman of Nestlé, and Indra Nooyi, chairman and chief executive officer of PepsiCo, are board members of the World Economic Forum.

Non-governmental organisations are concerned that industry does not represent "civil society" or the public interest. While non-governmental organisations and many public health professionals argue that legislation is needed for successful change, that is clearly not in the interests of industry.

Louise Kantrow, from the International Chamber of Commerce, who represent business interests globally, told the New York meeting in June: "Enterprises in all sectors in both the public and private domains are happy to play their part on a voluntary basis."

Bill Jeffery, from International Association of Consumer Food Organisations, says that the UN and WHO need to put up firewalls between their policy making processes and the alcohol and food companies "whose products stoke chronic diseases" and the drug and medical technology companies "whose fortunes rise with every diagnosed case."

"If national leaders embrace lame vendor-friendly voluntary 'solutions' instead of effective regulations governing advertising, product reformulation, package labelling, government procurement, and VAT reforms, public health and national economies will strain under the burden of NCDs for generations to come," he said.

Nevertheless, the call for voluntary measures seems to be bearing fruit. The US is lobbying hard for a set of "voluntary" targets for the control of non-communicable diseases in the current draft of the political declaration, which the *BMJ* has seen. Non-governmental organisations worry that setting up a voluntary code will undermine any move towards tougher restrictions.

The draft documents show that Norway is trying to take a strong lead despite protests from the US. Morten Wetland, the Norwegian ambassador to the United Nations, acknowledges the role of regulation—and how it is proving to be a sticking point. There are several diseases caused by poor diet, drinking, and smoking "which are largely untouched by the legislative power and the treaty making capacity of this House and we need to be prepared to have a serious discussion about that when we meet in the forum," he said at the meeting in June.

But even when legislation has been implemented, history is replete with examples of how companies simply find another means of getting their message across.

Tobacco is already governed by legislation. And the tide is turning with alcohol. At a WHO meeting last year, several international governments proposed that there should be a legal framework for alcohol. But the political declaration contains no references to legislation surrounding the marketing and taxation of alcohol.

As one academic wrote: "Note that effective evidence based measures on alcohol (controlling price, availability and marketing) are being deleted, and industry favoured measures (partnership working, community actions, and health promotion) being substituted," they said, adding: "These changes bear the mark of the drinks industry and are a result of heavy industry lobbying in New York."

Even commitments to tackling tobacco use are being watered down. Although there are calls to use fiscal policies to prevent non-communicable diseases, Japan, the EU, US, and Canada are resisting all language on taxation. And in the latest draft, some tobacco producing G77 countries, such as Cuba and Indonesia, are refusing to acknowledge the "fundamental and irreconcilable" conflicts of interest between the tobacco industry and public health. Such countries have not signed up to the Framework Convention of Tobacco Control.

What the likes of Corporate Accountability, an international watchdog, are worried about is that if industry agrees to a set of voluntary principles they will be little more than window dressing. For every motivated executive who is committed to improving a company's corporate social responsibility, there are shareholders who will kick back if sales are falling.

When industry market share numbers came out in March this year, showing Pepsi-Cola slipping to number 3 in the sales stakes ranking—falling behind Coca-Cola and Diet Coke—Pepsi

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- Richard Smith: More on the United Nations meeting on NCDs

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duly opted to spend 30% more on advertising. Indra Nooyi, chairman and chief executive officer of PepsiCo, is facing doubts from investors and industry insiders concerned that her push into healthier brands have distracted the company from some core products, the *Wall Street Journal* reports.[7]

Nevertheless, PepsiCo has secured the prime side-event slot at the UN meeting: a breakfast event from 8-10 am on the morning of the summit.

If voluntary measures are put in place, who's going to monitor and who's really going to hold the various industries to account? In a letter to Ban Ki-moon, UN secretary general, this month, the NCD Alliance expressed concern that there has been "no clear decision to establish the means through which commitments can be followed up and coordinated at a global level. It asks the secretary general to provide options by the end of next year for further consideration.

"There's an allergy to accountability," Jorge Alday, associate director of the World Lung Foundation told the *BMJ*. "There is no clear timeline about what's going to happen and there is push back from the US and EU for having a comprehensive review in 2014."

The NCD Alliance agrees that preventive measures need to be put in place. However, there is concern that funding streams from some of its member organisations might limit the alliance's ability to call for tighter controls on industry. One of the main members of the alliance, The World Heart Federation, accepts funding from Unilever[8]—owners of brands that make dairy produce and some fast foods.

In a statement to the *BMJ* , the federation said. "In the case of enterprises involved in manufacturing, distribution and sales of food and beverages, the World Heart Federation considers the important role they must play in product reformulation to eliminate trans fats, and reduce saturated fat and salt intake."

The alliance is supported by 10 pharmaceutical and medical technology companies. The supporters have put out their own statement.

Governments should "validate and support the critical role of companies, across a broad variety of sectors, as value-adding partners to governments, civil society and other stakeholders," it said.

However, the alliance stresses that "funds are applied at the Alliance's discretion, with no influence or involvement from funding partners."

Indeed, it is Japan that has been doing the bidding on behalf of the drug industry in negotiations. The country is keen to support the use of "high quality" medicines—a reference to branded as opposed to generic drugs; is pushing public-private partnerships and incentivising innovation; and, in line with drug industry requests, calls for "acknowledged public health best practices," as opposed to cost effective interventions.

Other economic concerns

But while industries have their own interests to think about, so do politicians—which might well limit their responses. Donor countries have problems with non-communicable diseases on their own turf. There is no appetite for a new vertical or disease based initiative.

Professor Smith is concerned that non-communicable disease advocates have been doing a lot of talking among themselves. "Saying NCDs are bad and they affect people's health is far too simplistic," he says.

While health ministers might be convinced that "the health of the country is the wealth of the country" as one report argued,[9] advocates have to persuade those occupying the powerful trade, industry, and budgetary offices in international governments. And they are yet to be convinced. The negotiations have stalled, in part, because there is a reluctance of donor countries to call for increased resources for non-communicable diseases.

Politics

According to Professor Smith, the issues are very diffuse, and it is hard to see what the political win is for some departments. Political short termism may well win out.

It was a point noted at a UK Chronic Disease Task Force meeting in December last year. Minutes said that they would need to "make the case for the government as to why it would be in their interest to be a champion."

Sudeep Chand, global health fellow at Chatham House and a former adviser at the Department of Health—also says there needs to be sophisticated political thinking.

"Leaders need to think of votes—this usually goes down monetary lines and numbers of lives saved. There's got to be a political gain particularly in democratic countries. How to deal with this long term in relation with other crises might be difficult. China could be better at doing this, for example. UK and US policy is often undermined by turnover of staff and an inability to implement long term plans," he said.

One stumbling block for all those involved is the priority setting and the relation between non-communicable and communicable disease. India, for example, has tacitly agreed to adhere to WHO's code for marketing food to children—and WHO calls on member states to sign up to it—but undernutrition is seen as more of a current problem in India. Maybe, Professor Smith says, nutrition as a whole—looking at both poor diet and lack of food— should be tackled as one.

Even if the politics are overcome, tackling non-communicable diseases is a long term game. "The summit is a political platform to get a coherent strategy together—for leaders to acknowledge that this is an issue. It's not a game changer, but it's a start," Dr Chand says.

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This month the United Nations will stage its first summit looking at the world epidemic of non-communicable diseases—in particular, cardiovascular disease, cancer, diabetes, and chronic obstructive disease (*BMJ* 2011;342:d3823). This article is part of the *BMJ*'s pre-summit coverage, looking at the risk factors linking these diseases.

See also ANALYSIS, p 455

COMMENTARY **David Stuckler, Sanjay Basu and Martin McKee**

UN high level meeting on non-communicable diseases: an opportunity for whom?

In September, world leaders will meet at the United Nations in New York to discuss non-communicable diseases.[1] A decade ago, at a similar meeting on HIV/AIDS, they created the Global Fund for HIV/AIDS, Tuberculosis and Malaria—a revolutionary new global health funding mechanism.[2]

The September meeting will focus on four leading conditions—heart disease, cancer, diabetes, and respiratory disease—that together cause more than half of all deaths in low and middle income countries.[3] Without action, the number of premature deaths (age < 60) caused by non-communicable diseases is expected to rise from 3.8 million each year to 5.1 million in poor countries by 2030, trapping a generation of families in cycles of poverty and disease.[4-6] As Thomas Frieden, director of the US Centers for Disease Control and Prevention, recently stated, developing countries must immediately tackle the rapid rise of non-communicable diseases because they will "kill four times as many people by 2020 as infectious diseases."[7]

Hopes are high that the UN meeting will mark a turning point and avoid the belated response that hampered HIV strategies. Progress on HIV required not only technical discussions about which drugs work and how to make them cost effective; it also needed to tackle the broader ethical, social, and political dimensions of the HIV pandemic.[8]

Throughout the process, the imperative to act was presented as one of social justice. It emphasised that HIV was a manifestation of inequalities in power and resources. Efforts by drug companies to protect long term patents on antiretroviral drugs were met by activists fighting for access to treatment and declaring that human lives in poor countries were just as valuable as those in rich ones.

Epidemiology of non-communicable diseases

- The common non-communicable diseases increasingly affect the poorest in low and middle income countries, just as in high income nations[3 12]
- Women aged 15-49 in sub-Saharan Africa are four times more likely to die or experience disability from a non-communicable disease than women in high income countries[13]
- High blood pressure is the second leading risk factor for death in low income countries (behind child underweight), and high blood glucose is the fifth[14]

Misconception and neglect

Non-communicable diseases, by contrast, remain neglected despite their social parallels to HIV.[9-11] As with HIV, discussions are plagued by misconceptions. Although they have been thought of as diseases of the wealthy, this is simply incorrect (box).

Another common fallacy is that non-communicable diseases stem from a moral failure—that weakness of will leads to obesity or sedentary lifestyles. But people in many parts of the world face major barriers to making healthy choices and face powerful pressures to adopt unhealthy ones.[15]

Pervasive fallacies have led to serious underbudgeting for non-communicable diseases (box). As the health minister of Uganda put it, "We know what to do [but] we have no budget."[15]

The paradoxes are obvious to observers in developing countries. Guyana's health minister, Leslie Ramsammy, pointed to the fact that the millennium development goals did not include non-communicable diseases even though they account for 60% of global deaths. "Most of the morbidity and mortality caused by the chronic diseases are preventable. [This is] a serious omission," he said. [15]

Because non-communicable diseases are not part of the goals, development agencies fail to prioritise them; health ministers in turn do not seek support for prevention and control because of the lack of available funding. Little research can be done on how to prevent and treat these conditions, and this allows cynics to argue there is weak evidence for intervention—a Catch 22 situation is created.

Yet proved and cost effective interventions do exist (box).[19] For example, the World Bank says tobacco and alcohol taxes, smoking bans to reduce deaths, and treatment of acute myocardial infarction with aspirin and β blockers are among the most cost effective measures for disease control available in low income countries.[20]

Funding gap

- One survey of health ministers worldwide found that only about a third had even a single budget line for non-communicable diseases[16]
- Overall, less than 3% of global health aid has been designated for non-communicable diseases[17]
- WHO—which has provided the strongest support to NCDs among global institutions—allocates less than 10% of its budget to these diseases[18]

Vested interests

So why has there been no clear response to non-communicable diseases? One crucial difference from HIV is that there has been no strong base of advocates to tackle the root social causes of illness. Advocacy on non-communicable diseases has been described by young people as "dull" and "uninspiring," lacking an emphasis on social justice or inequality and missing a sense of outrage and urgency against continued inaction.

As a result, much of the agenda is being written by powerful vested interests. Margaret Chan, director general of WHO, stated that "Today, many of the threats to health that contribute to NCDs come from corporations that are big, rich and powerful, driven by commercial interests, and far less friendly to health. Today, more than half of the world's population lives in an urban setting. Slums need corner food stores that sell fresh produce, not just packaged junk with a cheap price and a long shelf-life."[26]

At a preparatory meeting in New York representatives of the United States, Europe, and key Western allies, blocked consensus on action on non-communicable diseases after lobbying from the alcohol, food, tobacco, and drug industries. Negotiations have now stalled. When asked why Michelle Obama's successful childhood obesity programmes in the US should not be modelled in developing countries, a US official responded that they might harm American exports.

The current draft of the declaration on non-communicable diseases has no time bound commitments; does not allocate resources to prevent and control these diseases; and does not include language focusing on the most cost effective fiscal and regulatory interventions.

The NCD Alliance, a leading non-governmental advocacy group, highlights the "unwillingness" of donor countries to call for increased resources for non-communicable diseases and for "the need for evidence-based fiscal policies such as increased taxation on tobacco."

Food companies have hired US President Obama's former communications director,

Anita Dunn, to lead lobbying efforts on food regulations; these industries look to low and middle income countries as their greatest growth markets.[27]

There is also evidence that food companies have worked through US diplomats to secure a more favourable economic and legal environment in developing countries. McDonald's sought to delay the implementation of new US free trade legislation until El Salvador appointed new judges to resolve an ongoing court dispute.[28]

Evidence based action

- Tobacco and alcohol tax increases have been shown to reduce consumption as well as raise revenue for governments[21-23]
- A meta-analysis of alcohol tax studies estimated that a doubling of the price of alcohol beverages would reduce alcohol related mortality by 35%, traffic crash deaths by 11%, sexually transmitted diseases by 6%, violence by 2%, and crime by 1.4%[24]
- Salt reduction reduces blood pressure and risks of cardiovascular disease. Regulating salt intake could save billions in healthcare costs annually [25]

Should the industries that profit from unhealthy products be viewed as trusted partners and have a seat at the table during public health negotiations? At recent UN civil society hearings—the main opportunity for advocates to shape the final UN political declaration—representatives from food (including the International Food and Beverage Alliance) and alcohol industries (including Anheuser-Busch, SABMiller, and the Global Alcohol Producers group) were among the main representatives of civil society. Alcohol industry representatives said at a preparatory meeting: "We will do anything as long as it is voluntary."

Corporate influence takes many, often subtle and indirect forms. Philip Morris's latest campaign, "Project Sunrise," explicitly aims to "weaken tobacco control by working with it," funding front groups and exploiting differences of opinion within the tobacco control movement to "create schisms—force them to fight among themselves."[29]

Where collaboration does not work, direct threats may be used. After WHO released its report on diet, physical activity, and health in 2003, which recommended reduced sugar intake, the sugar industry threatened that it would lobby the US to cut off its financial support to WHO. Three of Washington's largest lobbying firms now work for the food industry.[30] Vested interests also pose a problem for the non-governmental organisations that are most actively engaged in the UN civil society hearings. Many receive a considerable proportion of their funding from drug companies or food companies, potentially compromising their ability to argue for greater use of generic drugs or taxation and regulatory interventions.[31]

Policy debates may also be shaped by decisions on what is prioritised and what is not in global health. For example, the Bill and Melinda Gates Foundation, which funds more than $3.5bn of global health research each year, offers less than 3% of its funding for research into non-communicable diseases,[32 33] while holding large stocks in food and drink companies (owning 10% of global Coca-Cola stock, for example).[31]

Like the HIV meeting, the UN high level meeting on non-communicable diseases is a battleground, pitting public interests against powerful private ones. But unlike the HIV activism of the past, the voices of people affected by non-communicable diseases are mostly quiet. Whether the meeting encourages the emergence of a global social movement for change will shape the future of our health for years to come.

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