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About World Cancer Research Fund International

World Cancer Research Fund International leads and unifies a network of cancer prevention charities with a global reach. We are a leading authority on the links between diet, nutrition, physical activity and cancer. We work collaboratively with organisations around the world to encourage governments to implement policies to prevent cancer and other non-communicable diseases.

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KEY MESSAGES

- **The prevention of cancer and other non-communicable diseases (NCDs) is one of the most significant public health challenges of the 21st century**
 - **The Sustainable Development Goals identify NCDs as a major threat to global sustainable development**
- **We know what works to prevent cancer and other NCDs: the time has come to focus on implementation**
 - **More country-level action is needed to meet global NCD targets**
 - **Local context must be taken into account**
- **Public policy is critically important to create environments for people and communities that are conducive to following the World Cancer Research Fund (WCRF) Cancer Prevention Recommendations**
 - **Evidence shows that following a dietary pattern close to the WCRF Cancer Prevention Recommendations reduces the risk of cancer and all-cause mortality**
- **World Cancer Research Fund/American Institute for Cancer Research's (WCRF/AICR) Third Expert Report presents a new policy framework that identifies a set of complementary policy levers that, in combination, can be used to promote healthy diets, physical activity, breastfeeding and reduce alcohol consumption – the main factors addressed in the WCRF/AICR Third Expert Report.**
 - **Examples of implemented policy actions are highlighted across the new policy framework**



Introduction

This brief is aimed primarily at governments and policymakers who have a prime responsibility to protect the health of their citizens by creating environments that are conducive to health. A whole-of-government, whole-of-society approach, encompassing comprehensive action, is needed to prevent cancer and other NCDs. Governments need to work across departments and sectors and build relationships with civil society organisations and researchers to ensure the implementation of effective policy.

Need for policy action

NCDs threaten sustainable development

Cancer and other NCDs – mainly cardiovascular disease, chronic respiratory diseases and diabetes – are the leading cause of death globally, accounting for 70 per cent of all deaths and 56 per cent of all premature deaths (deaths before the age of 70).¹ Cancer alone causes one in eight deaths worldwide.² Total deaths and premature deaths from NCDs are projected to rise to 52 million and 19.5 million, respectively, in 2030 (up from 40 million and 17 million in 2015).³

Many NCDs are preventable and share four key risk factors – tobacco use, unhealthy diet, physical inactivity and alcohol consumption. These risk factors are influenced by underlying social, economic, political, environmental and cultural factors, broadly known as social determinants.

NCDs threaten global sustainable development and inflict a tremendous economic and social cost to society and governments.⁴ As such, NCDs are integrated throughout the United Nations' 2030 Agenda for Sustainable Development.⁵ Target 3.4 of the Sustainable Development Goals is to reduce premature mortality from NCDs by one-third through prevention and treatment by 2030. The prevention of cancer and other diet-related NCDs is arguably one of the most significant public health challenges of the 21st century.

Countries are not taking sufficient action to meet the nine voluntary global NCD targets set out in the World Health Organization's (WHO) Global NCD Action Plan 2013-2020⁶, including a 25 per cent relative reduction in premature mortality from NCDs by 2025.⁷ Since the targets were adopted in 2013, additional evidence has deepened our understanding of how to effectively tackle NCDs. This updated evidence, *'Best buys' and other recommended interventions for the prevention and control of NCDs* (updated Appendix 3 of the Global NCD Action Plan) comprises 88 interventions, across the four key risk factors.⁸ These interventions show evidence of effectiveness, but political commitment and appropriate governance structures are needed to translate this knowledge into meaningful action. **We know what works to prevent cancer and other NCDs: the time has come to focus on implementation.** Otherwise, the 2025 targets will not be met and neither will Sustainable Development Goal 3, in particular target 3.4 to reduce premature mortality from NCDs by one-third by 2030.⁹

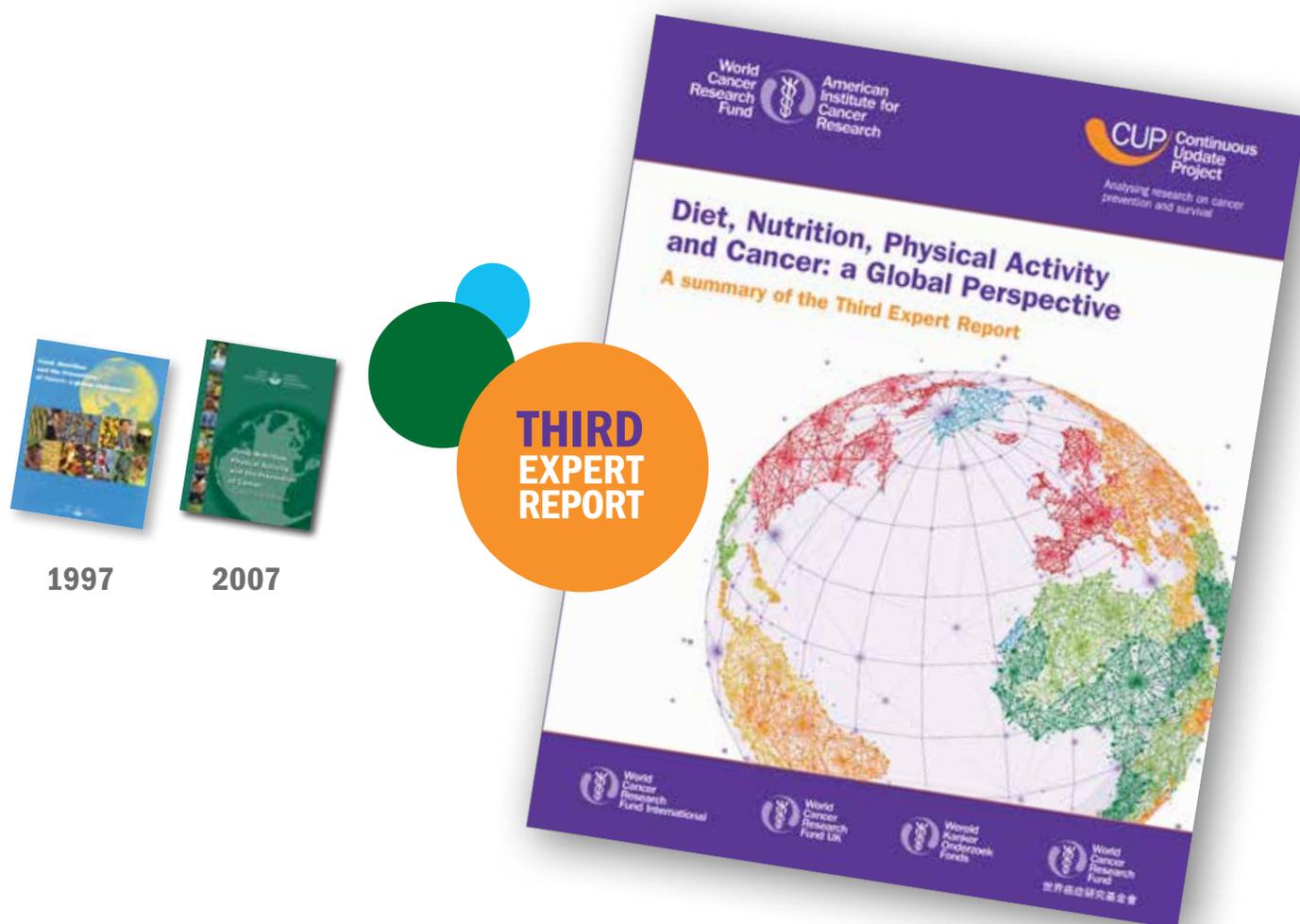
Furthermore, the United Nations General Assembly has declared 2016 – 2025 the Decade of Action on Nutrition, calling on governments and other actors to make SMART (Specific, Measurable, Achievable, Relevant and Time-bound)ⁱ commitments to implement effective policies to improve diet and nutrition across multiple sectors.¹⁰

ⁱ For example SMART commitments to address NCDs, overweight and obesity see: World Cancer Research Fund International / NCD Alliance. Ambitious, SMART commitments to address NCDs, overweight & obesity. Available: https://wcrf.org/sites/default/files/SMARTBrief_2017_ShortVersion_18May.pdf Accessed 21/03/2018.

The latest research on the links between diet, nutrition, physical activity and cancer

The World Cancer Research Fund / American Institute for Cancer Research Third Expert Report, *Diet, Nutrition, Physical Activity and Cancer: a Global Perspective*¹¹ brings together the very latest research on cancer prevention related to diet, nutrition and physical activity.ⁱⁱ It is based on WCRF International's Continuous Update Project's review of the accumulated evidence. Key findings of the report include strong evidence that greater body fatness and alcohol are causes of many cancers and that physical activity protects against several cancers. The findings also include strong evidence that breastfeeding protects against breast cancer in the mother and promotes healthy growth of the infant. These findings reinforce and, in most cases, strengthen findings from the 2007 WCRF/AICR Second Expert Report.

The 2018 WCRF Cancer Prevention Recommendations (see Box 1) build on the 2007 recommendations and are designed to help people maintain a healthy weight and adopt healthy patterns of eating, drinking and physical activity throughout life. The Recommendations and supporting guidance reflect updated evidence and are intended to comprise a comprehensive package of behaviours that, when taken together, promote a healthy pattern of diet and physical activity to reduce cancer risk. They are designed to be used as the basis for action by people and to help inform policy action.



ⁱⁱ Not smoking, avoiding other exposure to tobacco, and avoiding excess exposure of the skin to ultraviolet radiation (for example, sunlight) are also important in reducing cancer risk. These risk factors are not covered in the WCRF/AICR Third Expert Report.

Box 1: World Cancer Research Fund Cancer Prevention Recommendations

- **Be a healthy weight**

Keep your weight within the healthy range and avoid weight gain in adult life

- **Be physically active**

Be physically active as part of everyday life – walk more and sit less

- **Eat a diet rich in wholegrains, vegetables, fruit and beans**

Make wholegrains, vegetables, fruit, and pulses (legumes) such as beans and lentils a major part of your usual daily diet

- **Limit consumption of ‘fast foods’ and other processed foods high in fat, starches or sugars**

Limiting these foods helps control calorie intake and maintain a healthy weight

- **Limit consumption of red and processed meat**

Eat no more than moderate amounts of red meat, such as beef, pork and lamb. Eat little, if any, processed meat

- **Limit consumption of sugar sweetened drinks**

Drink mostly water and unsweetened drinks

- **Limit alcohol consumption**

For cancer prevention, it's best not to drink alcohol

- **Do not use supplements for cancer prevention**

Aim to meet nutritional needs through diet alone

- **For mothers: breastfeed your baby, if you can**

Breastfeeding is good for both mother and baby

- **After a cancer diagnosis: follow our Recommendations, if you can**

Check with your health professional what is right for you

Not smoking and avoiding other exposure to tobacco and excess sun are also important in reducing cancer risk.

Following these Recommendations is likely to reduce intakes of salt, saturated and trans fats, which together will help prevent other non-communicable diseases.

A significant body of evidence from large population studies has accumulated since the 2007 WCRF/AICR Second Expert Report. It shows that following a dietary pattern close to the 2007 WCRF Cancer Prevention Recommendations reduces the risk of new cancer cases, dying from cancer and dying from all causes.^{12,13,14} These findings demonstrate that the Recommendations work in real-life settings.

Importance of public policy

Public policy is critically important in creating environments for people and communities that are conducive to following the WCRF Cancer Prevention Recommendations. For example, what foods are available and affordable and how accessible physical environments are for active ways of life are largely outside people's direct personal control. These factors are often shaped by policies beyond the health sector, such as planning and transport policies, and taxes.

What can be done?

A new policy framework

In 2013, WCRF International developed the NOURISHING framework to promote healthy diets (see Figure 1), which formalises a package of policies across 10 areas, recognising the importance of taking a comprehensive approach.¹⁵ Each letter of the name NOURISHING represents a different policy area across three domains: food environment, food system and behaviour change communication.

The framework is accompanied by the NOURISHING database that holds examples of implemented government policies from around the world.¹⁶ The database is updated regularly and is an instrument for change used by policymakers, researchers and civil society organisations.

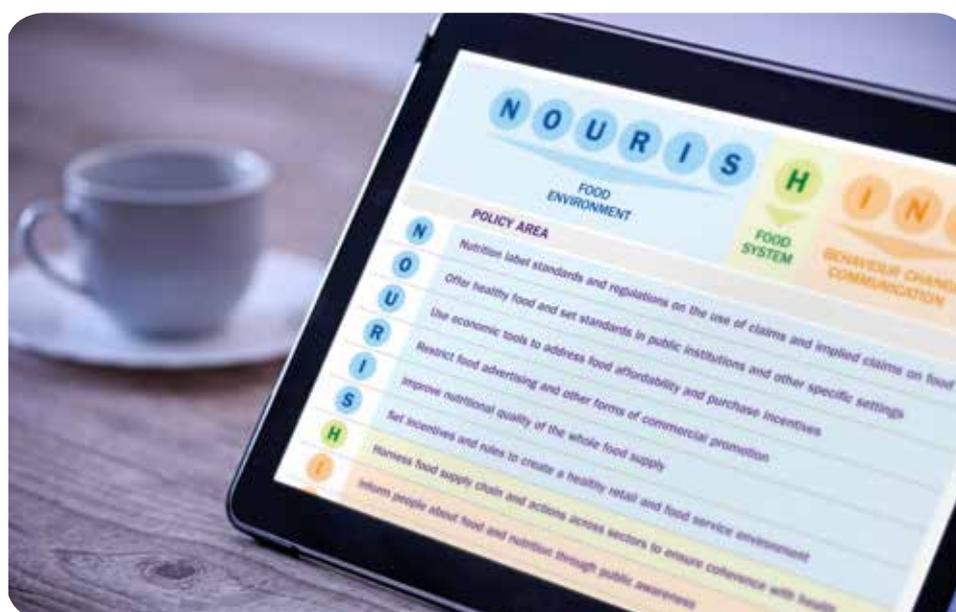
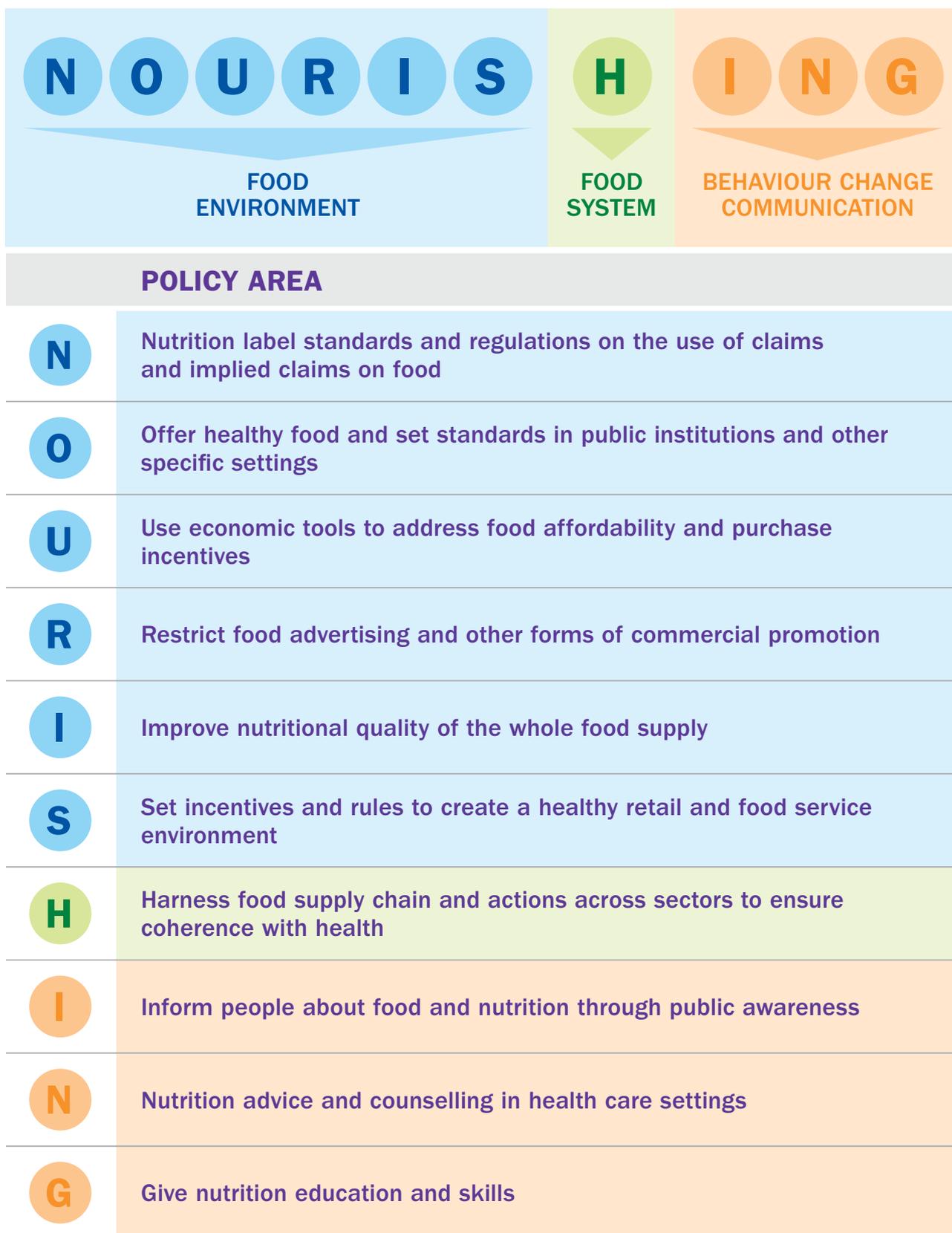


Figure 1: World Cancer Research Fund International's NOURISHING framework



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Policy levers similar to those that promote healthy diets can be applied to promote physical activity and breastfeeding and reduce alcohol consumption. Broadly, these are measures that influence availability, affordability, awareness and acceptability. Therefore, WCRF International used its existing NOURISHING framework as a foundation to create an innovative new policy framework to promote not only healthy diets, but also physical activity and breastfeeding, as well as reduce alcohol consumption (factors researched by WCRF International's Continuous Update Project).

The new policy framework modifies NOURISHING's 10 policy areas, expanding them to 11 areas, adding 'Healthy urban design' (see Figure 2). NOURISHING's policy domains have been broadened to 'Health-enhancing environments', 'Systems change' and 'Behaviour change communication', from 'Food environment', 'Food system' and 'Behaviour change communication'. The first domain includes a set of policies that together will create health-enhancing environments, the second domain encompasses systems change, which is complex and requires multi-sectoral action and the third domain includes policies and programmes that communicate and promote behaviour change.

The new framework is complementary to, but does not replace the NOURISHING framework.

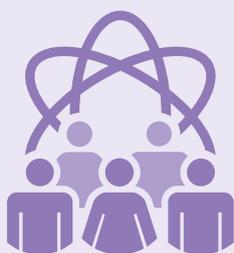
The new policy framework can be used to consider policy actions that will help make environments conducive for people and communities to follow the WCRF Cancer Prevention Recommendations as a whole, with NOURISHING remaining a more established and detailed framework. It is a tool designed for policymakers, civil society organisations and researchers (see Box 2).

Box 2: Uses of the new policy framework for different target audiences



Policymakers:

- Enable and inform policy development and strategic direction
- Identify where action is needed
- Select and tailor policy options suitable for different contexts



Civil society organisations:

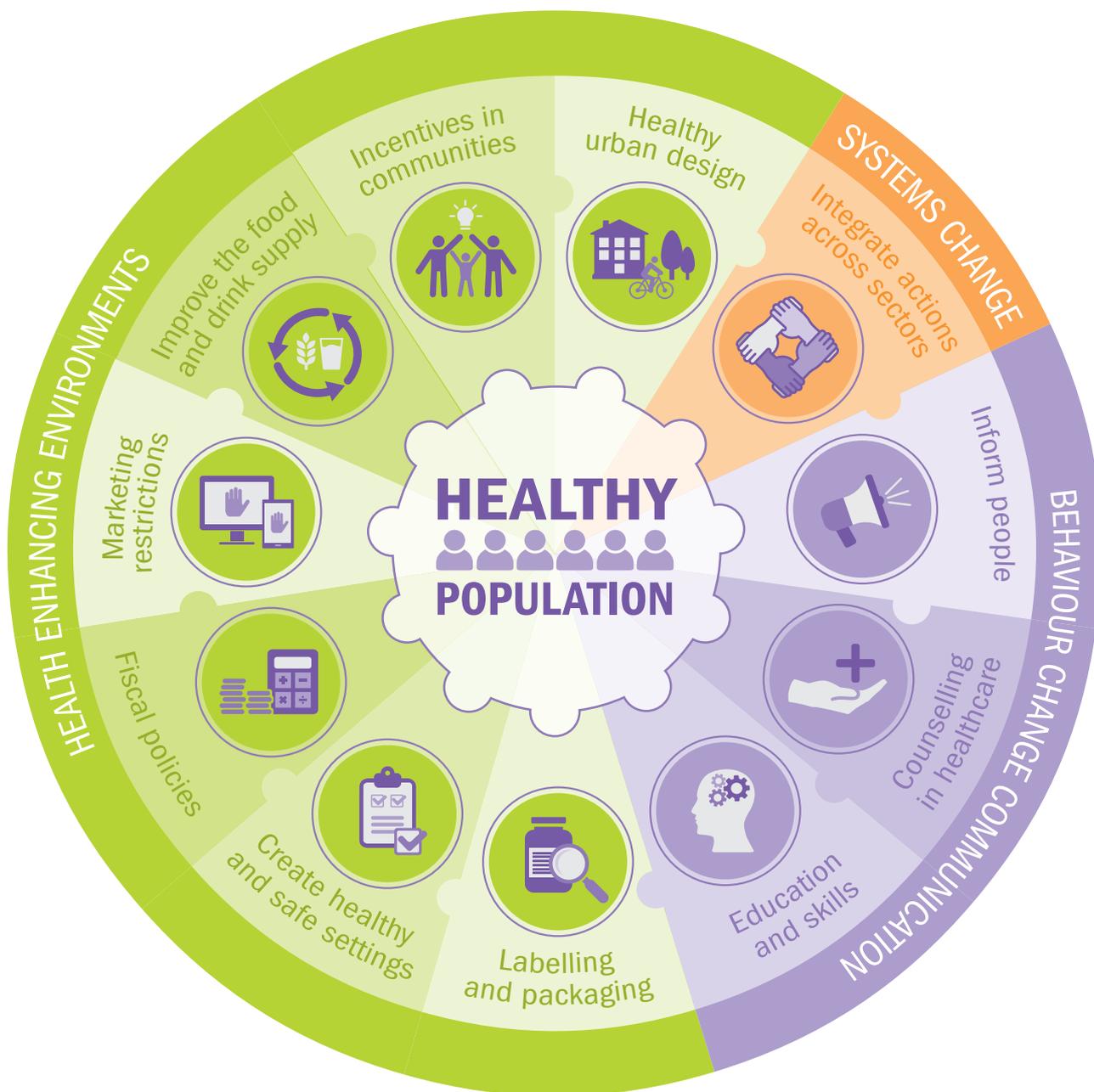
- Monitor what governments are doing
- Benchmark progress
- Hold governments to account
- Assist governments in developing appropriate responses



Researchers:

- Identify research gaps
- Monitor and evaluate policies

Figure 2: A new policy framework to promote healthy diets, physical activity, breastfeeding and reduce alcohol consumptionⁱⁱⁱ



A new policy framework that can be used to identify a comprehensive package of actions that are needed to create environments for people and communities that are conducive to following the WCRF Cancer Prevention Recommendations.

ⁱⁱⁱNot smoking and avoiding other exposure to tobacco and excess sun are also important in reducing cancer risk. These risk factors are not covered in the WCRF/AICR Third Expert Report and are therefore not included in the new policy framework.

Taking action across the 11 policy areas of the new policy framework is needed. These complementary actions can work together synergistically to support governments to meet the 2025 Global NCD Action Plan targets and 2030 Sustainable Development Goals.

Policy options across the 11 broad policy areas of the new policy framework are presented in the Appendix, demonstrating how similar policy levers can be applied to promote healthy diets, physical activity and breastfeeding, and reduce alcohol consumption.¹⁷ Implemented policy actions – examples of policy options outlined across the framework – are highlighted in the next section.

Governance mechanisms should be developed to prevent and manage potential conflicts of interest in the development and implementation of public policies. It is the responsibility of government to set the policy and regulatory framework. The private sector has a role to play, but this role should be restricted to the implementation stage of the policymaking process.

Importantly, policy action needs to be tailored to national contexts in order to address the specific needs of a particular population. Policymakers can set examples for other countries, learn from what other countries are doing and apply those lessons learned to their own contexts. Innovative policies – shaped by technology, globalisation and trade – continue to be developed and implemented in a rapidly evolving world.

Examples of implemented policies across the new framework

Highlighted below are examples of implemented government policy actions – across eight of the 11 policy areas – that promote healthy diets, physical activity, breastfeeding and reduce alcohol consumption using the new policy framework. These policy actions have been chosen because they: have been implemented; have a relatively strong design; are supported by evidence; and have the potential for impact.^{iv,v}



^{iv} Note: before these policies are applied to any context, consideration should be given to domestic and international trade and investment law obligations.

^v Note: policies highlighted in the pages that follow are examples of the ways different countries are moving forward and does not imply endorsement. Evaluations of these implemented policies will provide more detail of their effectiveness, and in some cases evaluations have already been conducted or are currently under way.

HEALTH-ENHANCING ENVIRONMENTS

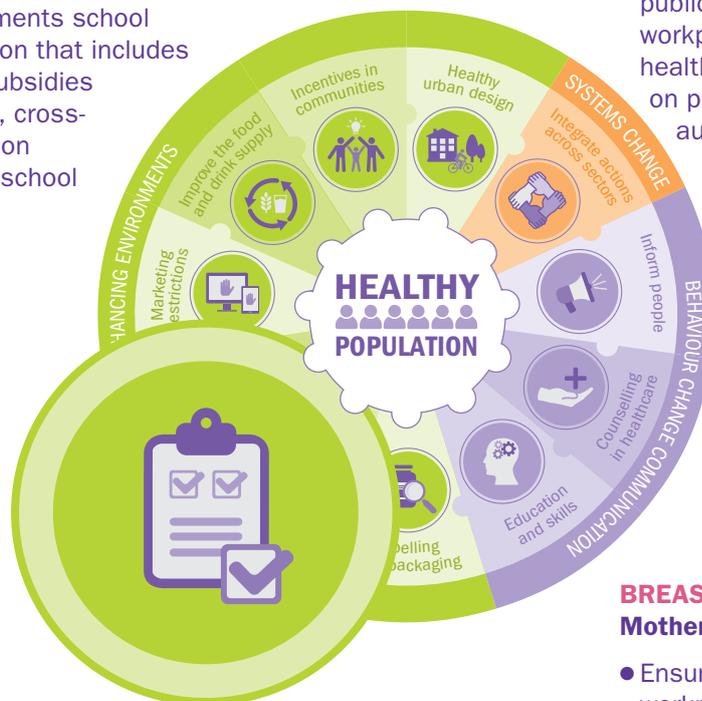
CREATE HEALTHY AND SAFE SCHOOLS, WORKPLACES, PUBLIC INSTITUTIONS AND HEALTH FACILITIES

DIET: Slovenia's vending machine ban (2010)

- Bans vending machines selling food and drink on school property.
- The ban complements school nutrition legislation that includes standards and subsidies for school meals, cross-curriculum nutrition education and a school fruit programme.

ALCOHOL: Costa Rica's restrictions on alcohol consumption in public spaces (2012)

- Prohibits the consumption and marketing of alcoholic beverages in public spaces, including schools, workplaces, government offices and healthcare establishments, and on public roads (except in cases authorised by the municipality).



PHYSICAL ACTIVITY: Canada's Action Schools! BC (AS!BC) (2003)

- A provincial programme available to elementary schools (Kindergarten to Grade 7) across the province of British Columbia designed to help promote physical, food and health literacies with connections to mental well-being.
- AS!BC uses the Comprehensive School Health framework to help create healthy school communities.
- AS!BC has six key components that include: action planning, customized grants, food literacy and physical literacy mentorship, workshops for educators, on-going support for schools and online resources.

BREASTFEEDING: Bangladesh's Mothers At Work initiative (2017)

- Ensures maternity protection in the workplace and comprises seven minimum standards including paid maternity leave, provision of breastfeeding accommodations, breastfeeding breaks, flexible working arrangements and provision of day care.
- Takes a multi-sectoral approach – implementation is in partnership with the Ministry of Health and Family Welfare and the Ministry of Labour and Employment, as well as with private and civil society stakeholders.



DIET



ALCOHOL



PHYSICAL
ACTIVITY



BREAST
FEEDING

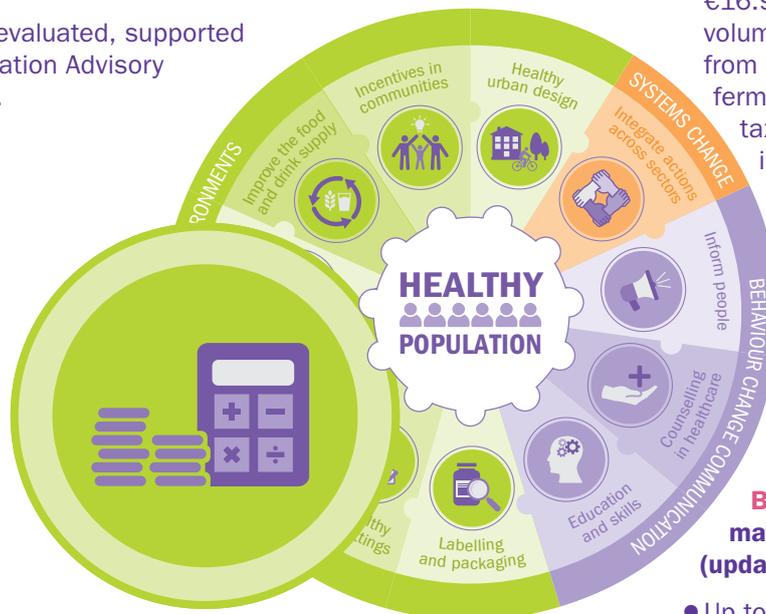
FISCAL POLICIES

DIET: Mexico's sugar sweetened beverage tax (2014)

- Increases price of sugar sweetened beverages by about 10%.
- Sustained reduction in purchases of sugar sweetened beverages over first two years.
- Rigorously evaluated, supported by an Evaluation Advisory Committee.

ALCOHOL: Estonia's alcohol excise tax (1992, excise rate increased significantly in 2017)

- Taxes all beer, wine, fermented beverages, intermediate products and other alcohol products.
- Tax rates have increased over time, as of February 2018, beer is taxed at €16.92 per 1% of ethanol content by volume in hectolitre (a 85% increase from February 2017), wine and fermented beverages ≤6% ABV are taxed at €84.41/hectoliter (a 58% increase from February 2017) and wine and fermented beverages >6%ABV are taxed at €147.82/hectoliter (a 20% increase from February 2017).
- Additional increases in excise taxes are planned for 2019 and 2020.



PHYSICAL ACTIVITY: Finland's tax incentives to encourage physical activity

- People who commute to work by bicycle (when cycling is part of the trip, for example cycling to a train station) are eligible for a yearly tax exemption of €85 (in 2015).
- Collective sports activities can be arranged for employees as a tax-free benefit (maximum €400 per person/year).

BREASTFEEDING: Canada's maternity and parental benefits (updated December 2017)

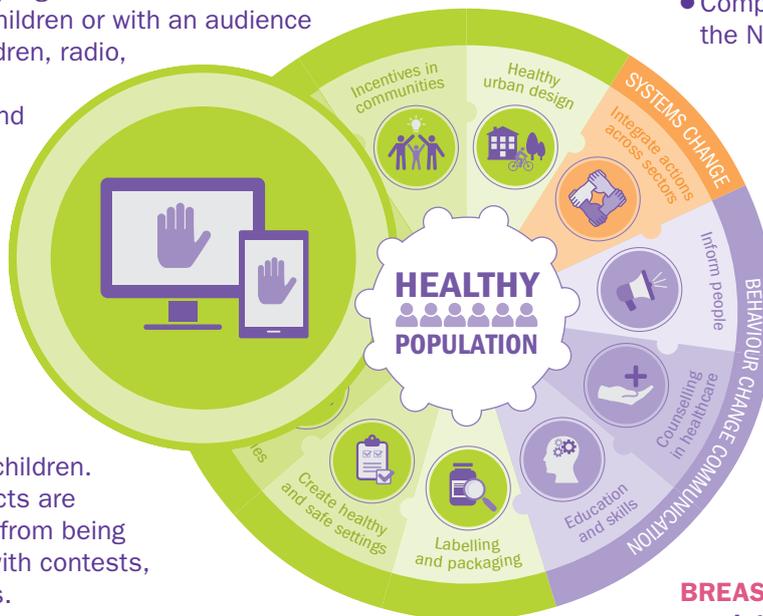
- Up to 15 weeks of maternity leave with 55% of average weekly salary provided by federal employment insurance. Benefits can be paid as early as 12 weeks before the expected date of birth.
- After the 15 weeks of maternity leave, any parent or caregiver (adoptive or birth) can take parental leave. *Standard parental benefits* include a maximum of 35 weeks claimed within a 52 week period (12 months) at a rate of 55% of average weekly earnings or *extended parental benefits* – a maximum of 61 weeks claimed within a 78-week period (18 months) at a rate of 33% of their average weekly earnings. Two parents can share the 35 or 61 weeks of parental benefits.

HEALTH-ENHANCING ENVIRONMENTS

MARKETING RESTRICTIONS

DIET: Chile's food marketing restrictions (2016)

- Bans advertising to children under the age of 14 for foods in the “high in” category for calories, saturated fat, sugars, or sodium, in any media including TV programmes or websites directed to children or with an audience of >20% children, radio, newspapers, magazines and promotional strategies and incentives, such as cartoons and animations that could attract the attention of children. These products are also banned from being associated with contests, prizes or toys.
- Bans the sale, promotion, marketing or advertising of these products in pre-school, primary and secondary schools.
- Is part of a broader multi-pronged strategy that includes front-of-pack warning labels and a sugar sweetened beverage tax.
- Compliance is closely monitored.



ALCOHOL: Norway's alcohol advertising ban (1975)

- Bans all alcohol advertising, including TV, radio, outdoor marketing, printed media, cinema, digital media, and sports partnerships.
- Compliance is closely monitored by the Norwegian Directorate of Health.

BREASTFEEDING: Botswana's regulations on marketing of foods for infants and young children (2005)

- Prohibits a wide range of marketing practices of foods for infants and young children (e.g. infant formula, follow-up formula) including TV, radio, telephone, internet marketing, promotions, discounts, and mother and baby clubs.
- Prohibits health workers from promoting or displaying foods for infants and young children.
- Includes robust monitoring.



DIET



ALCOHOL



PHYSICAL
ACTIVITY

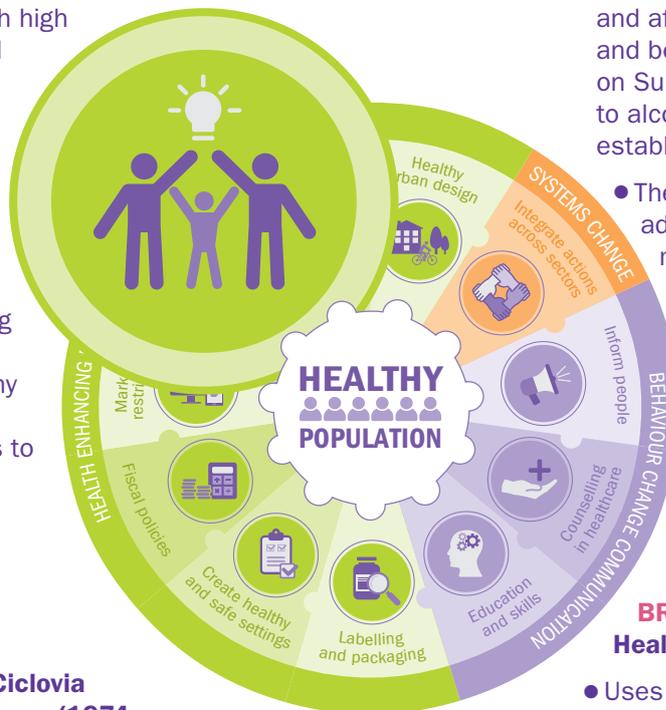


BREAST
FEEDING

INCENTIVES IN COMMUNITIES

DIET: New York City's Shop Healthy initiative (2012)

- Works with communities to increase access to healthy food in neighbourhoods with high rates of obesity and limited access to nutritious food.
- Encourages food retailers to promote healthy foods (e.g. displaying water at eye level, advertising healthy foods, not advertising unhealthy foods and giving promotion materials to customers).



ALCOHOL: Lithuania's restrictions on hours of alcohol sale (2018)

- The Alcohol Control Law prohibits the sale of alcohol before 10:00 and after 20:00 Monday to Saturday and before 10:00 and after 15:00 on Sundays (this does not apply to alcohol sold on tap in catering establishments).
- The Law also bans alcohol advertising and raises the minimum legal drinking/purchasing age to 20.
- Law explicitly aims to protect public health, particularly among young people, by reducing alcohol consumption and alcohol related harm.

PHYSICAL ACTIVITY: Bogota, Colombia's Ciclovía Open Streets programme (1974; transformed and enhanced in 1995)

- Closes over 76 miles/120 km of streets to motorized traffic and opens streets for physical activity (walking, running, cycling, skating) every Sunday and holiday (about 65 days a year) from 7:00 to 14:00. Along the network of streets, there are over 20 stations for more physical activity including aerobics, yoga and social dance.
- On average a quarter of the city's population participate weekly (1.7 million people).
- Since 2000, hundreds of cities around the world have implemented similar programmes.

BREASTFEEDING: Ethiopia's Health Extension Programme (2005)

- Uses an innovative community-based approach to improve primary health services in rural areas focused on prevention, healthy living and basic care.
- More than 34,000 government salaried female Health Extension Workers conduct household visits to improve maternal and newborn health care practices, including the promotion of early and exclusive breastfeeding.
- 75% of Health Extension Workers time is spent in outreach activities.

HEALTH-ENHANCING ENVIRONMENTS

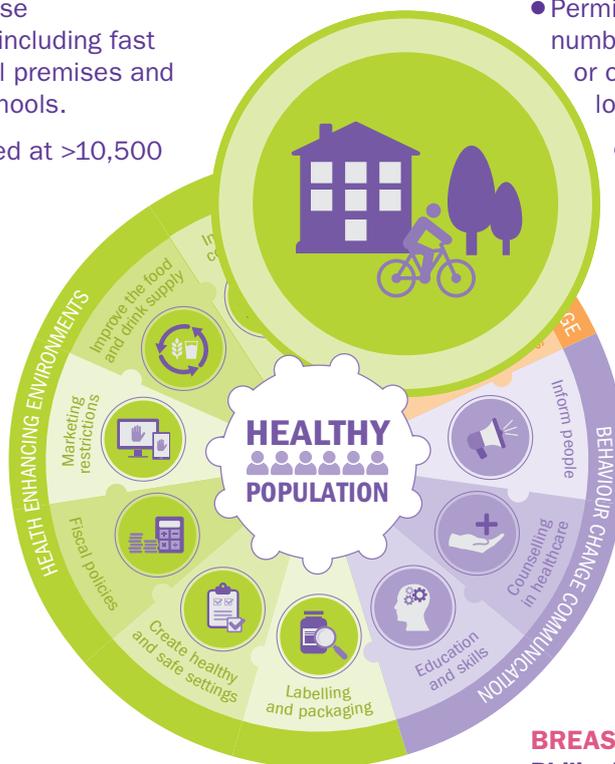
HEALTHY URBAN DESIGN

DIET: South Korea's Green Food Zones (2010)

- Bans sale of energy-dense and nutrient-poor foods including fast food and soda on school premises and within 200 metres of schools.
- Green Food Zones existed at >10,500 schools in 2017.

ALCOHOL: Scotland's Licensing (Scotland) Act (2009)

- Permits authorities to limit the number of licensed outlets (in general or of a particular type) in a given locality.
- Protecting and improving public health is one of the Act's five objectives.
- Licensing Standards Officers provide information and guidance on the Act and supervise compliance.



PHYSICAL ACTIVITY: Barcelona's Urban Mobility Plan (2013-2018)

- Organises city urban patterns into super blocks and other calming measures to increase accessibility for walking, bicycling and urban transport and increase green space.
- Includes citizen participation in designing and implementing each superblock to adapt the model to the local area.

BREASTFEEDING: Philippines' Breastfeeding Promotion Act (2009)

- Requires offices, public establishments such as schools and malls, and government institutions to establish lactation stations, separate from the bathroom, where mothers can breastfeed their babies or express milk.

SYSTEMS CHANGE



DIET



ALCOHOL



PHYSICAL ACTIVITY

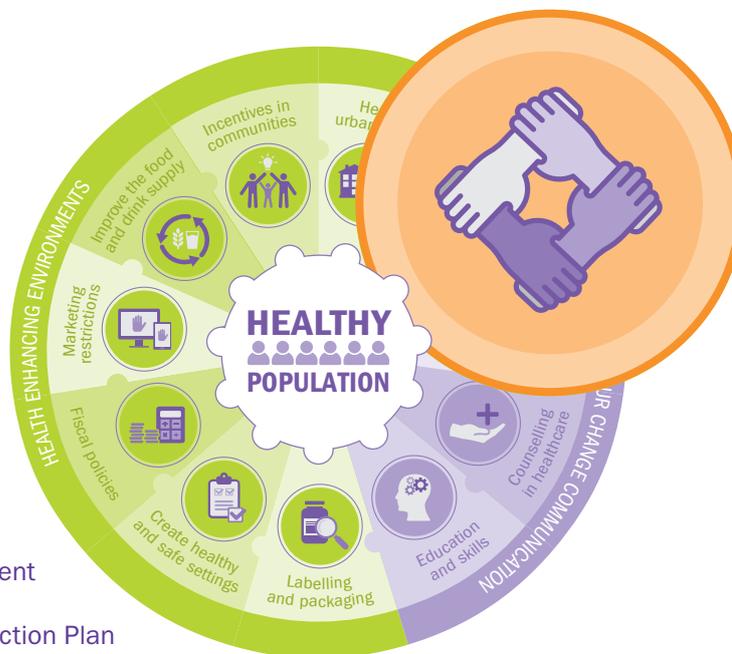


BREAST FEEDING

INTEGRATE ACTIONS ACROSS SECTORS

**DIET, ALCOHOL,
PHYSICAL ACTIVITY,
BREASTFEEDING:
Tanzania's High-Level
Steering Committee on
Nutrition (1973)**

- National multi-sectoral coordination body housed under the Prime Minister's Office.
- Provided policy leadership for development of Tanzania's five-year Multisectoral Nutrition Action Plan (2016/2017-2020/21) that promotes action to promote healthy diets, physical activity and breastfeeding and reduce alcohol consumption.



BEHAVIOUR CHANGE COMMUNICATION

INFORM PEOPLE

DIET:

Australia's "LiveLighter®" public health campaign (2012)

- Uses a comprehensive approach to address overweight and obesity, physical inactivity and poor nutrition primarily in adults aged 25–64 years, including a website, social media, advocacy and provocative radio, print, outdoor, TV and online advertisements to encourage people to eat healthily and be more active every day.
- Provides free resources such as recipes, a meal and activity planner and risk calculators for BMI, sugar sweetened beverage consumption, junk food consumption and physical inactivity.
- Materials are licensed for use in seven of the eight state and territory jurisdictions in Australia and in two international jurisdictions. The campaign is funded and delivered differently in each jurisdiction.

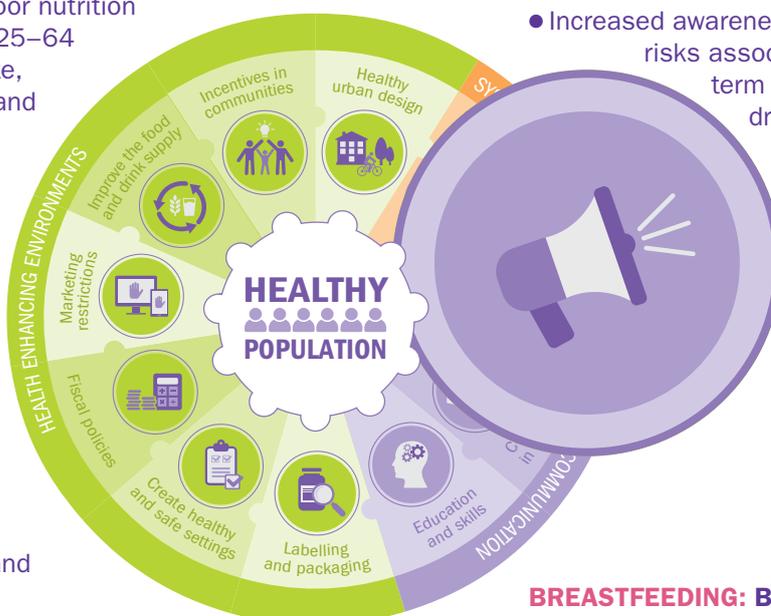
PHYSICAL ACTIVITY:

Sport England's This Girl Can campaign (2015)

- Tells real, unedited stories of women who exercise and play sport to encourage women to overcome barriers to exercise.
- 2.8 million 14–40 year old women say they have done some or more activity as a result of the campaign.

ALCOHOL: Australia's Alcohol and Cancer 'Spread' and 'Stains' campaign (2010)

- Focused on the theme that alcohol is carcinogenic.
- Increased awareness of the health risks associated with the long-term consequences of drinking alcohol, in particular the link between cancer and alcohol.



BREASTFEEDING: Bangladesh's TV and radio breastfeeding campaign (2016, ongoing)

- Educates the public about the benefits of breast milk, the hazards of breast milk substitutes and the punishments of violating the Breastmilk Substitutes Act.
- Targets health professionals, parents and caregivers of children under the age of two.



DIET



ALCOHOL



PHYSICAL
ACTIVITY



BREAST
FEEDING

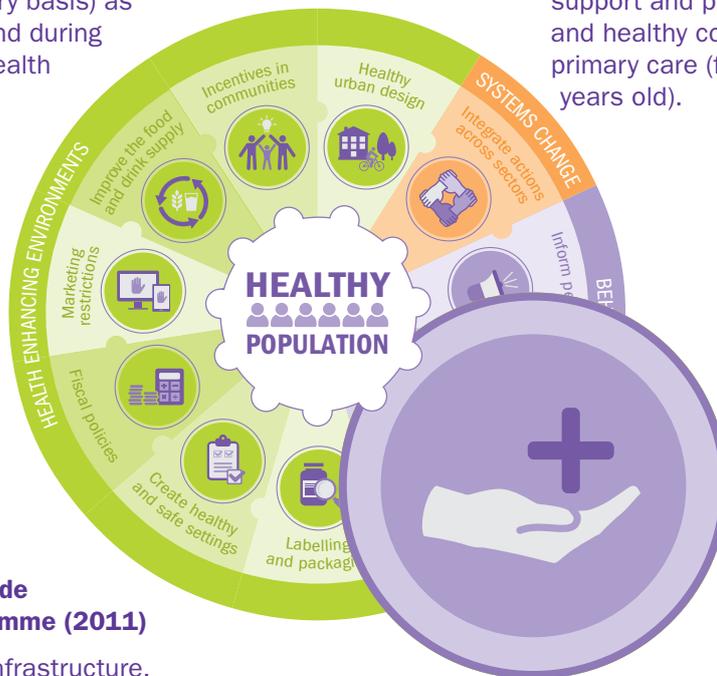
COUNSELLING IN HEALTH CARE

DIET: Finland's nutrition counselling in maternity and child health care services (2011)

- Public health nurses provide nutrition guidance (on a mandatory basis) as part of antenatal care and during appointments at child health clinics post-partum.

BREASTFEEDING: Brazil's Breastfeeding and Complementary Feeding Strategy (2012)

- Trains health professionals to protect, support and promote breastfeeding and healthy complementary feeding in primary care (for children up to three years old).



PHYSICAL ACTIVITY: Brazil's Academia da Saude (Health Academy) Programme (2011)

- Provides facilities with infrastructure, equipment, qualified instructors and free physical activity classes to overcome structural barriers to physical activity.
- Integrated with primary care, participants need to be referred based on medical reasons or for prevention purposes.

Conclusion

Preventative measures are necessary to curb the rising rates of cancer and other diet-related NCDs globally. Action is urgently needed as NCDs cause enormous suffering and are crippling to national and global economies. A whole-of-government, whole-of-society approach is needed to make progress in achieving the global NCD targets and NCD related Sustainable Development Goals. And appropriate governance mechanisms need to be put in place to prevent and manage conflicts of interest in the design and implementation of policy. **We know what works, the time has come to focus on implementation.**

WCRF International's new policy framework is a valuable tool that can help conceptualise how to promote healthy diets, physical activity, breastfeeding and reduce alcohol consumption, and can be used to identify a comprehensive package of actions that are needed to create environments that are conducive to health. **The new framework is complementary to, but does not replace the NOURISHING framework** that focuses on healthy diets. Governments should consider using policy levers identified in the framework, ensuring actions taken are tailored to fit their local context and the specific needs of their population. All members of society, including multinational and regional bodies, the private sector and civil society, have a role to play in supporting government action to achieve significant change.

Calls to action

Governments should:

- Provide national leadership in NCD prevention and take a comprehensive approach
 - Use updated evidence on cancer prevention in combination with evidence on the prevention of other NCDs to justify and guide policy actions.
 - Make public commitments that are Specific, Measurable, Achievable, Relevant and Time-bound (SMART).
 - Develop relationships and collaborate across sectors, with appropriate mechanisms in place to prevent and manage conflicts of interest.
 - Identify policy actions that have co-benefits across sectors.
- Focus on implementation to help achieve the 2025 NCD targets and 2030 Sustainable Development Goals
 - Implement robust policy actions, supported by evidence, to create environments conducive to health.
 - Outline what their country is doing to promote healthy diets, physical activity, breastfeeding and reduce alcohol consumption in order to identify gaps and prioritise areas for action.
 - Tailor actions to local contexts to meet the needs of specific populations.
- Monitor and evaluate implemented policy actions and communicate lessons learned
 - Establish robust monitoring and evaluation processes to measure impact of implemented policy actions.
 - Use evaluation results to refine and improve policy actions.

Appendix

Table¹⁸: Example policy options^a to promote healthy diets, physical activity, breastfeeding and reduce alcohol consumption, overweight, obesity and cancer, drawn from existing strategies, frameworks and plans [73–82]^{*}

Note: Policy options need to be mindful of trade law obligations. Not all policy options outlined in the table have the same level of evidence supporting them.

	Diet	Alcohol	Physical activity	Breastfeeding ^b
Health-enhancing environments	(Food and drink environment)	(Food and drink environment)	(Built environment)	(Environments that support breastfeeding)
Labelling and packaging	<ul style="list-style-type: none"> • Nutrient lists on packaged food • Clearly visible interpretive nutrition labels and warning labels on packaged foods • Calorie and nutrient labelling on menus and displays in out-of-home venues • Rules on nutrient claims and health claims on packaged food 	<ul style="list-style-type: none"> • Labels describing alcohol content (per cent of pure alcohol) • Labels describing calories, ingredients and serving sizes • Prominent, clearly worded warning labels on drinks to indicate alcohol-related harm 	<ul style="list-style-type: none"> • Prompts and cues in the environment to promote movement (e.g. signage to encourage stair use, signage for parks) 	<ul style="list-style-type: none"> • Labels on breastmilk substitutes on the appropriate use of the product, so as not to discourage breastfeeding • Labels on breastmilk substitutes to include a statement of the superiority of breastfeeding, a statement that the product should be used only on the advice of a health worker and instructions for appropriate preparation • Labels on breastmilk substitutes warning consumers that use can reduce breastfeeding, which has been linked to increased risk of cardiovascular disease and certain types of cancers in women • Plain (unbranded) packaging with no marketing claims

* Special thanks to David Jernigan, Jo Salmon, Lucy Sullivan and Lucy Westerman who provided specific feedback on this Table.

^a The table provides an overview and is not an exhaustive list of all policy options

^b Policies are needed to promote, protect and support breastfeeding; however we recognise that not all mothers are able to breastfeed.

	Diet	Alcohol	Physical activity	Breastfeeding ^b
Create healthy and safe schools, workplaces, public institutions and health facilities	<ul style="list-style-type: none"> • Nutrition standards for food and drink available in preschools, primary, secondary and tertiary schools • Fruit and vegetable initiatives in schools • Bans specific to vending machines in schools • Nutrition standards for food and drink available in workplaces, health facilities and public institutions • Nutrition standards in social support programmes 	<ul style="list-style-type: none"> • Restrictions on alcohol consumption in educational buildings, workplaces and health facilities 	<ul style="list-style-type: none"> • Implement initiatives that optimise opportunities for physical activity (including walking and cycling to and from school) and active play, before and after school, during recess and lunch breaks, and reduce sitting during class lessons • Develop and implement school design guidelines that ensure adequate provision of accessible and safe environments for children to be physically active (e.g. play areas, recreational spaces), reduce sitting (e.g. activity permissive classrooms) and support walking and cycling to and from educational institutions • Implement multi-component workplace physical activity programmes • Labour and workplace policies that support physical activity • Infrastructure that facilitates activity by providing appropriate end of trip facilities (e.g. showers, bike racks) • Computer prompts and signage on desks in the workplace and schools to break up sitting 	<ul style="list-style-type: none"> • Implement and/or expand the baby-friendly hospital initiative in health systems • Implement maternity protection legislation, including mandatory paid maternity leave • Implement policies that encourage and support women to breastfeed in the workplace and in public (e.g. lactation rooms, and nursing breaks)
Fiscal policies	<ul style="list-style-type: none"> • Health-related taxes, e.g. sugar sweetened, beverages, unhealthy foods • Increased/decreased import tariffs on specified foods • Targeted subsidies for healthy food • Incentives to support agricultural systems change 	<ul style="list-style-type: none"> • Excise taxes on alcoholic drinks, graduated by volume of ethanol that are reviewed regularly • Minimum pricing for alcoholic drinks sold in retail establishments and licensed premises 	<ul style="list-style-type: none"> • Incentives, tax deductions and targeted subsidies to support participation in physical activity (e.g. expand access to recreation facilities) • Parking and public transport policies that encourage active transport • Tax incentives to encourage workplaces to implement active travel policies for staff to use alternative forms of transport • Congestion charges and fuel levies 	<ul style="list-style-type: none"> • Maternity leave cash benefit

	Diet	Alcohol	Physical activity	Breastfeeding ^b
Marketing restrictions	<ul style="list-style-type: none"> Restrictions to all forms of food and drink marketing to children, including advertising, promotion and sponsorship Restrictions of all forms of food and drink marketing in schools, including advertising, promotion and sponsorship 	<ul style="list-style-type: none"> Ban or implement restrictions on alcohol marketing and advertising across all types of media and sponsorship, particularly marketing that reaches large numbers of youth and other vulnerable populations Restrictions on alcohol promotion in educational buildings, workplaces and health facilities 	<ul style="list-style-type: none"> Regulations on the marketing of products, environments and behaviours that encourage sedentary behaviour Restrictions on sport partnerships and sponsorships with unhealthy products 	<ul style="list-style-type: none"> Legislation to end inappropriate marketing of baby feeding products in line with the International Code of Marketing of Breast-milk Substitutes and subsequent resolutions. Legislation to end inappropriate marketing of complementary foods
Improve the food and drink supply	<ul style="list-style-type: none"> Limits on salt and removal of trans fats in food products Limits on the availability of high-fat meat products Initiatives to increase fibre and wholegrain content of food products in overall food supply Initiatives to increase the sustainability of food production 	<ul style="list-style-type: none"> Limits on the amount of alcohol in products (e.g. ready drinks, beer, wine) Limits on additives to alcoholic drinks, such as stimulants like caffeine and taurine 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Policies to increase the availability of appropriate, diversified, nutrient-dense foods for complementary feeding and for breastfeeding women Limits on salt, sugar and removal of trans fats in infant and toddler food and drinks

	Diet	Alcohol	Physical activity	Breastfeeding ^b
Incentives in communities	<ul style="list-style-type: none"> • Initiatives to increase the availability of healthier foods in stores and food service outlets • Incentives and regulations to reduce “less healthy” food and ingredients in food service outlets 	<ul style="list-style-type: none"> • Licensing system on retail sales or public health oriented government monopolies on the production and/or sale of alcohol • Restrictions on drinking in public spaces • Restrictions on days and hours of sale of alcohol • Restrictions on purchase of alcohol at petrol stations 	<ul style="list-style-type: none"> • Community walking and cycling programs • Sport and recreation policies that create active opportunities for everyone • Incentives and rules to make safe spaces for physical activity (e.g. improved lighting), including recreation and public and active transport 	<ul style="list-style-type: none"> • Community-based interventions, including group counselling or education • Public health nurse or midwife home visits soon after birth to promote, protect and support breastfeeding
Healthy urban design	<ul style="list-style-type: none"> • Planning restrictions on food outlets • Incentives and rules for stores to locate in underserved neighbourhoods (e.g. healthier retail outlets) 	<ul style="list-style-type: none"> • Restrictions on density of on-premise and off-premise alcohol outlets and integration of public health considerations into relevant planning laws 	<ul style="list-style-type: none"> • Transport planning policies, systems and infrastructure that prioritise walking, cycling and use of public transport • Urban design regulations and infrastructure that provide convenient, safe and affordable access to quality public open space • Policies that increase access to fresh quality fruit and vegetables in local areas that can be easily accessed by foot, bicycle or public transport • Land use and urban policies that require city and regional designs to incorporate residential density, connected street networks that include sidewalks, easy access to a diversity of destinations and access to public transport 	<ul style="list-style-type: none"> • Implement policies that encourage and support women to breastfeed in public • Nursing stations in public facilities such as airports, train stations, parks, etc.

	Diet	Alcohol	Physical activity	Breastfeeding ^b
Systems Change				
Integrate actions across sectors	<ul style="list-style-type: none"> • Nutrition standards for public procurement • Public procurement through “short” chains (e.g. local farmers) • Supply chain incentives for food production (e.g. stimulating markets for healthier foods) • Governance structures for multisectoral/ stakeholder engagement 	<ul style="list-style-type: none"> • Enact and enforce drink-driving laws and blood alcohol concentration limits via sobriety checkpoints • Enact and enforce an appropriate minimum age for purchase or consumption of alcoholic drinks • Governance structures for multisectoral/ stakeholder engagement to harmonise alcohol policies across government sectors 	<ul style="list-style-type: none"> • Cross-level government working groups including representatives from national, regional and local levels of government to implement action plans at each level synergistically • Policies that ensure adequate access to, and use of, natural environments for physical activity, recreation and play 	<ul style="list-style-type: none"> • Governance structures for multisectoral/ stakeholder engagement
Behaviour change communication				
Inform people	<ul style="list-style-type: none"> • Development and communication of food-based dietary guidelines • Public awareness campaigns on healthy eating • Public awareness campaigns concerning specific unhealthy food and drink 	<ul style="list-style-type: none"> • Public awareness campaigns about risks of alcohol consumption and cancer risk • Develop and communicate “lower-risk” drinking guidelines 	<ul style="list-style-type: none"> • Develop and communicate physical activity guidelines • Implement sustained, community-wide education and public awareness campaigns using traditional and social media and social marketing techniques to promote and increase understanding of the diverse ways everyone can be active, as well as increase understanding of the risks of physical inactivity and sedentary behaviour • Implement public awareness communications about places to be physically active 	<ul style="list-style-type: none"> • Implement community-based communication campaigns to promote, protect and support exclusive breastfeeding for the first six months of life, tailored to the local context • Mass media and social media campaign on breastfeeding

	Diet	Alcohol	Physical activity	Breastfeeding ^b
Counselling in health care	<ul style="list-style-type: none"> • Nutrition counselling in primary care • Nutrition training for health professionals 	<ul style="list-style-type: none"> • Provide prevention, routine screening, treatment and care for alcohol use in health services • Provide brief psychosocial intervention for persons with hazardous and harmful alcohol use 	<ul style="list-style-type: none"> • Develop simplified guidelines and protocols for integrating physical activity assessment and promotion in healthcare settings, including screening for physical activity in all health checks • Provide physical activity counselling and referral as part of routine primary health care services 	<ul style="list-style-type: none"> • Promote, protect and support exclusive breastfeeding for the first 6 months of life, and continued breastfeeding for two years and beyond in conjunction with appropriate complementary foods • Organise care to enable infant and young child feeding counselling • Individual counselling or group education, immediate breastfeeding support at delivery, and lactation management • Breastfeeding counselling in antenatal and postnatal care
Education and skills	<ul style="list-style-type: none"> • Food and nutrition education, including food preparation and cooking skills in school core curricula • Training for caterers and food service providers 	<ul style="list-style-type: none"> • Mandate responsible beverage service training for servers and managers where alcohol is served 	<ul style="list-style-type: none"> • Mandate high quality physical education in school curricula delivered by trained physical educators, that focus on life-long engagement in physical activity and sport, mastery of fundamental movement and sport skills, and physical literacy • Enhanced physical activity training for all teachers • Develop and implement tools and educational strategies that target built environment professionals (architects, urban planners) to embed active-living principles into their practice • Strengthen knowledge and awareness in key professional sectors (e.g. health professionals) of their role and impact on influencing and enabling participation in physical activity 	<ul style="list-style-type: none"> • Invest in training and capacity building for health workers in breastfeeding protection, promotion and support • Integrate infant and young child feeding into curricula for all first-level health workers

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