

**Detailed Report of
the first day of the
66th World Health Assembly
20th May 2013**



OPENING SPEECH OF DR MARGARET CHAN

Dr Chan speech:

http://www.who.int/dg/speeches/2013/world_health_assembly_20130520/en/index.html

OPENING OF THE COMMITTEE A

Election of Vice-Chairman and Rapporteur

ITEM 13. NONCOMMUNICABLE DISEASES

CHAIR

Item 13.1: Draft comprehensive global monitoring framework and targets for the prevention and control of noncommunicable diseases (Documents A66/8 and A66/8 Add.1) and Item 13.2 Draft action plan for the prevention and control of noncommunicable diseases 2013–2020 (Documents A66/9 and A66/9 Corr.1). We will also consider the draft resolution contained in Conf.paper 1

REPORT FROM THE EB132

Thank you to the chair, I will be discussing 13.1 and 13.2, the comprehensive global monitoring framework and targets and the draft action plan on NCD 2013-2020. In January 2013, the 132nd EB considered both the drafts for the prevention and control of NCDs.

Regarding 13.1 it was decided to adopt the report, and to forward the report to the 66 WHA for the adoption without reopening discussion on them.

Regarding 13.2 the EB considered a previous draft bearing in mind that countries were in different stages of development and therefore had different priorities. Some MS asked for more flexibility and other for stricter guidelines and decided to have more discussion for a new draft for presentation at the WHA. Several consultations resulted in reports. Chair of consultations, McCliff of US, provides report:

Consultations took place in Geneva in March 2013 on the Draft Action Plan on NCDs. It benefited from views of NGOs. New Appendix 3 was developed through consultations.

The Secretariat proposed global coordination mechanism on NCDs. Most organisations and States who participated in consultations thought that a separate intergovernmental process to develop mechanism.

Member States would like the Secretariat to develop indicators to enrich the contents of the report to submit to the Assembly. The Secretariat updates committee on series of “informal informal hearings” convened by a group of members between 7-15 May to contribute to discussions on finalisation of the Draft Action Plan. The results of these informal consultations are now available. The Secretariat calls Committee’s attention to a draft resolution drafted by 14 member states.

LYBIA:

I'm speaking on behalf of the MS who drafted the draft resolution (Conf paper 1). It builds on the two skeleton resolution included in A66/8 and A66/9.

A formal drafting group should be created and seek to reach consensus.

We are confident of our collective political will.

RUSSIAN FEDERATION

Our gratitude to USA and Libya to give us an overview on this important issue. We recall the Moscow Declaration and we hope that the global targets of the plan will be successful. We support the proposition to harmonise the text. Would like to propose USA to chair this group and hope this proposition will be accepted.

MONACO

Gives thanks to Chair, US, Lybia for presenting report on process of work that’s taken place. They are part of the original sponsors, as included on document 121. Acknowledges their own drafting group and also supports US as chair of the group.

BHUTAN

Speaking on behalf of South East Asia.

NCDs are number one killer in our region. We thank the Secretariat for preparing the report. We welcome the monitoring framework and action plan. The global voluntary targets are very ambitious especially for LMICs.

We agreed to include these global targets in our regional targets and we will also strengthen the information system.

Setting up national targets as well as strengthening monitoring system require technical support, we therefore recognize the importance of the Secretariat support. Lastly, we agree that NCDs prevention and control need to be included in the post 2015 agenda.

AUSTRALIA

We congratulate the Secretariat for the monitoring framework and action plan and support the adoption of both. We see WHO as the lead technical authority to implement and report on these instruments. We welcome the focus on equity as unequal burden of NCDs must be considered. We demand MS to support the propositions on palliative care. The Plan strongly builds on previous achievement on existing plans. There is a strong link between the both instruments and instruments on tobacco and others. We note the clear role of the participation of the private sector and see it as important for a coordinated global response. This is a possibility to adopt key pieces of work and set up our expectation for work for the WHO family. We support the establishment of a formal drafting group and USA to chair this group.

NORWAY

Notes the magnitude of NCDs and how they continue to grow in all member states at all level of development. Norway notes the comprehensive work since the high-level meeting and that the WHO is on track to meet commitments made. The monitoring tool is seen as a strong tool for member states and the WHO. Norway urges the assembly to acknowledge agreement and adopt framework as it stands with no amendments.

Regarding the draft action plan—we still have some distance to cover before agreeing on contents. Current draft is a good start for further discussion. Supports establishment of drafting group, urge colleagues to negotiate with clear intention to agree on a draft.

VIETNAM

We welcome the action plan. We would like to express some concerns:

1. some key issues should be emphasised, e.g. multisectoral plan for NCDs
2. concerning objective n. 2: please clarify the second priority

BANGLADESH

Thanks for allowing intervention on this important agenda. We fully support the intervention by Bhutan. The burden of NCDs is increasing in low and medium countries. NCDs create economic losses. Both instruments capture good indicators, however difficult to measure, which opens the door for countries not to implement it. They need more resources for capacity building. We appreciate and support both instrument but demand technical assistance for effective NCD surveillance system. It was agreed to further work for common targets and assessment framework and we request adequate support. NCDs have been given adequate attention and plans and programs exist, however, as our population is huge and financial resources are issues. We also need technical assistance for health information systems including of major targets.

BOTSWANA

Speaking on behalf of African Member States:

Commends director general on work on draft action plan. Notes high burden of NCDs occurring in Africa and recent data pointing to an increase and stresses that it is important to respond to NCDs in Africa. However, these have not gotten enough attention in Africa because of attention to infectious diseases. Resources remain constrained due to disease burden. African countries welcome the draft action plan as it emphasises implementation. This calls for adaptation of the framework at regional and national levels, taking in to account regional & national circumstances.

NCDS goes beyond just health, so the work of partners from other sectors cannot be overemphasised. The WHO and other UN agencies should adopt a health in all policies to combat NCDs. Countries still lag behind, so it would be appropriate for countries to be assisted to develop appropriate new strategies to meet the targets of the plan by 2020. Expresses concerns about informal nature of consultations. But we do recognize the importance of timely response. However, requests that a draft action plan is reviewed by all member states before being submitted to the committee.

TURKEY

We would like to express our gratitude to the group of countries that drafted the resolution. We have 25 indicators in our hands. They seem to have been chosen widely but we should be careful in setting a cut-off especially in areas in which we still don't have enough evidence.

The control programme should cover the issue of health promotion and early diagnosis. UHC has the potential to include all these pieces.

We should give particular attention to the target related to the control of premature deaths.

SENEGAL

Aligns with statement on behalf of the region by Botswana. Monitoring framework is an excellent tool for follow up and comparison. However, each country and each region have specificities so we need specific targets for each region and each countries. Targets are relevant and priorities, however, needs monetary support for effective implementation. Believes that the action plan guidelines are relevant, and they require mobilization of resource and mobilization of local capacities, low cost medicines and training of human resources. Believes there is a need for further coordination regarding the monitoring framework.

BAHRAIN

Supports the draft action plan. With regard to the framework and draft action plan, also thanks the Dir. General for efforts in being able to achieve a global strategy to address NCDs. Bahrain attaches priority to NCDs and ministry of health has implemented a national plan of action against NCDs. In Bahrain the fight against NCDs has strong political support: there is a national committee

and policies have been developed. They are working to update the national plan to match the draft action plan. They've worked to strengthen the health system in order to reign in the risk factors for NCDs, have implemented a national monitoring system too. Bahrain is committed to implementing all criteria in the fight against NCDs and will continue to work to meet commitments. Bahrain encourages the Dir. General to adopt a mechanism to evaluate/monitor progress.

IRAN

On behalf of EMRO.

We welcome the action plan. In the current financial crisis it could be difficult to implement all the strategies included in the doc especially for LMICs. Effective NCDs prevention and control requires leadership and a strong multisectoral approach. A special emphasis on regional need is needed in the following areas: development of national targets and indicators, strengthening the monitoring system, multisectoral approach, development of cost-effective strategies. WHO is expected to provide technical support to MS in order to implement the action plan with a special emphasis to strengthening the information system on NCDs and strengthening the engagement with non-State actors.

IRELAND

Speaking on behalf of EU. WHA will take two important decisions. Endorses decisions on monitoring framework and action plan. Both will give guidance to MS for their policies. EU has emphasises need to have an instrument to deal with the four diseases in the 4 areas of intervention. In order to ensure comprehensive progress and monitoring EU believes one report should be produced, existing propositions should be streamlined into one reporting process. FCTC secretariat could be included. Reaching targets might take longer than anticipated. The secretariat has to give propositions on how to support MS with focus on policies and measures for strengthening the current agenda. Supports proposition to expand the task force. It should be a light structure that reports to WHO government bodies. Must follow practices for non state actors. EU proposes moving forward in a constructive and transparent process. Will work in the working group.

JAPAN

Appreciates work on monitoring framework in response to discussions in Moscow in 2011 and at a UN High-Level meeting. Monitoring framework has been fully discussed and should be adopted at the assembly. With regard to draft action plan—member states should step up their work to achieve targets by 2020. WHO should step efforts for data collection, administration in each country to facilitate the process for targets and indicators. Relying on their

experience, Japan would like to provide necessary support to implement action plan in coordination with other countries/sectors.

PARAGUAY

We welcome the documents. This is a milestone in the fight against these diseases. We would like to inform WHO that our country is working on a national action plan that will be built on these documents . It is our priority strengthening the monitoring system.

MONGOLIA

Appreciates the work of WHO on crucially important NCDs documents. MS need to revise existing programs and create systems and tools for the 25 indicators, creates capacity for surveillance and improve use by policy people. 17 of 25 indicators used in Mongolia. Two just introduced. Has to work on the remaining, therefore asking for technical and financial support. Accepts online voluntary targets, but some are ambitious, such as those related to blood pressure and death from NCDs. Mongolia is updating national policy. One policy option included in document, reduction of harmful use of alcohol as a priority issue. Asks that reduction of harmful alcohol usage be a priority for next world health assembly and asks other MS to join to make as strong an instrument as the instrument on Tobacco. It should be a separate agenda for WHA67.

UK

Supports Ireland and EU statements. This WHA could be a watershed moment: signal collective will to monitor progress, indicators for targets and combat NCDs. We need to up our game, guard against conflict of interests but not lose ground in the mobilisation on NCDs. We need to tackle risk factors for the big killer diseases and support those already suffering. More needs to be done. In the UK they are working to reduce salt consumption—and working with industry on this, to reduce vascular risks, given the government lead responsibility in addressing health conditions. UK fully supports sign off of draft action plan. They especially support progress measures—need to be far reaching and use existing tools so as not to burden member states. Plan needs ability to be tailored for regions, nations. We supports this work and the WHO in fight against NCDs.

GHANA

Ghana is pleased to take the floor on behalf of African countries. African countries convened in Nairobi in 2012 to review and discuss the global monitoring frameworks. Most indicators were a high priority. Fat intake, salt, availability of the HPV vaccine, and alcohol are of specific concern. Further deliberations took place at the 6th conference for African Ministers in April 2012, where discussions focused on the impact of NCDs on development. Leaders agreed to prioritise prevention for NCDs. Strengthening the health

system, appropriate legislation, and multisectoral approach are key areas to be addressed. The African region is committed to tackling NCDs. Key dimensions to consider for future development of indicators include: equity, SES and other social determinants. Current challenges include lack of human, material and financial resources, as well as the low level of interest by development partners. We need to increase development partnerships, assistance from the UN, and improved capacity of our health professionals.

UNITED STATES

We appreciate the preparation and responsibility of the Secretariat to conclude it successfully and the Swedish leadership.

US endorses the framework with which WHO fulfilled its responsibility on prevention and control of NCD. Endorses new global action plan for 2020, with strong base of action, its vision to have a world free of NCD - adding number of process indicators through member state process which will strengthen this - including development of WHO tools and plans on national level. Flexibility is needed to incorporate new evidence to action plan. Multi sectoral action is critical in the fight against NCDs. US endorsed WHO leadership to improve NCDs and welcomes a UN task force on NCD, plus broader mechanisms. Should be organised around outcomes of the plan and member states process is crucial.

MALDIVES

Refers specifically to the draft monitoring framework and extends congratulations on achievement of draft and everyone's work. Circumventing geographic constraints remains a big challenge. Health service points should be increased to provide further treatment, but tobacco control should also be further considered. Opportunities to expand points of service must be considered and they are doing so in the Maldives. Regional/national collaboration is important. Strengthen anti-smuggling missions and tobacco control. Small countries must join together to explore procurement of essential medicines.

LEGAL COUNSEL

Thank you Mr. Chair. There are 4 documents worth mentioning. A66/8, A66/9 both of which include skeleton resolutions prepared by the Secretariat in response to the 132nd EB. A conference paper is also available to delegates, which includes a draft resolution proposed by 16 countries, including Monaco. This resolution builds on the skeleton prepared by the Secretariat. The fourth includes the non-paper. It is a product of the informal consultations referred to by the USA. Mr. Chair you may put forward a proposal for the creation of a drafting group, taking into account these four documents. Thank you.

SAUDI ARABIA

We suggested Pakistan as co-chair of the groups.

JAMAICA

Recognising the impact of NCDs on our population, we need to move this forward. During the UN high level meeting in 2011, UN gave direction to WHO to fulfil requirements. In WHA of 2012 the Thai community contributed to resolution. We subscribed to the thesis that what is measured is done, we want the group to review the several resolutions prepared by the 15 member states.

SECRETARIAT

Pakistan will co-chair the drafting group with US. Drafting group meeting will be in Room 23 on Tuesday evening at 7pm-10pm. Full interpretation will be provided. Delegate sitting by Pakistan notes that no one from Pakistan is here, so not sure if decision can be taken on their behalf. Chair responds that agreement was made before the committee convened.

Question from Brazil on proposal: (1) The drafting is to be co-chaired by US and Pakistan who is not present, though nominated by Saudi Arabia? (2) Why is drafting group starting in the evening although a lot of work is to be done—there is so much work to be done, need to start during the day.

SECRETARIAT

Secretariat responds: (1) Yes, US & Pakistan to co-chair. (2) Tuesday even was proposed for logistical reasons due to items on Committee A's agenda tomorrow.

BRAZIL

Requests to know mandate of this drafting group. Needs clarity on what to do. Suggests working during the day from Wednesday. Also asks, will the group review the drafts and the resolution?

SECRETARIAT

Mandate is to review conference paper A68/1 and important matters in the action plan.

SRI LANKA

Mr. Chairman, the state of NCDs has threatened populations and is a barrier to national development. The world needs to act fast. Sri Lanka has embarked on national initiatives to control and prevent NCDs. The MoH has announced that 2013 would be the year of prevention of NCDs. The government has allocated a large sum of money for this. SL believes that the global monitoring framework will only strengthen national capacity. A global monitoring framework needs to be considered to be effective. SL remains happy to continue working with WHO, and recognises the need to place NCDs on the post-2015 agenda.

MALAYSIA

Pleased with outcome of negotiations that lead to the indicators, but it will be challenging for them to monitor as a developing country. They reiterate the need for funding for surveillance from the WHO. Supports draft resolution, action plan, and urging all member states to participate in the drafting group.

SOUTH AFRICA

SA acknowledges statements made on behalf of Ghana, particularly with regards to establishing a global coordinating mechanism. We believe that we need a consensus to strengthen WHO as a multilateral forum to monitor NCDs together, this shouldn't be voluntary. The issue of risk factors also includes the role of industry. The globalized nature of industry requires us to work together to assist poorer countries so that they do not receive poor quality products that have been refused in wealthy countries. We need to see an expansion of the scope of NCD surveillance to include children and younger people. Our programs and interventions will improve if we understand how risky behaviours commence at younger ages.

THAILAND

Targets should be looked at regional and sub-national levels. The framework is not just good wishes, so we need leadership from WHO especially from developing countries. Especially--effective implementation and assistance with monitoring. Also looking at SDH and other factors influence NCDs.

WHO should add an indicator for information sharing and global reporting. Collaboration across sectors is important, but public health interests must be at the forefront. Private interests should not be placed ahead of public interests. Thailand also commits to working with WHO on post 2015 development goals.

OMAN

With regard to doc A66/9, we congratulate and thank everyone. The plan is broad ranging and implementation will require great effort, but it is realistic and Oman supports adoption. With regard to A66/8 and its addendum, it also has realistic goals so Oman favours adoption of this document. They also support the resolution.

KENYA

Thank you, support the African region position as put by the delegation of Botswana .

2 issues of concern: firstly the issue of difficulty in collecting baseline data or for the indicators and risk factors and inadequate resources and relevant policies. Then the fulfilment might be very difficult; secondly we support the African Region to call for continues technical support and legalised advise. We are also in support of the group coordination mechanism.

INDONESIA

As a member of SE Asia region, we support the global monitoring framework. We feel some of the suggested targets require refinement and discussion. We would like to develop an action plan to be adjusted with the local situation. The framework will highlight the importance for country-specific indicators.

INDONESIA

Thanks WHO in preparing the draft action plan and framework targets. It is important to assess impact of NCDs and the prevention and control of them in multiple sectors. They do not have an existing registry system in Indonesia, so causes of death are only evaluated under a different system every 3 years. Supports Bhutan concerning NCDs and related risks. Some of the targets and indicators need further refinement and research. Indonesia can work to mobilize around NCDs and also help to look at population distribution. Stresses that WHO needs to establish country specific indicators and targets as well.

PANAMA

The framework and action plan are both sturdy documents, Panama is working on program for NCDs . We need to look at issue of palliative care. Access to palliative care is the indicator: access to morphine and methadone. If we do this we need to improve this indicator or people believe that that is all what is about palliative care.

CHAIR

This agenda item will be continued. Plan for Discussion tomorrow :

12.1 Implementation of Program Budget

12.2 Draft general program of work

12.3 Proposed program budget 2014/15 (A66/7)

A resolution of the proposed program budget should be considered later.

We will then move on to item 11, 166/48, A66/50. After these deliberations the WHO reform we will then consider the related 2 resolutions.

Side event on the role of private enterprise in food labelling to make healthy choices easy choices

Introduction (director of PH of Netherlands) about NCDs: how citizens choose the way they eat; involving the private sector and NGOs; today some examples from around the world of experience on this issue: hope to inspire you and have debate; maybe you may apply these principles.

Starting with Doug Bettcher on the role of private sector in WHO, then Netherlands (public health person and then Choices), Singapore, Canada.

On useful approach to involving private sector.

DOUG BETTCHER

This week architecture for scaling up implementation of NCDs. WHO Mandates over NCDs: FCTC, action plan on prevention and control marketing of foods and beverages to children; political declaration.

FCTC: first modern treaty of its kind;

Global strategy on diet physical activity, and health: para 61: clear directions on the involvement of food companies and implementation of strategy; private sector can be a big player; sporting goods industry, food industry, potential as partners with governments. Welcome initiatives to reduce sugar fats, serving size. Important to limit sat fats, transfatty acids, salt, affordable healthy nutritious choices; food labelling; evidence based food claims.

Clear messaging also in UNGA political declaration on NCDs.

Art 44: calls on private sector to collaborate on food, food reformulations, labelling standards; transfatty acids. Declaration also rules out any collaboration with the tobacco industry. Some cautions have been noted; quote Rob Moodie in the Lancet; alcohol companies; formulations of high energy foods. But it does not make sense for the food coys to follow the tobacco coys; no scope for reformulating tobacco.

There is a continuum; there is room to reformulate and move in healthy direction. Current NCD action plan to be finalised at WHA66 provides road map for scaling up; looking for 25% reduction in premature mortality; governments must be in the driving seat (para 34).

39(d) & (j) labelling, packaging, formulation. Voluntary is not the only option; regulation might be useful. Targets:

Private sector needs to be a positive force on the ground:

Dialogues with private sector on salt, NCD action plan etc.

Interaction with WEF; preventing NCDs in workplace; WEF and Harvard have estimated costs.

Meeting in Sydney on salt reduction and iodine deficiency; on need for synergies between these two;

Also looking for population salt reduction strategies; pte sector have risen to the challenge and a number of coys are reducing their salt content;

also talking with the sporting goods/clothes industry. Quote from Ban Ki Moon on need for food industries to cut back on salt, transfatty acids and sugar and more responsible marketing to children;

NETHERLANDS

Netherlands: choices, nutrition policy.

Healthy choices easy choices to reduce NCDs and obesity; healthy school canteens; information to consumers; less salt, more fish, food labelling;

PPP on food formulation program; big food data base; coys indicate the constituents of their products; financing research in this area

Today it is about easily accessible choices: started with former MOH challenged industry to come up with logo; industry developed logos: mfrs and retailers came up with two different logos; confusing; urged industry to come up with new integrated evidence based approach, chaired by indeed scientific person; must be easily understood; must drive innovation; industry went back to the drawing board 2011 came up with green tick and blue tick logos; had to be in line with EU legislation because a nutrition claim; in April 2013 was approved; gives consumers option from Choices International Foundation. Executive Secretariat of Choices International, followed prescriptions of government; global issue, it's a big problem around the world; based on global strategy of WHO of 2004; WHO asked for reformulation and make healthy choices easy choices; encourage food industry to reformulate: less sugar, less fat, more fibre, less salt. History of development of the plan.

Back to Choices International: 18 product groups with criteria; basic and other Evidence based; specific to food groups. Criteria reviewed every three years; food industry keeps reformulating. International and regional scientific committees; independent scientists; say to food coys; go ahead that is your job. In blink of an eye consumer can see what is the best choice; make an informed decision; encourage brands to reformulate; encourage retailers to enhance access; information and communication strategy; based on cooperation of science industry and government; Researching impact: PhD thesis from 2012: consumer awareness, reformulation and theory. Very good consumer recognition. Product innovation: huge decreases in fat sugar and salt; doable. Calculated impact on nutrition if Choices labelled products completely replaced; in theory could have big impact: Netherlands, Israel, Brazil. Comparison with other logo systems: guideline daily amount system; traffic lights; Symbols (NHF or Choices international): the most simple and guiding one; blink of an eye.

Lot of systems around the world: all work acc to the same lines; transparent; scientifically based; family of logos around the world

MOH rec'd double logo for basic and non basic products

Most successful logo system; private system; backed by legislation; included EU; 7,000 products; 130 coys; 98% of retail working with Choices;

on going consumer education with .5m each year. Working in Poland, Czech, Mexico, Argentina, etc; offer our support to whomsoever countries or companies.

www.choicesprogramme.org

SINGAPORE

Mrs Lyn James of Singapore: Healthier Hawker programme; thanks to Netherlands government; also thanks to HPF in Singapore; dramatic change in Singapore over the years. Lots of eating out in Singapore; most sedentary life style; consuming more energy dense food; 50% in 2004 up to 60% in 2010 eating out at least 4 times per week; hawker centres or food courts; can have up to 50 stalls in hawker centre; favourite place for Singaporeans; very convenient; within walking distance; wide variety of food; very affordable People who eat out consumer 5% more energy; 6% more saturated fats and 8% more salt in diet cf <4 pw eat out.

Rising obesity; not the top but increasing; from 4% to 11% from 2004 to 2010. No signs of slowing down; tipping point for risk will be 15% and then an exponential rise in our obesity levels; can't continue business as usual.

Need to shift from "Ask for" program (less sugar, less oil, etc etc) puts the burden on the consumer to make this choice.

Decided to put the burden on the hawkers to make the healthier choice the easier choice. Healthy Hawker piloted in on hawker centres; public private and people; healthy choice the default choice; lots of consultation with communities, with the hawkers; hoping to co-create and co-plan the HH program; engaged national environment agency (not food regulation). Encourage stalls to offer healthier choices; private sector engaged throughout the supply chain; healthier ingredients; eg oil with less sat fat; whole grain noodles; brown rice; food mfrs took it well ; keen to use the healthier choice logo; reaching out to the food mfrs; together with Spring (enterprise support authority); created a shared platform, increased productivity; reduce the cost; mfrs able to tap into funds to support innovation; and cheaper; had to create the demand in the city; created a sign board for consumers to ask; working with suppliers to support hawkers access to mfrs; single platform to reduce costs, increased productivity.

Palm oil with 25% reduced sat fat; whole grain noodles; pictures of the display boards at the hawker stalls; includes kcals.

HP Board has reached out to small number of hawker centres; still have a long way to go; Impact? Assuming that people have three meals a day from healthier hawker stall; incremental changes to the ingredients; incremental because taste is so important to Singaporeans.

Building sustainability for private sector involvement in this program: two strategies: target centralised kitchens which distribute packaged meals; increase the outreach; operators of large food courts asking them to include healthier option in tenancy agreements;

From "ask for" to healthier ingredients to targeting food production at source
Consumers want affordable, healthy and safe.

CANADA

Last speaker from Public Health Agency of Canada: video prepared for ministers of health in Canada. Canada's children are overweight; global problem; what is being done in Canada. Leadership and commitment of Canada's ministers of health and of healthy living. Problem in Canada: fat sedentary children; high prevalence of chronic disease and risk factors; 13 provinces and territories in federation; geographically large small population.

Important role for NSAs: use a mix of levers; combine regulation, cooperation, partnerships, communication.

Obesity very complex; media very influential; have to find ways to healthy eating and awareness initiative.

Associations with different industry sectors; 34 food mfrs, focus on nutrition food facts. We drive the bus; we undertake the research. Menu labelling.

How best to change the landscape? Partnering with food companies. Involved in P4P with air miles as incentive.