

Diet, Physical Activity and Health The WHO Global Strategy

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The World Health is in Transition

- Epidemiological:** NCD overriding CD, & double burden of diseases in many developing countries.
- Nutritional:** Diets are rapidly changing and physical activity reduced.
- Demographic:** Population ageing.
- Urbanisation:** Great changes in lifestyles
- Globalisation:** Increasing global influences.

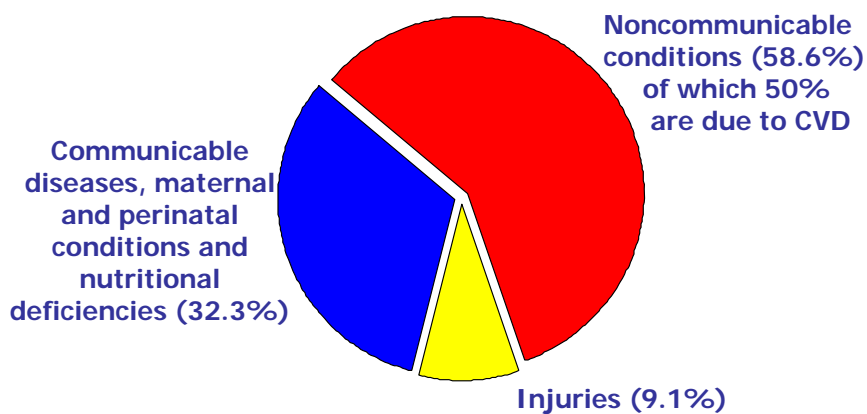
Cette présentation a été effectuée le 23 octobre 2006, au cours du Symposium "Prévenir l'obésité : les ingrédients d'un plan gouvernemental fructueux" dans le cadre des Journées annuelles de santé publique (JASP) 2006. L'ensemble des présentations est disponible sur le site Web des JASP, à l'adresse <http://www.inspq.qc.ca/jasp>.

Outline

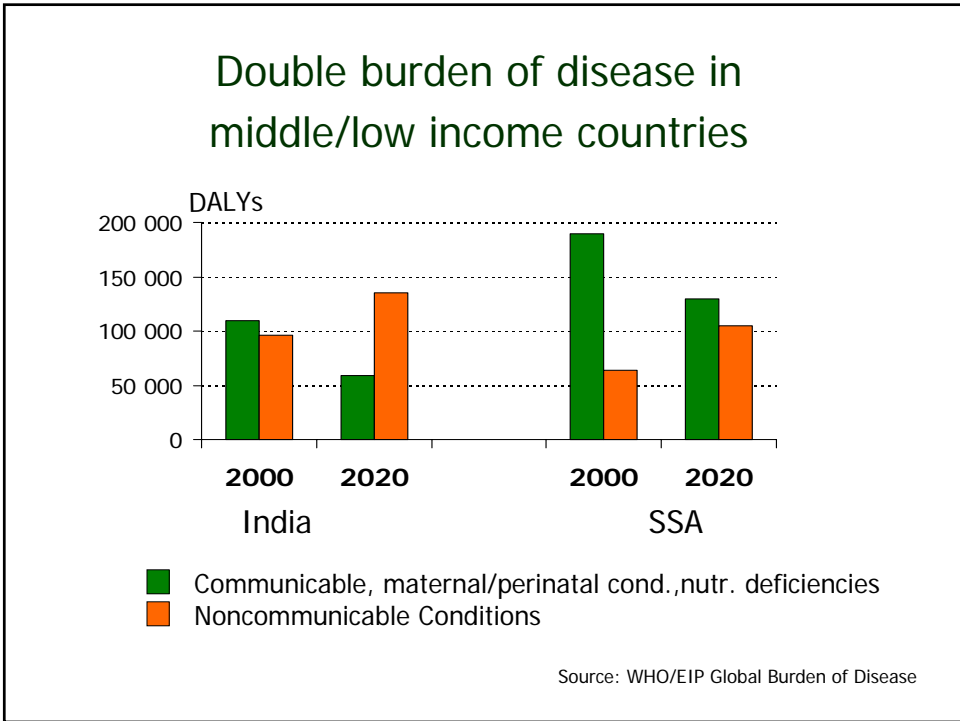
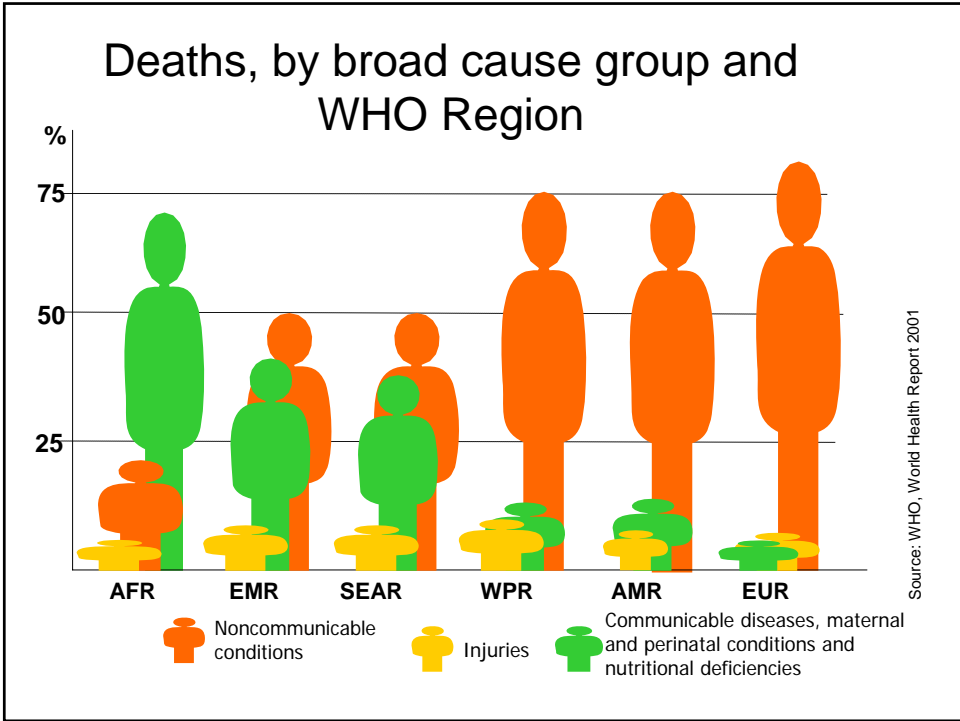
- Why a Global Strategy – The Background
- WHO- the Response
 - The Science platform
 - Consultations
- Policy and Politics
 - Sweet and Salt reactions to TR 916
 - Executive Board of WHO
 - COAG at FAO
 - World Health Assembly
- What now ?

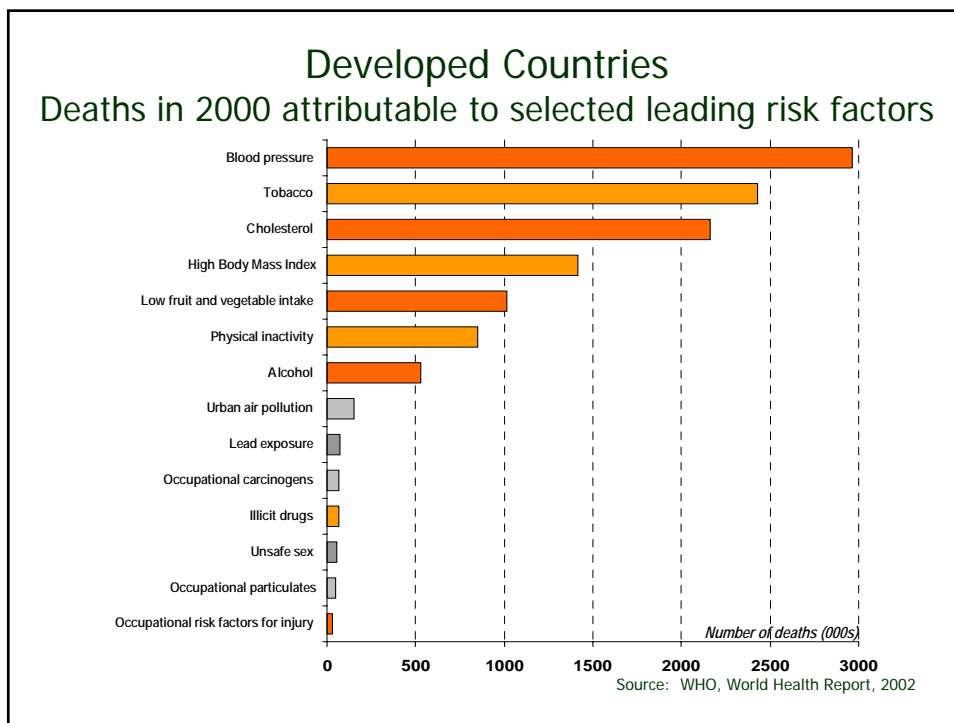
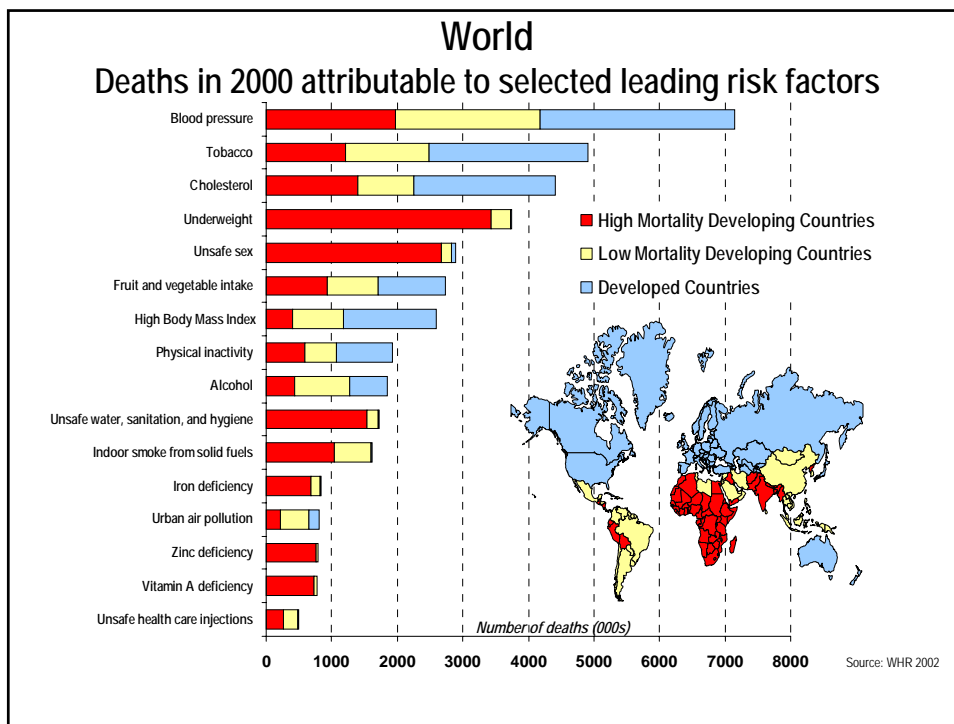
Death, by broad cause group estimates for 2002

Total deaths: 57,027,000



Source:WHO, WHR, 2003

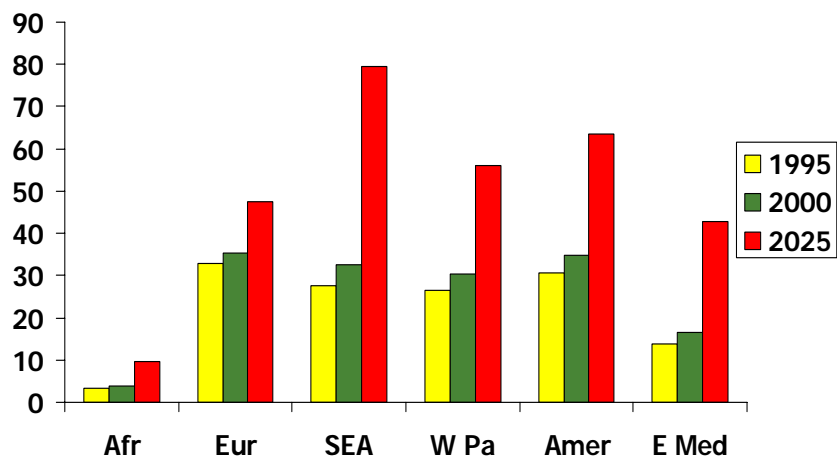




7 out of the 10 main risk factors relate to diet and physical activity, tobacco and alcohol

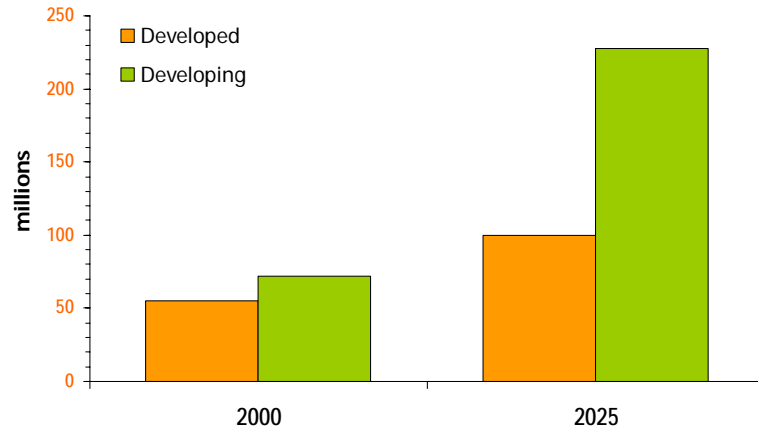
- Blood pressure
- Tobacco
- Cholesterol
- Fruit and vegetable intake
- Alcohol
- High BMI
- Physical Activity

The prevalence of diabetes in adults (millions)

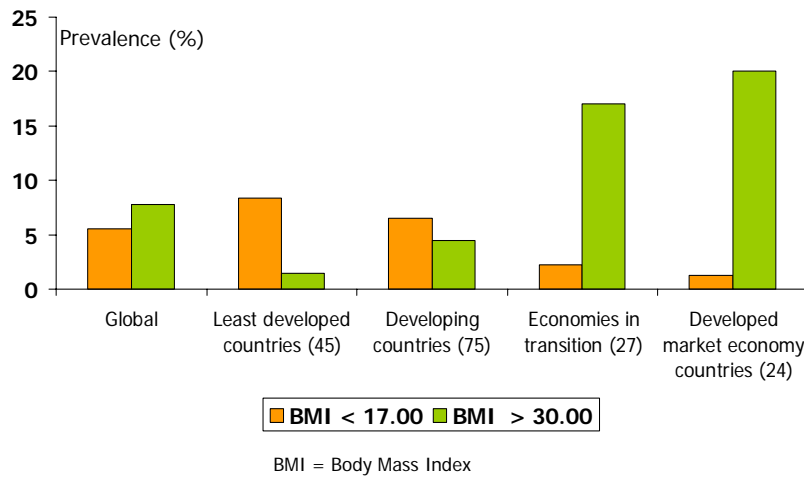


World Health Report, 1997

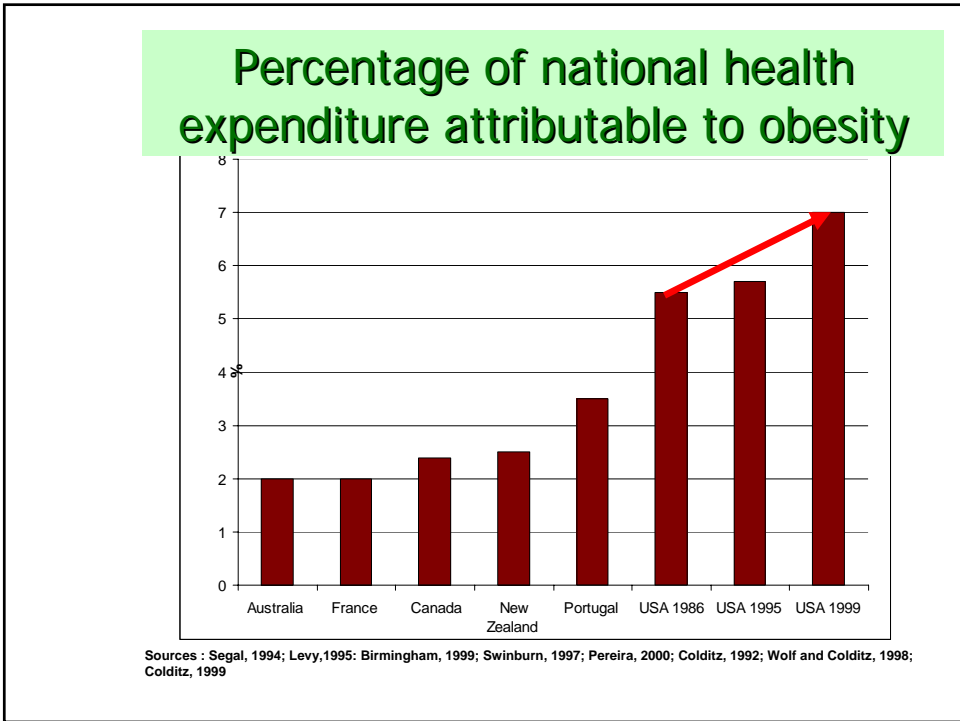
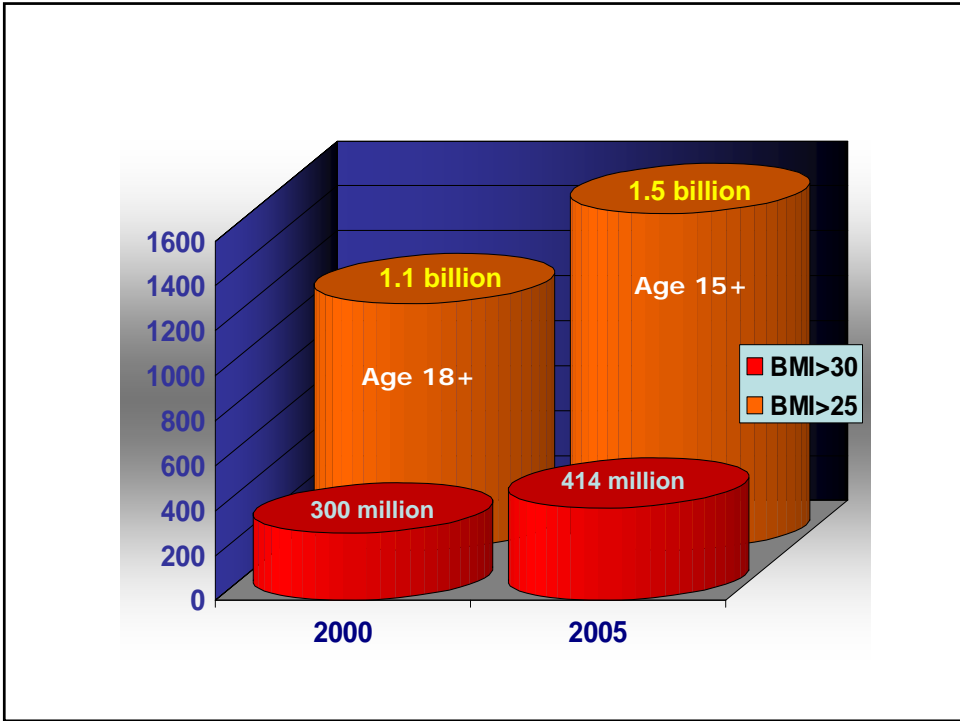
Number of persons with diabetes: trends in developed vs. developing countries

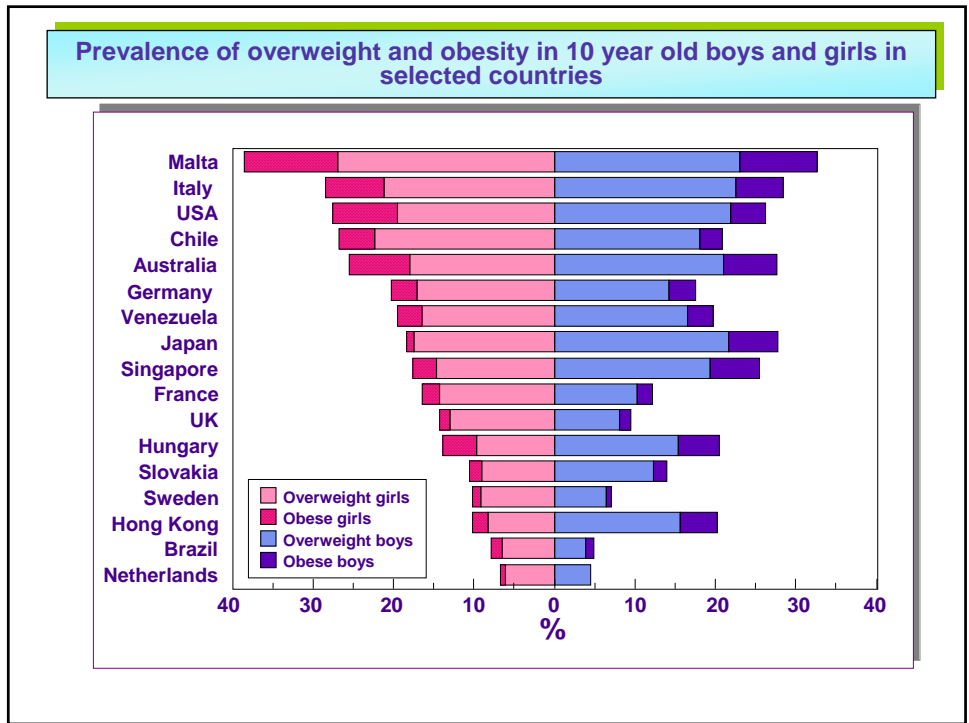
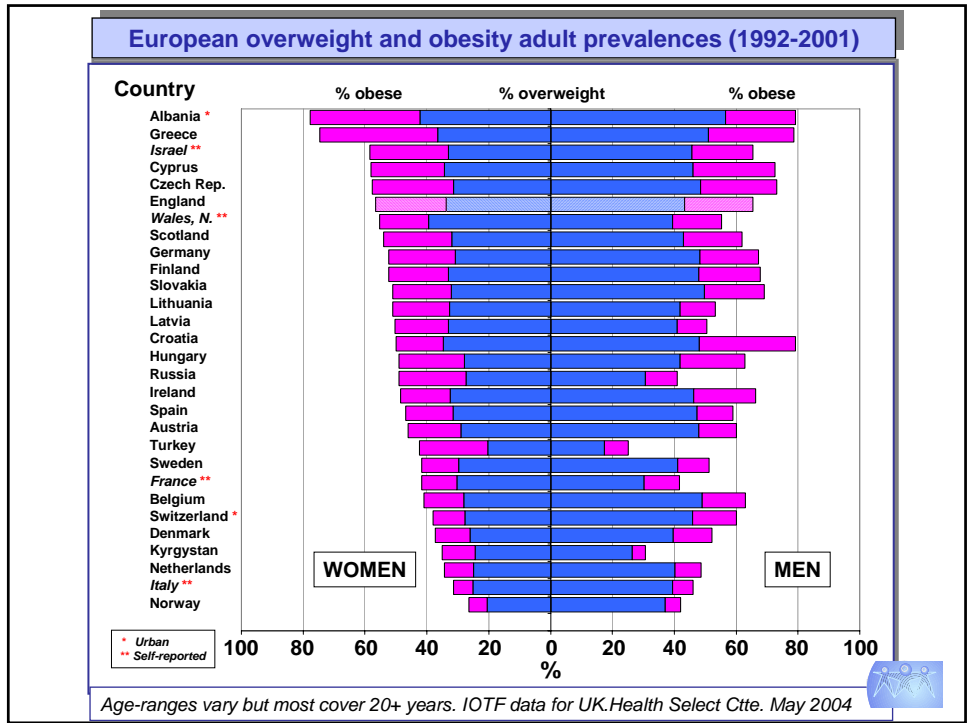


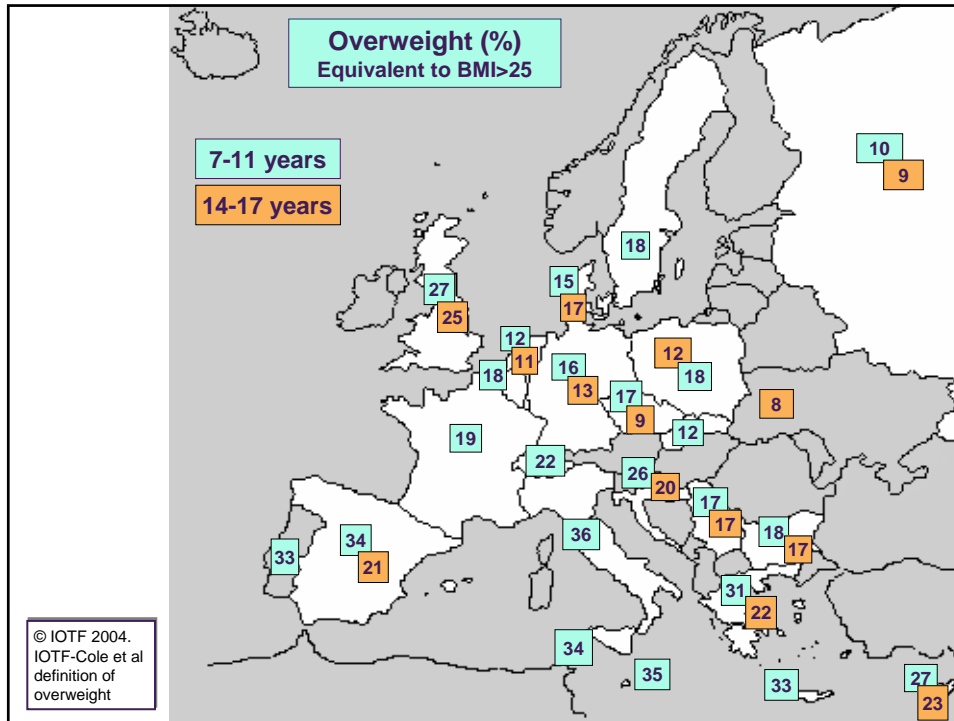
Global prevalence of underweight and obesity in adults for year 2000 by level of development



Source: WHO, 2000





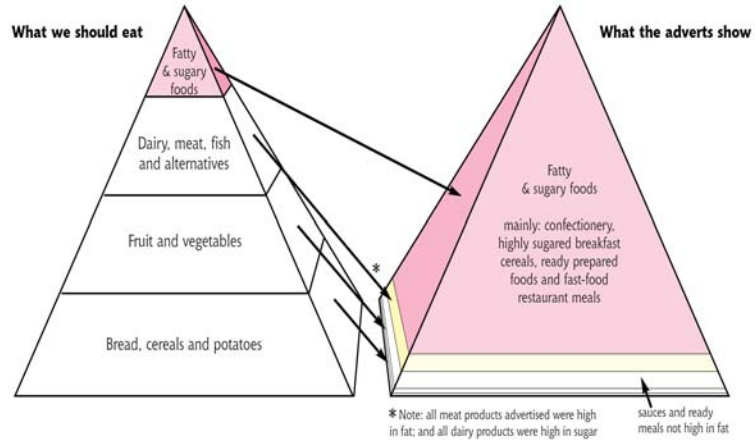


Increase of food portion sizes (%) between 1977 and 1996 in the US

- Salty snacks 132 225 kcal
- Soft drinks 144 193 kcal
- Cheeseburger 397 533 kcal
- French Fries 188 256 kcal
- Mexican Food 408 541 kcal

Source: Nielsen & Popkin, JAMA Jan 22/29, 2003 - Vol 289, No. 4

The environment is not supporting healthy choices



© IACFO 2003

Portions size and appetite regulation



USDA

"MEDIUM"

"LARGE"

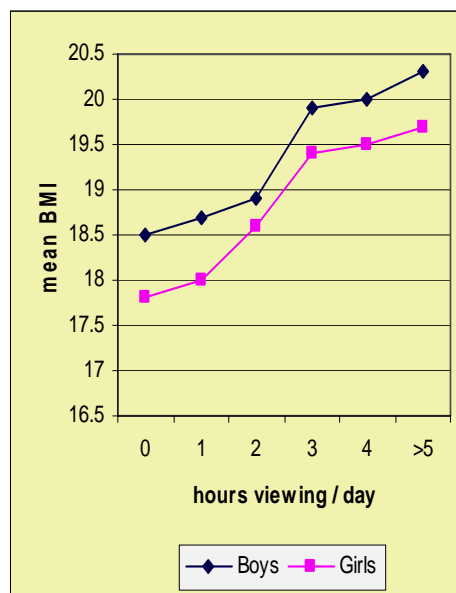
"SUPER-SIZE"

FAST FOOD

Food marketing and children

- A lot of food advertised to children
- Food quality differs from that of nutrition recommendations
- Food promotion is having an effect on preferences, purchase behaviour and consumption
- Effect is both on brand and category level

Hours of TV watching vs BMI



Krassas, Tzotzas, Tsametis & Konstantinidis, *Pediatr Endocrinol Metab*. 2001

Prevention works

Diet and risk of NCD

Eating healthily, maintaining normal weight, not smoking, and being physically active throughout the life span can prevent:

- Up to 80 % of cases of coronary heart disease
- Up to 90 % of type 2 diabetes
- About one third of cancers

What Obstructs Prevention?

- Myths: diseases of affluence, of ageing, etc
- Prevention Potential and Quickness of Impact not well understood
- Low public visibility vs. sick patients' needs
- Gains of prevention often invisible
- **Powerful commercial interests block policies**
- **Conflicting messages, often from commercial interests**
- Health personnel favour curative care
- Inertia in change: institutes, financing, services etc

WHO response to

World Health in Transition

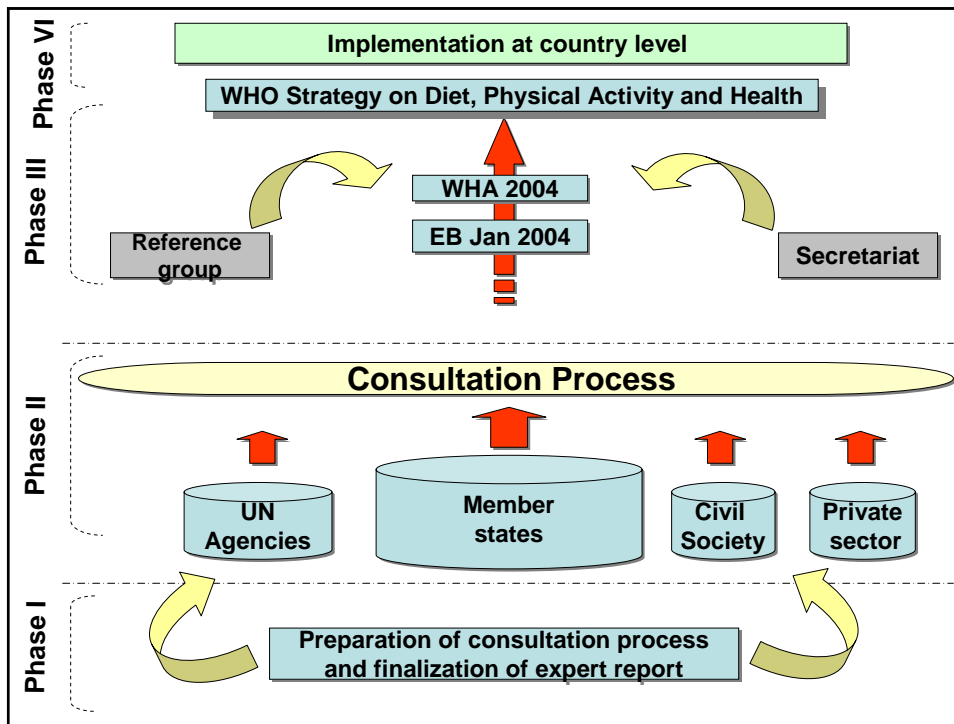
Global strategy on diet, physical activity and health: the mandate

- WHA resolution on a Global Strategy for prevention and control of NCDs (2000)
- WHA discussion paper on health promotion (2001)
- WHA resolution on diet, physical activity and health: calls for preparation of Global Strategy (2002)



The WHO/FAO Expert Report on Diet, Nutrition and the Prevention of Chronic Diseases TR 916

Published 23 April
03 in Rome



Recommendations: Physical Activity

- Substantially increase levels of physical activity across the life span and in all domains.
- A total of one hour per day on most days of the week of moderate-intensity activity.

Dietary Intake Ranges

(expressed as a percent of energy)

Dietary factor	Recommended in TRS 916 (2003)	Recommended in TRS 797 (1990)
Total Fat	15 – 30 %	same
Total Carbohydrate	55 – 75 %	same
Free Sugars	<10%	same
Protein	10 – 15 %	same
	100%	100%

Note the reciprocity between fat and carbohydrate intake.

Role of Sugar Associations

- Impertinent and threatening letters to WHO
- Undermining the science base in TR 916
- Lobbying several countries including sugar producing developing countries
- An example about how an industry shall not behave

Key topics the strategy addresses

- National strategies on diet and PA
- National dietary guidelines
- National PA guidelines
- Information environment: health claims, marketing, labelling
- National food and agriculture policies: pricing, food programmes, push and pull mechanisms
- A comprehensive strategy
- Building prevention into health services
- Surveillance, research and evaluation
- Specific reference to international standards like CODEX

Results on/after Executive Board

- Sugar lobby very active to soften the policy
- Large uncertainty among developing countries
- However strong support from many countries, including EU, Canada, Australia, S. Africa
- EB approved Resolution with condition: comment period for countries until 29 February 2004
- 57 submissions from Member States were received
- New Strategy Document made late March

THE LANCET • January 31, 2004: **Who pays for the obesity war**

- Mirroring tobacco industry tactics, public-health needs are being stifled by business interests.
- Lobbying from the US food industry has forced WHO to allow an extra month for submissions by member states to revise the WHO's draft document
- Global Strategy on Diet, Physical Activity and Health calls for reductions in fat, salt, and sugar contents of foods, and recommends exercise to prevent obesity
- High-fat, energy-dense foods are often the cheapest options for the consumer.
-As long as a meal of grilled chicken, broccoli, and fresh fruit costs more, and is less convenient, than a burger and fries or a peanut butter sandwich, then the battle against obesity will be lost.

FAO COAG –meeting February 2004

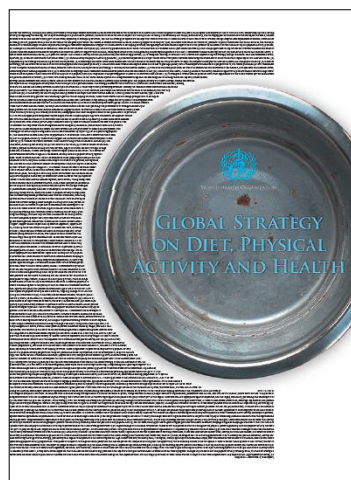
- Sugar lobby heavily involved and got support from The Group of 77
- World Bank paper on Sugar Policy stating that the real danger for developing countries were subsidies and trade barriers
- The agricultural and trade policy came in forefront of the discussion, not health

World Health Assembly May 2004

- The Global Strategy was endorsed after long discussions in Plenary and Drafting Groups (mainly between lawyers)
- Some issues concerning trade and agricultural issues were taken into the Resolution about the Global Strategy
- The Strategy Document was not changed,
- a great victory for Global Public Health

Foundation of the Global Strategy on Diet, Physical Activity and Health

- Prevention of noncommunicable diseases (NCDs)
 - addressing risk factors, **impacting multiple NCDs** rather than single diseases
- Multisectoral action
 - expanding impact and sustainability by **coordinating efforts** of ministries, experts, and researchers in health, nutrition, education, physical activity, urban planning, economics, trade & transport



Principles to develop the Global Strategy

- *comprehensive*
- *life-course perspective*
- Helps *poor populations* and is *gender sensitive*
- supports *Member States*
- addresses *global responses*

For WHO it is key in the process for effective, evidence based strategies that

- they are based on national policies,
- but address the reality of global process.

Two pillars of the policy response

- **optimizing diet** (balancing and in some cases limiting food intake, with particular focus on limiting intake of fat, “free” sugars and salt, as well as ensuring a shift towards unsaturated fats and iodised salt and increasing consumption of fruit and vegetables);
- **increasing physical activity** (at least 30 minutes of regular, moderate-intensity physical activity on most of days of the week).

A major conceptual change

No longer “swimming against the current” :
de-emphasize individual responsibility and
re-emphasize social, economic and
environmental determinants to make health
choices

Key settings

- **School** : health education, school meals, leisure activities
- **Local environment** : supply of food, active transport, housing environments, outdoor recreation, sports
- **Health and medical service** : maternal and child healthcare
- **Workplace** : healthy dietary habits and physical activity during the working day
- **Media** : communication on healthy dietary habits and increased physical activity to the public

Role of different stakeholders

- **Government sectors** : agriculture, transport, urban planning, environment, food distribution, processing and marketing, school education
- **Food industry** : marketing practice, profile of products and information to consumers
- **Non governmental organisations** : advocate policy changes and monitor their implementation

Private sector - what does WHO want - main issues identified for collaboration:

- Information Environment:
 - Marketing (especially to children)
 - Labelling and health claims
- Product change
 - Sugar, fat, salt, portion size
- Successful campaigns (F&V)
 - Clear, simple message
 - Global outreach

Some results of the work with the Global Strategy

- The public attention on NCDs has grown hugely globally - not just in the rich world
- Awareness that both rich and poor countries face huge and preventable burdens has grown
- The obesity issue has rocketed up the policy agenda worldwide, and has brought home how complex yet serious the NCD state of affairs is
- The tensions within governments over industry and health interests has emerged in the full light of publicity
- The case for better organized health lobbies has been proven again

Overall WHO wants

“Healthy choices to become easy choices”:

- healthy accessible,
- affordable,
- sustainable and safe foods

The task now is to:

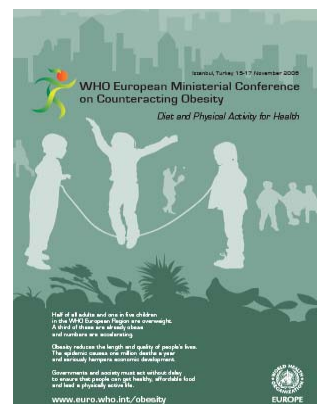
- - keep up the pressure;
- - not get lost in complexity but to hang on to the 'big picture'
- - the need to build health into daily life
- - divide the powerful industry lobbies for an individualized health policy, by encouraging those who genuinely want change but not colluding with those who merely want 'token' change;
- - understand that public health will only improve if there is pressure to do so.

What has happened since 2004?

- WHO HQ relative passive
- The Global Strategy implemented in the WHO Regions, PAHO and EURO most active
- In WHO EURO most activity towards obesity: European Ministerial Conference November 2006

The Ministerial Conference on counteracting obesity

- **Istanbul on 15-17 November 2006**, hosted by the Ministry of Health of Turkey
- Health Ministers and representatives from the agriculture, trade, transport, environment, education sectors
- European Commission
- Council of Europe, FAO, The World Bank, UNICEF
- European Platform, ngos, experts



The agenda

- The public health challenge posed by obesity
- Focus on childhood obesity and inequalities
- Effective policies
- The role of partnerships: government sectors, civil society, the private sector, international organizations
- Adopting the European Charter on obesity
- Discussing action tools
 - Outline of the 2nd Food and Nutrition Action Plan
 - Promoting physical activity for health – a framework for action in the WHO European Region



*In a world filled with complex health problems,
WHO cannot solve them alone.*

***Governments** cannot solve them alone.*

***Nongovernmental organizations**, the
private sector and **foundations** cannot solve
them alone.*

*Only through **new and innovative**
partnerships can we make a difference.*

Dr Gro Harlem Brundtland
Director-General World Health Organization
13 May 2002, 55th World Health Assembly, Geneva

Thank you

