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SUBJECT: Draft WHO Global Strategy on Diet, Physical Activity and Health

Introduction

At the meeting of the WHO Executive Board held on 19-20 January 2004, the Draft WHO Global Strategy on Diet, Physical Activity and Health (WHO Strategy) was discussed and the majority was of the view that it has some fundamental deficiencies. It was then agreed that WHO member countries would be given an opportunity to comment on the WHO Strategy by 29 February 2004. It is in this connection that I am sending this communication to you on behalf of the Kingdom of Swaziland.

The WHO Strategy is based on WHO Technical Report Series 916 (Report). Since we have serious reservations with this Report, our position is that it should not be used in its present form as a cornerstone of the WHO Strategy. This position stems from three sets of considerations – namely, the underlying scientific basis of the Report, health implications of its recommendations in the light of the extent of hunger and malnutrition in the country and economic implications of its recommendations. We elaborate on these three sets of considerations below.

Scientific Basis of the Report

The scientific credibility of the Report has been questioned by a number of experts. In the first place, its usage of the concept of "good and bad food" lacks the strength of scientific validity. It singles out individual dietary elements such as sugar, meat, edible oils and dairy products as being unhealthy. One of the basic nutrition principles is that there may be "good and bad diets", but not "good and bad foods". Every food can make a valuable contribution to the diet and diet variety. It is getting the right balance that is the key. However, the required emphasis on balance (especially the balance between energy intake and use) is lacking in the Report.

4. Secondly, the assertion that "Free sugars contribute to the overall energy density of the diet" (Section 5.1, p.57 of the Report), contradicts the scientific conclusion of another panel of experts ("Dietary Reference Intakes for Energy, Carbohydrate, Fibre, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids" by the US National Academy of Sciences; Institute of Medicine, Food and Nutrition Board, pp.6-37). Equally, the implication that the energy density of certain foods dictates overall energy intake is not supported by the evidence currently available.

Thirdly, the Report is selective in its setting of limits for the intake of the identified products. For instance, it sets a target for sugar consumption, but not for starch, yet it states that "energy dense foods tend to be high in fat, sugar or starch" (Section 5.2.4, p.64 of the Report).

6. Fourthly, many nutritional intake profiles are associated with optimal health outcomes depending on various factors such as genetic disposition, lifestyle, occupation and level of physical activity. There is no scientific basis for recommending population nutrient goals. It is of interest to note that even Dr Jacques Diouf, Director-General of the FAO, admitted at the occasion of the release of the Report (Rome Press Release, 23 April 2003), with the WHO Director General sitting beside him, that the below 10% target for the consumption of free sugars is arbitrary and not based on scientific evidence.

Fifthly, the Report does not present any new substantive evidence to warrant the quantitative intake goals for sugars and other nutrients. In this connection, it contradicts other recent international scientific reports (some by WHO and FAO). For instance, in none of the following reports has a quantitative nutrient intake goal for sugar been recommended. Furthermore, in none of them has a conclusion been made that sugar is a major contributory factor to obesity or that sugar is involved in the etiology of chronic lifestyle diseases. The studies in question are as follows:

- "Carbohydrates in Human Nutrition". FAO/WHO Joint Expert Consultation Report, 1998.
- "Obesity: Preventing and Managing a Global Epidemic" WHO Technical Report Series 894, 2000.
- "Preparation and Use of Food-Based Dietary Guidelines" WHO Technical Report Series 880, 1998.
- "US-Canada Dietary Reference Intakes", Canada and S Nutrition Organizations, 2002.

8. Because of the above considerations, we find the Report not scientifically compelling. For that reason, Swaziland is not convinced that it should be used as a basis for the WHO Strategy.

Health Considerations

9. Some of the major public health problems facing Swaziland are hunger and malnutrition, especially in the children under five years of age and also adults in the drought-stricken parts of the country. In this situation, there are cases where there has to be an increase in the amount of carbohydrates consumed by poor households. Sugar is one of the cheapest energy sources for dealing with this problem. If we are constrained from increasing the amount of sugar intake beyond the 10% target, then our ability to deal with this problem will be correspondingly reduced.
10. Whilst there are pockets of obesity in some sections of the Swaziland population, they tend to be in the minority. The limitation of sugar consumption intended to deal with the problem of obesity (which is itself not convincingly based on scientific evidence) becomes a case of minority standards being imposed on the majority. A significant proportion of obesity in Swaziland is secondary to a sedentary lifestyle in the urban areas.

The dietary habits of Swaziland are different from those of other countries, especially those outside the Southern African region. They are certainly different from those of developed countries. Logic then dictates that it is not appropriate to use a uniform set of dietary targets across different populations in the world.

12. We would support a nutritional approach which emphasizes a correct balance between energy intake and use. We would also support an approach which emphasizes a balanced diet, with an appropriate amount of each of the main dietary components.

Economic Considerations

13. The sugar industry in Swaziland plays a big multifunctional role. It contributes very high proportions to national output and employment, is the

single largest contributor to public revenues, supports other sectors in the economy through backward and forward linkages, is a major earner of foreign exchange, minimizes rural-urban migration and helps to conserve the environment. The limitation of sugar consumption will have a negative impact on the sugar industry. This negative impact will transmit itself to other parts of the economy and this would create untold hardship.

- 14 Whilst in theory Swaziland can mitigate against these negative economic consequences, in practice it will find it difficult because of its current stage of development. The small size of its economy makes Swaziland to be highly vulnerable. For that reason, we would find it difficult to support a WHO Strategy which has the potential of harming our economy.

Conclusion

5. In the light of the above considerations, Swaziland is of the view that WHO Technical Report Series 916 should not be used as a basis for the proposed WHO Global Strategy on Diet, Physical Activity and Health. We, therefore, recommend all direct and indirect references to the Report in the Draft WHO Strategy be deleted.



Dr John Kunene