



REGERINGSKANSLIET

27 February 2004

Ministry of Health and Social
Affairs
Sweden

World Health Organization
Att: The Assistant Director-General for
Noncommunicable Diseases and Mental
Health, Dr Catherine le Galès-Camus
CH-1211 GENEVA 27

**Sweden: Comments on WHO draft global strategy on diet,
physical activity and health**

Your ref: WHO C.L.2.2004

Sweden congratulates the WHO secretariat for the excellent work with the global strategy on diet, physical activity and health.

Sweden would like to express its full support to the draft as presented to the Executive Board's 113th session and looks forward to its adoption at the World Health Assembly in May this year.

International and national action on diet and physical activity is a matter of urgency in order to combat the worldwide increase of non-communicable diseases. The WHO draft global strategy on diet, physical activity and health is an important instrument for cost-effective health gains in both industrialised and developing countries.

Sweden, consequently, supports a strong global strategy that is accurate and clear in its public health messages. We commend the work of the WHO secretariat and its experts for having produced a strong scientific and evidenced based platform for much needed action both in a global and national context. The joint WHO/FAO Expert Consultation report¹ is in agreement with the Nordic expert recommendations on diet and nutrition, applied by Swedish authorities in their recommendations.

The WHO strategy will provide a valuable resource and support to the Swedish efforts to promote good eating habits and physical activity. In this respect, we note that the draft global strategy appropriately provides for adaptation to national circumstances and capacities.

¹ WHO Technical Report Series 916

Although pleased with the draft, Sweden would like to highlight the socio-economic and gender perspective. Health inequities linked to socio-economic factors and gender are still major and constitute one of the biggest challenges for the future. This should be enforced in the strategy and, in particular, efforts to reach vulnerable target groups must be emphasised in the implementation of the strategy.

Sweden would like to underline what we see as the cornerstones in the strategy.

The statements and recommendations in paragraphs 9 and 18-20 are most vital in order to obtain a clear and precise public health message.

The provision of accurate and balanced information to all people is essential to the fullest attainment of health and needs to be secured through measures in the four action areas stated in paragraph 35. In this respect marketing, advertising, sponsorship and promotion should be given particular attention.

A multi-sectoral approach encompassing all pertinent determinants and actors is necessary. A reference to the method of consistently analysing policies from a health perspective could also be made. As regards the responsibility of the individual, empirical studies have shown that health education alone will not lead to sufficient behavioural changes, and in particular this is evident among most disadvantaged groups. Therefore, a wide range of measures is necessary. Strengthening the individual's capacity of making healthy choices thus must be supported by public strategies and action. We, therefore, fully endorse what is stated in paragraphs 26, 32 and 36. We wish to underline the importance of WHO holding discussions with the trans-national food industry, as this can be done successfully only at the global level.

Due to the increasingly global characteristics of the problems, international collaboration is needed and WHO's global leadership and support to the efforts of Member States as stated in paragraph 27 is most important. We strongly endorse the focus put on WHO disseminating guidance and information on evidence-based policies and interventions as well as on surveillance, research and evaluation of interventions. We also welcome the promotion of research in priority areas to facilitate this. (Paragraphs 28 -29).

A further observation refers to training where we would like to point at the importance of including dietary and physical activity elements in the basic training of all health care professionals as well as in the education and training of personnel in pre-schools and schools.

In conclusion, Sweden appreciates the leadership and work of the WHO for better public health, represented by this strategy and the inter-linked work on under-nutrition and micronutrient deficiencies. Sweden looks forward to

collaborating with the WHO in its efforts to promote healthy eating habits, physical activity and healthy life-styles globally.

On behalf on the Ministry of Health and Social Affairs
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Director