

WORLD HEALTH ORGANISATION

Integrated Prevention of Noncommunicable Diseases

Draft Global Strategy on Diet, Physical Activity and Health

Executive Board
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Agenda item 3.7

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Response by the Australian Department of Health and Ageing

INTRODUCTION

1. The Australian Government is supportive of the Draft global strategy on diet, physical activity and health and thanks the WHO for the opportunity to comment.
2. We support the strategy for the prevention and control of noncommunicable diseases, in particular, the need for a multidisciplinary and multisectoral approach which is strengthened by cooperative partnerships with a wide group of government, non-government agencies and the private sector. Adopting any one approach alone will not be effective in tackling the issue. Responsibility for poor choices does not lie solely with a Government and nor can a Government regulate to overcome poor dietary choices.
3. We note that a key component of the evidence base on which the strategy was based (ie the Food and Agriculture Organisation (FAO) and World Health Organisation joint technical report on “Diet, Nutrition and the Prevention of Chronic Diseases”) has been challenged by several countries as well as by significant proportions of the membership of the WHO (at the January 2004 WHO Executive Board meeting) and the FAO (at the February 2004 FAO Committee on Agriculture meeting).
4. Like the WHO and FAO, in seeking further studies be conducted and to make the scientific basis more comprehensive, we also consider the focus at this time should be on strengthening the scientific evidence and improving transparency and accountability processes to justify policy directions and interventions.
5. The report is clearly expected to play a key role in the implementation of the global strategy, as evidence by paragraph 18 of the strategy which states that “The Expert Consultation’s recommendations need to be translated”
 - Whilst we support discussions continuing on the draft strategy, we suggest that the concerns raised by countries (including Australia) in the FAO and WHO about the comprehensiveness of the technical report be addressed prior to finalisation of the global strategy.
6. The global strategy also centres on the content of food, yet this is only one factor that has an impact of increasing the incidence of noncommunicable diseases. Individual dietary

choices in terms of size of meals and snacks and the frequency of consumption are also significant.

OPPORTUNITY

7. Australia is well aware of the implications that the growing burden of noncommunicable diseases will have on the Australian population.
8. In response, the Australian Department of Health and Ageing has taken the opportunity to play a lead role in tackling the issue of overweight and obesity by chairing a National Obesity Taskforce, established by Australian Health Ministers in 2003.
9. The National Obesity Taskforce has taken a whole of government and cross-sectoral approach to tackling the problem, and has consulted with the private sector, industry, non-government and community groups, who have a vital part to play. The Taskforce has considered actions that will involve long term effort across multiple settings, including child care, schools, family and community services, maternal and infant health care, primary care, neighbourhoods, community organisations, workplaces, food supply, media and marketing. A National Action Agenda, *Healthy Weight 2008 –Australia’s Future* has been developed that focuses on children and young people in the first instance. Australian Government and State and Territory Health Ministers agreed in November 2003 to publicly release the National Action Agenda for consultation on its implementation.
10. Australian Health Ministers also asked the National Obesity Taskforce to continue to lead and coordinate the implementation of the National Action Agenda, including consultation on implementation, and develop further advice to Ministers on strategies to reduce obesity in adults and older Australians.

SPECIFIC COMMENTS

11. The Australian Government generally supports the draft global strategy noting that it is broadly consistent with Australia’s national action agenda on obesity, *Healthy Weight 2008 – Australia’s Future*. However, there are a number of specific comments, which follow below.

Paragraph 3

12. It is suggested that ‘being overweight’ be amended to ‘being overweight or obese’ as the risks associated with increasing Body Mass Index are continuous.

Paragraph 18

13. We suggest that, consistent with language used throughout the document, the word ‘need’, in the last sentence (The Expert Consultation’s recommendations need to be translated.....), be replaced with ‘The Expert Consultation’s recommendations inform the development of national guidelines.....’
14. There are other examples where less prescriptive language could be used, for example, paragraph 36.

Paragraph 19

15. For diet, the Australian Government has recently revised (2003) the national dietary guidelines for adults and children, as well as developing new clinical guidelines on the management of overweight and obesity.¹ These guidelines are consistent with the draft global strategy recommendations to limit the consumption of certain food types. For example, the Australian national dietary guidelines:
 - . recommend limiting saturated fat and moderate total fat intake;
 - . recommend choosing foods low in salt;
 - . recommend that only moderate amounts of sugars, and foods containing added sugar, be consumed.

16. The term 'moderate' consumption of free sugars is not defined although consumer resources based on the national dietary guidelines provide examples of those foods that are best consumed only occasionally. The term 'moderate consumption' has been used in previous Australian national dietary guidelines for adults and children.

17. The evidence underpinning the Australian guidelines, whilst finding a strong correlation between the consumption of free sugars and dental caries, was not as conclusive about links to obesity. It is important to stress that excess energy in any form will promote the accumulation of excess body fat. We feel that this aspect of diet is not sufficiently emphasised in the draft Global Strategy.

18. We suggest that in respect to sugar, a recommendation focussing on 'moderate consumption' replace the draft recommendation to 'limit the intake of free sugars'.

Paragraph 20

19. For physical activity, Australia's national physical activity guidelines for adults are consistent with the WHO draft global strategy recommendation of at least 30 minutes of regular moderate-intensity physical activity on most days of the week².

20. We are currently considering physical activity guidelines for children and youth. It is expected that these guidelines will be available for implementation later in 2004.

21. Accordingly, we support the draft global strategy recommendations on physical activity and diet that national guidelines be implemented across a variety of settings and sectors which is strengthened with involvement, and commitment by, non-government and private sector agencies.

Paragraph 27

22. The Australian Government supports the draft global strategy recommendations on *Responsibilities for Action*, noting that the WHO's role in identifying and disseminating information on evidence based interventions will be particularly beneficial in advancing, clarifying and fostering positive partnerships across governments, communities and the private sector.

23. However, we believe that this requires improved transparency and accountability in the processes involved in developing evidence-based guidelines, norms and standards and other policy-related measures. For example Australia, through the National Health and Medical Research Council (NHMRC), has a well established process for developing national evidence based guidelines. Guidelines produced by the NHMRC are regarded by both experts and consumers as authoritative sources of information.
24. The Australian national dietary guidelines were developed by an NHMRC expert working group that considered a range of scientific evidence. Opportunities for government, non government and the industry to comment on the draft guidelines were provided. Comments by stakeholders were meticulously recorded. The outcome/verdict arising from deliberations by the expert working group on the responses were also recorded as part of this process. These records were used to justify decisions in finalising the guidelines and to respond to any queries on the evidence base. This open and accountable system has worked well in Australia with all stakeholders having access to and understanding the rationale for decisions. WHO may wish to consider a similar approach for its expert working groups.

Paragraph 36

25. Australia recognises that Member States use a range of agricultural policies, taxes and subsidies to influence food production.
26. Whilst recognising the benefit these practices and policies can have to communities we are concerned at the suggestion that States consider using agricultural policies, taxes, subsidies or other fiscal/pricing policies to influence food production and/or consumer demand for various food products. Not only is the evidence for such suggestions not indicated, but such measures could have the potential to become trade distorting or discriminatory, and would need to be applied strictly within the bounds of international obligations, particularly those required by the World Trade Organisation. Of particular concern to Australia is the misuse of food aid and measures to provide domestic support and export subsidies that distort international markets.
27. If such language is to be used, it should include references to ‘consistency with international obligations’. For example in para 36 (top page 12) ‘States are also encouraged to use tax policy and other fiscal measures in a manner that promotes health, is consistent with international obligations, and is fiscally sustainable.’

Paragraph 50

28. Recognising that as much of the responsibility for implementing strategies to combat obesity lies outside government, the Australian Government supports strongly the positive role that private industry can play in addressing the issue. We have seen in Australia the positive results flowing from such collaborations, with changes to some fast food and manufacturing practices resulting in healthier, affordable alternatives to consumers.
29. We believe that this section could more positively promote the private sector’s role, for example, by promoting and recognising initiatives to encourage healthy dietary choices.

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1. Dietary Guidelines for Australian Adults 2003
Dietary Guidelines for Children and Adolescents in Australia 2003
Clinical Practice Guidelines for the Management of Overweight and Obesity in Adults 2003
Clinical Practice Guidelines for the Management of Overweight and Obesity in Children and Adolescents
2003
 2. National Physical Activity Guidelines for Australians 1999