

Meeting
with
CIVIL SOCIETY AND
NONGOVERNMENTAL ORGANIZATIONS

Geneva, 17 May 2003



Global Strategy on Diet, Physical Activity and Health
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**Global Strategy on Diet, Physical Activity and Health
World Health Organization Consultation with Civil Society
and Nongovernmental Organizations
Geneva, 17 May 2003**

Meeting Note

On 17 May 2003, WHO representatives met with representatives of a number of non-governmental organizations (NGOs) and civil society organizations (CSOs) in Geneva HQ. The objectives of the meeting were to continue the dialogue between WHO and NGOs/CSOs concerned with nutrition, physical activity and chronic diseases and for NGOs/CSOs to provide input and recommendations to the Consultation Document to Guide Development of a WHO Global Strategy on Diet, Physical Activity and Health (www.who.int/hpr/global.strategy.shtml).

NGO Participants List: All India Women's Conference, Associated Country Women of the World, British Heart Foundation, Center for Science in the Public Interest, Consumer Coordination Council, India, Consumers International, European Heart Network, Geneva Infant Feeding Association, International Baby-Food Action Network, Infact, International Council on Social Welfare, International Council of Nurses, International Council for Sports, Sciences and Physical Education, International Obesity Task Force, Stakeholder Forum, World Cancer Research Fund, Trim and Fitness Sport for All Association, World Federation of Public Health Associations, UK Public Health Association, Wemos Foundation, World Heart Federation and World Hypertension League.

The meeting was introduced by Dr Derek Yach, Executive Director, Noncommunicable Disease and Mental Health. He noted that the world is in transition and that the majority of chronic diseases are caused by a few known risk factors, including high cholesterol, high blood pressure, smoking, lack of exercise and diets high in saturated fats, sugar and salt. These noncommunicable diseases, including cardiovascular diseases, diabetes and cancers, account for 59% of global deaths, and 45.9% of the global burden of disease. Dr Yach outlined the recommendations of the WHO/FAO report Diet, Nutrition and the Prevention of Chronic Diseases (TRS 916). He noted that World Health Assembly resolution WHA55.23 specifically requested the inclusion of and collaboration with civil society in strategies for diet, physical activity and health. He suggested NGOs faced challenges in forging more coherent "demands" and needed to define options for action in relation to marketing and children.

Summary of Working Groups' Discussions and Recommendations

*Chairs/convenors: Dr Geof Rayner; Dr Mike Rayner
Rapporteurs: Dr Gudrun Doll-Tepper; Ms Kathy Mulvey*

The **WHO NGO Consultation on the Global Strategy on Diet, Physical Activity and Health** split into two working groups, which considered the issues arising from the consultation discussion document, under four headings: **Vision, Principles, Science, Action**. The following summarises the discussions and NGO/CSO recommendations on the WHO Global Strategy:

Vision

- ◆ A healthy lifespan, with people dying in old age, but living healthily until then;
- ◆ A healthy start to life and adequate childhood protection, with unbiased access to information;
- ◆ Consumer well-being, not profit orientation determining life;
- ◆ A view of society based on the long term, with sustainable health outcomes;
- ◆ Attaining good health should also be enjoyable;
- ◆ Physical activity should be much more visible and of higher status;
- ◆ Aim should be ‘liveable’ communities.
- ◆ *Concerns were expressed that:* Choice is being “hijacked” by commercial organizations; Inconsistent information is leading to government policies which lack coherence.

It was also recommended that the following terms be replaced throughout the Consultation Discussion Document: “lifestyle” with “ways of life”; “risk factor” with “cause”; and “diet” with “food and nutrition.”

Principles

General recommendations included that:

- ◆ Physical activity should be addressed across departments of government, and across sectors;
- ◆ Caloric intake needs to be addressed, not just risk factors, with a focus on underlying and root causes;
- ◆ Industry has a positive role to play in producing high quality affordable foods: it should also refrain from activities which are injurious to health;
- ◆ Globalisation requires that there be strong international codes;
- ◆ Communities have an important role and policies should favour localisation;
- ◆ Ordinary people should be consulted when developing and implementing strategies;
- ◆ Sustainability principles should recognise that there may be health and environmental trade-offs;
- ◆ Actions and policies should promote collaboration between north-south, east-west and involve resources and strategy;
- ◆ Information-sharing should be transparent and open, emphasising democratic consultation with constituencies affected by the strategy, inclusion of CSOs/NGOs, and the roles of the education system and the media in disseminating information.

*Recommendations on the Consultation Discussion Document section **Principles** included:*

- ◆ Re-organizing these under subheadings — e.g. governments, science, industry, civil society — recognizing that many principles apply to all sectors
- ◆ Moving the last two points, which are general, to the front
- ◆ Strengthening the emphasis on poor communities in the second-to-last principle: “The strategy should be designed so that it will explicitly give special priority to women, children and poor communities. . .”
- ◆ Recognizing the potential conflicts of interest for the food and beverage industry in the principle that begins “*Governments cannot act alone. . .*”
- ◆ That Public-private interactions should be based on transparency in implementation, at the national level; follow the DG’s [1999] code on interactions with industry.

Science

The meeting endorsed WHO/FAO Diet Report TRS 916.

It also recommended that the following points be taken into account:

- ◆ The North-South, East-West perspectives and hence solutions may be different;
- ◆ Common threads based on sound science should be collated, with investigation of where gaps exist;
- ◆ Knowledge is multidimensional and different understandings should promote wider common understanding within the diversity;
- ◆ Data on industry is difficult to collate, especially in the South and especially on marketing;
- ◆ Applied research is a critical area for investigations taking into account such matters as:
 - Design of cities and buildings;
 - An understanding of urbanisation, ranging from basic data to different approaches to its understanding
 - Transport
 - Scoping and strategic research, including setting out future scenarios (over 20 years)
- ◆ Need to use the tactics used by anti-health forces, which are effective in manipulating marketing information and public belief;
- ◆ Need to share information/knowledge/strategies internationally;
- ◆ Ensure that science base is as independent from industry as possible, with high valuation and validity given to fully independent science;
- ◆ Science includes economic analysis, which implies that economic postulates too should be evidence-based, as in the case of statements such as “Freer trade contributes to broader diet” (cited from the WHO strategy discussion paper).
- ◆ Building on precedents in the FCTC: WHO Member States recognize that ad bans reduce consumption.
- ◆ Need to know what people think and what they fear. Need to merge science with end-users’ perspectives by asking consumers what they want.

*Recommendations on the Consultation Discussion Document section **Science** included:*

Changing “science” to “evidence” and also affirming a social science and values basis for action.

Action

The Meeting recommended:

- ◆ The Strategy should contain separate action points for each group or sector, e. g. government, industry, farmers, etc;

For WHO

- ◆ Strategy should be convened and led by WHO, in conjunction with other relevant UN agencies (and other relevant international organizations);
- ◆ WHO has a leadership role at the intergovernmental level and should work more closely with NGOs;
- ◆ Strategy cannot be confined to exhortation, but must use all relevant UN instruments, such as framework conventions or codes;

- ◆ WHO should promote health and protect consumers through its involvement in the Codex negotiations;
- ◆ Marketing codes are necessary to tackle the promotion of sugary, fatty food and deal with health claims;
- ◆ Actions should promote the removal of obstacles towards effective application of the strategy;
- ◆ There is need to build capacity. Better country-level analysis is needed to develop a solid evidence base for the likely impact of “controls” or “restrictions” on marketing;
- ◆ WHO should collect and disseminate examples of where policies are working;
- ◆ WHO should ensure transparency and promote consistency (internationally and within governments);
- ◆ WHO should obtain wide dissemination of the Diet report (WHO TRS 916).
- ◆ There was a need for continuation of international and national forums on this policy arena;
- ◆ There needs to be a consideration of the balance of the actions, to ensure that physical activity is given a higher priority;
- ◆ WHO must have a sustaining mechanism, including resources to drive the Strategy process and ensure implementation.

For NGOs

- ◆ NGOs have a role in advocacy, lobbying and the creation of networks. They have a different role from WHO, which is constrained by governmental relationships and the political environment surrounding the evidence;
- ◆ They can promote the involvement of civil society and alliances north and south in order to agree agendas and priorities and advocate action by WHO and Member States;
- ◆ NGOs have a role as implementing bodies of the Global Strategy;
- ◆ NGOs can organise campaigns and events that will stimulate action and change the environment;
- ◆ NGOs organise support for legislative and regulatory reforms;
- ◆ NGOs make information accessible to people ;
- ◆ They can play a role in monitoring and target-setting;
- ◆ They have a broader capacity-building role and can undertake grass roots mobilisation;
- ◆ NGOs can put issues on the public agenda;
- ◆ They can work at national and international levels and help disseminate information;
- ◆ They can inform regional processes;
- ◆ They can put knowledge and evidence into practice;
- ◆ NGOs need to work more closely together to develop coherent messages;
- ◆ NGOs involved in the work should focus on including and activating public interest NGOs and consumer groups.

Member States

- ◆ The most urgent priority for WHO and Member States is marketing to children. Member States should restrict the marketing and advertising of unhealthy food and drink to children in the media, at school, and other settings. They should restrict television advertising and other marketing of high-calorie, low-nutrient foods that appeal to children, and require television broadcasters to provide messages promoting healthy eating and physical activity. Some

NGOs strongly urged a total prohibition on all marketing and advertising of unhealthy foods to children;

- ◆ Member States need to make cities safe and enjoyable places to be physically active;
- ◆ They should use purchasing power to change the shape of the food market;
- ◆ Should emphasize the need for household food security and sustainable livelihoods and, for the benefit of children, nutrition standards for school meals in line with the recommendations of the WHO FAO expert report, TRS 916.
- ◆ Require fast food and other chain restaurants to provide information about nutrition content on menus or menu boards;
- ◆ Provide funding for mass media campaigns that promote healthy eating and physical activity;
- ◆ Give increased emphasis to production, consumption, and access to vegetables and fruits, in line with the targets of the 2003 WHO FAO Expert Report 916. Emphasize the value of whole, fresh and minimally processed foods. Create policies, including fiscal, that encourage the use of healthier fats and oils in the production of processed foods.
- ◆ Subsidize the cost of nutritious, low-calorie foods, perhaps by raising the costs of selected high-calorie, low-nutrient foods in vending machines and school cafeterias, and reducing the prices of fruits and vegetables;
- ◆ Ensure that restaurants provide affordable salads (or other fruits or vegetables) with meals and reduce the prices of the most nutritious foods on their menus;
- ◆ Ensure that methods of food production, processing and preparation known to be beneficial to human health, and which have minimal environmental impact and resource implications, are increasingly used, and methods agreed to be harmful in corresponding ways, are phased out;
- ◆ Give special emphasis to the assessment, protection and development of indigenous and traditional food systems sustainably adapted to climate, terrain and culture, that require minimal capital, mechanical and chemical inputs, and also to the nutritional value of the foods produced by these systems;
- ◆ Future dietary and policy recommendations designed to prevent and control chronic diseases, should be reconciled and integrated with guidelines designed to prevent nutritional deficiencies and infectious diseases;
- ◆ Member States should ensure that their delegations to the World Health Assembly and Executive Board meetings include representatives of public interest CSO/NGOs with expertise in the subjects on the agenda for these meetings.

Commercial Enterprises

- ◆ Ensure that methods of food production, processing and preparation known to be beneficial to human health, and which have minimal environmental impact and resource implications, are increasingly used, and methods agreed to be harmful in corresponding ways, are phased out. Methods also to be devised to monitor the success of this policy.
- ◆ Operate on principles of openness, transparency and accountability, and implement effective reporting mechanisms.