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February 23, 2004

Dr. Catherine Le Galès-Camus
Assistant Director General
Noncommunicable Disease and Mental Health (NMH),
World Health Organization
Avenue Appia 20
CH-1211 Geneva 27
Switzerland

Dear Dr. Le Galès-Camus:

The Government of Canada is pleased to provide the World Health Organization (WHO) with comments on its draft Global Strategy on Diet, Physical Activity and Health as per the WHO Executive Board decision taken in January, 2004.

The comments in the enclosed document reflect Canada's continued support of the draft Global Strategy on Diet, Physical Activity and Health and its call for concerted public health action to deal with the growing crisis of noncommunicable diseases. The Strategy supports a population health approach to health promotion and disease prevention and is consistent with the approach taken by the Government of Canada.

Canada is strongly committed to efforts to reduce the global health, human and economic burden resulting from largely preventable noncommunicable diseases. Canada also believes that the WHO's contribution to the implementation of the Global Strategy on Diet, Physical Activity and Health is of critical importance. While each Member State will decide on what strategies are appropriate to national circumstances, the challenge is global and requires strong and effective international collaboration.

Canada recommends that Member States not only be encouraged to endorse the Strategy at the World Health Assembly in May, but also be asked to make a commitment to develop national plans of action that integrate healthy eating and physical activity.

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- 2 -

I would be pleased to answer any questions or provide additional clarification related to the enclosed document. You can reach me at (613) 957-7298 or by email: ed_aiston@hc-sc.gc.ca.

Yours sincerely,

E. M. Aiston
Director General

**GOVERNMENT OF CANADA COMMENTS ON
WHO DRAFT GLOBAL STRATEGY ON DIET, PHYSICAL ACTIVITY AND HEALTH**

1. Canada supports the integrated and comprehensive approach to diet, physical activity and health which the Strategy embodies. It presents a balanced approach in all areas, including upstream strategies in the areas of: food security (accessibility, availability and affordability of healthy food choices); social inclusion related to physical activity and health services.

2. Evidence suggests that multi-factorial prevention strategies, targeting multiple risk factors for single diseases or disease clusters, have met with greater success. Studies specifically inform us that integrated, community-level interventions (e.g., complementary school and family support programs), when sustained over time, have been successful. Integration, therefore, offers the potential of not only being a more effective prevention strategy, but of focussing limited prevention resources¹.

3. Current research informs us that health is strongly influenced by the social, physical and economic environments of peoples' lives.² Thus, governments and other sectors need to focus on the underlying conditions that create or "determine" health

4. Food choices, which play a direct role in nutritional health, significantly influence health status. Taking personal responsibility for one's health is important, however food choices are not simply a matter of personal choice. Economic and social forces, together with factors related to the physical environment, influence what foods are available and a person's individual capacity to make choices.³ These societal and environmental changes that influence physical activity and eating patterns have had a profound influence on increases in overweight and obesity.^{4,5}

5. Canada supports the call in the Strategy for evidence-based approaches. Canada urges the WHO to reference other international sources, such as the National Academy of Sciences, which provide evidence that supports the Strategy's moderate dietary recommendations. The Dietary Reference Intakes, established through a review process overseen by the US Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences, (NAS) form the scientific basis for the review of current dietary guidance in Canada and support the dietary recommendations contained within the WHO Strategy.⁶

6. Compelling scientific evidence has demonstrated that regular physical activity plays a key role in improving health and in preventing non-communicable disease, disability and premature death. However, the choice to be physically active does not exist in a vacuum it must be linked with opportunities. Other related behavioural risk factors (e.g., unhealthy eating, tobacco use) and their interconnectedness have been shown to be correlated with health status. Integrated strategies that take into account multiple risk factors that influence health, and that focus on supportive social and physical environments, are needed to make and keep people healthy.

7. In February 2003, federal and provincial/territorial Ministers responsible for physical activity set a national target to increase physical activity in each province and territory by 10 percentage points by the year 2010. Federal and provincial/territorial governments are currently developing a collaborative plan of action to contribute to the achievement of this target in partnership with non-government organizations.
8. The Government of Canada has taken a leadership role in the development of an Integrated Pan-Canadian Healthy Living Strategy, a comprehensive and integrated strategy in which healthy eating and physical activity are the priority issues in the first phase of its development. This strategy aligns well with the approach of the WHO Strategy - both strategies focus on physical activity and healthy eating and support multi-disciplinary and multi-sectoral collaboration. In addition, Canada's Healthy Living Strategy is founded on a population health approach emphasizing the promotion of health, health protection, and the prevention of illness, injury and disability, an approach endorsed by the WHO Strategy.
9. Furthermore, both strategies have been developed through the involvement of key stakeholders and highlight the importance of strengthening collaboration. The WHO Strategy highlights the importance of partnerships and the need for combined energy, resources and expertise of non-governmental organizations, consumer groups, the research community and the private sector.
10. In implementing the Global Strategy, Canada supports the Strategy's positions that the private sector can be a significant partner and that health ministries have an essential responsibility for coordinating and facilitating the contributions of many other ministries and government agencies. In Canada, we have already adopted a multi-sectoral approach, including the private sector, through the process of developing the Integrated Pan-Canadian Healthy Living Strategy.
11. Canada is strongly committed to reducing health disparities within our society and supports the call in the Strategy for priority action on the poorest populations and communities in countries.
12. Canada recognizes the growing problem of overweight and obesity. Efforts aimed at energy balance must focus on both energy expenditure and energy intake. Limiting energy intake includes recognition of the energy contribution from sugar, along with other foods/nutrients. The strategy appropriately strikes the right tone with its wording "limit free sugar".
13. Adults and children should consume a nutrient dense diet providing energy consistent with that required to achieve and maintain a body weight within the range of normal weight. While about half of energy intake should come from carbohydrate-containing foods, moderating the intake of dietary sources of added sugars is suggested. In urging a dietary pattern limited in energy but emphasizing carbohydrate in the form of vegetables, fruit, cereals, breads and other grain products a cautionary note with respect

to foods rich in carbohydrate from added sugars such as soft drinks, cakes, cookies, desserts and candy is key.

14. The new nutrition labelling in Canada includes a Nutrition Facts table providing information that consumers and health professionals consider important to health. The list includes Calories and a core list of 13 nutrients, including sugar.

15. Canada supports the validity of the text in item # 38, which discusses the importance of ensuring national food and agriculture policies are consistent with the protection and promotion of public health. Indeed at the PAHO/WHO regional consultation held in Costa Rica in April 2003, a background paper was presented that demonstrated the influence of subsidies on resulting price of selected commodities.⁷

16. Canada supports the call in the Strategy for WHO to enhance its long-standing collaboration with FAO in developing agricultural policies that ensure food production responds to consumer demand and becomes more environmentally sound, economically viable and nutritionally balanced.

17. Canada supports the statement in the Conclusion section of the Strategy that “national strategies will need a clear plan for long-term and sustained disease-preventional measures” and urges the WHO to include this statement in the *Responsibilities for Action* section of the Strategy.

18. The draft global strategy is also consistent with Canada’s support for integration of approaches to prevent chronic noncommunicable diseases. This approach has guided the development of policy and programs for almost two decades, including the Integrated Pan-Canadian Healthy Living Strategy, which is a comprehensive and integrated strategy with diet and physical activity as the most prominent issues. This WHO strategy also aligns well with the Healthy Living strategy in calling for multi-disciplinary and multi-sectoral involvement.

19. Canada considers the general directions and principles of the draft Strategy supportive of a broad public health approach called for in the document.

20. Canada is eager to support the role of WHO by working with WHO collaborating centers to establish networks for collaborative research and training for capacity building to meet the needs of countries in implementing the strategy. Canada is already an active member in the WHO CINDI/CARMEN network and has a WHO Collaborating Centre on NCD Policy committed to enhancing the evidence base related to NCD interventions. In this regard, Canada is also undertaking the development of tools for the effective assessment of research and evaluation intelligence in order to guide the identification of best practices, particularly lessons learned with respect to integrated programs and policies. Although not yet finalized, Canada is also slated to host the next WHO Global Forum on Non-Communicable Disease Prevention and Control.

21. Canada believes that the WHO's contribution to the implementation of the Global Strategy on Diet, Physical Activity and Health is of critical importance. While each member state will decide on what strategies are important for the health of their citizens, the challenge is substantial and requires worldwide collaboration.

22. Canada recommends that Member States not only be encouraged to endorse the Strategy at the World Health Assembly in May, but also be asked to make a commitment to develop national plans of action that integrate healthy eating and physical activity.

References:

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5. Kumanyika S, Jeffery RW, Morabia A, Ritenbaugh C, Antipatis VJ. Obesity prevention: the case for action. *International Journal of Obesity*, 26: 425-436, 2002.
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