

急URGENT件



中华人民共和国卫生部

MINISTRY OF HEALTH PEOPLE'S REPUBLIC OF CHINA

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Dr. Catherine Le Gales-Camus,
Assistant Director General,
World Health Organization

N8-370-8



298774

1-Mar-2004

NMH

27 February 2004

Dear Dr. Le Gales-Camus,

Subject: WHO Global Strategy on Diet, Physical Activity and Health

Reference is made to the decision of the 113th session of the Executive Board on the above subject matter. At the outset, I wish to emphasize that China strongly supports this strategy and hope it can be adopted by the 57th World Health Assembly without further delay. In response to the call for comments, we have solicited further comments from our technical expertise. Attached please find these detailed comments for your reference.

In addition to the technical comments mentioned above, we feel that the current Chinese version of the strategy is not satisfactory. Some of the terms or phrases are not understandable. We hope some mechanism can be worked out to further improve the Chinese translation before its submission to the assembly for adoption.

We hope our above comments are constructive to the revision of the global strategy.

With best regards,

Sincerely yours,

Dr. Yin Li,
Director General,
Dept of International Cooperation,
Ministry of Health,
P. R. China

Received in Records
and Archives (REG)
WHO - Geneva

01 MAR 2004

Received in

-2 MAR 2004

ADG / NMH

附件1


中华人民共和国卫生部收文处理专用纸

收文 字第 号	2004年2月27日
来文机关：世界卫生组织	来文： 号
事由：世界卫生组织就《饮食、身体活动与健康全球战略草案》征求意见	附件：相关意见

拟办和批示：

司领导：  2.27

为减少慢性病危害，世界卫生组织制定了《饮食、身体活动与健康全球战略草案》征求各国意见。经组织有关专家讨论，提出了相关建议，请审核，如无不妥，请报国际司。

非传处 

二〇〇四年二月二十七日

China's Comments on "DRAFT GLOBAL STRATEGY ON DIET, PHYSICAL ACTIVITY AND HEALTH"

1. Importance of "WHO Global strategy" for NCDs control and prevention based on China's situation

Since 1950, the annual Gross National Products (GNP) in China increased from 12.5 to 840 USD per capita in 2000, and the average household purchasing power increased more than 4 times. China's improved standard of living has brought about significant changes in food consumption as well as in health and disease pattern, i.e. a reduction in diseases of poverty (infant death, communicable disease, and nutrition deficiency), the doubling of life expectancy from 35 years in the 1950s to 70.8 years (male 68.7, female 73.0) in 2000 and the increase of chronic non-communicable disease.

1.1 Changes of Disease Pattern in China

The change of lifestyle of Chinese people along with the development of national economy has caused significant changes of disease pattern in China. There has been a shift from predominantly communicable disease to non-communicable disease, such as cancer, cardiovascular disease, diabetes and obesity in the last two decades. Based on the statistics from the Ministry of Health, the mortality of acute infectious diseases and tuberculosis has decreased significantly since 1957. On the contrary, cancer, cerebrovascular disease and ischemic heart disease have become the leading causes of death. Chronic diseases accounted for more than 84% of the total mortality in China in the year of 2002.

1.2 Diet and Nutrition Transition in China

The dietary pattern of Chinese people has undergone dramatic changes since 1950s, especially in the last two decades. Based on the national food disappearance data, there was a clear trend of slight decrease in grain consumption and significant increase of animal food and oil in the recent decades.

Three national nutrition surveys (NNS) had been conducted in China since 1950s. The results from the first (1959) NNS showed food from plant sources contributed 89% of the dietary protein. The second NNS carried out in 1982 showed that the nutritional status of the Chinese population was greatly improved as compared with the data in the 1950s. The average energy intake had increased to

2,484 kcal and protein intake increased to 67g per capita per day. The third NNS conducted in 1992 showed that the average energy intake slightly decreased to 2,328 kcal and protein intake remained the same (68 g); however, the fat intake had increased to 58.3 g, as compared with the 49.3 g in 1982. The Chinese food surveillances system during 1990 to 2000, showed that the fat intake significantly increased in both low income group and high income group.

The main features of the dietary transition are the decrease of grain and carbohydrate intake and the increase of animal foods and oil/fat intake. Using fat intake as the indicator of dietary pattern, the dietary fat intake of urban Chinese was close to 30% of total dietary energy intake, the upper guideline level of WHO, and in the major metropolitan cities, such as Beijing, Shanghai and Tianjin, the average fat intake all exceeded 30% of total dietary energy intake. Therefore, the trend of westernization of diet in Chinese people is quite obvious, although the current average Chinese diet is still based on plant food.

The relationship between diet, nutrition and NCDs had been studied in a number of epidemiological studies throughout China. It has been agreed for many years that the nature and quality of diets affect the risk of chronic diseases, including those major causes of premature death in the developed world.

At the same time, the physical activity of Chinese people has decreased remarkably in past 20 years. A survey was conducted in Beijing and Guangzhou, the results showed that 30%-57% of urban workers, and 60%-67% of rural farmers reduced their physical activity in work in past 10 years. There are only less 20% of people (25-49) with additional regular physical activity in daily life in selected cities. It clearly showed there is no consciousness to increase the physical activity with the decrease of occupational activity in work among Chinese.

Thus, to control and prevent the risks of NCDs and its health effect, the global strategy on diet, physical activity and health is very important and will be a motivator to prevention of NCD.

2. China supports the "WHO Global Strategy"

Thus, to control and prevent the risks of NCDs and its health effect, the global strategy on diet, physical activity and health is very important and will be a motivator

to prevention of NCD. China supports the "WHO Global Strategy" in general.

Strength of "WHO Global Strategy" are:

2.1 Emphasis on the role of government in the following aspects:

- (1) To establish the good health care policy
- (2) To guide the future agriculture and food industry development policy in the light of protecting people's health.
- (3) By providing balanced and scientific based information to the public, to upgrade the knowledge and skill of healthy diet and the skills of health food choice.

2.2 The flexibility in the recommendations

We think the recommendations in the strategy is flexible enough to allow member states to develop policies accordingly. For example, free sugar intake level varies in different countries. Although free sugar intake level is not quite high, it is still quite important to provide scientific information timely to the public in order to prevent potential damage and promote a balanced diet. Wordings like "free sugar intake should follow the principle of balance diet" or "Reduce white bread, highly-polished rice and sugar, encourage whole grain consumption" might deserve more consideration.

2.3 Emphasis on the responsibility and role of enterprise for controlling the risks of NCDs, it is necessary to get the commitments of the enterprises.

2.4 It reflects the different responsibilities and roles of government, NGOs, enterprises and individuals in reducing the risks of NCDs, which is appropriate as a comprehensive strategy for NCDs prevention.

3. Comments for "WHO Global Strategy"

3.1 General comments

(1) About dietary recommendations

◇ To ensure the balanced diet should be as the principle of the dietary approach. To emphasis balanced diet, not focus on specific food or nutrients.

◇ As balance diet is quite important rather than classifying the food by "healthy food", "non healthy food" and "best diet", we wonder if we can replace "best diet" and "diet" by " balance diet".

◇ Member states should develop legislation to create the mechanism of integrating healthy diet with physical activity in NCD prevention policy implementation

process. Government should document guidelines for health diet and physical activity. Government should set medium-long term goals for NCD prevention/risk reduction. Since NCD prevention is a long term effect, an objective and quantitative indicators for evaluation of government achievement should developed to keep government interest during their service term.

◇ WHO needs to pay attention to evaluation and develop quantities indicators to evaluate achievements toward the implementation of the strategy.

◇ The current insufficient government investment on NCD prevention should be described in the background part.

◇ WHO holds workshops on policy research, such as evaluation input-outcome of NCD prevention, socioeconomic impact of NCD prevention to initiate concerns of policy-makers.

(2) About physical activities

◇ Strategy for physical activity is very weak in this document.

◇ To establish the long-term, effective and dynamic health surveillance system can provided the important information for finding risks factors, making policy and formulating intervention strategies.

◇ It is needed for international cooperation especially to monitoring the physical activities. China has not much information for evaluating the changes of the lifestyle especially on the changes of physical activity. It is important for the countries, which are in the rapid transitions of lifestyle.

3.2 Specific comments

Item in EB113/44 Add.1	Original contents	Revised contents
Item 10	Maternal health and nutrition before and during pregnancy, and early infant nutrition are important in the prevention of non-communicable diseases throughout the life course. Exclusive breastfeeding for six months and appropriate complementary feeding after that, contribute to optimal physical growth, mental development and the prevention of non-communicable diseases.	Maternal health and nutrition before and during pregnancy, breastfeeding and appropriate complementary feeding contribute to optimal physical growth, mental development and the prevention of non-communicable diseases.
Item 18	The Expert Consultation's recommendations need to be translated into national recommendations, in the light of the local health situation, and into dietary guidelines.	The Expert consultation's recommendations need to be translated into dietary guidelines. WHO encourage member countries to develop national dietary guidelines in the light of local health situation and scientific evidence
No 1 in Item 19	Limit energy intake from fat and shift consumption away from saturated fats and <i>trans</i> -fatty acids towards unsaturated fats.	Limit energy intake from fat and shift consumption away from saturated fats and towards unsaturated fats;
No 7 in item 22	Decisions about food, nutrition and physical activity are often made by women and are based on culture and traditional diets.	Decisions about food, nutrition are often made by women and are based on culture and traditional diets.
Item 35	After (1)	After (1,) add: "Encourage individual and family to increase enthusiasm and liabilities in preventing the NCDs by public education."
Item 36	Efforts could involve support for: production and marketing (including storage, transport, preservation, and promotion) of fruit,	Efforts could involve support for: production and marketing (including storage, transport,

	vegetables and legumes and other healthy produce; innovations to produce healthier foods;	preservation, and promotion) of fruit, vegetables and legumes and other produce which could improve the balance diet; and innovations to produce such foods;
No 1 in item 36	(1) promotion of healthier food items:	(1) promotion of balanced diet.
No in item 36	including market incentives, to promote the development, production and marketing of healthier food items.	including market incentives, to promote the development, production and marketing of food items which good for balanced diet.
Item 40	They should take a life course approach that stresses the importance of prenatal nutrition, exclusive breastfeeding for six months, and healthy diet and continuing regular physical activity from youth into old age.	They should take a life course approach that stresses the importance of prenatal nutrition, exclusive breastfeeding, and balanced diet and continuing regular physical activity from youth into old age.

(2) Important reasons for some recommendations

— Food-based dietary approach is best way to be implemented and be followed by the public.

— “Trans-fatty acid” should be deleted because it is hard to get the content of trans-fatty acid of foods in developing countries.