World Sugar Research Organisation

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Subjects: Industry Organizations Consultation Meeting 17th June 2003 and Consultation Document to Guide Development of a WHO Global Strategy for Diet, Physical Activity and Health

Dear Dr Yach,

Thank you for the invitation to attend the WHO Meeting with Industry Associations on 17th June 2003, to discuss the Global Strategy on Diet, Physical Activity and Health.

WSRO is keen to support the efforts of the International Agencies to improve the health of all nations by preventing and controlling chronic diseases and under-nutrition. WSRO will be interested in participating in the proposed meeting in Geneva on 17th June 2003. However, prior to that meeting WSRO would like to clarify certain points:

At the occasion of the release of the WHO Technical Report Series 916 in Rome (23rd April 2003) the WHO Director-General revealed (Rome press release, 23rd April 2003) that, "the Report (916) is significant because we will be using it as the critical science-based foundation for the WHO Global Strategy on Diet, Physical Activity and Health". If it is so, then WSRO will have serious concerns regarding the objective of the Consultation Meeting.

The Technical Report 916 has been widely criticised by many organisations and individuals for not meeting expected modern standards for a scientific review and for ignoring the findings of a number of recent international consensus reports on diet and health. With inadequate scientific justification, the report proposes population nutrient goals for 14 nutrients, including sugars. Even Dr Jacques Diouf, Director General of the FAO, admitted at the occasion of the release of the Report (Rome press release, 23rd April 2003), with Dr Brundtland sitting beside him, that the <10% figures for sugars are arbitrary and not based on scientific evidence. If Dr Diouf's comments are correct (and we would agree that they are), the question arises, (a) how can this report, and the arbitrary targets it contains, be considered "the critical science-based foundation for the WHO Global Strategy"? And further, (b) if it is not scientifically sound, how it can be used at all as a basis for the development of the WHO Global Strategy on Diet, Physical Activity and Health?

The “Consultation Document” that has been circulated along with the invitation letter is based on the findings and recommendations of WHO Technical Report Series 916. Hence, many of the proposals that it includes are not evidence-based; indeed, many of them are patently irrelevant. The Discussion Points included are very specific and some are not directly relevant to the food industry but are more appropriate for discussions with health professionals (pages 3, 4 and 8). Furthermore, as the questions have been phrased, they are not relevant to International Organisations such as ours that represent many countries. More detailed comments on the “Consultation Document” are attached with this letter.

WSRO will be willing to contribute constructively to discussions on a Global Strategy that are based on the total body of scientific evidence including ***all*** recent FAO/WHO Expert Consultation reports. Furthermore, the Meeting must have (a) a clear objective, (b) there must be a detailed and relevant agenda items outlining the discussion areas, and (c) minutes of the meeting must be taken and accepted by all attendees.

I very much hope that you would appreciate our constructive views and suggestions to the meeting on the WHO Global Strategy on Diet, Physical Activity and Health.

Yours sincerely

Dr Riaz Khan
Director - General

WSRO Response to the "Consultation Document to Guide Development of a WHO Global Strategy for Diet, Physical Activity and Health."

Discussion Points:

What is the status of your country's legislative, regulatory and national policy in the area of diet and physical activity? (e.g., are there food labelling, marketing codes). Do policies involve different sectors, such as health, transport and agriculture? Does the agriculture policy address issues such as national food security, trade and exports and agri-environmental issues? Has your country investigated barriers to access to healthy foods?

3. The Problem

Para 2 states, *"There are now far more people with cardiovascular diseases, cancer and type 2 diabetes in developing than in developed countries."*

There are more than three times as many people living in less developed countries than in developed countries (*see* Ref. **1**). Prevalence (percent of the population) statistics of lifestyle related diseases are less alarming. Particularly, when compared with prevalence statistics of poverty related diseases such as food energy under-nutrition and iron, iodine and vitamin A deficiency diseases, which affect millions more, the direction of the WHO Global Strategy should reflect this distribution of diet-related diseases (*see* Ref. **2**).

In addition, the increase in cardiovascular diseases in developing countries is directly related to changes in the age distribution of many of these populations. Improved medicine, sanitation, and nutrition have produced a major decline in death rates in early life, meaning that more people are living healthier lives longer.

Para 5 states, *"…role of specific risk factors for chronic diseases, both independently and for specific diseases, and in combination, are largely the same. These include: urbanization, globalization, increased marketing and consumption of tobacco and foods high in fats and/or sugar and low in micronutrients..…"*

There is no evidence presented either in this "Consultation Document" or in the WHO Technical Report Series 916, to suggest that foods high in sugar specifically increase the risk of chronic diseases. In fact, the report of a Joint 1997 FAO/WHO Consultation concludes that, "*There is no evidence of a direct involvement of sucrose, other sugars and starch in the aetiology of lifestyle-related disease*" (*see* Ref. **3**). There has been no significant research published since to counter this statement.

Para 7 suggests that the problem of chronic diseases will grow steadily worst because of *"global marketing and consumption of salty, sugary and fatty snacks - all occurring within a context of reduced levels of physical activity."*

There is no evidence cited here or in Technical Report 916 to support the view that marketing and consumption of sugary snacks specifically will exacerbate the problem of chronic diseases related to overweight and obesity. Indeed, no evidence is presented to substantiate the assumption that these foods exert an appreciable influence on the overall composition of the diet. This statement also ignores a large body of scientific evidence that shows that obese and overweight individuals generally consume more energy from dietary fat than their leaner contemporaries and that people with higher

sugar consumption are more likely to be thin (*see* Ref. **4**). Furthermore, all foods, including sugar, have a role in a healthy balanced diet. Singling out specific foods will only result in an incorrect view of foods as being either good or bad in the minds of health-professionals and consumers and will do nothing to solve the problem of chronic diseases.

The simplification in **Paragraph 7** of the root cause of obesity and chronic diseases ignores the many social and cultural factors that have over decades contributed to a decline in activity levels. These include: a decline in occupational energy expenditure in many countries as industrialization progresses; elements of the planning and design of cities; the fact that less children engage in physical activity because of sedentary leisure time pursuits and safety concerns of parents; and the fact that more adults use motor vehicles and fewer are employed in manual labour. In many countries, the increase in obesity and its related co-morbidities has occurred during a period when energy intake has remained the same or decreased suggesting that our energy expenditure levels have declined even faster (*see* Ref.. **5**).

Discussion Points:

What are the levels and trends of major risk factors and determinants for chronic diseases in your country?

4. The Solution

The specific diet and physical activity recommendations under this heading include (bullet points 6 and 7): *"Reduce the intake of free sugars"* and *"Reduce heavy marketing of foods high in fat and/or sugar to children."*

Sugar is generally consumed as an ingredient in foods and makes a healthy diet palatable. Many cereals, for example, would be almost inedible without sugar. In parts of the world where millions of people are undernourished, sugar is an important, inexpensive and safe contribution to the food supply needed to support human activities. The FAO has recommended that at least 55% of food energy should be derived from a wide variety of carbohydrate sources (*see* Ref. **3**). That includes sugar. Higher levels of sugar intake than advocated in Technical Report 916 have been shown to be compatible with a healthy vitamin and mineral intake and with a moderately low-fat diet (*see* Ref. **6**,**7**,**8**).

The policy recommendations in this “Consultation Document” closely resemble those in the WHO Technical Report 916, which was written by scientists. Only people with expertise in formulating policy should make policy recommendations. These should be evidence-based strategies that have been shown to work. There is no persuasive evidence to indicate that reducing the marketing of certain types of foods will have a favourable health outcome.

Discussion Points:

Do you anticipate that gaining increased political commitment on implementing strategies to reduce levels of chronic diseases and obesity, will encounter any obstacles, such as policy makers not seeing NCDs as a priority, or cultural constraints? What other potential obstacles do you envisage?

5. Principles for Action

Bullet point 7 states that, *"The food industry has a critical role to play in providing healthy and affordable food. Their initiatives to reduce the amount of salt, sugar and fats added to processed foods and to review many current marketing practices could accelerate health gains world-wide."*

All foods including processed foods have a role in a healthy balanced diet. The dietary components recommended for reduction are important in the processing of foods and in making a variety of foods palatable. Naming specific dietary components for reduction enforces the idea of "good foods and bad foods" concept. This is not productive for the reasons discussed above. People should be encouraged to exercise moderation in the consumption of all foods if they are, or at risk of being, overweight or obese since all foods provide energy and energy imbalance is the cause of weight gain, which predisposes to chronic diseases.

Bullet point 9 states that, *"Several aspects of the strategy may be strengthened by using existing international norms and standards, such as Codex Alimentarius, and by addressing, for example, transnational aspects of harmful and beneficial marketing of foods to children and increasing access to fruit and vegetable consumption."*

As discussed above there is no evidence that restricting the marketing of certain foods or strengthening international standards will have any beneficial health outcome. If given a choice human beings would not want to live solely on fruits, vegetables and cereals and if they were required to, it would not be a healthy existence. "*Moderation is the key*" and this should be the WHO's message. Again, there is no indication where and by whom these Principles of Action were first proposed, since they also appear in the WHO Technical Report Series 916. The authors of that report were scientists who do not have backgrounds in policy formulation.

Discussion Points:

Do the existing institutional mechanism in your country, both within and between government agencies, address diet and physical activity in a coherent and integrated way? Do governments interact with private entities, NGOs or academic groups? Is interaction done in an effective way, and does it address both diet and physical activity together?

6. From Science to Action

The first line of **Para 1** states that, *"Action should be based on systematic needs assessments and solid evidence."*

WSRO would wholly agree with that. Unfortunately, the evidence to support many of these proposals has neither been provided in the "Consultation Document" or in the WHO Technical Report Series 916. The action points under Government Policy (including *Information and Education, Food and Agricultural Policy* and *Pricing Policy and Subsidies*) are not evidence-based. Some of these proposals are in fact the remit of the FAO and not the WHO.

Under *Pricing Policy and Subsidies* some of the proposals put forward including subsidy systems to promote the production of various foods; and taxes to increase or decrease the consumption of foods; are unlikely to be acceptable in many countries and are against the WTA charter.

It appears that the WHO has not given serious thoughts to the economic impact of the recommendations of the WHO Technical Report Series 916. Many countries, particularly those under-developed, may not be able to mobilise their scarce resources to produce foods looked upon more favourably by the report. The knock-on effect on employment, population migration away from rural areas, and income could be severe.

These agricultural and economic implications should be considered by the FAO before the Global Strategy is taken further.

A general criticism of the various policy proposals put forward in this consultation document is that the WHO appears to be attempting to usurp the autonomy of its Members by pre-empting their own internal decision–making procedures. WHO should not attempt to exclude viable policy levers or emphasise its own pre-conceptions as to the form policy decisions should take. The autonomy and political independence of the Members should be respected.

References:

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8. Surwit RS, Feinglos MN, McCaskill CC et al (1997) Metabolic and behavioural effects of a high-sucrose diet during weight loss. *American Journal of Clinical Nutrition* 65(4): 908-915