

Q&As

WHO Global Strategy on Diet, Physical Activity and Health (Draft for consideration by World Health Assembly May 2004)

1. What is the Global Strategy on Diet, Physical Activity and Health?

The strategy provides Member States with a range of global policy options to address two of the major risks responsible for the heavy and growing burden of noncommunicable diseases (NCDs): unhealthy diet and physical inactivity. NCDs – including cardiovascular disease, diabetes, cancers and obesity-related conditions – now account for some 60% of global deaths and almost half (47%) of the global burden of disease. A Global Strategy on Diet, Physical Activity and Health was been requested by WHO Member States in a 2002 World Health Assembly Resolution on integrated prevention of noncommunicable Diseases (WHA55.23).

2. What are the key issues addressed by the strategy?

The strategy explains the global burden of NCDs and how healthier diet, nutrition and physical activity can help to prevent and control them. The document specifies roles for WHO Member States, UN agencies, civil society and the private sector in helping to reduce the occurrence of NCDs. It also addresses the role of NCD prevention in health services; food and agriculture policies; fiscal policies; surveillance systems; regulatory policies; consumer education and communication including marketing, health claims and nutrition labelling; and school policies as they affect food and physical activity choices. It suggests limiting intake of sugars, fats and salt in foods, and increasing the consumption of fruits, vegetables, legumes, whole grains and nuts. The strategy emphasizes the need for countries to develop national strategies with a long-term, sustainable perspective to make the healthy choices the preferred alternatives at both the individual and community level.

3. How was the draft strategy document prepared?

Over the past 18 months, WHO has managed a wide-ranging series of consultations with all concerned stakeholders to develop the draft strategy in response to a request from Member States at World Health Assembly 2002. These consultations have included formal meetings with Member States organized in conjunction with WHO regional offices (attended by more than 80 countries), other UN agencies concerned with food, nutrition and health issues, civil society and nongovernmental organisations, and the private sector. Each consultation produced a report with specific recommendations to the Global Strategy. WHO was advised on the strategy by a Reference Group of independent international experts in the area of NCD prevention and control, promotion of healthy diets and physical activity, from a number of disciplines and both developed and developing countries. Full details of the process, all documents, and the various stakeholders' recommendations are available on our web site at www.who.int/hpr/global.strategy.shtml

WHO's Executive Board (EB) in its 113th session considered the draft global strategy and resolution in January 2004. EB members agreed to allow Member States until 29 February 2004 to make further comments on the draft strategy. These comments have been taken into account in preparing the WHA draft strategy, which was sent to Member States and put on the WHO web site on Monday 19 April 2004. The WHA document A57/9 includes a Report by the Secretariat, a draft resolution, and an annexed global strategy.

4. Is this process similar to tobacco? Is WHO now developing a food convention? How will it be put into practice?

No, this is not a convention and the approach to food is not the same as to tobacco. The strategy aims to provide Member States and other interested stakeholders with a range of recommendations and policy options to promote healthier diets and more physical activity. It will be up to Member States to decide how these should be further developed and implemented at the country level. Once the strategy has been endorsed at the World Health Assembly, Member States then have the responsibility for determining which specific policy options are appropriate to their circumstances at the national level. WHO will then provide technical support for the implementation of programmes, as requested by Member States.

5. Is the strategy document now an official WHO policy?

The strategy becomes official WHO policy only after it is reviewed and endorsed by WHO Member States at the World Health Assembly in May 2004.

6. How did WHO manage the final redrafting process?

A total of 58 Member State comments received by 5 March 2004 were taken into account by a WHO secretariat working group in producing the WHA draft. A further 11 comments were received after the redrafting process was concluded. All comments from Member States have been placed on the WHO web site and can be found at www.who.int/hpr/global.strategy.shtml.

The WHO secretariat team, supported by a member of the independent Reference Group that has advised the entire process, evaluated each of the comments. Criteria included:

- When suggested changes were annotated, the references were cross-checked and assessed.
- Comments were cross-checked with one another and when contradicting views were expressed, the secretariat attempted to balance these.
- Where no justification was given for a proposed change, the secretariat ensured that the decision to accept or reject any proposed change was substantiated by the scientific literature and was supported by the recommendations of the regional consultations.
- The secretariat considered the comments also in light of the discussion during the 113th session of the EB in January 2004.
- The secretariat tried to ensure that requested changes did not contradict the views expressed and recommendations made during the lengthy consultation process.

7. Has the strategy document changed substantively during this final process?

The WHA draft strategy remains faithful to the spirit and intent of the previous January 2004 Executive Board draft, which was produced through a wide-ranging consultation process with all stakeholders over 18 months. However, in many cases the comments provided valuable insights and clarifications that have enabled WHO to enrich and strengthen the document, which needs to reflect the needs of all of our 192 Member States. For example, as a number of countries requested, the amended draft pays greater recognition of the need to ensure that it complements WHO's long-established and ongoing work on other

nutrition-related areas, including under-nutrition, micronutrient deficiencies, and infant- and young-child feeding.

A number of countries also wished to place more emphasis on the need for individual responsibility for behaviour, while others specifically emphasized the important role governments have in enabling individual behaviour change. These two points of view were addressed in several places.

8. Is WHO advocating “fat taxes” or more subsidies?

No. The strategy does not prescribe any specific tax or subsidy, but it notes that several countries have adopted fiscal measures to promote availability of and access to various foods, and to increase or decrease consumption of certain types of food. The strategy notes that public policies can influence prices through several measures including tax policies and subsidies. The text of the Strategy acknowledges that decisions on such policy options are the responsibility of individual Member States, depending upon their particular circumstances.

9. What is the report WHO-FAO TRS 916? Is it the basis for the strategy?

The report of the Joint WHO and Food and Agriculture Organization (FAO) Expert Consultation, *Diet, Nutrition and the Prevention of Chronic Diseases (TRS 916)*, is one of many scientific reports and findings that contributed to the development of the Strategy. It is not the only basis for the strategy. TRS 916, released in April 2003, discusses the strength of evidence on diet, nutrition and six chronic conditions: cardiovascular diseases, diabetes, obesity, certain types of cancers, osteoporosis and dental diseases. It recommends ranges for population nutrient intake goals and physical activity levels consistent with the prevention of NCDs.

The January 2004 EB draft strategy document mentioned TRS916 in the text as the sole cited reference for developing food-based dietary guidelines in the light of the local health situation.

Among the comments from Member States, some suggested deleting TRS916 as the sole reference. Others strongly requested retaining the reference to TRS916, while some suggested adding additional supporting references (such as national dietary recommendations with similar recommendations). Since the global strategy is a policy document and since it is not WHO policy to reference every scientific contribution to such a policy document, it was considered more appropriate to acknowledge the contribution of TRS916 to the development of the strategy in the document in the Report by the Secretariat (A57/9).

10. The strategy refers in paragraph 46 to the need for access to accurate labelling information. What specifically are you proposing that countries do?

Consumers require accurate and clear information in order to make informed choices. Many governments are revisiting existing regulations on nutrition labelling and health claims. Nutrition labelling and sees that claims based on scientific evidence can help promote healthy choices.

11 Does the strategy have any other recommendations for the private sector? Some reports have suggested that WHO is taking on the junk food industry.

Reducing the burden of death and disability from NCDs requires a multi-sectoral approach that mobilises the combined energy, resources and expertise of all global stakeholders. The strategy sees industry as part of the solution, and recommends joint action with the food industry. Private sector representatives have taken part in a number of formal consultations with WHO, as have other key stakeholders, including civil society groups and NGOs.

The strategy recommends the promotion of healthy diets and physical activity in line with national guidelines. In that spirit, it suggests that the food industry limit the levels of saturated fats, trans-fatty acids, sugar and salt in existing products. The strategy also suggests that the food industry implement clear and consistent food labelling practices and evidence-based health claims to help consumers make informed and healthy choices. The strategy also asks that companies follow responsible marketing practices, particularly with regard to the promotion and marketing of foods high in saturated fats, sugars or salt, and especially to children.

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