Global Strategy on Diet, Physical Activity and Health

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Overview of the presentation

- Global disease burden
- Risk factors
- Physical activity/Diet ↔ Health
- Process of the Global Strategy on Diet, Physical Activity and Health (DPAS)
- Content of DPAS
- Implementation of DPAS and activities at the European level
The World Health is in Transition

Epidemiological:  NCD overriding CD, & double burden of diseases in many developing countries

Diet and physical activity:  Diets are rapidly changing and physical activity reduced

Demographic:  Population ageing

Globalisation:  Increasing global influences
Death by broad cause group 2000

Total deaths: 55,694,000

- Injuries (9.1%)
- Noncommunicable conditions (59.0%)
- Communicable diseases, maternal and perinatal conditions and nutritional deficiencies (31.9%)

Deaths, by broad cause group and WHO Region, 2000

Double burden of disease in middle/low income countries

Source: WHO/EIP Global Burden of Disease
Deaths due to CVD by WHO Region, 2000

% Deaths

The prevalence of diabetes in adults (millions of people)

World Health Report, 1997
Prevalence of overweight and obesity among adults in countries in the WHO European Region based on surveys with an ending year of 1999 or later.
Prevalence of overweight and obesity among children 11 years or younger in countries in the WHO European Region based on surveys with an ending year of 1999 or later.
Deaths worldwide in 2000 attributable to selected leading risk factors

- Blood pressure
- Tobacco
- Cholesterol
- Underweight
- Unsafe sex
- Fruit and vegetable intake
- High Body Mass Index
- Physical inactivity
- Alcohol
- Unsafe water, sanitation, and hygiene

Number of deaths (000s)

Source: WHR 2002
The impact of risk factors on diseases and deaths I

- **High salt (NaCl) intake:**
  - sodium intake is directly associated with High blood pressure

- **Saturated fats and trans fatty acids:**
  - raise total and LDL cholesterol
  - usually animal fat based or hardened vegetable oil
  - replacement by unsaturated vegetable oils effectively lowers blood cholesterol and coronary heart disease risk

Source: WHR 2002
The impact of risk factors on diseases and deaths II

- **Obesity:**
  - 58% of DM, 21% of ischaemic heart diseases and 8-42% of certain cancers are attributable globally to a BMI > 21 kg/m²

- **Low fruit and vegetable intake:**
  - causes 19% of gastro-intestinal cancers and 31% of ischaemic heart diseases
  - causes 2.7 million deaths / year (5%)

Source: WHR 2002
Diet, physical activity and risk of NCD

- Up to 80% of cases of coronary heart disease and up to 90% of type 2 diabetes could be avoided through changing lifestyle factors.

- About one third of cancers could be prevented by eating healthily, maintaining normal weight and being physically active throughout the life span.
Physical activity and health

Physical inactivity is estimated to cause

- 1.9 million deaths worldwide annually
- 10-16% of cases each of breast cancer, colon cancers and diabetes
- 22% of ischemic heart diseases
Physical activity and health

- Improves glucose metabolism, reduces body fat, lowers blood pressure, effects on hormonal metabolism and improves musculoskeletal conditions
- Heart diseases, stroke, breast and colon cancers, osteoporosis
Healthy diet and physical activity are

- For the individual: an effective way to prevent disease and promote health
- For society: a cost effective and sustainable way to improve public health

The Global Strategy on Diet, Physical Activity and Health is of great importance for global public health.
Development of the strategy

- 53rd WHA resolution for prevention and control of NCDs (2000)

- 55th WHA resolution on diet, physical activity and health in 2002: calls for preparation of Global Strategy

The guiding principles of the strategy development process were:

- stronger evidence for policy
- advocacy for policy change
- stakeholder involvement
- a strategic framework for action
Consultation Process

Phase I
- Assemble and compile evidence, complete expert report

Phase II
- UN agencies
  - Member states
  - Civil Society
  - Private sector

Phase III
- Reference group

WHO Strategy on Diet, Physical Activity and Health
- WHA 2004
- EB Jan 2004
- Secretariat

Report of the joint WHO/FAO expert consultation in Geneva, Switzerland

28 January - 1 February 2002
# Ranges of population nutrient intake goals

<table>
<thead>
<tr>
<th>Dietary factor</th>
<th>Goal (% of total energy, unless otherwise stated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total fat</td>
<td>15-30%</td>
</tr>
<tr>
<td>Saturated fatty acids</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>Polyunsaturated fatty acids (PUFAs)</td>
<td>6-10%</td>
</tr>
<tr>
<td>n-6 Polyunsaturated fatty acids (PUFAs)</td>
<td>5-8%</td>
</tr>
<tr>
<td>n-3 Polyunsaturated fatty acids (PUFAs)</td>
<td>1-2%</td>
</tr>
<tr>
<td>Trans fatty acids</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Monounsaturated fatty acids (MUFAs)</td>
<td>By difference&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Total carbohydrate</td>
<td>55-75%&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Free sugars</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>Protein</td>
<td>10-15%&lt;sup&gt;d&lt;/sup&gt;</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>&lt;300 mg per day</td>
</tr>
<tr>
<td>Sodium chloride (sodium)&lt;sup&gt;e&lt;/sup&gt;</td>
<td>&lt;5 g per day (&lt;2 g per day)</td>
</tr>
<tr>
<td>Fruits and vegetables</td>
<td>≥400 g per day</td>
</tr>
<tr>
<td>Total dietary fibre</td>
<td>From foods&lt;sup&gt;f&lt;/sup&gt;</td>
</tr>
<tr>
<td>Non-starch polysaccharides (NSP)</td>
<td>From foods&lt;sup&gt;f&lt;/sup&gt;</td>
</tr>
</tbody>
</table>
Process with Stakeholders

**Private Sector Consultation**
Dialogues with representatives of food, non-alcoholic beverage, sport and insurance companies, individually and through coordination of International Business Leaders Forum

**Civil Society Consultation**
Dialogues with representatives of international civil society and nongovernmental organisations whose focus includes chronic diseases, nutrition, physical activity; individually and through networks

**Consultation with UN and Intergovernmental Agencies**
Dialogues with representatives of UN and other agencies, with representatives from FAO, IFPRI, UNESCO, UNDP, World Bank, WFP among others

**Regional Consultations**
Adoption of the Global Strategy on Diet, Physical Activity and Health

March 2004, 57th World Health Assembly
Main objectives of the DPAS

- to reduce the risk factors for NCDs
- to increase the overall awareness and understanding of the influence of diet and physical activity on health
- to encourage the development, strengthening and implementation of global, regional, national and community policies and action plans
- to monitor scientific data and key influences on diet and physical activity; to support research in a broad spectrum of relevant areas
Recommendations of the DPAS

- Achieve energy balance and healthy weight
- Limit energy intake from total fats and shift fat consumption away from saturated to unsaturated fats and towards the elimination of transfatty acids
- Increase consumption of fruits and vegetables, legumes, whole grains and nuts
- Limit the intake of free sugars
- Limit salt (sodium) consumption from all sources and ensure that salt is iodized
- Physical activity: at least 30 minutes of regular, moderate-intensity physical activity
Principles for action

- comprehensive
- life-course perspective
- Helps poor populations and is gender sensitive
- supports Member States
- addresses global responses
Key topics the strategy addresses -1

- National strategies on diet and physical activity
- National dietary guidelines
- National physical activity guidelines
- Information environment:
  - Marketing
  - Labelling
  - Health claims
Key topics the strategy addresses -2

- National food and agriculture policies: pricing, food programmes
- Building prevention into health services
- Surveillance, research and evaluation
- Institutional capacity
- Specific reference to international standards like CODEX
Framework to monitor and evaluate the implementation of the Global Strategy on Diet, Physical Activity and Health

Sep 2006
Framework for DPAS implementation

<table>
<thead>
<tr>
<th>Process</th>
<th>Output</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>National strategic leadership on diet and physical activity</td>
<td>SUPPORTIVE ENVIRONMENTS</td>
<td>Behaviour change</td>
</tr>
<tr>
<td>Supportive Policies</td>
<td></td>
<td>Social</td>
</tr>
<tr>
<td>Supportive Programmes</td>
<td></td>
<td>HEALTH</td>
</tr>
<tr>
<td>Monitoring, evaluation and surveillance</td>
<td></td>
<td>Economic</td>
</tr>
</tbody>
</table>

- SUPPORTIVE ENVIRONMENTS
  - Supportive Policies
  - Supportive Programmes
  - Behaviour change
- Process
- Output
- Outcome
Framework for DPAS implementation

- The WHA Resolution WHA57.17, endorsing DPAS, urges Member States "to strengthen existing, or establish new, structures for implementing the strategy through the health and other concerned sectors, for monitoring and evaluating its effectiveness and for guiding resource investment and management to reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity"; [...] and "to define for this purpose, consistent with national circumstances: [...] (d) measurable process and output indicators that will permit accurate monitoring and evaluation of action taken and a rapid response to identified needs" [...]. “

- Furthermore, WHO is asked in the DPAS to "set up a monitoring system and to design indicators for dietary habits and patterns of physical activity."
Examples for process and output indicators

<table>
<thead>
<tr>
<th>Core indicators</th>
<th>Physical activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diet</strong></td>
<td><strong>Physical activity</strong></td>
</tr>
<tr>
<td>▪ Existence of national school food policy</td>
<td>▪ Existence of national school physical activity policy</td>
</tr>
<tr>
<td>▪ Nutritional standards for school meals consistent with national dietary guidelines</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expanded indicators</th>
<th>Physical activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diet</strong></td>
<td><strong>Physical activity</strong></td>
</tr>
<tr>
<td>▪ % of schools with food policy</td>
<td>▪ % of schools with physical activity school policy</td>
</tr>
<tr>
<td>▪ % of schools offering schools meals consistent to dietary guidelines</td>
<td>▪ % of schools offering a minimum of one hour of physical activity daily</td>
</tr>
</tbody>
</table>
Examples for outcome indicators

<table>
<thead>
<tr>
<th>Core indicators – short term</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of the population aware of the health benefits of the adequate consumption of fruit and vegetables</td>
</tr>
<tr>
<td>% of population aware of the health benefits of physical activity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Core indicators – intermediate term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduction in the percentage of overweight and obesity in a targeted population</td>
</tr>
<tr>
<td>% of adults with raised blood pressure (e.g. SBP &gt;140 and/or DBP &gt;90mmHg)</td>
</tr>
<tr>
<td>% of adults with raised total cholesterol (e.g. &gt;5.2mmol/l)</td>
</tr>
</tbody>
</table>
Fruit and Vegetable promotion Initiative
1st Expert Meeting, Geneva 2003

Ways to involve industry at global and national levels, guidance to countries wishing to initiate fruit and vegetables promotion programmes.

WHO/FAO workshop, Kobe/Japan, 2004: Framework to promote fruit and vegetables at national level

Workshops to support implementation:
- Portuguese speaking countries, Lisbon, 2005
- Spanish speaking countries Argentina, 2006
- Francophone countries, Cameroon, Jan 2007
Actions in the WHO European Region

- European Strategy for the Prevention and Control of Noncommunicable Diseases, 2006
- European Ministerial Conference on Counteracting Obesity: European Charter on Counteracting Obesity (Draft), 2006
- Promoting Physical Activity for Health – a Framework for Action in the WHO European Region
- Second Action Plan for Food and Nutrition Policy, 2007
European Strategy for the Prevention and Control of Noncommunicable Diseases

GOAL

- To avoid premature death and significantly reduce disease burden from NCDs through integrated action, improving quality of life and making healthy life expectancy more equitable within and between Member States

OBJECTIVES

- To take integrated action on risk factors and their underlying determinants across sectors
- To strengthen health systems for improved prevention and control of noncommunicable diseases
WHO European Ministerial Conference on Counteracting Obesity

Diet and physical activity for health

Istanbul, Turkey, 15-17 November 2006

• Istanbul on 15-17 November 2006, hosted by the Ministry of Health of Turkey
• Participants: Health Ministers and representatives from the agriculture, trade, transport, environment, education sectors
• International partners: European Commission, Council of Europe, FAO, OECD, The World Bank, UNICEF
The Conference agenda

• Statement of the public health challenge posed by obesity
• Socio-economic determinants
• Evidence for effective policies – what works and what else is emerging from recent experiences?
• The role of partnerships: government sectors, civil society, the private sector, international organizations
• Adopting the European Charter on obesity
• The way forward in countries and Region-wide
Promoting Physical Activity for Health – a Framework for Action in the WHO European Region

1. Background
   – Our sedentary lifestyle and why?

2. Guidelines for action
   – The healthy choice must be the easy choice

3. From principles to action
   – National, local and intersectoral action

4. Setting goals and measuring success
   – Continued work and surveillance
Framework for action

- Raise overall awareness to physical activity as a health determinant
- Developed with leading international experts
- Contribute to give more focus on the physical activity component related to the Ministerial Conference on Counteracting Obesity in Nov. 2006
- Serve as a guide for Member States in implementing physical activity
Rational for the second European Action Plan for Food and Nutrition Policy

- Policies on food and nutrition appear to have developed successfully in the European Region and now almost all Member States have government-approved documents dealing with nutrition and food safety.
- However, in the majority of the countries in the European region, nutrition related and foodborne disease still represent a considerable public health burden.
- The First European Action Plan needs to be strategically adapted and renewed in order to provide a coherent set of actions spanning sectors and ensuring commitment at the international level.
Monitoring and evaluation

POLICY SECTORs

HEALTH CHALLENGES
- Obesity and nutrition related non communicable diseases
- Micronutrient deficiencies
- Food insecurity
- Food borne diseases

Existing international commitments:
First European Action Plan for Food and Nutrition Policy 2000-2005
Global Strategy on Food Safety, 2002
Global Strategy on Diet, Physical activity and health, 2004
European Strategy for Child and Adolescent health and development, 2005
European Strategy for the Prevention and Control of Noncommunicable Diseases, 2006
European Charter on Counteracting Obesity (Draft), 2006

Second European Action Plan on Food and Nutrition Policy

POLICY SECTORs
Core sectors:
- Health
- Agriculture
- Food industry and distribution
- Consumer policy, information and communication

Supporting sectors:
- Education
- Transport, urban planning and housing
- Environment
- Labour
- Social policy
- Research

Implementation mechanisms

Monitoring and evaluation
Obesity home

Obesity is one of the greatest public health challenges of the 21st century. Its prevalence has tripled in many countries in the WHO European Region since the 1980s, and the numbers of those affected continue to rise at an alarming rate, particularly among children. Obesity is already responsible for 2-8% of health costs and 10-13% of deaths in different parts of the Region.

Both societies and governments need to act to curb the epidemic. National policies should encourage and provide opportunities for greater physical activity, and improve the availability and accessibility of healthy foods. They should also encourage the involvement of different government sectors, civil society, the private sector and other stakeholders.

To facilitate region-wide action, WHO/Europe is organizing a Ministerial Conference on Counteracting Obesity, to be held in Istanbul, Turkey on 15-17 November 2006.

www.euro.who.int/nutrition
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