

28 February 2004

To: Assistant Director-General for Noncommunicable Diseases and Mental Health,
World Health Organization,
Avenue Appia 20,
1211 Geneva 27, Switzerland

Subject: Comments on the draft Global Strategy on Diet, Physical Activity and Health.

Dear Madam:

Ministry of Public Health and Population (MoPHP) of Republic of Yemen expresses its gratitude for the decision made by the last WHO Executive Board meeting that gives member states the chance to comment on the draft Global Strategy on Diet, Physical Activity and Health (DPAH). MoPHP appreciates the hard work done by the WHO secretariat and consultants. In general, MoPHP of Yemen Finds the strategy is important and meets an urgent need, and looks forward to endorsing it by WHA in May this year.

Please find hereunder the following comments on the draft strategy as raised by Nutrition Department of MoPHP:

- In paragraph (10). The draft gives indication of the importance of maternal, infant and child nutrition to prevent noncommunicable diseases in general, and then associates this with malnutrition in terms of stunting and non-breastfeeding. It will be supportive if this paragraph firstly also emphasized the important WHO recommendation for continued breastfeeding for 2 years or beyond. Secondly, it should recognize the role of breastmilk in reduction of IDDM onset among breastfed children in later ages, and the role of lactation to protect women from breast cancer. On the other hand, mention should be also made of the causal effect of the improper artificial feeding on pediatric overweight. Evidence that is further to the existing body of knowledge on the subject was recently demonstrated in the article “Does breastfeeding protect against pediatric overweight?” published in Pediatrics as recently as in February 2004. This shows that sometimes artificial feeding can lead to obesity at an early age especially in infants and young children.
- Infants and young children represent a high percentage of the world population currently, and they will be the whole future. Yet, although a life cycle approach is mentioned in the Strategy, this age category is virtually absent in many important sections of the draft. For optimal feeding practices for infant and young children, the strategy should make a clear link with the WHA resolution 55.25, 2002 on Global Strategy for Infant and Young Child Feeding (IYCF). There should be no contraindication or misunderstanding between the two strategies, in order to ensure coherent and coordinated policy and implementation approaches. However, the current draft of the strategy contains passages that could lead to an unfortunate lack of coherence. For instance, the draft DPAH strategy in paragraph 15 (3) includes the private sector in the development, strengthening and implementation of global, regional, national, and community policies and action plans, and in paragraph (48) on the sponsorship issue. If such clauses were retained without appropriate safeguards to avoid and properly manage conflicts of interest, the strategy may become a weak tool for addressing a serious problem posed by Noncommunicable Diseases (NCDs). This clearly

gives space for the industry to break the Global Strategy for Infant and Young Child Feeding, which clearly delineates the appropriate roles for the infant food industry. IYCF Strategy indicates clearly the need to address conflict of interest, which is the point that should also be addressed by the DPAH Strategy.

- In relation to the comment above, clear reference to the International Code of Marketing of Breastmilk Substitutes adopted by WHA in 1981 (WHA 34.22) and subsequent relevant WHA resolutions needs to be made in the draft. Reference may also be given to related Codex Alimentarius standards, statements, guidelines, and codes.
- In many places in the draft the term healthy diet or healthy food was used. The term healthy food should not be used. Use of the term of healthy food will further open the door for the food industry to use health and nutrition claims and advertise new products that are expensive and may undermine the traditional healthy feeding practices and habits in many communities especially in developing countries. MoPHP of Yemen does not object to the use of term healthy diets. However it does not seem to include clearly also feeding of infants and young children. Therefore, it is better if the term “optimal dietary and feeding practices” is also used to make an appropriate link with the Global Strategy for IYCF.
- IEC and social mobilization activities that usually accompanied projects of food fortification with micronutrients should not lead to a needless increase in the consumption of some fortified items by populations, especially in developing countries. Educational and information messages on fortified flour, oils or sugar should not promote toward increasing the consumption of oils, and sugar, and low or free-fiber flour.
- In paragraph (50), the draft involves the private sector to play a significant role in promotion of healthy diets and physical activities. The International community has witnessed clearly the unfortunate role played by infant food industry during the last more than two decades in cracking the International Code of Marketing of Breastmilk Substitutes, and subsequent relevant WHA resolutions, and in undermining breastfeeding. Therefore, it will be appropriate if the role of private sector is well defined and regulated addressing the conflicts of interest, since the private sector may not always be able to make a profit from such measures. Moreover, we need to keep in mind the mandate of WHO and WHA is to serve public health interests.

In conclusion, we appreciate that the draft Strategy puts emphasis on the creation of facilitating environments, such as policies, norms and guidelines, and on capacity building of professionals. With such environments, promotion of healthy diets would be a fruitful effort.

Sincerely

Prof. Dr. Abdulkareem Ali Shaiban,
Deputy Minister, Medical Services and Health Care Sector
MoPHP, Sana'a