



UNIVERSITY OF OXFORD  
DEPARTMENT OF PUBLIC HEALTH

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## British Heart Foundation Health Promotion Research Group

Institute of Health Sciences, Old Road, Headington, Oxford OX3 7LF  
General Enquiries: 01865-226928; Fax: 01865-226720

Dr Pekka Puska  
Director  
Noncommunicable Disease Prevention and Health Promotion  
World Health Organisation  
Geneva  
Switzerland

Your ref: NMH/NNP-jc

15 June 2002

Dear Dr Puska

### **WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases**

Thank you for your letter of the 30 April, 2002. Here are some written comments from the European Heart Network on the draft report of the WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases.

Yours sincerely

Mike Rayner  
Director

# **Response of the European Heart Network to the draft report of the WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases (Geneva 28 February – 1 February 2002)**

## ***1) Recommendations on population nutrient goals with their back ground scientific evidence***

The European Heart Network (EHN) has recently, in May 2002, published its own report on diet, nutrition and the prevention of chronic disease entitled: 'Food, Nutrition and Cardiovascular Disease Prevention in the European Region'<sup>1</sup>. A copy will be sent to WHO under separate cover.

The report was developed by EHN's Nutrition Expert Group and revised in consultation with EHN's members.

The members of EHN's Nutrition Expert Group are currently:

Ineke van Dis, MSc, Netherlands Heart Foundation, The Netherlands  
Anna Ferro-Luzzi, MD, The National Nutrition Institute, Italy  
Kaare Norum, MD, PhD, Institute for Nutrition Research, University of Oslo, Norway  
Mike Rayner, MA, DPhil (Chair), British Heart Foundation Health Promotion Research Group, University of Oxford, United Kingdom  
Philip James, CBE, MD, FRCP, FRSE International Obesity Task Force, United Kingdom

The coordinator of this Group is:

Susanne Logstrup, Cand Jur, MBA, Director, European Heart Network, Belgium

EHN's report presents population dietary goals for Europe based on the current consensus of scientific thinking on diet and the prevention of CVD and in particular on the work of the Eurodiet Project<sup>2</sup> on which EHN was represented as an observer.

EHN therefore welcomes this draft WHO/FAO report on diet, nutrition and the prevention of chronic diseases and in particular its inclusion of quantified population dietary goals. EHN considers that quantified population dietary goals are an essential tool for policy making and notes that they are complementary to food-based dietary guidelines for individuals.

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<sup>1</sup> European Heart Network. Food, Nutrition and Cardiovascular Disease Prevention in the European Region, EHN: Brussels, 2002

<sup>2</sup> Eurodiet Project, Eurodiet Core Report, Report of Working Party 1 and supporting papers by Renaud S, Lanzmann D. Coronary heart disease dietary links and pathogenesis, and Kromhout D. Epidemiology of cardiovascular diseases in Europe. Public Health Nutrition, V4, 1(A). Special Issue February 2001.

EHN however considers that there needs to be a more systematic approach to the setting of population dietary goals. In its recently issued policy position paper EHN notes that: 'Currently, few reports of expert groups systematically review the evidence using clear criteria and the reasoning underlying recommendations is not usually made transparent. This means that recommendations are open to criticism and can be undermined by experts and interest groups who do not share the implied judgement'. (For other reasons for systematicity in developing population dietary goals please see a recent paper in Public Health Nutrition <sup>3</sup>.)

EHN based its population goals on those developed by the Eurodiet Project and did not carry out a systematic review of the evidence on which new population goals might be based though lack of time and money. It had hoped that any new report from WHO/FAO containing population dietary goals would be based on systematic reviews rather than on narrative reviews. EHN is therefore disappointed that the process by which the population goals in this new report were developed has not been more systematic.

In particular EHN considers that in tables of population goals such as Table 2 on page 22 of the draft report it should be made explicit:

a) whether the goals represent ideal population average intakes or population average intakes which might be pragmatically possible. Table 2 seems to contain a mixture. The current draft suggests that the goals 'represent the population average intake that is judged to be consistent with maintenance of health in a population'. This seems to suggest that they are ideal goals but some of the values for the goals in Table 2 – particularly the goals for saturated fatty acids and dietary cholesterol suggest that they are pragmatic rather than ideal goals.

b) which of the goals are most important and on what grounds. EHN has selected five goals as being the most important in relation to the prevention of CVD in Europe: goals for fruit and vegetables, saturated fat and trans fats, sodium, obesity and physical activity. EHN recommends that WHO prioritise the goals in Table 2 highlighting those would give greatest public health benefits.

That being said the population goals in the draft report are very similar to those in EHN's report. Table 1 compares EHN's population goals with Table 2 of the draft report. It shows no substantial differences. Any differences there are might be explained by differences in the populations for who the goals are proposed: EHN's goals are for Europe (defined as the WHO European Region) the WHO/FAO goals are presumably for the whole world.

EHN therefore considers the goals specified in the draft report to be appropriate, albeit of limited value because of the way they have been generated.

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<sup>3</sup> Brunner E, Rayner M, Thorogood M, Margetts B, Hooper L, Summerbell C, Hewitt G, Robertson A, Wiseman M, Making public health nutrition relevant to evidence based action. Public Health Nutrition, 2001, 4: 1297-9

**Table 1. Comparison between EHN and draft WHO/FAO Goals**

COMPONENT	EHN POPULATION GOAL*	DRAFT WHO/FAO GOAL
Saturated fat	Less than 10% energy	Less than 7% energy
Trans fats	Less than 2% energy	Less than 1% energy
Fruit and vegetables	More than 400g/day	More than 400g/day
Salt	Less than 6g/day	Less than 5 g/day
Physical activity level	PAL of 1.75	A total of hour per day on most days of the week of moderate-intensity activity....
Body Mass Index	BMI 23**	BMI 21
Total fat	Less than 30% energy	15-30% energy
Polyunsaturated fat	No goal	6-10% energy
n-6 polyunsaturated fat	4 – 8% energy	5-8% energy
n- 3 polyunsaturated fat	2g/day linolenic + 200mg/day very long chain fatty acids	1-2% energy
Cholesterol	No goal	Less than 300 mg/day
Total carbohydrate	More than 55% energy	55-75% energy
Dietary fibre	More than 25g/day (or 3g/MJ)	No goal
Folate	More than 400µg/day from food	No goal but draft report suggests that the lack of goals for micronutrients ‘should not imply a lack of concern for other nutrients’
Protein	No goal	10-15% energy
Sugary foods/free sugars	4 or less occasions/day	Less than 10% energy

## Notes:

\* EHN’s population goals are expressed as a recommended maximum (less than x) or minimum (more than x), unless there is evidence that both high and low intakes are of concern and an ideal range is then given. The goals are for the average (mean) of populations, and are not for individuals.

\*\* The Eurodiet Core Report specifies a population goal for BMI of 21-22 on the basis that a BMI of 21-22 is the optimum population mean BMI which both limits the likelihood of underweight and of obesity (Eurodiet Working Party 1: Final Report). However, because of strong representation from EHN members, and in consultation with the Rapporteur of Eurodiet Working Party 1, Professor WPT James, EHN has revised this goal to take into account increasing levels of overweight and obesity in Europe. A BMI of 23 lies half way between the ideal goal of 21 and 25 (our best estimate of the mean BMI for people living in the European Region).

## **2) Recommended action and integrated strategies for action proposed by the Expert Consultation to WHO**

EHN considers that the report should contain both population goals (together with the scientific reasoning behind them) and recommendations about the action needed to achieve those goals. However EHN considers that the draft report should have adopted a more systematic and transparent approach to converting its proposed population goals into action.

There are now a substantial number of systematic reviews that have examined the effectiveness of population based-interventions to achieve dietary change (Working Party 3 of the Eurodiet Project reviewed some of these reviews). Furthermore EHN also recommends the use of an explicit framework for identifying specific opportunities for and barriers to implementing population goals in populations such as the ANGELO (Analysis Grid for Environments Linked to Obesity) framework used by Swinburn and his colleagues for analysing and recommending action to combat obesity in different populations<sup>4</sup>.

That being said EHN would generally support the recommended action proposed in the draft report. EHN suggests that there are five possible ways of achieving population dietary goals:

- Providing information and education relating to food, nutrition and physical activity
- Re-orienting production incentives and subsidies
- Formulating standards for food composition and catering
- Regulating food labelling, advertising and promotion
- Pricing and retailing strategies

EHN notes that in the past there has often been an emphasis on the first of these five ways and considers that more attention should be paid to the other four ways of achieving dietary change.

### ***Requested details***

1. My name and the name of the organization or institution submitting the comments

**Dr Mike Rayner, European Heart Network**

2. The postal address (including city, country, and postal code if appropriate)

**Rue Monoyer 31, B-1000 Brussels, Belgium**

3. The telephone number,

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<sup>4</sup> Swinburn B, Egger G and Raza F. Dissecting obesogenic environments: the development and application of a framework for identifying and prioritizing environmental interventions for obesity. *Preventive Medicine* 1999; 29; 563-570

+32 2 512 9174

4. The scope of activities of the organization or institution submitting the comments (international, national, regional),

**International (European)**

5. The mission of the organization or institution submitting the comments,

**The mission of the European Heart Network is to play a leading role through networking, collaboration and advocacy in the prevention and reduction of cardiovascular disease (CVD) so that it will no longer be a major cause of premature death and disability throughout Europe.**

6. The organization's interest in diet, nutrition and the prevention of chronic diseases

**The European Heart Network (EHN) considers that concerted action to improve diets could significantly reduce the burden of CVD and other chronic diseases in Europe. To that end EHN has published two policy papers on diet, nutrition and the prevention of CVD, the latest in May 2002, aimed at stimulating action at European and national levels. EHN is working actively to ensure comprehensive and coherent nutrition policy at a European level.**

7. The sources of funding for the organization or institution:

**EHN is funded by its members: 30 national heart foundations and other national-non-governmental organisations committed to the prevention of CVD in 26 countries across Europe. EHN has received grants from the European Commission in support of a specific project – the European Heart Health Initiative (EHHI). The aim of EHHI is to strengthen European cooperation to promote effective action and interventions to reduce the incidence of CVD throughout Europe and to create awareness among policy makers, health professionals and the general public of the importance of CVD prevention.**

8. a) email address,

[ehn@skynet.be](mailto:ehn@skynet.be)

8. b) fax number

+32 2 503 3525