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**COMMENTARY ON WHO/FAO EXPERT CONSULTATION ON DIET,  
NUTRITION AND THE PREVENTION OF CHRONIC DISEASES  
By Consumers International Regional Office For Asia and the Pacific**

We welcome the WHO and FAO for this response to the epidemic brought by Non-Communicable Diseases (NCD). The report's attempt to bring in social perspectives of a problem previously thought as medical in nature is commendable.

The report brings together a “wonderful collection of facts about an important issue,” to quote The Network for Consumers Protection in Pakistan, one of CI's members.

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Food satisfies a basic necessity and a fundamental human right. Food is also necessary to achieve and maintain a healthy, long life, to enable us to attain the highest possible expression of human development.

The abundance of the world's produce can provide the entire population with 2.5 pounds of grain, beans and nuts, about a pound of meat, milk and eggs, about a pound of fruits and vegetables per person daily.

Yet, more than 800 million people of the world's more than 6 billion population don't have enough food for their basic nutritional requirements. There are 24,000 people who die every day from hunger and related illnesses.

We are now confronted with a health situation where there is an epidemic of non-communicable diseases (NCD) caused by excessive dietary intake and food inadequacy. Both problems can be present in the same country, same households and even in the same individuals at different times.

The draft report has presented extensive data on NCD caused by food high in salt, sugar and fats. Unfortunately, it fails to vividly picture the extent of the world's NCD problem as caused by food inadequacy or dietary excess. Although it mentions commercial pressures and social dimensions as factors affecting eating patterns among populations, the report does not provide the multiplicity of sustainability and environmental problems, ineffective or lack of food policies, governance, poverty affecting food inadequacy in poor countries.

The draft fails to capture the worrisome, flagrant condition in low-income countries where people's staple diet consists of food lacking in micro-nutrients, and proper source of energy and at the same time subsist on food with high content of salt, sugar and unhealthy fats and oils. Salty, sweet and fatty food products are heavily popularised in the guise of having been fortified with vitamins and minerals, therefore bearing the seal of approval by the government's Department of Health.

In the Philippines where more than 50% of children are suffering from malnutrition in varied degrees, different brands of instant noodles dominate the market from urban to remote rural villages.

Beamed all over TV channels day and night, an advertisement shows a mother, tired from day's work, goes home and fixes dinner. The mother thanks heaven for this branded instant noodle ready and easy to prepare for her family. This product is also heavily advertised on all radio stations, seen in billboards, neatly and conspicuously stacked in grocery stores in all villages, rural and urban alike. They lure buyers more by fortifying the instant noodle with Vitamins A, B, C, D, E.

Unfortunately, this instant noodle has the following ingredients without telling consumers the amount for each :

- Ingredients of the noodles: wheat flour, palm oil, salt, guar gum, sodium phosphates, sodium carbonate, potassium carbonate, FD&C yellow # 5 (tartrazine), FD&C #6, citric acid, TBHQ.
- Seasoning: refined salt, whey powder, monosodium glutamate (MSG), cornstarch, sugar, natural and artificial chicken flavors, hydrolyzed vegetable protein, spices, disodium 5'-inosinate, disodium 5'guanylate, dehydrated chives, vitamins, iron, yellow lake #5 (tartrazine).

Tartrazine is a sodium salt, in addition to the table salt and other sodium compounds present in the product. It has salt more than the human body can handle. Besides, research has linked tartrazine to asthma, skin rashes, hyperactivity (particularly in children) and migraine.

The draft report missed important topics that may not be a problem or being taken for granted in the developed world but which the developing world is struggling to overcome. Here are some of these factors affecting the prevalence of (NCD):

1. **No effective food laws and implementation problems.** This aspect is quite serious in the developing world. For example in Pakistan, about half of the food products are improperly labelled or not labelled at all. Dates of production and expiry are missing. Schools, workplaces and stores are fully packed with drinks and food high in salt, sugar and unhealthy fats and oils leaving the public without choices. This also happens in Vietnam, Philippines, India.
2. **Food Colouring.** Colours being used in food products are not food grade. This is a major cause of NCD's such as cancer.
3. **Non-food grade chemicals.** Various food industries make use of chemicals which may or may not be mixed directly with the finished product. Traces of these chemicals do pass along the product and may cause health hazard.
4. **Wheat Products.** Majority of population in Pakistan for example lives on "ROTTI" an indigenous product made of wheat flour. The wheat flour is subjected to treatments /extraction of unknown nature. What the consumer eats is a refined starch that lacks much needed ingredients. These can contribute to several heart and gastro-intestinal disorders.
5. **Water Borne Diseases.** Our drinking water in the developing world can be a source of several communicable and non-communicable diseases (NCDs). These diseases

are well documented in literature. We lack safe drinking water standards, analytical facilities for testing water in accordance with global standards. People are not aware of the link of unclean water with NCDs. Algae and chemicals<sup>1</sup> such as asbestos, chromium, fluoride, lead, nitrate and nitrite from fertilisers, sodium (water logging and higher sodic soils), pesticides, herbicides, and arsenic leak to our drinking water system. These chemicals have been found to cause NCDs but surveillance mechanisms are either weak or lacking.

We highly recommend that the final report must provide us with a comprehensive review and analysis of NCD epidemic as caused by dietary excess, food inadequacy, water-borne chemicals and the socio-economic and political dimensions of the disease in both the affluent and the poor countries. Data must be presented in a comparable manner.

We also expect that the report will expound on the implications of the multi-faceted NCD problem on the health systems of the poor countries for us to be able to provide critical analysis and recommendations in policies and implementation. Policy analysis of countries with focus on budgetary allocations to preventive public health measures must be included as well.

The draft mentions policy strategies to curb the NCD epidemic but these are centered in affluent countries. We need to look at the policy environment of the medium and low income countries especially policies concerning food, nutrition and health.

Privatisation and commercialisation of food production dominate the world food situation. There is a cultural penetration in food consumption habits brought about by transnational corporations and globalisation, extending beyond socio-economic and political barriers.<sup>2</sup>

Marketing and advertising have dictated people's eating habits across socio-economic strata.

“Fishermen sell fresh fish to get money to buy canned fish in the mistaken belief, as encouraged by advertisements, that canned fish are better for them.”  
- Cola or Coconuts? Consumer Education for Pacific Students  
South Pacific Consumer Protection Programme

In 1996, Consumers International conducted a study in thirteen developed countries (Australia, Austria, Belgium, Denmark, Finland, France, Germany, Greece, Netherlands, Norway, Sweden, United Kingdom and the USA).<sup>3</sup> Here are the main findings of the study:

1. Children are acknowledged to require special consideration in respect to advertising as they are less able than adults to understand fully the intent of advertising or its persuasive techniques and are therefore less able to judge it critically. However, the extent to which such considerations are enshrined within regulations or codes of practice, whether internationally or nationally, varies considerably.
2. Food advertising comprised the largest category of advertised products to children in virtually all countries.

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<sup>1</sup> Guide lines for Drinking water Quality .Vol 2. Health Criteria and other supporting Information. World Health Organization, Geneva 1984.

<sup>2</sup> Food Consumption Patterns and National Culture: A Personal Perspective. By Ratna S.J.B. Rana. Food Security, The New Millenium. International Conference on Food Security. Consumers International. 1999.

<sup>3</sup> A Spoonful of sugar. Television food advertising aimed at children: An international comparative survey. Consumers International.

3. Nutritional analysis for this study of foods advertised on children in the UK found that 62% of advertisements were for products high in fat, 50% were for products high in sugar, and 61% for products high in salt. Overall, 95% of advertisements were for foods that were high in fat and/or sugar and/or salt – a finding broadly consistent with studies in other countries.
4. In most participating countries, there are a few or no specific rules concerning food advertising to children beyond the rules which must apply to all advertising.

Consumers International conducted another survey in 1999 in four Central European countries: Hungary, Poland, Slovakia and Slovenia<sup>4</sup> where food was the largest category of advertised product. “Four most commonly advertised food types (confectionary, sweetened breakfast cereals, savoury snacks and soft drinks) accounted for more than three-quarters of all food advertisements”. Advertisements were misleading with healthy claims and inappropriate messages.

As trade has become more and more globalised, animal meat, processed and non-processed foods high in salt, sugar and unhealthy fats and oils are increasingly being traded and aggressively marketed in LDCs and developing countries. The draft showed evidences how these unhealthy foods affect people’s quality of life. But how can a poor country protect itself from product dumping when the food manufacturers in affluent countries can always seek the auspices of the WTO trade rules?

The draft clearly shows dietary requirements to maintain health : 400 gm of vegetables and fruits, fish rich in omega-3 fatty acids twice a week, and so forth. How many people can afford it ? There are 1.3 billion people who subsist on an income of less than one US dollar per day. Fisheries and aquatic resources are threatened by environmental degradation and commercialisation leaving communities dependent on fishing for livelihood and food impoverished. The issue on food sustainability must be clearly addressed in these populations.

The draft report provides a framework for drawing a socio-economic and political approach to public health problems. But we should be conscious that there’s a need to approach the problem from the perspective of the least developed and developing countries differently from the populations at risk in developed countries. Most of the studies on potential strategies to curb NCD were done in affluent countries.

The report must also consider strategies in Traditional Medicine that will strengthen and/or complement food based strategies in countries. Traditional food and medicine must be analysed for micro-nutrients’ delivery and to replace salt as the popular vehicle for iodine supplement. Certainly the GAIN initiative is not the right answer to the world’s problem in micro-nutrient deficiency.

#### FOR NATIONAL GOVERNMENTS:

- There must be a synergy of government policies in trade, foreign policy, economy, environment, agriculture, education and health based on national situations. Food security, equity, quality of life and the highest attainable standards of human development must be the overriding social goals over and above tax gains, GNPs, and other economic indicators.
- Develop and implement sustainable mode of food production, equitable distribution system to maintain sufficient supply of fruits and vegetables, whole grain cereals and

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<sup>4</sup> Easy Targets. A survey of television food and toy advertising to children in four Central European Countries. Consumers International. 1999

other food products as recommended in the draft report. This requires governments to review their food, trade, agriculture programs. There should be a shift in policy prioritising food production for domestic consumption. There is enough evidence to support that export-oriented, import-dependent food policy threatened food security and yielded greater inequality among populations in terms of access to food.

- Food based strategies to ensure adequate, safe and nutritious food for all must not include production of genetically modified food at this point in time. Specifically on GMO, we call on the governments to:
  - Require full pre-market evaluation and social and safety impact assessments of (GM) foods and the products of other new food technologies
  - Impose a moratorium on the cultivation and marketing of new GM foods
  - Don't intimidate other governments which restrict or prohibit such products
  - Require comprehensible labelling of GM foods
- Tackle the power of transnational corporations in food production and distribution
- Food and nutrition policies as a public health measure must not be subject to or constrained by WTO rules;
- Develop and implement educational programs on public health measures including food and nutrition for future and present health care providers, in schools, households and communities.
- As messages about food products cross borders, marketing practices and advertisements relating to food products must be strongly regulated at the highest international policy making level;
- There is a need to look at the country's medical education system and how it affects health care systems and outcomes. Doctors and the entire health profession must be included in disease prevention equation;
- Temporarily defer fiscal pricing policies most especially in poor countries. Studies on fiscal food pricing policies were based on experiences in UK, US and Canada. Sugar, salt and fat content of food products can be under-declared to circumvent the policy. These policies can also be difficult for countries with poor technological capabilities to trace product content or with poor regulations.
- National food-based dietary guidelines must be formulated, reviewed and implemented by scientists and individuals without commercial interests and connection with the food, and food-related industry. These guidelines must specify and prioritise locally found, safe and popular food sources. Grassroots and consumers organisations must be actively involved and fully represented in the formulation, review and monitoring of these guidelines. It has been proven by experience that active consumers' participation promotes transparency and accountability;
- Governments must review their national health policies and provide budgetary support to Primary Health Care. Governments must not allow trade policies to override public health measures;
- Food regulations and regulatory bodies must be tightened with grassroots and consumers organisations fully represented;

- Strong regulations prohibiting unhealthy foods in schools, workplaces, health centers including hospitals and clinics must be implemented.

#### FOR THE CIVIL SOCIETY

- The fact that the draft report mentions Primary Health Care (PHC) as the most cost effective health measure is laudable. PHC was designed to treat both the biological manifestations and address the socio-economic and political dimension of ill-health.<sup>5</sup> PHC, right from its inception was besieged with problems, which as in the case of NCD are also highly preventable ones.
- Community-based programmes, consumers organisations, in various countries worldwide have rich experiences in innovating and implementing PHC strategies. Surely, we can do more than what the draft report recommends us to do. We can sum up these experiences and include in the final report to learn lessons on, most especially best strategies for behavioural modification, policy intervention and mechanisms for people's active participation.
- Consumers International maintains its position, to keep the food industry out of the policy decision-making process. The consumer movement has a huge task of informing, organising, mobilising consumers (children and adult alike) for the food industry to behave for the interest of public health.
- We must establish strong alliances to push for strong international regulations and surveillance mechanism on food trade and marketing for foods found to be unhealthy.

#### WE CALL ON THE WHO AND FAO:

- To look at the other causes of NCDs such as chemicals found in drinking water. This too has to be included in the final report. So we can also respond to the problem appropriately.
- To review and analyse the NCD epidemic as caused by dietary excess, food inadequacy, water-borne chemicals and the socio-economic, environmental and political dimensions of the disease in poor countries. Data must be presented in a comparable manner.
- To formulate a framework for a research agenda on food and nutrition, specifically in food sciences, policies, community strategies that will guide governments and civil society.
- To delete from the draft report any reference to genetically modified food as this may be misconstrued as an endorsement from WHO/FAO that GM foods are safe for consumption.
- To look into trade agreements that will run counter into any policies favouring trade of healthy food.
- To engage the full participation of community-based non-government, consumers and other people's organisations to establish strategies and implementation of public health measures, behavioural modification and policy – formulation.

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<sup>5</sup> Poverty: Rallying for Change. World Consumer Rights Day. 1998

