

**GMA Draft Comments on the Joint WHO/FAO Expert Consultation on
Diet, Nutrition and the Prevention of Chronic Diseases**

James Skiles
Vice President and General Counsel
Grocery Manufacturers of America
1010 Wisconsin Avenue, NW, Suite 900
Washington, DC 20007 USA
(202) 337-9400
(202) 337-4508 (Fax)

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The Grocery Manufacturers of America (GMA) represents the manufacturers of branded food products and beverages. GMA is the world's largest association of food, beverage and consumer product companies. With U.S. sales of more than \$460 billion, GMA members employ more than 2.5 million workers in all 50 states. The organization applies legal, scientific and political expertise from its member companies to vital food, nutrition and public policy issues affecting the industry. Led by a board of 42 Chief Executive Officers, GMA speaks for food and consumer product manufacturers at the state, federal and international levels on legislative and regulatory issues. The association also leads efforts to increase productivity, efficiency and growth in the food, beverage and consumer products.

The brand names on our member's food products are a symbol of the confidence and pride in the quality of their products. These branded products have earned the trust of consumers in part due to the high quality production and processing methods and the strict adherence to high food safety standards employed by the members. Our member companies provide a very wide range of food and drink products that facilitate consumer choice, meet individual taste preferences, and fulfill specific dietary requirements. GMA and our members take the issues of diet, nutrition and physical activity very seriously and actively participate in multi-sectoral activities that promote healthy eating and active lifestyles. We would welcome the opportunity to collaborate with WHO and FAO in an expanded effort to promote healthy eating and active lifestyles.

GMA appreciates the opportunity to comment on the draft report of the WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases. The Report attempts to address the relationship between diet, nutrition and various non-communicable, chronic diseases and we do not disagree that the subject matter of the consultation is a serious issue, requiring serious study by organizations such as WHO and FAO. However, this is a highly complex, multi-factorial set of issues, on which the scientific understanding of the linkages is far from complete or even consistent. The Secretariat has requested specific scientific comments concerning the population nutrient goals presented, however, GMA believes that there is a serious paucity of scientific evidence and a lack of consensus on the relation between nutrition and prevention of obesity, diabetes, cardiovascular disease, cancer, dental disease and osteoporosis, and between dietary patterns and lifestyles worldwide. Given this, GMA feels that comment on the policy recommendations of the consultation outlined in Chapters 5 and 6 is warranted. The extraordinary breadth of the recommendations to national governments, international agencies, civil society, and the private sector in the document are not based on or supported by adequate scientific evidence; certainly none is presented in the

consultation document. In addition, it appears that no economists, policy experts, or behavioral scientists participated in the Consultation. GMA will therefore limit its comments in length, as per the Secretariat's request, to a minimum of pages covering: commentary on the Consultation process; a review of the scientific evidence of the nutrient recommendation for the prevention of excess weight gain and obesity; and a discussion of the policy recommendations to WHO, we hope that WHO will seriously consider the lack of scientific evidence for the consultations recommendations as it proceeds on a global strategy on diet, nutrition and the prevention of chronic diseases. The brevity of our comments does not imply concurrence with the remainder of the document, nor inherently condone other recommendations in the document.

Comments on the Consultation Process

- GMA appreciated the invitation to participate in the special Industry Consultation on April 16, 2002. As indicated in our acceptance letter to this consultation we were not afforded enough time to adequately prepare comments for an effective discussion at the consultation and were thus ill prepared to substantively comment on the report at that time. Furthermore, it appears that no scientist representing the knowledge of industry was invited to participate in the Expert Consultation held January 28 – February 1, 2002. Such exclusion is indicative of bias and suggests a predetermined outcome for the consultation. GMA is greatly concerned about the lack of transparency in the consultation process in general. If this report, or future reports are to merit serious consideration, all stakeholders -- including industry -- should have an opportunity to participate fully in the consultation process, as well as in commentary.

Comments on the Recommendations for the Prevention of Excess Weight Gain and Obesity

- There is a repeated tendency in the document to indicate that the consultation participants made many of the recommendations based on the evidence provided from one or two studies. Although GMA understands that there is a paucity of data in this area in general, the caveats related to the strength of the evidence noted in Annex 2 are lost in the discussion of a "consensus" based recommendation in the summary Report. There are several instances where information provided in Annex 2 is removed from its context and presented as "fact" in Section 4.1. For example, the statement in the Section 4.1, "Among women, over half of all deaths can be attributed directly or indirectly to their obesity," is completely out of context. This is a misrepresentation of the results of one study, conducted on women of a specific obesity category in the United States, discussed in Annex 2. Care should be taken in the presentation of information from the annexes in the Report as the Report is likely to be summarized and the context provided in the annexes lost.

- The criteria for strength of evidence used throughout the report, including Section 4, Section 4.1, Annex 1 and Annex 2 are inconsistent and, in general, poorly defined. The criteria outlined in Section 4 require a minimum of scientific evidence to support a conclusion of “possible,” “probable,” or “convincing” risk. Yet, these criteria are not applied to and cannot be met by several findings in Table 3 of Section 4.1 or those in Annex 1, particularly with regards to the environmental variables. For example, in the discussion in Annex 2 on portion size, no evidence is offered to relate pre-packaged, ready-to-eat and restaurant food portion sizes with obesity, or even with demonstrated increased energy consumption. Yet, the Annex indicates that there is “strong ecological evidence” to conclude that “large portion sizes promote over consumption.” Consequently, “large portion size” is cited in Table 3 as a possible risk factor. Ecological evidence on environmental variables should be held to equivalent criteria as that of the nutritional studies considered or conclusions should not be made.
- In a similar vein, absolutely no scientific evidence, ecological or other, is offered in Annex 2 to support any relation between advertising and obesity. Yet marketing is considered a “probable” factor increasing the risk of weight gain and obesity, as reflected in both Table 3 and Annex 1.
- After approximately 33 (*in toto*) studies, with inconsistent results, on the relation between alcohol and obesity were reviewed in Annex 2, the conclusion was reached that there “is currently insufficient evidence to support a general role for alcohol in the development of obesity.” However, Table 3 of section 4.1 implies alcohol increases risk. Applying the criteria of evidence outlined in Section 4 in this case would indicate that alcohol is equally justified appearing in the “decreases risk” category based on the evidence cited.
- Section 4.1, Table 3 and Annex 1 indicate there is sufficient strength of evidence to state that “soft drinks and fruit drinks” are a probable risk factor in obesity. A review of evidence noted in Annex 2 used to relate soda consumption with obesity appears to consist of only 3 limited studies. This would not seem to meet the criteria for evidence presented in Section 4, yet the conclusion was drawn in Annex 2 that “the evidence that high sugar soda drinks promotes weight gain is consistent and moderately strong.” Further research is clearly needed in this area before such a conclusion should be considered. In general, far too much emphasis is placed on soft drinks throughout the various sections of the Report considering the paucity of evidence on its relation to obesity and the prevention of chronic diseases.
- There is no evidence to support the contention that people will lose weight more effectively or prevent excess weight gain if they reduce consumption of “high sugar foods” as suggested in section 4.1. No good quality evidence is offered in support of this recommendation and in fact, previous findings of WHO reports conflict with the conclusion. Two recent WHO reports (FAO/WHO Joint Report on Carbohydrates in Human Nutrition (1998), Technical Report 894) provide

that there is no direct evidence that sugars play a role in the etiology of obesity and that consumption of sugars has no net effect on energy intake. In fact, an increase in sugar in the diet is useful in weight management and the prevention of excess weight and obesity. Annex 2 notes that overall, no judgment can be made about the sugar content of food and obesity. Yet, there is a recommendation in Table 2 of Section 4 that intake of “free sugars” be limited to less than 10% of caloric intake.

- The “American Paradox” as described in Annex 2 would imply that a decrease in energy consumption from fat intake alone should lead to decrease in the prevalence of obesity, rather than the increase seen. A more plausible explanation is the general reduction in physical activity. Regardless, the discussion of this unique situation does not belong in a document supposedly based on scientific evidence rather than anecdotal situations.
- Annex 2 begins by noting that “Physical activity is at least as important as energy intake in the genesis of weight gain and obesity and there are likely to be many interactions between the two sides of the equation in terms of etiology and prevention. The role of physical inactivity in the development of obesity has been well described.” Despite this, little emphasis was placed on the energy balance equation and no review of the available evidence was conducted to allow for comparison of physical activity with other risk-increasing or risk-reducing factors.

Comments on the Recommended Actions

- As noted in the section above, no evidence is offered that might support a relation between advertising and obesity or prevention of chronic diseases, yet references to marketing and advertising appear repeatedly in the recommendations to various groups in Chapter 5. Due to the lack of information, there is no basis on which to evaluate any potential effectiveness of the consultation’s recommendations to WHO on marketing and advertising restrictions.
- In the same vein, there is no evidence offered on the efficacy or effectiveness of “fiscal pricing” and subsidy policies. Some of the policy recommendations have already been demonstrated to be ineffective in practice, and others are likely to have outcomes completely opposite to the intention. In fact, actual experience with taxes and subsidies demonstrate that neither are efficient means of achieving the goal of changing food patterns. Taxes frequently have long-term, indirect, and unforeseen effects that are cumbersome and costly to implement. Moreover, there are perverse impacts that contradict the purposes for which they were intended, placing the heaviest burden on the world’s subsistence population.
- The recommendations also underplay the role of the individual in managing his or her own weight, while overstating the role government could or should play. To date, there is no evidence that individual behavior, such as dietary habits, food

choices, and the desire to be physically active, can be manipulated by mandates of legislative bodies or coercion by regulators.

- Terms such as “healthier food and drink choices,” “questionable nutritional value,” “high fat,” and “high sugar” are highly subjective and ambiguous. No criteria are offered upon which comparisons between or across foods are offered. The contexts in which these terms are used denigrate categories of foods and fail to consider that all foods and beverages can be part of a well-balance, nutritious diet. Inferring there are “good” and “bad” foods, versus good and bad diets, implies that simply avoiding some foods and beverages will have a significant impact on the prevalence of obesity and chronic diseases. More emphasis in the recommendations should be based on methods to address the energy balance equation: the combination of a nutritionally well-balanced diet, based on total diet rather than the nutritional value of any individual food, and physical activity.
- There is a strong need to provide member states with an understanding of the cost-effectiveness of intervention strategies and the context for comparing the benefit of these investments versus competing needs for limited resources. There is a definite overemphasis throughout the Report on evidence from the United States and Europe. Most developing countries face a completely different, and often unique, set of socioeconomic situations, cultural influences and health-related concerns. It is impossible, from the information in the Report, to evaluate the potential effectiveness of policy recommendations for prevention of chronic diseases based on “Western” style diets and lifestyles with those more traditional, particularly when no discussion is made of total dietary nutrient needs and in the face of a combination of over- and under-nutrition.
- The Report suggests the Codex Alimentarius Commission should "move beyond the toxicological aspects of food to an understanding of the role of food choices in the development of chronic diseases" and states that the nutrient content and composition of foods are in fact a food safety issue. The Report also notes that the various Codex committees, such as labeling, "are directly relevant to many of the issues raised by the experts." GMA cautions WHO and FAO to carefully consider the risks of the consultation’s recommendation to expand the purview of the Codex Alimentarius Commission beyond its work on ensuring the health of the consumer and fair practices in trade through establishment of food safety standards and guidelines. The report asserts that Codex should use its various committees, such as food labeling, to implement policies that will encourage consumer choices to be based on the report's nutritional guidelines. In so doing the Report proposes a shift in focus well beyond Codex’s mandate for food safety and in support of fair practices in trade into a political, non science-based realm.
- With regard to food policy, there is no recognition in the Report of the potential and actual improvements in health and economic status of populations as a result of harvesting, storing, preserving, and processing seasonal surpluses of commodities, which are transformed to basic, palatable, nutritious, and affordable

foodstuffs through processing. The Report implies that all traditional foodstuffs are inherently nutritious and would be negatively offset by production of “cash” crops for export. Yet, production of fruits and vegetables may serve to increase domestic production for consumption and improve economic status through export.

- GMA would encourage WHO and FAO to remove the policy recommendations in Chapter 5 from the document and conduct additional research or convene a separate consultation, with the appropriate expertise, to evaluate the evidence on effective intervention strategies for application at the country level, specific to each member states cultural and socioeconomic situation. Such expertise would include, but not be limited to, policy analysts, behavioral scientists, and agricultural economists.

Conclusions

GMA encourages WHO and FAO to gather or conduct further research in the area of nutrition and its role in the prevention of chronic diseases. The evidence cited in the draft Report is based mainly on a few studies conducted in and applying to the United States and Europe and does not adequately represent the situation in developing countries, nor other developed countries. Strengthening of the evidence would allow for a more informed development of efficacious intervention methods, suited for individual member states. A beginning for this process could be additional expert consultations with a broader range of expertise to refine the relations between diet, nutrition, physical activity and chronic diseases with the goal to develop recommendations based on all available scientific evidence. GMA would be pleased to participate in the process.