

1. WHO Draft Report on Prevention of NCD's  
Centre for Chronic Disease Prevention and Control  
June 15, 2002

**Comments and suggestions:**

**I. The contents, in particular that of the annexes, reveals they contain a wealth of updated information on the scientific evidence for the prevention of obesity, diabetes, cardiovascular disease, cancer, dental disease and osteoporosis. There is also an impressive amount of bibliographic references.**

**II. We agree with concerns raised around sodium restrictions, and agree that care should be taken in setting sodium limits as recommended in the draft paper, as these intake levels may not take into consideration the increased need for sodium (for example, when physical activity is increased). We would add that public health officials have the potential for impacting in this area through regulations (e.g. restrictions on the use of certain fats).**

(1) Page 5: After the 3rd paragraph "NCDs are largely ... health policy" and before the 4th paragraph "The risk factors for NCDs may be ...several cancers" suggest adding the following paragraph:

**III. "NCDs, although non-communicable at the disease level, are communicable at the risk factor level (Choi, Bonita, McQueen, 2001). Risk factors are transferable from one population to another, like infectious disease. International travellers carry with them risk behaviours, e.g. their cooking styles, eating habits, etc, across the borders, thereby affecting both the infectious and chronic disease patterns in the host country."**

(2) Page 26: At the end of the 1st paragraph "In recent years, ... recommendations" suggest adding the following:

**IV. "... make definitive recommendations. Also some recent studies suggest that the cut-off for overweight based on BMI should be different for men and women, at 27 and 25, respectively (Choi, Shi, 2001) (Chou, Li, Wu, Tsai, 1998)."**

References

1. Choi BCK, Bonita R, McQueen DV. The need for global risk factor surveillance. *J Epidemiol Community Health* 2001; 55: 370.
2. Choi BCK, Shi F. Risk factors for diabetes mellitus by age and sex: results of the National Population Health Survey. *Diabetologia* 2001; 44: 1221-1231.
3. Chou P, Li CL, Wu GS, Tsai ST. Progression to type 2 diabetes among high-risk groups in Kin-Chen, Kinmen. Exploring the national history of type 2 diabetes. *Diabetes Care* 1998; 21: 1183-1187.

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**V. "In North Karelia, age-adjusted mortality rates of coronary heart disease dropped dramatically between the early 1970's up to 1995. This was achieved through community action and the pressure of consumer demand on the food market."**

**VI. It should be noted that declines were achieved in part through.... This ignores the dramatic improvement in the treatment of CHD that occurred during this time.**

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**VII. It is stated that "This increased social disadvantage affects the poor disproportionately in the incidence of chronic (and other) diseases.." This expression may unduly simplify the socio-economics of chronic disease. It is the affluent in the 3rd world who can afford to smoke, become overweight, etc.**

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**VIII. Regarding claims about the percent of CHD, diabetes and cancer that could be avoided through healthy eating - should be clearer whether this statement relates to morbidity or mortality.**

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**IX. Suggest strengthening the sections to include the regulation of saturated fats. Currently, the recommendations suggest fiscal pricing policies for items high in fat. This should specifically be extended to look beyond fiscal pricing policies to consider actual regulation of the more dangerous fats (e.g. consider banning the most dangerous of these fats as added ingredients, changing how meats are graded, regulating how fat meat for human consumption can be to be sold, consider regulating or at least working with fast food establishments).**

**X. Recommendations for research needs should be more clearly articulated among the ‘recommendations to national governments’ on food and nutrition policies. It has been articulated that an obesity epidemic exists and the magnitude of the problem is clear, but we clearly do not know enough about how to change this (even North Karelia saw an increase in obesity). This recommendation would recognize that we know enough to act, however the need for additional research should be more explicitly stated.**

Contact: Dr. Sylvie Stachenko  
Director General, Centre for Chronic Disease Prevention and Control  
954-8629