Low fruit and vegetable intake is among the top 10 risk factors contributing to attributable mortality, according to evidence presented in World Health Report 2003.1 Up to 2.7 million lives could potentially be saved each year with sufficient global fruit and vegetable consumption. Fruits and vegetables as part of the daily diet could help prevent major noncommunicable diseases (NCD) such as cardiovascular diseases and certain cancers. Eating a variety of vegetables and fruits clearly ensures an adequate intake of most micronutrients, dietary fibres and a host of essential non-nutrient substances. As well, increased fruit and vegetable consumption can help displace foods high in saturated fats, sugar or salt.

Worldwide, low intake of fruits and vegetables is estimated to cause about 19% of gastrointestinal cancer, about 31% of ischaemic heart disease and 11% of stroke. Of the global burden attributable to low fruit and vegetable consumption, about 85% was from cardiovascular disease (CVD) and 15% from cancers. The estimated levels of current fruit and vegetable intake vary considerably around the world ranging from less than 100g/day in less developed countries, to about 450 g/day in Western Europe.

A recent WHO/FAO2 expert consultation report on diet, nutrition and prevention of chronic diseases, sets population nutrient goals and recommends intake of a minimum of 400 g of fruits and vegetables per day for the prevention of chronic diseases such as heart diseases, cancer, diabetes and obesity. The report states that there is convincing evidence that fruits and vegetables decrease the risk for obesity, and evidence that they probably decrease the risk of diabetes. Further, there is convincing evidence that fruit and vegetables lower the risk for CVD. (The report specifies that the tubers, e.g. potatoes, cassava, should not be included in fruits and vegetables.)

A high-level international review on fruit and vegetable consumption and cancer risk, coordinated by the International Agency for Research on Cancer (IARC), concluded that eating fruits and vegetables may lower the risk of cancer, particularly cancers of the gastrointestinal tract. IARC estimates that the preventable fraction of cancer due to low fruit and vegetable intake falls into the range of 5-12% and up to 20-30% for upper gastro-intestinal tract cancers world-wide.4

2 World Health Organization/Food and Agricultural Organization
4 IARC, Handbook on Fruit and Vegetable Consumption and Cancer Prevention, forthcoming (end of 2003)
WHO’S MANDATE

WHO’s mandate is to improve public health around the world with particular emphasis on decreasing inequalities in health. In May 2002, WHO was requested by the Member States to develop a Global Strategy on Diet, Physical Activity and Health in the context of the rising burden of chronic diseases. During a series of regional consultations to develop the strategy, Member States stressed to WHO the importance of working proactively with them to assist in increasing the consumption of fruit and vegetables. With this obligation and the above-cited scientific base, WHO aims to actively promote an increase in fruit and vegetable intake worldwide, especially in developing countries. Incorporation of fruit and vegetable consumption as part of national noncommunicable disease (NCD) prevention and school health programmes is a central aim.

WHO ACTIVITIES:

• Co-sponsored the Third biannual “5 A Day” Symposium held in Berlin, Germany, in January 2003 with the Produce for Better Health Foundation, a US foundation promoting higher fruit and vegetable consumption.

• Convened a meeting on the issue of fruit and vegetable consumption and production for health in Geneva in August, 2003, focusing on two key issues; 1) launching a global initiative to promote fruit and vegetable consumption, and 2) identifying pressing research agenda items. The meeting included key nutrition scientists, the nutrition advisers of the WHO Regional Offices, experts from FAO and IARC, as well as from national programmes promoting higher fruit and vegetable consumption.

• WHO plans a global fruit and vegetable initiative with the key objectives of encouraging existing fruit and vegetable campaigns, as well as expanding these and ensuring that they are adapted to local needs, especially in developing countries.

• Expanding the evidence base: WHO will begin this process with a high-level scientific meeting to discuss issues around fruit and vegetable production and consumption and the effects on health and disease, to be held in Japan in cooperation with the Kobe Collaborating Centre, in March 2004.

• Co-sponsoring the Fourth International “5 A Day” Symposium to be held in Christchurch, New Zealand in August 2004; as well as the fifth symposium in Durban, South Africa in September 2005, in conjunction with the International Union of Nutrition Science 18th International Congress of Nutrition.

For further information, please visit: http://www.who.int/hpr/gs.fruit.and.vegetables.shtml and http://www.who.int/hpr/global.strategy.shtml

FRUIT, VEGETABLES AND NCD DISEASE PREVENTION

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* World Health Assembly, May 2002, Resolution 55.23