

THE GLOBAL STRATEGY ON DIET, PHYSICAL ACTIVITY AND HEALTH

FACTS:

- Heart attacks and strokes kill about 12 million people every year; another 3.9 million die from hypertensive and other heart conditions.
- More than one billion adults worldwide are overweight; at least 300 million of them are clinically obese.
- About 75% of CVD can be attributed to the majority risks: high cholesterol, high blood pressure, low fruit and vegetable intake, inactive lifestyle and tobacco.
- Sustained behavioural interventions have been shown to be effective in reducing population risk factors.

WHAT IS HAPPENING?

People worldwide are consuming more foods that are energy-dense - high in sugar and/or saturated fats - or excessively salty.

Nutrition transition and increasingly sedentary behaviour is occurring at a much faster pace in developing countries than was the case for developed. Chronic diseases are becoming increasingly prevalent in many of the poorest developing countries, creating a double burden on top of the infectious diseases that continue to afflict these countries.

While an optimal diet is critical, daily moderate-intensity physical activity is well-established as an important determinant for good health, helping lower blood pressure, reduce body fat and improve glucose metabolism. Daily physical activity can also help reduce osteoporosis and falls among older people.

WHAT CAN BE DONE?

Established scientific evidence suggests there are major health benefits in:

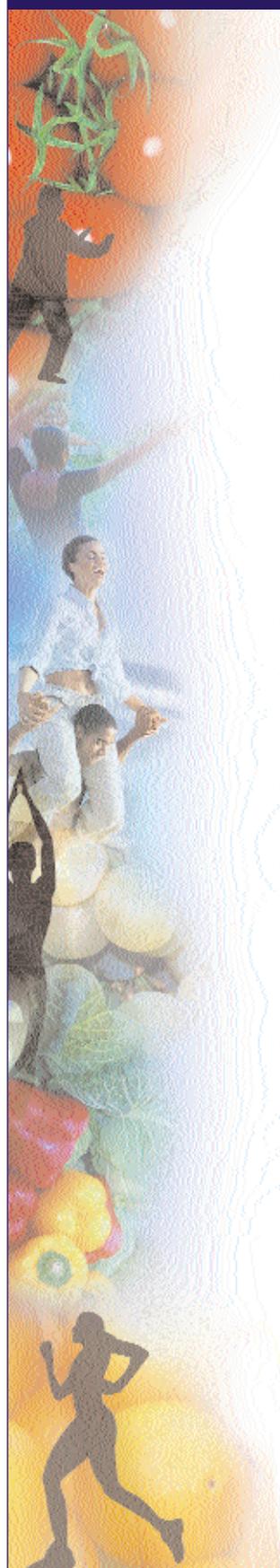
- Eating more fruit and vegetables, as well as nuts and whole grains;
- Daily physical activity;
- Moving from saturated animal fats to unsaturated vegetable oil-based fats;
- Cutting the amount of fatty, salty and sugary foods in the diet;
- Maintaining a normal body weight (within the Body Mass Index (BMI) range of 18.5 to 24.9.);
- Stopping smoking

MULTI-FACETED APPROACH IS REQUIRED

The causes of NCDs are complex and the response needs to be multi-faceted and multi-institutional. The evidence is overwhelming that prevention is possible when sustained actions are directed both at individuals and families, as well as the broader social, economic and cultural determinants of NCDs.

The benefits of behavioural interventions in reducing the rates of CVD, cancers and diabetes in populations have been well-proven in countries such as Finland, Japan and Singapore. Cost-effective behavioural and pharmacological treatments for high blood pressure, diabetes and raised cholesterol have life-saving impacts and should be routinely implemented at the primary health care level. Dietary, physical activity and smoking cessation programmes should be integral to both the prevention and management of chronic diseases. Good health demands a "Life Course" approach to eating and physical activity that begins with pre-pregnancy, includes breast feeding, and extends to old age.

WHO has begun to engage constructively with all stakeholders in developing its Global Strategy. It believes that governments, health professionals, the food and advertising industries, and wider civil society should all contribute to making the easy choices the healthy choices, both for diet and physical activity.



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