



FEB 27 2004

The Honorable J.W. Lee, M.D.
Director-General
World Health Organization
Avenue Appia 20
1211 Geneva 27
Switzerland

Dear Mr. Director-General:

The United States is fully committed to efforts to help people live longer, better and healthier lives by reducing the burden of chronic conditions, such as overweight and obesity and related risk factors, including physical inactivity, poor nutrition and malnutrition, and tobacco use. We stand ready to work with other countries and the World Health Organization (WHO) to present to the 57th World Health Assembly a strong global strategy on diet, physical activity and health to serve as the basis for the actions of Member States. In this spirit, the United States is pleased to submit the enclosed comments and proposed revisions to the draft WHO strategy on diet, physical activity and health (EB113/44/Add.1) for your consideration. Our comments reflect a dynamic interagency process, which engaged a range of experts in such areas as diet, nutrition and nutrition research, physical activity, obesity health promotion and disease prevention, chronic diseases, oral health, child health and development, agriculture policy, food standard-setting, food safety and security, international development, and behavioral risk-factor surveillance.

The U.S. Government, primarily through the Department of Health and Human Services (HHS) and the Department of Agriculture (USDA), has successfully raised the issue of overweight and obesity to the top of the U.S. domestic policy agenda by calling on all those with a stake in the issue to do their part to fight these conditions in America. Chronic, obesity-related diseases like heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. Chronic diseases account for three out of every five health care dollars spent in our country, result in seven of every 10 deaths, and harm the quality of life of an estimated 90 million Americans.

The United States is focusing efforts to promote better health and prevent disease on several fronts:

- In June 2002, President George W. Bush launched the *HealthierUS* Initiative designed to help Americans of all ages take steps to improve their personal health and fitness, by encouraging Americans to be physically active every day, eat a nutritious diet, get preventive health screenings and make healthy choices.

- In support of the President's Initiative, Secretary of Health and Human Services Tommy G. Thompson launched a bold initiative, *Steps to a HealthierUS: Putting Prevention First*, to focus attention on the importance of prevention and promising new approaches for promoting healthy environments.
- HHS and USDA are jointly revising the *Dietary Guidelines for Americans*. The *Guidelines* give advice on food choices for nutrition and health, are based on recommendations from a panel of health and nutrition experts, and serve as the basis for the U.S. Government's nutrition policy. The USDA's Food Guide Pyramid helps put the *Dietary Guidelines* into action by serving as an education tool for the public. The revised *Dietary Guidelines* should be released in early 2005 and the new food guidance will be released shortly thereafter.
- USDA, HHS, and the National 5 to 9 a Day Partnership are working together to promote consumption of five to nine servings of fruits and vegetables a day to the general public and target populations.
- USDA continues to improve the quality of school meals through nutrition standards originally set in the Schools Meals Initiative of 1995. These standards require schools to plan and offer menus that not only meet nutrient and calorie requirements but also limit calories from fat and saturated fats. U.S. studies indicate schools have made significant progress. Our most recent data show that 82 percent of elementary schools and 91 percent of secondary schools offer students the opportunity to select a lunch with no more than 30 percent of calories from fat.
- In 2003, the HHS Steps to a Healthier US Community Program awarded \$13.7 million to 23 communities to implement action plans tailored to achieve success in improving people's health in each individual community. Examples of these initiatives include walking programs, smoking cessation programs and increasing healthy food choices in schools. Each community that receives a grant is encouraged to partner with other government agencies, health care providers, school districts, faith-based agencies, the private sector and academic institutions. In 2004, this program will award \$44 million and substantially increase the number of communities that will take part in creating and implementing local plans. The President and the Secretary are requesting that Congress increase the funding for this program to \$125 million in 2005.
- In 2003, Secretary Thompson initiated a challenge to employees at HHS to be physically active for 30 minutes a day, five times a week. He plans to broaden this contest among employees to other federal departments. Many Governors are initiating similar challenges to the citizens of their state. These challenges raise health awareness, increase motivation to be physically active and teach individuals to take responsibility for their own health.

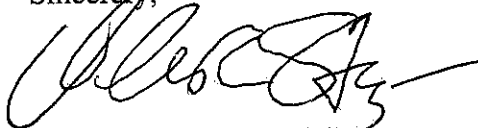
- In March 2004, HHS is partnering with the Advertising Council and will release a television and radio ad campaign to promote physical fitness and healthy eating. The campaign will apply innovative and humorous messages to underscore the importance of healthy living and personal responsibility.
- HHS is partnering with private-sector groups, such as the Girl Scouts and the American Association of Retired Persons, to make best use of resources for targeted prevention-related initiatives with their respective constituencies.
- HHS is working with private stakeholder groups, such as the American Diabetes Association, to create a national action plan on diabetes. This plan will increase national awareness of the disease, its impact, and what individuals can do to prevent or manage the disease. The plan will strive to identify and better coordinate existing efforts within HHS to maximize research, detection, prevention and treatment of the disease, and leverage HHS resources to promote similar opportunities within the private sector. Finally, the plan will develop action-oriented strategies to reduce the prevalence of diabetes and promote improved detection, monitoring and treatment of the disease.
- The USDA spearheads a number of school-based nutrition education campaigns. The *Eat Smart. Play Hard.*[™] Campaign is a cross-program initiative that uses a spokescharacter, Power Panther[™], as the primary communication tool to deliver nutrition and physical activity messages to children and their caregivers. *Changing the Scene*, an educational kit distributed to over 30,000 users helps schools promote a healthy school environment, including through changes in competitive foods policies. *Team Nutrition* is an integrated, behavior-based, comprehensive plan for promoting the nutritional health of the nation's schoolchildren through the Child Nutrition Programs. A new team nutrition initiative, *Fruits and Vegetables—Getting Kids to Eat More*, will help schools motivate students to eat more fruits and vegetables.
- USDA's Research, Education and Economics mission area operates a wide range of obesity research and education activities. For example, six state-of-the-art Human Nutrition Research Centers of USDA's Agricultural Research Service conduct research to identify and understand how nutrients and other bioactive food components affect health. The Economic Research Service investigates how people acquire diet-health knowledge, what they believe about diet, how they use dietary information, and how they react to food prices and other factors that affect dietary choices. The Cooperative State Research, Education, and Extension Service funds many obesity research-related grants and education programs.

- In April 2003, the Director of the National Institutes of Health (NIH) within HHS established the NIH Obesity Research Task Force to develop a strategic plan for obesity research. The strategic plan, to be released this spring, will represent a cohesive, multi-dimensional research agenda for addressing obesity challenges.
- In August 2003, the Commissioner of Food and Drugs called for the formation of the HHS Food and Drug Administration's (FDA) Obesity Working Group (OWG). He charged the OWG to prepare an action plan to address critical dimensions of the overweight and obesity problem from the FDA's perspective. This FDA report will be released in the spring.
- The Centers for Disease Control and Prevention in HHS remains at the forefront of collecting data, statistics and prevalence trends on overweight and obesity in the United States and in developing tools to help improve nutrition and physical activity and prevent chronic disease, including for older adults and children.

The WHO global strategy on diet, physical activity and health holds much promise in the fight against the global epidemic of overweight and obesity and the increasing global chronic disease burden. This means that individuals need to be more active and make better and healthier choices for their family; it means that industry needs to provide and promote healthier choices for customers and include better information about their products; and it means that governments need to make sure the public has accurate, science-based information needed to help us better understand the causes and contributing factors to overweight and obesity, and provide more information about what we can do to decrease the prevalence of overweight and obesity.

The United States looks forward to working with the WHO and its Member States to develop and implement a global strategy on diet, physical activity and health that can truly make a difference in the lives of individuals, families, and communities through improved diet and nutrition, increased physical activity, and healthier lifestyles.

Sincerely,

A handwritten signature in black ink, appearing to read 'W. Steiger', with a long horizontal line extending to the right.

William R. Steiger, Ph.D.
Special Assistant to the Secretary
for International Affairs

Enclosure

WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD
113th Session
Provisional agenda item 3.7

EB113/44/Add.1
27 November 2003

Integrated prevention of noncommunicable diseases

Draft global strategy on diet, physical activity and health

The Director-General submits herewith for the consideration of the Executive Board the draft global strategy on diet, physical activity and health.

CAPS/BOLD = Additions

~~Strikeouts~~ = Deletions

NOTES: Special commentary and rationale

Where helpful and appropriate, references have been added.

THE DEVELOPMENT PROCESS FOR THE DRAFT GLOBAL STRATEGY CONTAINED A RANGE OF INPUTS, INCLUDING BUT NOT LIMITED TO THE *WORLD HEALTH REPORT 2002: REDUCING RISKS, PROMOTING HEALTHY LIFE*; THE REPORT OF A JOINT WORLD HEALTH ORGANIZATION (WHO)/FOOD AND AGRICULTURE ORGANIZATION (FAO) EXPERT CONSULTATION ENTITLED *DIET, NUTRITION AND THE PREVENTION OF CHRONIC DISEASES* (WHO TECHNICAL REPORT SERIES 916); THE WHO DIRECTOR-GENERAL'S TECHNICAL ADVISORY GROUP; WHO REGIONAL CONSULTATIONS WITH EXPERT REPRESENTATIVES FROM MEMBER STATES; AND A NUMBER OF INFORMAL CONSULTATIONS WITH PUBLIC AND PRIVATE STAKEHOLDERS.

[NOTE: Since it is not clear how the various inputs have been utilized and applied in the development of the strategy, we suggest that all inputs to the strategy be acknowledged in a note at the beginning of the strategy and that no one input be linked directly within this strategy document.]

DRAFT GLOBAL STRATEGY ON DIET, PHYSICAL ACTIVITY AND HEALTH

INTRODUCTION

1. Recognizing the heavy and growing burden of noncommunicable diseases, Member States requested the Director-General to develop a global strategy on diet, physical activity and health through a broad consultation process.¹ To establish the content of the draft global strategy, WHO held six regional consultations with Member States, and consulted with United Nations agencies and other intergovernmental organizations, civil society, and the private sector; a reference group of independent international experts on diet and physical activity from all six WHO regions also advised WHO. Following the adoption of the strategy, an action plan^S for implementing the strategy **SHOULD** ~~will~~ be developed at regional and national levels, **AS APPROPRIATE**. [NOTE: Member States and the WHO Secretariat have used such terms as “a menu approach” or “toolbox” to implement this strategy, as appropriate for the national context and realities of any Member State.]

THE CHALLENGE

2. A profound shift in the balance of the major causes of death and disease **HAS ALREADY OCCURRED IN DEVELOPED COUNTRIES AND** is under way in most **MANY DEVELOPING** countries. Globally, the burden of noncommunicable diseases has rapidly increased. In 2001, noncommunicable diseases accounted for almost 60% of the 56.5 million deaths annually and 47% of the global burden of disease. In view of these figures and the predicted future growth in this disease burden, the prevention of noncommunicable diseases presents a major global public health challenge.

3. *The world health report 2002*² describes in detail how, in most countries, a few major risk factors account for much of the morbidity and mortality, and for noncommunicable diseases, the most important risks included high blood pressure, high concentrations of cholesterol in the blood, **INADEQUATE** low-intake of fruit and vegetables, **AN OTHERWISE UNHEALTHY DIET**, [NOTE: There are data that show diets high in fruits and vegetables are beneficial, but we do not know of data where just a change of fruit and vegetable intake changes risk in absence of change in the remainder of the diet.] being overweight, physical inactivity and tobacco use. Five of these global risk factors are closely related to diet and physical activity. **A MAJOR CHALLENGE IS THE COMPLEX INTERACTIONS OF PERSONAL CHOICE, SOCIAL NORMS, AND ECONOMIC AND ENVIRONMENTAL FACTORS IN INFLUENCING DIETARY PATTERNS AND PHYSICAL ACTIVITY IN A SUSTAINABLE MANNER OVER THE LIFESPAN.**

¹ Resolution WHA55.23.

² *The world health report 2002: Reducing risks, promoting healthy life*. Geneva, World Health Organization, 2002.

4. Unhealthy diets and physical inactivity are ~~thus~~ **AMONG** the leading **CONTRIBUTORS TO OVERWEIGHT AND OBESITY AND** ~~causes of the major~~ noncommunicable diseases, including cardiovascular disease, type 2 diabetes and certain types of cancer, and contribute substantially to the global burden of disease, death and disability. Other diseases related to diet and physical inactivity, such as dental caries and osteoporosis, are widespread causes of morbidity.

##. DIET AND NUTRITION AFFECT ORAL HEALTH IN MANY WAYS. THE ROLE OF SUGAR IN THE DENTAL CARIES PROCESS IS WELL-DOCUMENTED. ACIDIC FOODS AND BEVERAGES CAN CAUSE DEMINERALIZATION OR EROSION OF THE DENTAL ENAMEL. NUTRITIONAL DEFICIENCY CAN LEAD TO DEVELOPMENTAL DEFECTS IN ENAMEL, AND CAN CAUSE SALIVARY GLAND ATROPHY, WHICH SUBSEQUENTLY REDUCES THE MOUTH'S DEFENSE AGAINST ORAL INFECTION. LIKE OTHER CANCERS, ORAL CANCER IS RELATED TO AN UNBALANCED DIET.ⁱ

5. The burden of mortality, morbidity and disability attributable to noncommunicable diseases **IS GROWING** ~~now weighs heaviest~~ in the developing countries, where those affected are on average younger than in the developed world. Rapid changes in diets and in patterns of physical activity are further leading to escalating rates. Smoking also increases the risk for these diseases, although largely through independent mechanisms.

6. In the poorest countries of the world, even though infectious diseases and undernutrition dominate their current disease burden, the major risk factors for chronic diseases are spreading. Malnutrition, both of deficiency and excess, is increasingly being found in developing countries, and even in the low-income segments of richer countries. An integrated approach to the causes of unbalanced nutrition and decreasing levels of physical activity would contribute to reducing the future burden of chronic noncommunicable diseases.

7. In some developed countries where noncommunicable diseases have dominated the national burden of disease, age-specific death and disease rates have been slowly declining. Progress is being made in reducing premature death rates from coronary artery disease, cerebrovascular disease and some tobacco related cancers. However, the overall burden and number of patients remain high and many developed countries are experiencing increasing numbers of overweight and obese adults and children, and closely linked increases in type 2 diabetes.

8. **OBESITY AND, BY EXTENSION, THE DISEASES RELATED TO OBESITY, WERE IN THE PAST PRIMARILY LIMITED TO HIGHER-INCOME GROUPS IN** ~~The experience of developed countries and of low-income and middle-income countries in the early stages of economic development.~~ **RECENT EXPERIENCE** shows that patterns of unhealthy behaviours and the associated diseases, **WHICH** are often **FIRST ESTABLISHED** set by the more affluent sectors of society,

ARE NOW OBSERVED TO BE MORE WIDESPREAD ACROSS THE POPULATIONS IN DEVELOPING COUNTRIES. THIS SUGGESTS THAT However, in time, all the major risk factors for chronic noncommunicable diseases tend to cluster among the poorest communities and **MAY** contribute substantially to **SOCIAL AND ECONOMIC DISPARITIES** inequities associated with social class.ⁱⁱ

9. For all countries, current evidence suggests that the underlying determinants of noncommunicable diseases are largely the same. [NOTE: Data are insufficient to support such a generalization.] These include increased consumption of **FACTORS THAT MAY INCREASE THE RISKS OF NONCOMMUNICABLE DISEASE INCLUDE ELEVATED CONSUMPTION OF** energy-dense, nutrient-poor foods that are high in fat, sugar and salt; reduced levels of physical activity at home, at work and for recreation and transport; and tobacco use. **POPULATION-LEVEL** The variationS in risk levels and related health outcomes at the population level **ARE** is attributEDable, **IN PART**, mainly to the variability in timing and intensity of **ECONOMIC, DEMOGRAPHIC, AND SOCIAL** changes at the national and global levels.ⁱⁱⁱ Of particular concern are the increasingly unhealthy diets and reduced physical activity of children and adolescents.

10. Maternal health and nutrition before and during pregnancy, and early infant nutrition are important in the prevention of noncommunicable diseases throughout the life course. **MALNUTRITION IN AN INFANT CAN LEAD TO AN INCREASE IN EARLY CHILDHOOD CARIES. TASTE, FOOD PREFERENCES AND PHYSICAL ACTIVITY HABITS ARE SET EARLY IN LIFE. THE USE OF** Exclusive breastfeeding for six months^{iv} [NOTE: We suggest a citation be provided similar to the one contained in the endnotes.] and appropriate complementary feeding after that, **CAN** contribute to optimal physical growth, mental development and the prevention of noncommunicable diseases. Infants who suffer growth restriction in utero, are of low birth weight, and/or are not breastfed, or are stunted as a result of micronutrient deficiencies, **MAY BE** are at increased risk for noncommunicable diseases in later life. Taste, food preferences and physical activity habits are set early in life. [NOTE: We suggest this last sentence is better placed following the first sentence.]

11. Most of the world's elderly people live in developing countries, and the ageing of populations has a strong impact on morbidity and mortality patterns. Many developing countries will therefore be faced with an increased burden of noncommunicable diseases at the same time as the persisting burden of infectious diseases. In addition to the human dimension, maintaining the health and functional capacity of the increasing elderly population will be a crucial factor to reducing the demand for and cost of health services.

12. Diet and physical activity influence health both together and separately. Unbalanced **UNHEALTHY** diets [NOTE: The definition of "unbalanced diets" in this context is unclear, and we would suggest that the term "unhealthy" might be more appropriate, similar to its use in Paragraph 4 above.] and physical inactivity **MAY** lead to noncommunicable diseases through multiple mechanisms besides those resulting from overweight and obesity. Thus, while the effects of diet and physical activity on health

often interact, particularly in relation to obesity, there are additional health benefits from physical activity that are independent of nutrition and diet. Further, there are significant nutritional risks that are unrelated to obesity. Physical activity is a fundamental **WELL-DEMONSTRATED, AND PROVEN** means of improving the physical and mental health of individuals.^v **THE DATA ON THE INTERACTION OF THESE MANY COMPLEX VARIABLES ARE EVOLVING, AND INTERVENTIONS NEED TO BE CAREFULLY CRAFTED AND ITERATIVELY DESIGNED SO THAT NEW INFORMATION CAN BE EFFECTIVELY INCORPORATED.**

13. Noncommunicable diseases impose a ~~heavy~~ economic burden on already strained health systems, and inflict great costs on society. [*NOTE: Although this seems a reasonable conclusion, citation(s) from economic research should be included.*] Health is a key determinant of development and a precursor of economic growth. The WHO Commission on Macroeconomics and Health has demonstrated the disruptive effect that disease has on development, and how investments in health are an important prerequisite for economic development. Programmes aimed at promoting healthy diets and physical activity for the prevention of diseases are key instruments in policies to achieve development goals. Such programmes must be effectively integrated **AND EVALUATED** into broader development and poverty-alleviation programmes.

THE OPPORTUNITY

14. A unique opportunity exists to formulate and implement an effective strategy for substantially reducing deaths and disease worldwide by improving diet and promoting physical activity. Evidence for the links between these health behaviours and later disease and ill-health is strong. ~~There are~~ Effective interventions to enable people to live longer and healthier lives, reduce inequalities, and enhance development **CAN BE DEVELOPED AND IMPLEMENTED.** By mobilizing the full potential of global players, this vision could become a reality for all populations in all countries of the world.

GOAL AND OBJECTIVES

15. The overall goal of the global strategy on diet, physical activity and health is to promote and protect health by guiding the development of sustainable actions at the **INDIVIDUAL**, community, national and global levels that, when taken together, will lead to reduced disease and death rates related to unhealthy diet and physical inactivity in populations. These actions support the United Nations Millennium Development Goals and have immense potential for major public health gains worldwide. The global strategy has four main objectives:

- (1) to reduce the risk factors for chronic noncommunicable diseases that stem from action and health-promoting and disease-preventive measures;
- (2) to increase the overall awareness, **KNOWLEDGE**, and understanding of the role of diet and physical activity in determining **INDIVIDUAL AND** public health, and of the positive potential of preventive interventions;

