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World Health Organization process for a Global Strategy on Diet Physical Activity and Health

WORLD HEALTH DAY 2002

move for health

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Process for a WHO Strategy on Diet, Physical Activity and Health

The Fifty-third World Health Assembly, May 2000, adopted a resolution endorsing the World Health Organization (WHO) Director-General's global strategy for prevention and control of noncommunicable diseases (WHA53.17). The strategy emphasized integrated prevention by targeting three main risk factors: tobacco, unhealthy diet and physical inactivity.

The Fifty-fifth World Health Assembly discussed a report by the secretariat and recognized the importance of the framework for action on diet and physical activity within the integrated approach to prevention and control of noncommunicable diseases. The resolution approved by the Assembly requested the Director-General to develop a global strategy on diet, physical activity and health. (WHA 55.23).

In her address to the delegates of the Fifty-fifth World Health Assembly, WHO Director-General Dr Gro Harlem Brundtland said:

> "High blood pressure and high blood cholesterol, strongly linked to cardiovascular and cerebrovascular diseases, are also closely related to excessive consumption of fatty, sugary and salty foods. They become even more dangerous when combined with the deadly forces of tobacco and excessive alcohol consumption. Obesity, a result of unhealthy consumption, is itself a serious health risk. All of these factors – blood pressure, cholesterol, tobacco, alcohol and obesity, and the diseases linked to them are well known to wealthy societies. They dominate in all middle- and upper-income countries. The real drama is that they are becoming more prevalent in developing communities, where they create a double burden on top of the infectious diseases that always have afflicted poorer countries."

In response to these resolutions and in keeping with the seriousness of the public health problem, WHO is engaged in a process that will involve a broad and inclusive consultation, which will lead to a global strategy on diet, physical activity and health. The overall goal of the strategy is to improve public health through healthy eating and physical activity.

The guiding principles of this process are:

A. Stronger evidence for policy: synthesize existing knowledge, science and interventions on the relationship between diet, physical activity and chronic disease.
B. Advocacy for policy change: inform decision-makers and stakeholders of the problem, determinants, interventions and policy needs.
C. Stakeholder involvement: agree on the roles of stakeholders in implementing the global strategy.
D. A strategic framework for action: propose appropriately tailored policies and interventions for countries.

The process

Stronger evidence for policy

Phase I - Finalization of the expert consultation report

A joint WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases was held in Geneva on 28 January - 1 February 2002. Sixty experts were involved in assembling and reviewing the latest scientific evidence on diet, physical activity, and prevention of chronic diseases. The draft report specifically discusses obesity, cardiovascular diseases, cancer, diabetes, dental diseases and osteoporosis, and provides recommendations on population nutrient goals. This report represents the current scientific evidence and updates work carried out by a similar group in 1989. The recommendations in the report will be considered by WHO as it develops its strategy on diet, physical activity and health.

Completion of experts' work:

- A call for comments on the report by any interested party ended on 15 June 2002.
- The chairs and rapporteurs of the consultation reviewed all inputs and are preparing a final report based on their best scientific judgement. This will be circulated for comments and approval to all members of the expert group during September 2002.
- A final draft report will be completed by October 2002.
- The report will be published in February or March 2003.

Advocacy for policy change

The process of developing a global strategy on diet, physical activity and health through consultation with stakeholders will rely on a **well informed** public. Countries and their peoples must be alerted to the health problems caused by unhealthy diets and physical inactivity, of the devastating social and economic outcomes of chronic conditions resulting from these risk factors and to the proved prevention interventions. The involvement of different stakeholders will allow an opportunity to ensure that this information is adequately provided to decision makers, the public, and above all, the participants of the process. Communication of this information, therefore, will be an essential facet in the process leading to a strategy document. WHO will address this need to inform, convince and mobilize stakeholders continuously in the course of the development of the strategy.

Stakeholder involvement

Phase II - Process for stakeholder consultation on a WHO global strategy on diet, physical activity and health

The Fifty-fifth World Health Assembly resolution on diet, physical activity and health requested that the strategy be developed in consultation with Member States, bodies of the UN and professional organizations. It also requested the Director- General to

strengthen collaboration with other partners including intergovernmental organizations and the private sector.

In response to this, WHO Noncommunicable Diseases and Mental Health cluster (NMH) has embarked on an 18-month consultation process with these stakeholders. The process will be managed by the Director NMH/Noncommunicable Disease Prevention and Health Promotion department (NPH), under the leadership of a cross-cluster steering committee. The consultation process will provide the content basis for the strategy. A high level, internationally recognized group of experts (called a reference group) with diverse and multi-sectoral backgrounds will assist WHO in devising the strategy from this process. A draft outline of the strategy will be prepared by WHO secretariat with the advice of the reference group. This draft will serve as the first discussion paper for the consultation meetings.

Track 1 - Regional consultations with member states

The purpose of the regional consultations with member states and the European Union (EU) is for countries in each region to provide information on the extent of the problem associated with diet, physical activity and chronic disease, and appropriate prevention strategies for their particular countries. The consultation will focus on the discussion of national, regional and global interventions that will be effective within individual countries and that will take account of national, social, cultural and economic realities. Regional differences, common concerns, or global consensus, will be noted and serve as the basis of the development of the global strategy. This consultation process will build on past and current activities and programmes on the issue carried out by WHO Regional Offices and by Member States.

- Draft outline of strategy discussion paper ready and shared with WHO regional offices: November 2002. This document will provide the initial framework and will describe the building blocks for the strategy as a first discussion paper.
- Second outline of strategy shared with Member States: January 2003.
- Regional consultations: February - June 2003.
- Consultation with the EU.
- Technical briefing and additional consultations at all Regional Committees: August - September 2003.

Track 2 - UN agency consultation

This track is important in ensuring that all concerned UN agencies are involved. A technical meeting will be convened in Geneva. This will pave the way for the concerned technical officers in the agencies to be actively involved in the regional consultations. This will also help ensure that concerned government agencies in the regions can contribute to the regional consultations.

Participating agencies: FAO, UNICEF, World Bank, UNESCO, World Food Programme, UNEP, and regional development banks.

- Technical meeting: March 2003.

Track 3 - Consultation with civil society organizations

Not-for-profit consumer organizations and professional and lay health organizations with special interest in the areas of health, nutrition and physical activity will be closely involved in this process.

- Identification, interaction, informal consultation and trust building with relevant organizations: June 2002 - July 2003.
- Discussions at key international meetings such as the World Social Summit; major health professional, disease and risk factor meetings: March - September 2003.
- Consultation meeting: April 2003, Geneva.
- Director-General-civil society roundtable: April 2003.

Track 4 - Consultation with the private sector

Private sector consultations will primarily involve the food, sport and advertising industries, as they are important stakeholders in the area of diet and physical activity. The process of consultation will have two tiers: one will focus on trust building and identifying positive common ground for collaboration. The second tier will be a formal consultation aimed at commenting on the discussion paper.

- Identification of companies and major players, interaction, informal consultation and trust building: June 2002 - June 2003.
- Cross-sectoral discussions on diet, physical activity and health at the World Economic Forum: January 2003.
- Consultation meeting: April 2003.
- Director-General-private sector roundtable: April 2003.

Track 5 - Virtual public consultation

This process will provide an opportunity for all interested parties who are not involved otherwise in the consultation to provide input to the development of a strategy. Suggestions and comments will be submitted through the Internet.

- Last postings by July 2003.

A strategic framework for action

Phase III - Drafting of the global strategy (executive board document) and consultation

- A Reference Group will advise WHO on the development of a global strategy from November 2002 to completion in approximately September 2003.
- Executive Board retreat to consider the proposed strategy: late October 2003.
- Last draft of the strategy complete: November 2003.
- First discussion on the global strategy at the 113th Executive Board: January 2004.
- Discussion of the strategy at the Fifty-seventh World Health Assembly: May 2004.

Process Management

This project is a WHO effort involving all relevant Headquarters units and all WHO regions. The process is building on past and on-going activities across the organization.

The WHO is revitalizing its work on diet, food safety and human nutrition. Dr David Nabarro, Executive Director, Sustainable Development and Healthy Environments, has overall coordinating responsibility for this activity. The global strategy on diet, physical activity and health is a key component within this initiative and is under the direct responsibility of Dr Derek Yach, Executive Director, Noncommunicable Diseases and Mental Health.

1. Overall coordination: cross-cluster high-level steering committee chaired by Dr Derek Yach.
Objectives for the steering committee:

- Ensure coordination and one WHO approach.
- Facilitate linkages with all core departments and staff involved.
- Define an ongoing strategic approach to regional office interaction and high level contacts with intergovernmental agencies.
- Manage a proactive media plan of action.

2. Project team: Director NPH, Dr Pekka Puska, will provide management oversight.

Core staff includes:

- Policy and strategic project manager responsible for the implementation of the process and stakeholder relations.
- Nutrition scientists who will provide scientific leadership and coordinate technical inputs from across the cluster, across WHO and from external experts.
- Media officer.
- Professional and administrative support.

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WHA55.23 Diet, physical activity and health

The Fifty-fifth World Health Assembly,

Having considered the report on diet, physical activity and health;[1]

Recalling resolution WHA53.17 on prevention and control of noncommunicable diseases that reaffirmed that the global strategy for the prevention and control of noncommunicable diseases and the ensuing implementation plan were directed at reducing premature mortality and improving the quality of life;

Recalling *The world health report 2001*,[2] which indicates that mortality, morbidity and disability attributed to the major noncommunicable diseases currently account for approximately 60% of all deaths and 43% of the global burden of disease, and are expected to rise to 73% of all deaths and 60% of the global burden of disease by 2020;

Noting that already 79% of the deaths attributed to noncommunicable diseases occur in the developing countries;

Alarmed by these rising trends that are a consequence of the demographic and epidemiological transition, including those in diet and physical activity, and the globalization of economic processes;

Recognizing, however, the vast body of knowledge and experience that exists in this domain, and the need to reduce the level of exposure to the major risk factors of unhealthy diets, physical inactivity and tobacco use;

Mindful also that these major behavioural and environmental risk factors are more amenable to modification through implementation of concerted essential public health action, as has been demonstrated in several Member States;

Recognizing the importance of the proposed framework for action on diet and physical activity within the integrated prevention and control of noncommunicable diseases, including support of healthy lifestyles, facilitation of healthier environments, provision of public health services, and the major involvement of the health, nutrition and other relevant professions in improving the lifestyles and health of individuals and communities;

1. URGES Member States to collaborate with WHO in developing a global strategy on diet, physical activity and health for the prevention and control of noncommunicable diseases, based on evidence and best practices, with special emphasis on an integrated approach to improving diets and increasing physical activity, in order:

(1) to promote health and reduce the common risks of chronic noncommunicable diseases that stem from poor diet and physical inactivity by essential public health action and integration of preventive measures in the functions of health services;

(2) to encourage, as part of health sector reform, incorporation in national plans of action for nutrition as they are updated of strategies for diet, physical activity and health involving all sectors, including civil society and the food industry;

(3) to monitor scientific data and to support research in a broad spectrum of related areas, including human genetics, nutrition and diet, matters of particular concern to women, and development of human resources for health;

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[1] Document A55/16.

[2] *The world health report 2001. Mental health: new understanding, new hope*. Geneva, World Health Organization, 2001.

2. FURTHER URGES Member States to celebrate a "Move for health" day each year to promote physical activity as essential for health and well-being;

3. REQUESTS the Director-General:

(1) to develop a global strategy on diet, physical activity and health within the framework of the renewed WHO strategy for the prevention and control of noncommunicable diseases and, in consultation with Member States, and with the bodies of the United Nations system and professional organizations concerned, to give priority to providing support to Member States for establishment of corresponding national policies and programmes;

(2) to support further research on effective implementation of different means leading to healthier lifestyles;

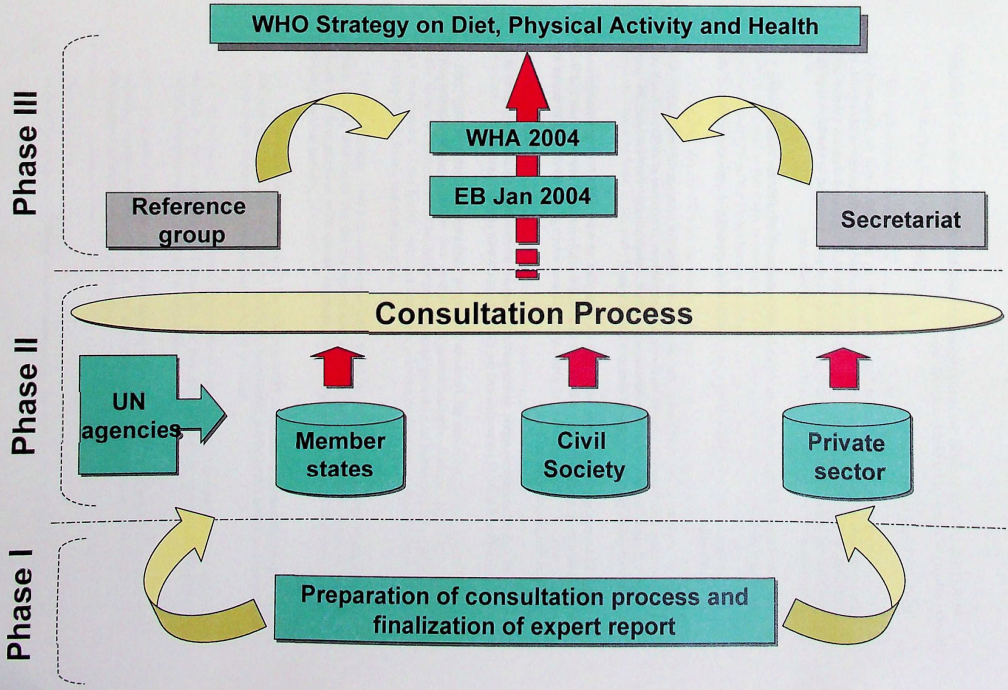
(3) to ensure that a multidisciplinary and multisectoral approach is a governing idea of the global strategy;

(4) to ensure, while developing the strategy, an effective managerial mechanism for collaboration and technical support involving all programmes concerned at different levels of the Organization and WHO collaborating centres, emphasizing the introduction and strengthening of global and regional demonstration projects;

(5) to strengthen collaboration with other organizations of the United Nations system, and other partners, including the World Bank, international nongovernmental organizations, and the private sector for implementation of plans at global and interregional levels and to promote capacity-building at national level;

(6) to submit a progress report on integrated prevention of noncommunicable diseases to the Executive Board at its 113th session and the Fifty-seventh World Health Assembly.

(Ninth plenary meeting, 18 May 2002 –
Committee B, fourth report)


WHO Strategy on Diet, Physical Activity and Health
Phase III
WHA 2004
EB Jan 2004
Reference group
Secretariat
Consultation Process
Phase II
UN agencies
Member states
Civil Society
Private sector
Phase I
Preparation of consultation process and finalization of expert report

The Big Picture

2002----------2003----------2004----------

Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May

Phase I: Finalization of the Report Nutrition and the Prevention of Chronic Diseases

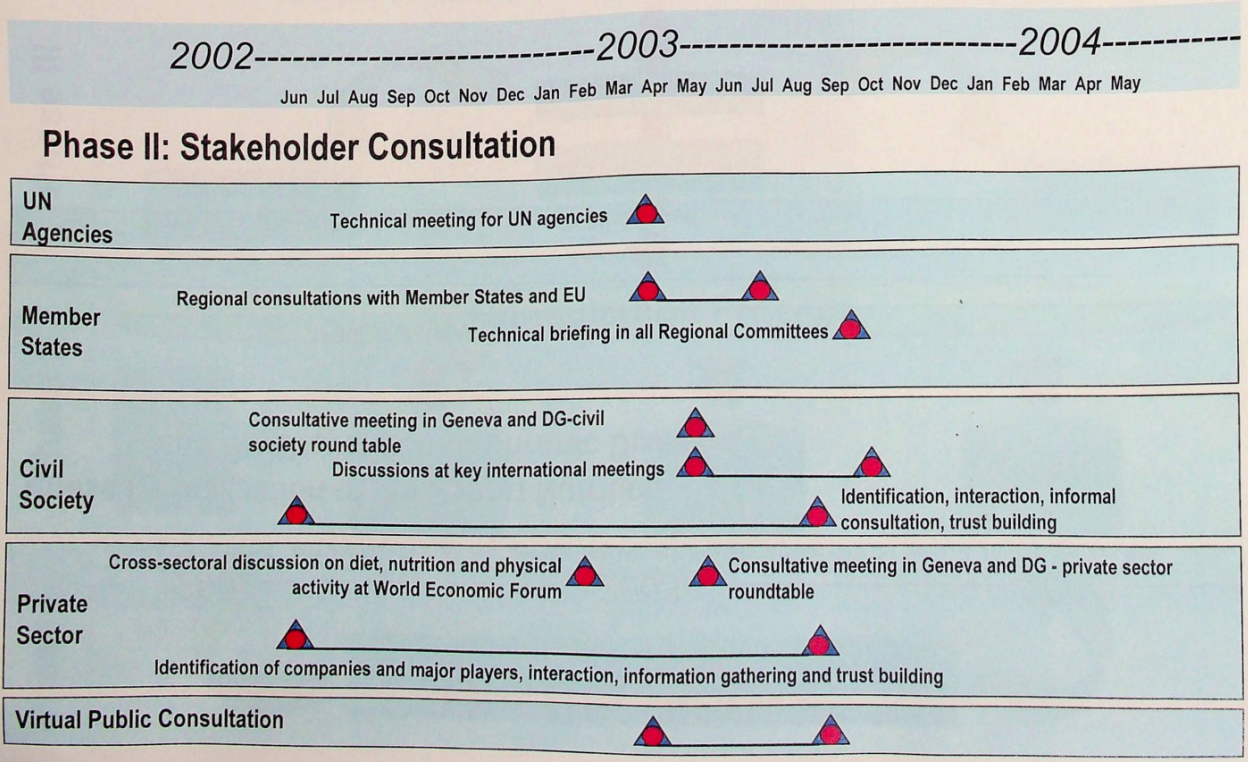


Final draft report complete



Publish report:

The Big Picture



The Big Picture

2002----------2003----------2004----------

Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May

Phase III: Drafting Global Strategy and Consultation

