

Editorial

FAO/WHO launch expert report on diet, nutrition and prevention of chronic diseases

On the 23rd of April the UN Food and Agriculture Organization (FAO) and the World Health Organization (WHO) launched an expert report on diet (<http://www.who.int/hpr/global.strategy.shtml>) which will serve as the basis for developing a global strategy, to be finalized for the WHO Executive Board in January 2004¹. The FAO/WHO Joint Expert Report was based on the collective judgement of a group of 30 independent experts with a global perspective, who worked with around 30 of their peers to review the best currently available evidence.

The Report examines cardiovascular diseases, several forms of cancer, diabetes, obesity, osteoporosis and dental disease. The justification for the review and report was the rapidly increasing burden of chronic diseases; in 2001, they contributed approximately 59 per cent of the 56.5 million total reported deaths in the world and 46 per cent of the global burden of disease. 'Cardiovascular disease, diabetes, cancers, obesity – these are no longer rich country problems,' says Dr Gro Harlem Brundtland, Director-General of WHO². 'The majority of chronic disease cases are occurring in the developing world. Our experience shows us that even modest, but population-wide interventions on diet and physical activity, can produce significant changes in the overall chronic disease burden in a surprisingly short time.'

The report's specific recommendations on diet include: limiting fat to between 15 and 30% of total daily energy intake; saturated fats to less than 10%; carbohydrates should provide the bulk of energy requirements (between 55 and 75% of daily intake); and free, i.e. added, sugars should remain beneath 10%. The report also recommends that daily intake of salt, which should be iodized, be restricted to less than 5 g, while the intake of fruit and vegetables should be at least 400 g. It also noted that physical activity was a key factor in determining the amount of energy spent each day and was fundamental to energy balance and weight control. One hour per day of moderate intensity activity, such as walking, on most days of the week, is needed to maintain a healthy body weight.

This report and the subsequent commitment to a global strategy are extremely important for those of us working in Public Health Nutrition. They provide an important opportunity to promote the benefits of an evidence-based approach to solving major public health problems and raise the profile of nutrition. Achieving these targets

will require major collaborative efforts across many different sectors in society, and place particular demands on the needs for people skilled in Public Health Nutrition. We in the profession need to make sure that the people we train and the methods we use can support and sustain the approach. An evidence-based approach to evaluating the impact these guidelines have on chronic diseases, particularly in the developing world, will be both an opportunity and a challenge.

I have asked Este Vorster and Tim Lang to start off a discussion about the expert report. I look forward to other comments from readers.

In my April Editorial³, I asked for readers comments on the terminology used to group countries; John Waterlow replied: "Why don't we describe countries as 'rich' and 'poor' based on GNP per head? After all, richness and poverty are realities; why should we try to disguise them by euphemisms like 'developing' and 'developed'". He finishes by commenting: 'Of course within each category there are very big differences, e.g. between USA and Sweden in the distribution of wealth.' The discussion remains open for those who want to contribute.

Barrie Margetts
Editor-in-Chief

Comments from Este Vorster, Director of Research, Potchefstroom University, South Africa

The report of a joint WHO/FAO Expert Consultation¹ in which the science base of the relationship of physical activity and diet with nutrition-related chronic diseases is used for recommendations and the development of a global strategy to reduce morbidity and premature death from these diseases, is a major step forward in a long-term investment in global health.

The report displays an awareness that these diseases are also prevalent in developing countries where under-nutrition is still a problem, and the focus on prevention is commendable. The report also shows that the WHO and FAO realise the need for cooperation and links with governments, health and nutrition scientists and professionals, the private sector, as well as civil society to 'create an environment where the healthy choice is the easy choice.'

WHO and FAO recommendations carry a tremendous amount of weight for policy formulation, especially in

developing countries and especially in the field of nutrition. Recommendations should therefore be made with great responsibility and extreme care; they will have an impact on the lives of many individuals and all those involved in the food chain, from production to manufacturing to distribution. It is therefore disappointing that at least one of the recommendations – that no more than 10% of energy in a healthy diet should be provided by ‘added sugars’ – resulted in a confrontation between WHO and the private sector³. This could perhaps have been prevented by more consultation between scientists and the private sector on the formulation of a guideline that better reflects the scientific evidence and which will make sense to both. For example, the cut points at which foods/nutrients affect health outcomes directly (e.g. saturated fat effects on LDL cholesterol) may be differently formulated than those with only indirect effects (e.g. effects on total dietary composition). In the latter instance, an added sugar cut point – for amount, not frequency of sugar intake – could be calculated and expressed as the amount that will dilute diets to the extent that micronutrient needs are not met.

The conclusions and recommendations from the report are presented^{2,5} in a mixture of nutrient-based (e.g. saturated fats) and food-based (fruit and vegetable) guidelines. For implementation, a food-based approach is advised.

A major challenge for African Governments and nutrition scientists and professionals would be to design programmes where the same set of guidelines will address both under- and over-(mal)nutrition, leading to adequate but prudent diets.

Comments from Tim Lang, Professor of Food Policy, City University, London, UK

The report, and the publicity surrounding it, provides a timely reminder that nutrition is and has to be a social science. By this I mean that nutrition is rooted in a social world, where goals and evidence are shaped by the actions of people and interest groups. Nutrition is inevitably framed by social concerns and deserves our support if it pursues socially defined objectives.

For those of us working in and on public policy, the good news is that this report does not provide anything startlingly new. The core messages are familiar to anyone versed in its predecessor report⁶. This means the public education approach can remain consistent. There is refinement of course, notably in greater stress on physical activity, and it is here that there are hot messages. Societies worldwide (not just the affluent countries) face the double burden of over- and under-consumption, poverty amidst wealth. Some of this is beyond nutrition and offers challenges to the last 30 years of international policy drift – the ‘gorge now, suffer later’ consumerism. Therein lies important ground for discussion.

There are two particularly cheering things about 916. The first is the unity of the WHO and the FAO. Close watchers of the United Nations scene have been familiar with the sometimes deep and even tribal divisions between these two food policy bodies. This has made for policy incoherence and awkwardness, characterised by mutterings that one has allowed its concern for food supply to dominate its public health credentials and, vice versa, that the other has lived in public health ‘cloud cuckoo land’, taking stances that simply cannot be translated into real practice on the farm, for instance.

The second cause for congratulation is that these UN bodies stayed firm under extreme pressure from vested interests, notably the sugar industry. The US government – a food not just military power – unleashed pressure, too. This is, of course, par for the course. Food is and always will be highly charged. It comes from a huge industry with big financial stakes inside and beyond ‘hot’ sectors such as dairy, meat, oils and fats, sugar, etc., 916 stresses the need to have high consumption of fruit and vegetables. This is an important positive message to give to growers. In public health, there are always winners and losers. The outgoing Director-General of the WHO in her speech launching the report stressed that ‘what is new is that we are laying down the foundation for a global policy response.’² She is right.

A number of priorities face us all. The report lays the nutrition ground for what a health-enhancing food supply system should deliver. This will not be easy. Ever since John Boyd Orr captured the imagination of the founding conferences of the FAO⁷, a priority in world and regional food and agricultural policy has been to increase supply. A productionist paradigm was eased into place, with full scientific legitimacy. There was under-production, under-consumption and mal-distribution. These policy giants still need to be slain. With population rising through the early third of this new century, there is no ground for complacency. But we now know too that the food supply chain needs to aim for quality as well as quantity, in both environmental and nutritional senses. We know much more about micro- as well as macro-nutrients deficiencies. We know that the costs of diet-related disease are terrible for rich countries but unbearable for the poor. But will China’s or India’s health ministries be more influential than trade or industry? Perhaps after SARS, but I doubt it.

We have to help that change. All food-related professionals, including nutritionists themselves, must unite to help shape the food supply chain to deliver health. In truth, under the productionist paradigm, health was assumed to look after itself. When evidence about diet’s impact on degenerative disease mounted from the 1970s, the prime policy response was health education. This has failed and was always inadequate for offering individualist and not population solutions.

With the revolutions in farming (e.g. intensive meat production), society (rising incomes and a growth of middle class work), transport (cars not bicycles) and lifestyles (shift from physical to sedentary work), dramatic changes have occurred. Yet cultural patterns and aspirations have been rooted in the past: the desire to eat fast day food everyday; the explosion of processed foods high in hidden fats, salt and sugars; the cultural spread of soft drink sales; and so on. This is a bitter pill for the supply chain to swallow. Portion sizes need to come down. Farmers need to shift from milk to fruit (tell that to northern Swedish farmers as I have just done!). Price régimes need to incorporate health, not just neo-liberal anti-subsidy thinking. All of us need to engage in the policy and practical implications of this report. The implications are not easy, but the path is now clearer.

References

- 1 Joint WHO/FAO Expert Consultation. *Diet, Nutrition and the Prevention of Chronic Disease*. Technical Report Series No. 916 2003.
- 2 Brundtland GH. *Launch of the WHO/FAO joint consultation on diet, nutrition and the prevention of chronic disease*. Rome: 2003.
- 3 Margetts B. Editorial. *Public Health Nutrition* 2003; **6**: 127.
- 4 Boseley S. Sugar industry threatens to scupper WHO. *The Guardian* 2003; 21 April.
- 5 Porter D. FAO/WHO launch expert report on diet, nutrition and prevention of chronic diseases: Rome 2003.
- 6 World Health Organisation. *Diet, Nutrition, and the Prevention of Chronic Disease*. Report of a WHO Study Group. Technical Series 797. Geneva: WHO. 1990.
- 7 Boyd Orr, The Lord (1996). *As I recall*. London: MacGibbon and Kee, 160–201.