



# World Health Organization

## Process for a

### Global Strategy on Diet, Physical Activity and Health



February 2003

**© World Health Organization 2003**

All rights reserved. Publications of the World Health Organization can be obtained from Marketing and Dissemination, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel: +41 22 791 2476; fax: +41 22 791 4857; email: [bookorders@who.int](mailto:bookorders@who.int)). Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to Publications, at the above address (fax: +41 22 791 4806; email: [permissions@who.int](mailto:permissions@who.int)).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

The World Health Organization does not warrant that the information contained in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use.

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

The Fifty-third World Health Assembly (WHA), 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, May 2002, 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 (WHA55.23).

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 the 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 the Global 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 was circulated for comments and approval to all members of the expert group at the end of 2002.
- The report will be published in April 2003.

### Advocacy for policy change

The process of developing the 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 proven 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 the 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, the 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 the 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 the 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 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.
- Outline of Strategy shared with Member States: February 2003.
- Regional consultations: March - June 2003.
- 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 lead to the involvement of the concerned technical officers in the agencies actively engaged in the Regional Consultations. This will also help ensure that concerned government agencies in the Regions can contribute to the Regional Consultations.

Invited agencies: Economic Commission for Europe, FAO, International Atomic Energy Agency, International Food Policy Research Institute, International Labour Office, UNEP, UNESCO, UNICEF, World Bank, World Food Programme, and World Trade Organization.

- Technical meeting: June 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.
- Consultation meeting: May 2003, Geneva.

### ***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: October 2002 - June 2003.
- Director-General-private sector roundtable: May 2003, Geneva.
- Consultation meeting with industry associations: June 2003, Geneva.

### ***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 the 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**

- The Reference Group will advise WHO on the development of the Global Strategy from November 2002 to completion in approximately October 2003.
- Last draft of the Strategy complete: October 2003.
- First discussion on the Global Strategy at the 113<sup>th</sup> Executive Board: January 2004.
- Discussion of the Strategy at the Fifty-seventh World Health Assembly: May 2004.

## **The Strategy Reference Group membership:**

PROFESSOR ADRIAN BAUMAN  
Professor of Public Health  
and Epidemiology  
Director, Center for Physical Activity  
& Health  
School of Public Health  
& Community Medicine  
University of New South Wales  
Sydney, Australia

PROFESSOR CHEN CHUNMING  
Professor of Nutrition, Senior Advisor  
Chinese Center for Disease Control  
& Prevention  
Beijing, China

DR DENISE COSTA COITINHO  
Director, Food and Nutrition Policy Unit  
Ministry of Health of Brazil  
Brasilia, Brazil

DR CORA LYNN CRAIG  
President and CEO  
Canadian Fitness and Lifestyle Institute  
Ottawa, Ontario, Canada

PROFESSOR MAMDOUH GABR  
Secretary General  
Egyptian Red Crescent Society  
Cairo, Egypt

PROFESSOR CUTBERTO GARZA  
Director, Food and Nutrition Program  
United Nations University  
Ithaca, New York, USA

DR RAINER GROSS  
Chief, Nutrition Section  
Programme Division  
UNICEF  
New York City, USA

DR SERGE HERCKBERG  
Director, INSERM  
Institut Scientifique et Technique de la  
Nutrition et de l'Alimentation (ISTNA)  
Paris, France

DR MILLA MCLACHLAN  
Human Development Network  
World Bank  
Washington, DC, USA

PROFESSOR KAARE NORUM  
Institute for Nutrition Research  
University of Oslo  
Oslo, Norway

DR AYANDA NTSALUBA  
Director-General  
Department of Health  
Pretoria, South Africa

DR RACHEL A. NUGENT  
Program Director  
Fogarty International Center  
National Institutes of Health  
Bethesda, Maryland, USA

PROFESSOR K. SRINATH REDDY  
Department of Cardiology  
Cardiothoracic Centre  
All India Institute of Medical Science  
New Delhi, India

DR IMOGEN SHARP  
Branch Head  
Coronary Heart Disease and Stroke  
Prevention  
Department of Health  
London, UK

DR KRAISID TONTISIRIN  
Director, Food and Nutrition Division  
Food and Agriculture Organization  
of the United Nations  
Rome, Italy

DR HEIZO TANAKA  
Director  
National Institute of Health and Nutrition  
Tokyo, Japan

DR RICARDO UAUY  
Instituto de Nutricion y Tecnologia  
de los Alimentos (INTA)  
University of Chile  
Santiago, Chile



## 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.

1. Overall coordination: cross-cluster high-level steering committee chaired by Dr Derek Yach, Executive Director, Noncommunicable Diseases and Mental Health.

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

Core staff includes:

- Policy and strategic project manager responsible for the implementation of the process and stakeholder relations.
- Nutrition scientists and physical activity experts 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.

---

### Key Contacts:

Dr Pekka Puska  
Director, NCD Prevention  
and Health Promotion (NPH)  
Noncommunicable Diseases  
and Mental Health (NMH)  
World Health Organization  
Tel: +41 22 7914703  
Fax: +41 22 7914186  
Email: puskap@who.int

Mrs Amalia Waxman  
Project Manager  
Process for Global Strategy on Diet,  
Physical Activity and Health  
Noncommunicable Diseases and  
Mental Health (NMH)  
World Health Organization  
Tel: +41 22 7913353  
Fax: +41 22 7914831  
Email: waxmana@who.int

Dr Chizuru Nishida  
Nutrition for Health and  
Development (NHD)  
Sustainable Development and  
Healthy Environments (SDE)  
World Health Organization  
Tel: +41 22 7913455  
Fax: +41 22 7914156  
Email: nishidac@who.int



## Diet, physical activity and health

The Fifty-fifth World Health Assembly,

Having considered the report on diet, physical activity and health;<sup>1</sup>

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*,<sup>2</sup> 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 the 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;

---

<sup>1</sup> Document EB109/14.

<sup>2</sup> *The world health report 2001. Mental health: new understanding, new hope*. Geneva, World Health Organization, 2001.

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;

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  
A55/VR/9

= = =

# The Big Picture

Phase III

WHO Strategy on Diet, Physical Activity and Health

WHA 2004

EB Jan 2004

Reference  
group

Secretariat

Phase II

Consultation Process

UN  
Agencies

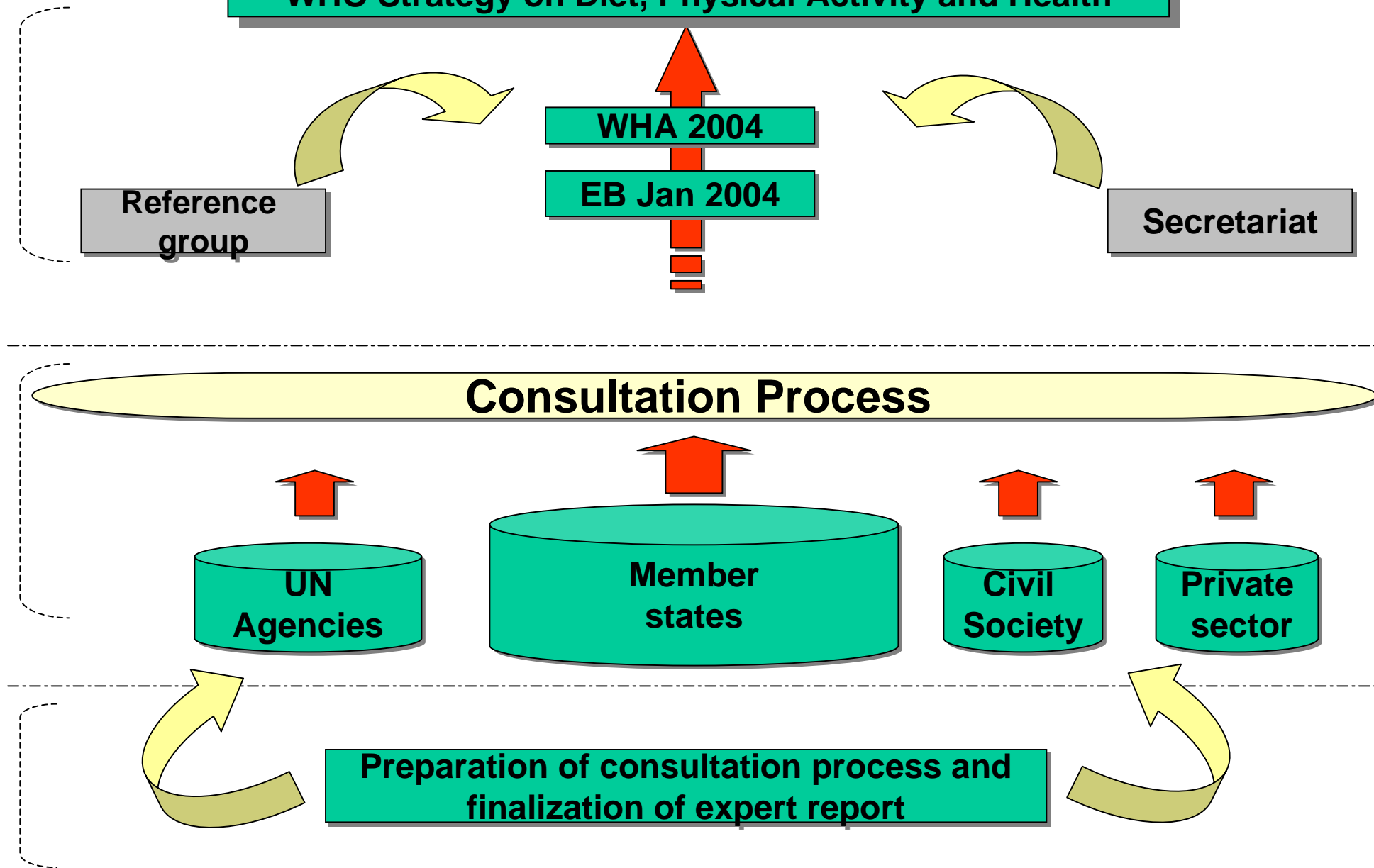
Member  
states

Civil  
Society

Private  
sector

Phase I

Preparation of consultation process and  
finalization of expert report



# The Details

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: Diet, Nutrition and the Prevention of Chronic Diseases



Final draft report complete



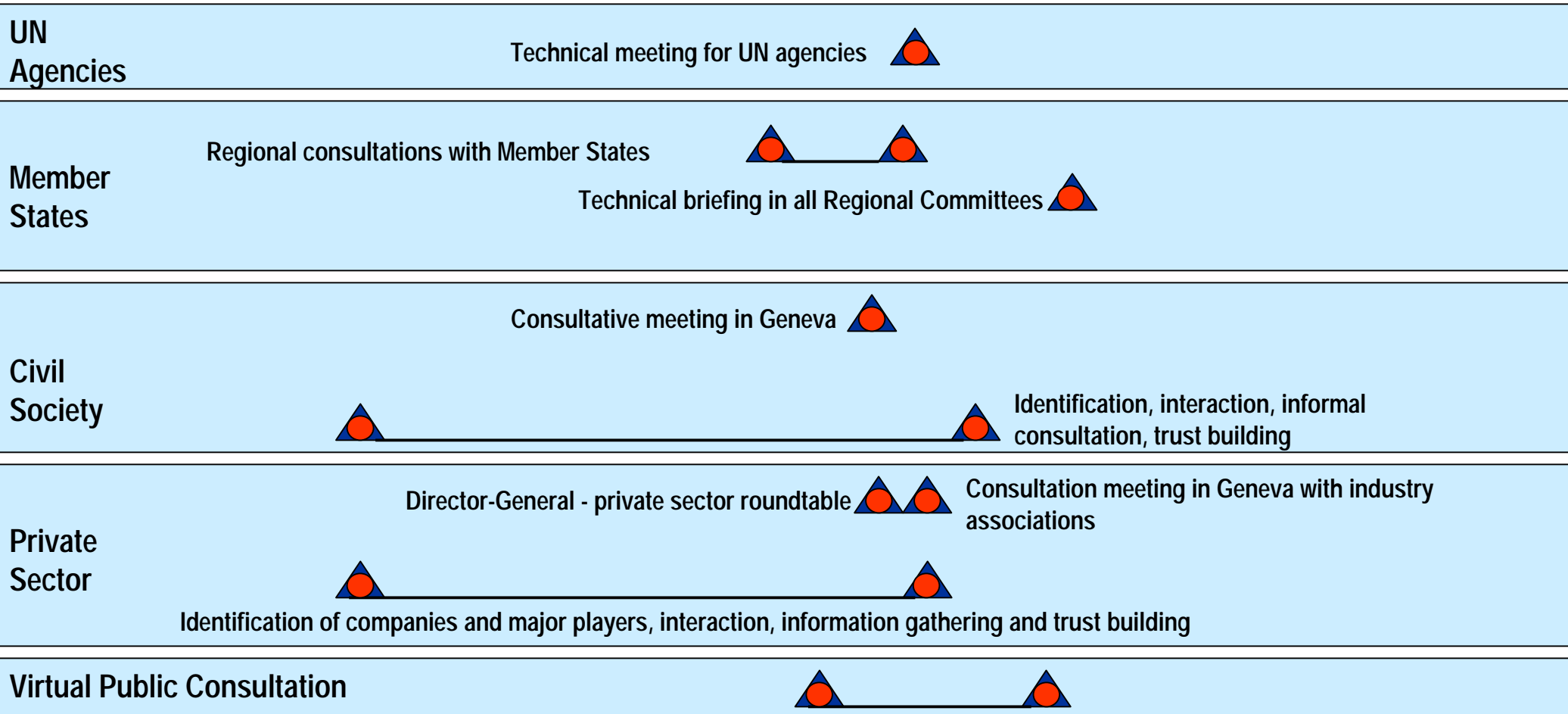
Publish report

# The Details

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 II: Stakeholder Consultation



# The Details

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

