WORLD HEALTH ORGANIZATION

GLOBAL STRATEGY ON DIET, PHYSICAL ACTIVITY AND HEALTH

In May 2004, the 57th World Health Assembly (WHA) endorsed the World Health Organization (WHO) Global Strategy on Diet, Physical Activity and Health. The Strategy was developed through a wide-ranging series of consultations with all concerned stakeholders in response to a request from Member States at World Health Assembly 2002 (Resolution WHA55.23).

The Strategy, together with the Resolution by which it was endorsed (WHA57.17), are contained in this document.

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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, six regional consultations were held with Member States, and organizations of the United Nations system, other intergovernmental bodies, and representatives of civil society and the private sector were consulted. A reference group of independent international experts on diet and physical activity from WHO's six regions also provided advice.
2. The strategy addresses two of the main risk factors for noncommunicable diseases, namely, diet and physical activity, while complementing the long-established and ongoing work carried out by WHO and nationally on other nutrition-related areas, including undernutrition, micronutrient deficiencies and infant- and young-child feeding.

[1] Resolution WHA55.23.

Global Strategy on Diet,

THE CHALLENGE

3. 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 many developing countries. Globally, the burden of noncommunicable diseases has rapidly increased. In 2001 noncommunicable diseases accounted for almost 60% of the 56 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 challenge to global public health.

4. *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. For noncommunicable diseases, the most important risks included high blood pressure, high concentrations of cholesterol in the blood, inadequate intake of fruit and vegetables, overweight or obesity, physical inactivity and tobacco use. Five of these risk factors are closely related to diet and physical activity.

5. Unhealthy diets and physical inactivity are thus among the leading 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.

6. The burden of mortality, morbidity and disability attributable to noncommunicable diseases is currently greatest and continuing to grow in the developing countries, where those affected are on average younger than in developed countries, and where 66% of these deaths occur. Rapid changes in diets and patterns of physical activity are further causing rates to rise. Smoking also increases the risk for these diseases, although largely through independent mechanisms.

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 the numbers of overweight and obese adults and children, and of cases, closely linked, of type 2 diabetes are growing in many developed countries.

8. Noncommunicable diseases and their risk factors are initially mostly limited to economically successful groups in low- and middle-income countries. However, recent evidence shows that, over time, patterns of unhealthy behaviour and the noncommunicable diseases associated with them cluster among poor communities and contribute to social and economic inequalities.

9. In the poorest countries, even though infectious diseases and undernutrition dominate their current disease burden, the major risk factors for chronic diseases are spreading. The prevalence of overweight and obesity is increasing in developing countries, and even in low-income groups in richer countries. An integrated approach to the causes of unhealthy diet and decreasing levels of physical activity would contribute to reducing the future burden of noncommunicable diseases.

10. For all countries for which data are available, the underlying determinants of noncommunicable diseases are largely the same. Factors that 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 school, at work and for recreation and transport; and use of tobacco. Variations in risk levels and related health outcomes among the population are attributed, in part, to the variability in timing and intensity of economic, demographic and social changes at national and global levels. Of particular concern are unhealthy diets, inadequate physical activity and energy imbalances in children and adolescents.

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

11. Maternal health and nutrition before and during pregnancy, and early infant nutrition may be important in the prevention of noncommunicable diseases throughout the life course. Exclusive breastfeeding for six months and appropriate complementary feeding contribute to optimal physical growth and mental development. Infants who suffer prenatal, and possibly postnatal, growth restrictions appear to be at higher risk for noncommunicable diseases in adulthood.

12. Most 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 a 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 in reducing the demand for, and cost of, health services.

13. Diet and physical activity influence health both together and separately. Although the effects of diet and physical activity on health often interact, particularly in relation to obesity, there are additional health benefits to be gained from physical activity that are independent of nutrition and diet, and there are significant nutritional risks that are unrelated to obesity. Physical activity is a fundamental means of improving the physical and mental health of individuals.

14. Governments have a central role, in cooperation with other stakeholders, to create an environment that empowers and encourages behaviour changes by individuals, families and communities, to make positive, life-enhancing decisions on healthy diets and patterns of physical activity.

15. Noncommunicable diseases impose a significant economic burden on already strained health systems, and inflict great costs on society. 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 of disease on development, and the importance for economic development of investments in health.[3] Programmes aimed at promoting healthy diets and physical activity for the prevention of diseases are key instruments in policies to achieve development goals.

THE OPPORTUNITY

16. 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. Effective interventions to enable people to live longer and healthier lives, reduce inequalities, and enhance development can be designed and implemented. By mobilizing the full potential of the major stakeholders, this vision could become a reality for all populations in all countries.

GOAL AND OBJECTIVES

17. The overall goal of the Global Strategy on Diet, Physical Activity and Health is to promote and protect health by guiding the development of an enabling environment for sustainable actions at 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. These actions support the United Nations Millennium Development Goals and have immense potential for public health gains worldwide.

18. The Global Strategy has four main objectives:

(1) to reduce the risk factors for noncommunicable diseases that stem from unhealthy diets and physical inactivity by means of essential public health action and health-promoting and disease-preventing measures;

(2) to increase the overall awareness and understanding of the influences of diet and physical activity on health and of the positive impact of preventive interventions;

[3] *Macroeconomics and health: investing in health for economic development.* Geneva, World Health Organization, 2001.

(3) to encourage the development, strengthening and implementation of global, regional, national and community policies and action plans to improve diets and increase physical activity that are sustainable, comprehensive, and actively engage all sectors, including civil society, the private sector and the media;

(4) to monitor scientific data and key influences on diet and physical activity; to support research in a broad spectrum of relevant areas, including evaluation of interventions; and to strengthen the human resources needed in this domain to enhance and sustain health.

EVIDENCE FOR ACTION

19. Evidence shows that, when other threats to health are addressed, people can remain healthy into their seventh, eighth and ninth decades, through a range of health-promoting behaviours, including healthy diets, regular and adequate physical activity, and avoidance of tobacco use. Recent research has contributed to understanding of the benefits of healthy diets, physical activity, individual action and population-based public health interventions. Although more research is needed, current knowledge warrants urgent public health action.

20. Risk factors for noncommunicable disease frequently coexist and interact. As the general level of risk factors rises, more people are put at risk. Preventive strategies should therefore aim at reducing risk throughout the population. Such risk reduction, even if modest, cumulatively yields sustainable benefits, which exceeds the impact of interventions restricted to high-risk individuals. Healthy diets and physical activity, together with tobacco control, constitute an effective strategy to contain the mounting threat of noncommunicable diseases.

21. Reports of international and national experts and reviews of the current scientific evidence recommend goals for nutrient intake and physical activity in order to prevent major noncommunicable diseases. These recommendations need to be considered when preparing national policies and dietary guidelines, taking into account the local situation.

22. **For diet,** recommendations for populations and individuals should include the following:
    - achieve energy balance and a healthy weight
    - limit energy intake from total fats and shift fat consumption away from saturated fats to unsaturated fats and towards the elimination of *trans*-fatty acids
    - increase consumption of fruits and vegetables, and legumes, whole grains and nuts
    - limit the intake of free sugars
    - limit salt (sodium) consumption from all sources and ensure that salt is iodized.

23. Physical activity is a key determinant of energy expenditure, and thus is fundamental to energy balance and weight control. Physical activity reduces risk for cardiovascular diseases and diabetes and has substantial benefits for many conditions, not only those associated with obesity. The beneficial effects of physical activity on the metabolic syndrome are mediated by mechanisms beyond controlling excess body weight. For example, physical activity reduces blood pressure, improves the level of high density lipoprotein cholesterol, improves control of blood glucose in overweight people, even without significant weight loss, and reduces the risk for colon cancer and breast cancer among women.

24. **For physical activity,** it is recommended that individuals engage in adequate levels throughout their lives. Different types and amounts of physical activity are required for different health outcomes: at least 30 minutes of regular, moderate-intensity physical activity on most days reduces the risk of cardiovascular disease and diabetes, colon cancer and breast cancer. Muscle strengthening and balance training can reduce falls and increase functional status among older adults. More activity may be required for weight control.

25. The translation of these recommendations, together with effective measures to prevent and control tobacco use, into a global strategy that leads to regional and national action plans, will require sustained political commitment and the collaboration of many stakeholders. This strategy will contribute to the effective prevention of noncommunicable diseases.

PRINCIPLES FOR ACTION

26. *The world health report 2002* highlights the potential for improving public health through measures that reduce the prevalence of risk factors (most notably the combination of unhealthy diets and physical inactivity) of noncommunicable diseases. The principles set out below guided the drafting of WHO's Global Strategy and are recommended for the development of national and regional strategies and action plans.

27. Strategies need to be based on the best available scientific research and evidence; comprehensive, incorporating both policies and action and addressing all major causes of noncommunicable diseases together; multisectoral, taking a long-term perspective and involving all sectors of society; and multidisciplinary and participatory, consistent with the principles contained in the Ottawa Charter for Health Promotion and confirmed in subsequent conferences on health promotion,[4] and recognizing the complex interactions between personal choices, social norms and economic and environmental factors.

28. A life-course perspective is essential for the prevention and control of noncommunicable diseases. This approach starts with maternal health and prenatal nutrition, pregnancy outcomes, exclusive breastfeeding for six months, and child and adolescent health; reaches children at schools, adults at worksites and other settings, and the elderly; and encourages a healthy diet and regular physical activity from youth into old age.

29. Strategies to reduce noncommunicable diseases should be part of broader, comprehensive and coordinated public health efforts. All partners, especially governments, need to address simultaneously a number of issues. In relation to diet, these include all aspects of nutrition (for example, both overnutrition and undernutrition, micronutrient deficiency and excess consumption of certain nutrients); food security (accessibility, availability and affordability of healthy food); food safety; and support for and promotion of six months of exclusive breastfeeding. Regarding physical activity, issues include requirements for physical activity in working, home and school life, increasing urbanization, and various aspects of city planning, transportation, safety and access to physical activity during leisure.

30. Priority should be given to activities that have a positive impact on the poorest population groups and communities. Such activities will generally require community-based action with strong government intervention and oversight.

31. All partners need to be accountable for framing policies and implementing programmes that will effectively reduce preventable risks to health. Evaluation, monitoring and surveillance are essential components of such actions.

32. The prevalence of noncommunicable diseases related to diet and physical activity may vary greatly between men and women. Patterns of physical activity and diets differ according to sex, culture and age. Decisions about food and nutrition are often made by women and are based on culture and traditional diets. National strategies and action plans should therefore be sensitive to such differences.

33. Dietary habits and patterns of physical activity are often rooted in local and regional traditions. National strategies should therefore be culturally appropriate and able to challenge cultural influences and to respond to changes over time.

RESPONSIBILITIES FOR ACTION

34. Bringing about changes in dietary habits and patterns of physical activity will require the combined

[4] See resolution WHA51.12 (1998).

efforts of many stakeholders, public and private, over several decades. A combination of sound and effective actions is needed at global, regional, national and local levels, with close monitoring and evaluation of their impact. The following paragraphs describe the responsibilities of those involved and provide recommendations deriving from the consultation process.

MEMBER STATES

35. The Global Strategy should foster the formulation and promotion of national policies, strategies and action plans to improve diet and encourage physical activity. National circumstances will determine priorities in the development of such instruments. Because of the great variations in and between different countries, regional bodies should collaborate in formulating regional strategies, which can provide considerable support to countries in implementing their national plans. For maximum effectiveness, countries should adopt the most comprehensive action plans possible.

36. **The role of government is crucial in achieving lasting change in public health.** Governments have a primary steering and stewardship role in initiating and developing the Strategy, ensuring that it is implemented and monitoring its impact in the long term.

37. **Governments are encouraged to build on existing structures and processes that already address aspects of diet, nutrition and physical activity.** In many countries, existing national strategies and include technical experts and representatives of government agencies, and have an independent chair to ensure that scientific evidence is interpreted without any conflict of interest.

38. **Health ministries have an essential responsibility for coordinating and facilitating the contributions of other ministries and government agencies.** Bodies whose contributions should be coordinated include ministries and government institutions responsible for policies on food, agriculture, youth, recreation, sports, education, commerce and industry, finance, transportation, media and communication, social affairs and environmental and urban planning.

39. **National strategies, policies and action plans need broad support.** Support should be provided by effective legislation, appropriate infrastructure, implementation programmes, adequate funding, monitoring and evaluation, and continuing research.

    (1) **National strategies on diet and physical activity.** National strategies describe the measures to promote healthy diets and physical activity that are essential to prevent disease and promote health, including those that tackle all aspects of unbalanced diets, including undernutrition and overnutrition. National strategies should include specific goals, objectives, and actions, similar to those outlined in the Strategy. Of particular importance are the elements needed to implement the plan of action, including identification of necessary resources and national focal points (key national institutes);