



# WORLD HEALTH ORGANIZATION

**EXECUTIVE BOARD**  
**113th Session**  
**Provisional agenda item 3.7**

**EB113/44**  
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## **Integrated prevention of noncommunicable diseases**

### **Global strategy on diet, physical activity and health: process of development and draft resolution**

#### **Report by the Secretariat**

1. In resolution WHA55.23 the Health Assembly requested the Director-General to submit a progress report on integrated prevention of noncommunicable diseases to the Executive Board at its 113th session and 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. Further actions requested were to ensure that a multidisciplinary and multisectoral approach governs this global strategy, and to strengthen collaboration with other organizations of the United Nations system and 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.

2. To establish the content of the 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 also advised WHO.<sup>1</sup> As a result of this process, a global strategy on diet, physical activity and health has been drafted.<sup>2</sup>

#### **CONSTRUCTING A POLICY FRAMEWORK**

3. Resolution WHA55.23 emphasized an integrated approach to improving diets and increasing physical activity in the formulation of a global strategy on diet, physical activity and health. The guiding principles of the strategy development process were:

- *stronger evidence for policy* – to draw together existing scientific information on the relationship between diet, physical activity and noncommunicable diseases and knowledge about interventions;

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<sup>1</sup> Details of these consultations and complete reports can be found at: [www.who.int/hpr/global.strategy.shtml](http://www.who.int/hpr/global.strategy.shtml)

<sup>2</sup> Document EB113/44 Add.1.

- *advocacy for policy change* – to inform decision-makers and stakeholders of the problem, determinants, interventions and policy needs;
- *stakeholder involvement* – to agree on the roles of stakeholders in implementing a global strategy;
- *a strategic framework for action* – to propose appropriately tailored policies and interventions for countries.

4. Resolution WHA55.23 requested consultation with Member States, and greater collaboration with partners, with progress being reported to the Fifty-seventh World Health Assembly. This approach has involved an extensive interaction with many stakeholders, and brought together experts from the fields of physical activity, diet and nutrition, and noncommunicable disease prevention, both within WHO and outside, to work on these complex issues. The process comprised three main phases:

- (1) bringing together existing scientific data and evidence on interventions on diet, physical activity and noncommunicable diseases, including information in the Report of the Joint WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases;<sup>1</sup>
- (2) extensive consultation with stakeholders in four main categories: Member States, organizations of the United Nations system, civil society and the private sector;
- (3) the final drafting of a global strategy and its submission to WHO's governing bodies.

The reference group of independent experts (see paragraph 2), which included members from various disciplines and developed as well as developing countries, advised on the process, and components of and issues pertaining to the strategy.

5. Consistent with the principle of developing stronger evidence for policy, the Report of the Joint WHO/FAO Expert Consultation,<sup>1</sup> which contained recommended population nutrient goals, was distributed in draft form to Member States in March 2003, and formally issued the next month. It was thus available to Member States during their regional consultations on the strategy.

6. A discussion paper was sent to all Member States and other stakeholders, and posted on the WHO web site, to serve as the basis for the consultation process on the draft strategy.

## THE CONSULTATION PROCESS

7. **Member States.** Consistent with an approach in which countries participated from the outset, six regional consultations were completed between March and June 2003, involving more than 80 countries in meetings coordinated by the Regional Offices. Final reports of the regional consultations have been disseminated, and key recommendations from Member States have been incorporated into the strategy document.

8. **Organizations of the United Nations system.** WHO has been collaborating closely with FAO, and other United Nations and international agencies. A consultation in June 2003 was attended by the

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<sup>1</sup> WHO Technical Report Series, No. 916, 2003.

Economic Commission for Europe, FAO, IAEA, International Food Policy Research Institute, UNESCO, UNEP, the United Nations System Standing Committee on Nutrition, the World Bank, and WFP.

9. In May 2003, **civil society** representatives met for a round-table discussion with WHO and held a formal consultation on the strategy discussion document. WHO supported an on-line discussion, during which 137 organizations from 49 countries participated.

10. **Private sector.** Discussions with both individual companies and industry associations have included a round-table discussion with senior executives from major food and sport companies.

## **GOALS, OBJECTIVES AND IMPLEMENTATION**

11. The draft strategy contains recommendations, based on the consultation process, for Member States, WHO, international partners, nongovernmental organizations and the private sector. The most rational and economical approach to achieving the strategy's aim and objectives is to use existing health and intersectoral structures, reinforced where necessary.

12. The draft proposes that national strategies should have both achievable intermediate and short-term goals, and a clear plan for long-term, sustained and effective prevention. WHO will work with Member States on implementation of the strategy and plans for a monitoring system and defining relevant indicators. Although progress will be gradual, risk factor and noncommunicable disease prevalence rates can change quickly after effective interventions at population level.

13. Changes in diet and physical activity patterns will need sound and effective strategies, with close monitoring and evaluation of impact. WHO and governments cannot act alone in tackling the burden of noncommunicable diseases. The combined energy, resources and expertise of United Nations bodies, health professional bodies and consumer groups, academics and the research community and the private sector are all essential to sustained progress. Implementation of the draft strategy could lead to one of the largest and sustained improvements in population health ever seen.

## **ACTION BY THE EXECUTIVE BOARD**

14. The Board is invited to consider the following draft resolution:

The Executive Board,

Having considered the draft global strategy on diet, physical activity and health,<sup>1</sup>

RECOMMENDS to the Fifty-seventh World Health Assembly the adoption of the following resolution:

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<sup>1</sup> Document EB113/44 Add.1.

The Fifty-seventh World Health Assembly,

Recalling resolutions WHA51.18, WHA53.17 and WHA55.23 on prevention and control of noncommunicable diseases;

Recalling *The world health report 2002*, which indicates that mortality, morbidity and disability attributed to the major noncommunicable diseases currently account for about 60% of all deaths and 47% of the global burden of disease, which figures are expected to rise to 73% and 60%, respectively, by 2020;

Noting that 79% of the deaths attributed to noncommunicable diseases occur in developing countries, mostly among people of working age;

Alarmed by these rising figures that are a consequence of evolving trends in demography and lifestyles, including those related to diet and physical activity;

Recognizing the existing, vast body of knowledge and public health potential, the need to reduce the level of exposure to the major risks resulting from unhealthy diet and physical inactivity, and the largely preventable nature of the consequent diseases;

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

Recognizing the importance of a global strategy for diet, physical activity and health, 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 and relevant professions in improving the lifestyles and health of individuals and communities;

Convinced that it is time for governments, civil society and the international community, including the private sector, to renew their commitment to encouraging healthy patterns of diet and physical activity;

Noting that resolution WHA56.23 urged Member States to make full use of Codex Alimentarius Commission standards for the protection of human health throughout the food chain, including assistance with making healthy choices regarding nutrition and diet;

1. ENDORSES the global strategy on diet, physical activity and health;
2. URGES Member States:
  - (1) to implement the strategy as appropriate to national circumstances as part of their overall policies and programmes on noncommunicable disease prevention and on health promotion, in order to ensure optimal health for all individuals and communities;
  - (2) to strengthen existing, or establish new, structures for implementing the strategy through the health and other concerned sectors, for monitoring and evaluating its effectiveness, and for guiding resource investment and management

to reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity;

- (3) to define for this purpose, consistent with national circumstances:
  - (a) national goals and objectives,
  - (b) a realistic timetable for their achievement,
  - (c) measurable process and output indicators that will permit accurate monitoring and evaluation of action taken and a rapid response to identified needs;
- (4) to mobilize all concerned social and economic groups, including scientific, professional, nongovernmental, voluntary, private-sector, and industry associations, and to engage them actively in implementing the strategy and achieving its aims and objectives;

3. CALLS UPON other international organizations and bodies to give high priority, within their respective mandates and programmes, to providing support to governments in implementing the strategy, and invites donors to provide adequate funding for the necessary measures;

4. REQUESTS the Codex Alimentarius Commission to continue to give full consideration, within the framework of its operational mandate, to action it might take to improve the health standards of foods consistent with the aims and objectives of the strategy;

5. REQUESTS the Director-General:

- (1) to ensure that the Organization at both global and regional levels provides support to Member States in implementing this strategy and in monitoring and evaluating implementation;
- (2) to continue to prepare and disseminate specific information, guidelines, advocacy and training materials to ensure that Member States are aware of the contribution of unhealthy diet and physical inactivity to the growing global burden of noncommunicable diseases;
- (3) to strengthen international cooperation with other organizations of the United Nations system and bilateral agencies in promoting healthy diet and physical activity;
- (4) to promote continued cooperation and interaction with and among all stakeholders concerned with implementing the strategy.

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