



Editorial

These are interesting times. Public health nutrition and what it stands for is in crisis; which is to say, the only choice now is forwards or backwards.

For half a century scientists committed to public health have hoped and fought for a time when nutrition was a primary national and international priority. Now it is. The time is now. This is for three reasons. First, thanks to leading health professional and civil society organisations, it is well known that rates of obesity, diabetes and hypertension are rocketing, most of all in Asia, Africa and Latin America, including in impoverished communities. What gives these facts a new charge is that children, adolescents and young adults throughout the entire world are becoming obese, diabetic and hypertensive at rates that even five years ago would have been thought impossible. The suffering of obese children is obvious to their parents, who are voters.

Second, it has been generally accepted for more than 20 years that these and other diseases, including dental disease, osteoporosis, heart disease and a number of common cancers, are mostly preventable, principally by not smoking, regular physical activity and healthy diets. With reference to prevention of these chronic diseases, the recommendations of the US Surgeon-General and thus the US Department of Health and Human Services (DHHS), and the US National Research Council (NRC), officially charged to advise DHHS, in two massive reports published in 1988 and 1989^{1,2}, are clear. From the NRC report:

The diet recommended... should contain moderately low levels of fat... high levels of complex carbohydrates... and only low levels of added sugars.

Third, this issue of *Public Health Nutrition* is published in the month when the WHO global strategy on diet, physical activity and health will be finally debated and decided, at the World Health Assembly (WHA) in Geneva. Kaare Norum, chair of the group of experts responsible to WHO for the development of the strategy, of which the 2003 WHO/FAO expert report on *Diet, Nutrition and the Prevention of Chronic Diseases*³ is the immediate scientific basis, has written⁴ to Tommy Thompson, the politician responsible for the DHHS, pointing out that in the USA there are now three times as many overweight adolescents as there were in 1980. And:

I regard the need for a global strategy on diet to be of paramount importance as a major public health priority for the whole of the world. There is an extensive body of sound

scientific research now available, which supports the need for immediate action across the whole of society to improve dietary health through the reduction in the consumption of foods containing high levels of fats, added sugars and salt and also soft drinks containing high volumes of caloric sweeteners.

Right now nutrition is headline news because the WHO global strategy and the WHO/FAO report are under relentless attack from the current US government and the world sugar industry^{4–7}, both of whom have formidable leverage over many UN member states, for reasons explained elsewhere in this issue⁸. At the time of writing, it seems highly likely that this combined ideological and commercial assault will cause loss of nerve in WHO, dilution of the final version of the strategy to be presented to the WHA⁹, and even repudiation of the expert report.

Indeed, it became known as this issue of *Public Health Nutrition* went to press that there is likely to be no reference to the expert report in the final version of the strategy to be presented to the WHA; and also that the total amount of money the WHO Director-General has allocated for implementation of the strategy, is zero. Unless such decisions are reversed by member states at the WHA, the crisis will resolve as retreat, and governments and citizens all round the world will gain the impression that public health nutrition is, after all, not so very important.

This issue of *Public Health Nutrition* is published to coincide with the WHA, and a number of articles are addressed to our regular subscribers and also to the delegates from WHO member states attending the WHA, and to WHO itself. On page 365 in his regular Out of the Box column, Geoffrey Cannon outlines the methods used by 'Big Sugar' to distract attention from the pathogenic effects of large intakes of added sugars¹⁰, and on page 369 he describes the comprehensive and transparent process that has led to publication of the WHO/FAO report and of the WHO global strategy⁸. And we have invited Kaare Norum, together with Amalia Waxman of WHO, to summarise the need for the global strategy; their article is on page 381¹¹.

Nowadays political wars are often won by means of manipulation of the media. Because of the machinations of Big Sugar, our readers, and delegates to the WHA, may think that the antagonism of the current US government against the global strategy is widely shared in the USA. This is not so. Here for example is what the chief

What the 2004 WHO Global Strategy should say

To be an effective basis for public policy, strategy frameworks must be explicit. For the 2004 WHO global strategy to be effective, it needs to include among other things the following, elaborated later in this issue of *Public Health Nutrition*⁸. Most of these points are omitted or elided in the draft of the strategy presented to the 2004 World Health Assembly⁹.

Endorsements

With specific reference to the text of the global strategy as presented, or as a result of agreed amendments and additions to the text as presented, to endorse the following:

- The 2003 WHO/FAO expert report³ as the main scientific basis of the 2004 WHO global strategy, with citation of the expert report as having this status, and explicit reference to and citation of the background papers that are the scientific basis for the expert report itself¹⁸.
- The quantified population intake goals published in the expert report.
- The judgements of the expert report that production and consumption of vegetables and fruits, pulses and wholegrain cereals be increased, and that of fats, saturated fats, added sugars and salt be limited, as quantified, together with a statement that these judgements express a long-standing scientific consensus.
- The WHO global strategy on infant and young child nutrition¹⁹ and, as above, explicit reference to and citation of the recommendations of this strategy.

Requests

As part of or additional to the global strategy as presented, and after endorsement by the 2004 World Health Assembly, to require WHO and FAO to develop policy frameworks within the overall strategy, with provision for legal, fiscal, regulatory and other formal instruments including quantified targets and time frames for implementation and monitoring, to be presented to the 2005 meetings of the WHO Executive Board and then WHA, for the following purposes:

- To increase the use of food processes known to benefit human health and to decrease the use of processes known or reliably considered to be pathogenic.
- To decrease subsidies on the production of oils, fats and sugar and to ensure that programmes of food fortification are supportive of the strategy.
- To restrain the use of marketing and advertising as a means to promote the consumption of energy-dense fatty, sugary and/or salty foods in general and in particular to children.
- To encourage international and national dietary guidelines designed to prevent and control chronic diseases that are reconciled and integrated with guidelines designed to prevent and control nutritional deficiencies and relevant infectious diseases.
- To encourage reinstatement, preservation and development of indigenous and traditional food systems known or reliably considered to be beneficial to human health and which have minimal impact on the environment and natural resources.
- To require the Director-General of WHO to allocate adequate funds for the implementation of the strategy in current and future budgets.

executives of the American Cancer Society have to say, in a letter to Lee Jong-wook, WHO Director-General¹²:

The tobacco control experience has taught us that policy and environmental changes at national, state and local levels are critical to achieving changes in individual behavior. Measures such as Clean Air laws and increases in excise taxes on cigarettes are highly effective in deterring tobacco use. To avert an epidemic of obesity related disease, similar purposeful changes in public policy and in the community environment will be required... The WHO global strategy is entirely consistent with our own guidelines.

Here is what the leading US public interest organisation, the Center for Science in the Public Interest, says in support of the strategy¹³:

Given the current food environment where companies spend billions of dollars marketing high-calorie, low-nutrition foods, policy, programmatic and environmental changes are needed to support Americans' efforts to eat well, be physically active, and maintain a healthy weight.

And as a sign of the increasing unease within US government with the Bush administration, a group of US senators has written to Tommy Thompson saying¹⁴:

The United States must be prepared to work in concert with the world community and with relevant global health agencies... We... urge you to reaffirm your commitment to working with the World Health Organization and the Food and Agriculture Organization of the United Nations to carry out the recommendations of the joint WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic

Diseases... There is no foundation to question the scientific merit of this report.

It is commonly supposed that the World Bank is an instrument of the US government. Again, on this occasion, not so. Donald Mitchell of the World Bank addressed a meeting of the FAO Committee on Agriculture (COAG) in February, at which Big Sugar and delegates from sugar-dependent countries denounced WHO and FAO, saying that the recommendations of the global strategy would, if enacted, wreck fragile national economies. In a special briefing session, Dr Mitchell said that revenues for economically developing countries that increased production and export of fruit and vegetables would 'completely swamp' losses from reduced sugar production¹⁵. Questioned about this at the meeting of the UN Standing Committee on Nutrition in New York in March, World Bank Vice-President Ian Johnson added 'Yes, there is huge scope for vegetables and fruits, including production and export of non-traditional tropical fruits'.

Media reports have also given the impression that the 'G77' group of nations from the South, including China, as a whole opposes the WHO/FAO report and the global strategy. This also is not true. During an extended consultation period in February, the Chinese authorities wrote to WHO as follows¹⁶:

China strongly supports this strategy and hope it can be adopted by the 57th World Health Assembly without further delay.

The statement of South Africa, a leading producer and exporter of sugar, is also unequivocal¹⁷:

The Government of South Africa welcomes the WHO draft global strategy... We believe that... its implementation will go a long way to reducing the burden of morbidity, mortality and disability attributable to non-communicable diseases... [and] more emphasis should be placed on 'limit the availability of products high in salt, sugar and fat'.

Delegates to this WHA have an awesome responsibility. Great pressure is being brought to bear on WHO to dilute the strategy. Many UN member states are dependent on the USA, and many others currently depend on the production and export of sugar. We say to those nations, as well as to those that enjoy more independence: the global strategy is not perfect. No policy framework, and no evidence-based reports on which public policy and programmes in any field are based, can be perfect. But the evidence is now beyond any reasonable doubt. Now is the time to support action, and to support a forceful and purposeful WHO global strategy on diet, physical activity and health, together with the WHO/FAO report that

underpins the strategy. The whole world is watching. More power to you.

Barrie Margetts
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