



WHO/FAO RELEASE INDEPENDENT EXPERT REPORT ON DIET AND CHRONIC DISEASE

Less saturated fats, sugar and salt, more fruit and vegetables and physical exercise, needed to counter cardiovascular diseases, cancer, diabetes and obesity

Geneva/Rome – A diet low in energy-dense foods that are high in saturated fats and sugars, and abundant in fruit and vegetables, together with an active lifestyle are among the key measures to combat chronic disease recommended in an independent Expert Report prepared for two UN agencies.

The report, commissioned by the World Health Organization (WHO) and the Food and Agriculture Organization (FAO), from a team of global experts, aims to identify new recommendations for governments on diet and exercise to tackle the ever increasing number of people who die each year from chronic diseases. The burden of chronic diseases – which include cardiovascular diseases, cancers, diabetes and obesity – is rapidly increasing worldwide. In 2001, chronic diseases contributed approximately 59% of the 56.5 million total reported deaths in the world and 46% of the global burden of disease.

"This Expert Report is highly significant because it contains the best currently available scientific evidence on the relationship of diet, nutrition and physical activity to chronic diseases, based on the collective judgement of a group of experts with a global perspective," said Dr Ricardo Uauy, Head of the University of Chile's Institute of Nutrition and Food Technology, and Professor of Public Health Nutrition at the London School of Hygiene & Tropical Medicine, who chaired the Expert Group.

The Report includes advice on ways of changing daily nutritional intake and increasing energy expenditure by:

- reducing energy-rich foods high in saturated fat and sugar;
- cutting the amount of salt in the diet;
- increasing the amount of fresh fruit and vegetables in the diet.
- undertaking moderate-intensity physical activity for at least an hour a day.

The Report, based on the analysis of the best available current evidence and the collective judgement of 30 experts, emphasizes that energy consumed each day should match energy expenditure.

Evidence suggests that excessive consumption of energy-rich foods can encourage weight gain, the report says and calls for a limit in the consumption of saturated and trans fats, sugars and salt in the diet, noting they are often found in snacks, processed foods and drinks.

The quality of fats and oils in a diet, as well as the amount of salt consumed, the report says, can also have an influence on cardiovascular diseases such as strokes and heart attacks.

The Expert Report is released as WHO prepares a Global Strategy on Diet, Physical Activity and Health following a May 2002 World Health Assembly resolution from its Member States.

The Expert Report will be formally published in April as a WHO/FAO technical report together with an evaluation by the Organizations and outlines of actions to implement the recommendations. The Report will be a critical science-based contribution to the development of the Global Strategy, aimed at reducing the growing burden of disease related to cardiovascular diseases, several forms of cancer, diabetes, obesity, osteoporosis and dental disease.

FAO supports WHO in developing its Global Strategy. As a follow-up to the Report's findings, FAO will undertake work on identifying information needs and monitoring diets, and on assessing the implications of the Report's recommendations for all aspects of the food chain as well as for agricultural and trade policies.

The report will form the basis for national and regional bodies to develop specific guidelines on diet and exercise for their local communities.

"The report provides goals for dietary components and physical activity levels consistent with good health and the prevention of the major nutrition related chronic diseases, coronary heart disease and hypertension, cancer, diabetes, obesity, osteoporotic fractures, and dental diseases," Uauy said.

Urbanization and the rise of chronic diseases

Many of the deaths attributed to chronic diseases are due to risk factors that could easily be prevented such as:

- high blood pressure;
- high cholesterol levels;
- obesity;
- low levels of physical activity.

More and more people in the developing world are suffering from chronic disease, a seismic shift from a few decades ago when chronic disease was associated with the rich, developed world. Increased urbanization – as rural people abandon their land and move towards the cities -- plays a large part in this change, according to the report.

City-dwellers are more likely to consume energy-dense diets – high in saturated fat and in refined carbohydrates. This sudden change in diet, combined with a sedentary lifestyle, is having a drastic effect on the urban poor.

"Not all fats or all carbohydrates are the same; it pays to know the difference," said Dr Uauy, adding, "People should eat less high-calorie foods, especially foods high in saturated fat and sugar, be physically active, prefer unsaturated for saturated fat and use less salt; enjoy fruits, vegetables and legumes and prefer foods of plant and marine origin.."

A diet rich in fruit and vegetables containing immune-system boosting micronutrients could also help the body's natural defences against infectious diseases, Uauy said.

The Expert Report's specific recommendations on diet include limiting fat to between 15 and 30 percent of total daily energy intake and saturated fats to less than 10 percent of this total.

Carbohydrates, the report suggests, should provide the bulk of energy requirements – between 55 and 75 percent of daily intake and free sugars should remain beneath 10 percent. Protein should make up a further 10-15 percent of calorie intake and salt should be restricted to less than 5 grams a day. Intake of fruit and vegetables should be plumped up to reach at least 400 grams a day.

The report underlines the fact that chronic diseases are not only caused by overeating but also by eating an unbalanced diet, citing the influence of high salt consumption on increasing blood pressure and saturated fats contributing to high levels of cholesterol.

Physical activity is a key factor in determining the amount of energy used each day and is therefore 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, especially for those people who spend most of their time sitting down, according to the Expert Report.

WHO and FAO hope the report's findings will provide member states with solid evidence to prepare national health strategies. The Expert Report urges national governments to aim for dietary guidelines that are simple, realistic and food-based. Finland and Japan, countries that have actively intervened in the diet and nutritional behaviour of their populations, have witnessed dramatic decreases in risk factors and plunging rates of chronic disease, the Report says.

Recognising that chronic diseases are preventable, addressing the issues and creating an environment which supports health, the Report says, is the key to reducing rates of deaths and disability from chronic diseases. The process should establish working relationships between communities and governments, encourage local initiatives affecting schools and the workplace and also involve the food industry, the report says.

Media Contact Numbers:WHO:

Dr Derek Yach, Executive Director, Noncommunicable Diseases & Mental Health (41-22) 791-2736 (o); (41) 79-217-3404 (m)

Dr Pekka Puska, Director, Noncommunicable Diseases & Health Promotion (41-22) 791-4703 (o); (41) 79-254-6845 (m)

Dr Chizuru Nishida; Nutrition Department (41-22) 791-3317 (o); (41) 79-249-3549 (m)

David Porter, Media Officer (41) 791-3774 (o); (41) 79-775-8914 (m)

Members of the Expert Group

Professor Ricardo Uauy, London School of Hygiene & Tropical Medicine, UK (Expert Group Chair) (n:b: Spanish and English speaker) (44) 207-299-4665 (o); (91) 44-499-4101 (Mar 3-7); (44) 207-636-9456 (Mar 7-8)

Professor Shiriki Kumanyika (Vice Chair) Centre for Clinical Epidemiology & Biostatistics, University of Pennsylvania, USA (1) 215-898-2629 (o); (1) 215 438-9494 (h); (1) 267-252-1642 (m)

Professor Jaap Seidell (Rapporteur) National Institute of Public Health & the Environment, The Netherlands (31) 20-444-6995 (o); (31) 6-1339-3030 (m)

Professor Boyd Swinburn School of Health Sciences, Deakin University, Australia (61) 3-9251-7096 (o); (61) 407-539-941 (m)

Professor Jim Mann Department of Human Nutrition, University of Otago, New Zealand (64) 3-479-7959 (o)

Dr Nelia Steyn Chronic Diseases of Lifestyle, Medical Research Council, South Arica (27)21-938-0242 (o); (27)83-415-1454 (m)

Nick Parsons, Chief, News and Multimedia Service, FAO, (39) 06-5705-3276 (o); (39)348-257-2920 (m)

Executive Summary**JOINT WHO/FAO EXPERT REPORT ON DIET,
NUTRITION AND THE PREVENTION OF CHRONIC DISEASE**

The WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases met in Geneva from 28 January to 1 February 2002 to examine the science base of the relationship between diet and physical activity patterns, and the major nutrition-related chronic diseases. Recommendations were made to help prevent death and disability from major nutrition-related chronic diseases. These population nutrient intake and physical activity goals should contribute in the development of regional strategies and national guidelines to reduce the burden of disease related to obesity, diabetes, cardiovascular disease, several forms of cancer, osteoporosis and dental disease. They are based on the examination and analysis of the best available evidence and the collective judgement of a group of experts representing the global scope of WHO's and FAO's mandate. Key findings include:

- **Obesity.** The imbalance between declining energy expenditure due to physical inactivity and high energy in the diet (excess calories whether from sugar, starches or fat) is the main determinant of the obesity epidemic. Increasing physical activity, plus reducing intakes of foods high in fat and foods and drinks high in sugars, can prevent unhealthy weight gain. Taking these simple goals to concrete action requires major social and environmental changes in order to effectively promote and support healthier choices at the individual level.
- **Diabetes.** Excess weight gain, overweight and obesity and physical inactivity account for the escalating rates of type 2 diabetes, worldwide. Diabetes leads to increased risk of heart disease, kidney disease, stroke and infections. Increased physical activity and maintaining a healthy weight play critical roles in the prevention and treatment of diabetes.
- **Cardiovascular diseases,** the major killers worldwide, are to a great extent due to unbalanced diets and physical inactivity. Risk of their main forms, heart disease and stroke, is reduced by eating less saturated and trans fats, and sufficient amounts of (n-3 and n-6) polyunsaturated fats, fruits and vegetables and less salt, as well as by physical activity and controlling weight. Reduction of salt intake helps reduce blood pressure, a major cause of cardiovascular diseases.
- **Cancer.** Tobacco is the number one cause of cancer, but dietary factors contribute significantly to some types of cancer. Maintaining a healthy weight will reduce the risk for cancers of the oesophagus, colorectum, breast, endometrium and kidney. Limiting alcohol intake will reduce risk for cancers of the mouth, throat, oesophagus, liver and breast. Ensuring an adequate intake of fruit and vegetables should further reduce risk for oral cavity, oesophagus, stomach and colorectal cancer.

- **Osteoporosis and Bone fractures.** Fragility fractures are a problem of older people. Adequate intakes of calcium (500 mg per day or more) and of vitamin D in populations with high osteoporosis rates helps to reduce fracture risk, so does sun exposure and physical activity to strengthen bones and muscles.
- **Dental disease.** Caries is preventable by limiting the frequency and amount of consumption of sugars and by appropriate exposure to fluoride. Erosion of teeth by dietary acids in beverages or other acidic foods may contribute to tooth destruction.

The crucial role of physical activity as part of nutrition and health was acknowledged. Physical activity is a key determinant of energy expenditure, and thus fundamental to energy balance and weight control. The beneficial effects of physical activity on the metabolic syndrome are mediated by mechanisms beyond controlling excess body weight. Physical inactivity is already a major global health risk and is prevalent in both industrialized and developing countries, particularly among the urban poor in crowded mega cities. Measures and policies required to promote healthier food consumption patterns and facilitate a physically active life share common grounds and are mutually interactive in determining healthier behaviors.

Healthy diets and physical activity are key to good nutrition and necessary for a long and healthy life. Eating nutrient dense foods and balancing energy intake with the necessary physical activity to maintain a healthy weight is essential at all stages of life. Unbalanced consumption of foods high in energy (sugar, starch and/or fat) and low in essential nutrients contributes to energy excess, overweight and obesity. The amount of the energy consumed in relation to physical activity and the quality of food are key determinants of nutrition related chronic disease.

Not all fats are the same, it pays to know the difference. The scientific complexities of these issues should not obscure the simple messages required to orient and guide consumers. People should eat less high-calorie foods, especially foods high in saturated or trans fats and sugar, be physically active, prefer unsaturated fat and use less salt; enjoy fruits, vegetables and legumes; and select foods of plant and marine origin. This consumption pattern is not only healthier but more favourable to the environment and sustainable development.

To achieve best results in preventing nutrition-related chronic diseases, strategies and policies should fully recognize the essential role of both diet and physical activity in determining good nutrition and optimal health. Policies and programmes must address the need for change at the individual level as well as the modifications in society and the environment to make healthier choices accessible and preferable.

In communities, districts and nations in which widespread, integrated interventions have taken place, dramatic decreases in NCD-related death and disability have occurred. Successes have come about where people have acknowledged that the unnecessary premature deaths that occur in their community are largely preventable and have empowered themselves and their civic representatives to create health-supporting environments. This has been achieved most successfully by establishing a working relationship between communities and governments; through enabling legislation and local initiatives affecting schools and the workplace; involving food producers and processing industry. Beyond the rhetoric, this epidemic can be halted – the demand for action must come from those affected. The solution is in our hands.

This report is only the first step in a process that includes consultations with governments, as well as other public and private sector stakeholders in all geographic regions, to culminate in the formulation of a Global Strategy on Diet, Physical Activity and Health, to be considered by the World Health Assembly in 2004.

WHO Note for the press/ 6
29 March 2003

DR. CARLO URBANI OF THE WORLD HEALTH ORGANIZATION DIES OF SARS

Geneva -- Dr. Carlo Urbani, an expert on communicable diseases, died today of Severe Acute Respiratory Syndrome (SARS). Dr. Urbani worked in public health programmes in Cambodia, Laos and Viet Nam. He was based in Hanoi, Viet Nam. Dr. Urbani was 46.

Dr. Urbani was the first World Health Organization (WHO) officer to identify the outbreak of this new disease, in an American businessman who had been admitted to a hospital in Hanoi. Because of his early detection of SARS, global surveillance was heightened and many new cases have been identified and isolated before they infected hospital staff. In Hanoi, the SARS outbreak appears to be coming under control.

"Carlo was a wonderful human being and we are all devastated," said Pascale Brudon, the WHO Representative in Viet Nam. "He was very much a doctor, his first goal was to help people. Carlo was the one who very quickly saw that this was something very strange. When people became very concerned in the hospital, he was there every day, collecting samples, talking to the staff and strengthening infection control procedures."

Dr. Urbani was married and the father of three children.

Dr. Urbani received his medical degree from the University of Ancona, Italy, and did post-graduate work in malaria and medical parasitology. He was an expert in the parasitic diseases of schoolchildren. He was also a president of Médecins Sans Frontières-Italy.

"Carlo Urbani's death saddens us all deeply at WHO," said Dr. Gro Harlem Brundtland, WHO's Director-General. "His life reminds us again of our true work in public health. Today, we should all pause for a moment and remember the life of this outstanding physician."

For more information contact:

Dick Thompson - Communication Officer, Communicable Disease Prevention, Control and Eradication WHO, Geneva;
Telephone: (+41 22) 791 26 84 ; Email: thompsond@who.int

Joint Press Release WHO/FAO/18
25 February 2003

FEEDING HOPE: NUTRITION PLAYS KEY ROLE IN HIV/AIDS CARE

FAO/WHO publish new manual for people living with HIV/AIDS

Geneva/Rome - A good diet is one of the simplest means of helping people live with HIV/AIDS and may even help delay the progression of the deadly virus, two UN agencies said today. A new manual published jointly by the Food and Agriculture Organization (FAO) and the World Health Organization (WHO) recognizes the relationship between infection and nutrition and offers simple dietary suggestions for the estimated 42 million people living with HIV/AIDS. (It offers practical solutions for people trying to balance their diets in settings around the world)

By bolstering the immune system and boosting energy levels, balanced nutrition can help the body fight back against the ravages of the disease and by maintaining body weight it can support drug treatments and prevent malnutrition.

"The relationship between HIV/AIDS and malnutrition is a particularly extreme example of the vicious cycle of immune dysfunction, infectious disease and malnutrition," said Dr David Nabarro, WHO Executive Director for Sustainable Development and Healthy Environments.

"The nutritional aspect of HIV/AIDS has been ignored for a long time. The attention was always focused on drugs," said William Clay of FAO's Food and Nutrition division, "The message was always: 'Take two tablets after meals'. But they forgot about the meals."

Almost 95 percent of people with HIV/AIDS live in developing countries where healthcare, resources and drugs are scarce. For them a balanced diet is a positive way of responding to the illness.

"Food isn't a magic bullet. It won't stop people dying of AIDS," Clay said, "But it can help them live longer, more comfortable and more productive lives."

Dr Graeme Clugston, Director of WHO's Department for Nutrition in health and Development, confirmed the need to pay special attention to the role of nutrition on HIV/AIDS and HIV/AIDS on nutrition "The effect of HIV on nutrition begins early in the course of the disease, even before an individual may be aware that he or she is infected with the virus."

THE AIDS EQUATION

Widespread AIDS often occurs when a whole range of social and economic circumstances - hunger, food insecurity, desperate poverty and social breakdown - collide with the presence of the human immunity suppressing virus (HIV) in the population. Such circumstances may force people, especially young men and women, into high-risk activities like prostitution in order to feed themselves and their families.

When HIV/AIDS strikes a family member the effect ricochets through the lives of the entire household. With the food-producer ill, the family risks becoming malnourished and therefore more susceptible to infection.

AIDS has a devastating effect on a person's nutritional wellbeing:

- nutrient absorption is reduced;
- appetite and metabolism are disrupted;
- muscles, organs and other tissues waste away;
- secondary infections and other stresses increase demands for
- energy and nutrients.

Despite blunt appetites and difficulties in eating, people living with HIV/AIDS should eat considerably more food to fight the illness and make up for weight loss. As part of a balanced diet someone affected by HIV/AIDS needs more protein to rebuild muscle tissue, more energy-rich foods for weight gain, immune system-boosting vitamins and minerals and water to combat dehydration.

FOOD TO CARE

The FAO/WHO manual offers households caring for a family member with AIDS inexpensive, locally available remedies for the symptoms linked to the disease. Herbs and spices can stimulate a sluggish appetite or digestion and may have other beneficial effects. Cinnamon can be brewed into a tea to calm chesty coughs, for example, and mint leaves can be used as a gargle.

By encouraging good nutritional habits FAO and WHO hope the manual will improve the diet, health and resistance to infection of the entire family.

Designed to be used by carers, health-workers, community groups and non-governmental organizations, the manual includes:

- forms to monitor weight loss and food intake;
- fact-sheets outlining the principles of a healthy diet;
- tips on how to ensure good hygiene when preparing food;
- recipes with immune system-boosting micronutrients like vitamins and minerals.

It focuses on ways of easing the symptoms of HIV/AIDS - lack of appetite, tiredness, soreness of mouth - by suggesting recipes for soups, teas and stews using fruit and vegetables - guava, papaya and baobab for example - that grow in the rural areas of the developing world hardest hit by the AIDS epidemic.

"We hope this guide will be a building block, that it will be adapted by AIDS-affected communities and that it will make people aware of the vital role played by nutrition for someone living with HIV or AIDS," said Clay.

SPREADING THE WORD

To ensure that the benefits which can be derived from proper nutrition reach people living with HIV/AIDS, FAO and WHO are also developing training courses and educational materials for health workers and care providers. This week, the first field testing of this course is occurring in South Africa and it is envisaged that the course will be published as a complete package with overheads and trainers' and participants' guide in May 2003. "Nutrition counselling and support is an essential component of care for the HIV-infected person and it is particularly important in resource-constrained settings where malnutrition and food insecurity are endemic," said Ms Randa Saadeh, the WHO Technical Officer responsible for the training and educational programmes. Concurrently, WHO is also developing norms and standards for nutritional intake for people living with HIV/AIDS. The relationship between HIV/AIDS and malnutrition presents a classic example of the vicious cycle of immune dysfunction, infectious disease and malnutrition. However, current knowledge is limited. WHO is therefore organizing an expert consultation to review and provide guidance on nutrient and dietary requirements for PLWHA, and to develop a research agenda to determine the impact of improved nutrition on HIV prevention and rate of progression from HIV to AIDS, and the frequency and severity of opportunistic infections; and to develop/promote food technologies which can benefit HIV-affected populations.

"We hope that, with this new information, we can assist governments and organizations in drafting guidelines on nutritional care and support for PLWHA and in developing food/nutrition interventions for HIV-affected populations," added Saadeh. The Manual on Nutritional Care and Support for People Living with HIV/AIDS (PLWHA) entitled Living Well with HIV/AIDS is available from FAO.

For more information, journalists may contact:

Stephanie Holmes, FAO Media Office, Tel: (+39) 06 57056350; email: stephanie.holmes@fao.org <<mailto:stephanie.holmes@fao.org>> - Or visit the FAO website: www.fao.org <<http://www.fao.org>>

Mr Gregory Hartl, Communications Adviser for Sustainable Development and Healthy Environments, WHO, Geneva. Telephone (+41 22) 791 4458; Fax (+41 22) 791 4858; Email: hartlg@who.int All WHO Press Releases, Fact Sheets and Features as well as other information on this subject can be obtained on Internet on the WHO home page <http://www.who.int/>

For more information on training courses and educational material, please contact:

Ms Randa Saadeh, Nutrition for Health and Development, WHO, Telephone (+41 22) 791 3315; email saadehr@who.int; or Mr William D. Clay, Chief, Nutrition Programmes Service, FAO, Telephone (+39) 0657054152; email william.clay@fao.org United Nations Aids Programme: www.unaids.org <<http://www.unaids.org>>

Note for the Press N°4
17 March 2003

WHO COORDINATES INTERNATIONAL EFFORT TO IDENTIFY AND TREAT SARS

WHO has today stepped up several activities aimed at strengthening the international response to the recent emergence of Severe Acute Respiratory Syndrome (SARS). SARS is an infectious disease of unknown etiology characterized by atypical pneumonia (see WHO press release of 15 March and additional information at www.who.int/.)

The disease is spread from person to person but only through close contact with a case. To date, almost all reported cases have occurred in health workers involved in the direct care of reported cases or in close contacts, such as family members. There is no evidence to date that the disease spreads through casual contact.

The WHO Global Outbreak Alert and Response Network is coordinating an international multicenter effort to identify the causative agent. The project unites 11 laboratories in 10 countries. Participating laboratories have the most experience to date in diagnosis of cases, or are known for their high-level facilities and expertise. The collaborative effort will also improve diagnostic precision and move work forward on the development of a diagnostic test. WHO is also working with health authorities to identify an effective treatment for SARS.

WHO Global Outbreak Alert and Response teams in Hanoi and Hong Kong Special Administrative Region, China, where the most new cases are presently concentrated, are assisting health authorities in outbreak management and in the collection of epidemiological and clinical data that can improve understanding of SARS.

Through its regional office in Manila, Philippines, WHO is establishing logistics bases and supply chains to ensure rapid provision of protective equipment and medicines needed for outbreak response.

Chinese authorities have now issued a summary report on an outbreak of what may be the same or a related disease that began in Guangdong province in southern China in November and peaked in mid-February. The Chinese report, which includes data on the diagnosis and management of more than 300 cases, is presently undergoing analysis and is expected to further contribute to understanding about the syndrome and possible links among the various outbreaks. The Chinese report, which covers the largest number of cases to date, may also boost international efforts to establish effective treatment guidelines, should a relationship between the outbreaks be established.

The Ministry of Health of China has requested support from an international team. A WHO team is now being assembled.

Health authorities around the world are now alert to the risk of SARS. Tracking of the course of the epidemic shows that surveillance systems are sensitive, communication channels are open, and reporting is rapid. Information on cases compiled over the past three weeks is expected to shed new light on the behaviour of this disease.

The speed of international travel creates a risk of rapid spread to additional areas. Because the clinical course and epidemiological behaviour of this disease are poorly understood, WHO is calling upon national health authorities to maintain close vigilance for suspected cases. There is no current justification for any restriction in travel or trade.

For further information contact: Dick Thompson; communications officer;
Communicable Diseases Section; World Health Organization; Telephone +41 22 791 2684; mobile: +41 79 475 5475
Thompsond@who.int. All WHO Press Releases, Fact Sheets and Features can be obtained on the WHO home page
<http://www.who.int/>.