



## **Submission on behalf of the European Heart Network in the context of the consultation to guide the development of a World Health Organization global strategy for diet, physical activity and health (NMH/WHOHQ 10 Jan 2003)**

July 2003

### **I INTRODUCTION**

The European Heart Network (EHN) is a Brussels-based alliance of heart foundations and other concerned non-governmental organisations in 25 European countries.

The mission of the EHN is to play a leading role through networking, collaboration and advocacy in the prevention and reduction of cardiovascular diseases so that they will no longer be a major cause of premature death and disability throughout Europe.

EHN warmly welcomes the World Health Organization's (WHO) timely and laudable initiative to develop a global strategy on diet, physical activity and health. EHN and its members are delighted to have the opportunity to contribute to the development of such a critically important global strategy to address the alarming increases in levels of chronic disease in developing countries, and prevent future epidemics throughout the world, particularly as children are increasingly subjected to 'cardio-toxic' environments leading to chronic disease in (early) adult life - not just cardiovascular diseases, but also diabetes, obesity and some cancers which are strongly linked to high blood pressure and high blood cholesterol, and are closely related to excessive consumption of fatty, sugary and salty foods, and are paralleled with decreases in physical activity levels – both of which are major factors in developing chronic disease.

This document sets out EHN's response to the WHO's consultation document (NMH/WHOHQ 10 Jan 2003). It comments on the key issues, addresses some of the questions posed and the points raised in the consultation document (following the same sequences as the document). In addition, this paper puts forward recommendations, endorsed by the members of the EHN on policy action at local, regional, national and international levels to improve diet and physical inactivity. We note that that the consultation document is in the main aimed at WHO Member States governments and have therefore omitted to address points for discussion to which it is more relevant and more appropriate for Member States and other parties to respond.

## II CARDIOVASCULAR DISEASES IN EUROPE

Cardiovascular diseases (CVD) are the main cause of death in Europe. CVD causes 4 million deaths in Europe each year; this is almost half of all deaths in Europe. CVD also represents the first cause of disease burden expressed in DALYs in Europe.

CVD is not only a major threat to individuals' lives and their quality of life, it is also a major economic burden to all European countries.

## III COMMENTS, QUESTIONS AND DISCUSSION POINTS

### Goal

EHN fully supports the goal of the WHO strategy - that it should be to guide the development of actions at local, national and international levels. EHN would recommend that actions should also be developed on the regional level, as we know is the case with WHO European region. As acknowledged in the WHO document, this must be on a multi-sectoral level with action from government, industry and civil society. Clear leadership is needed to coordinate and implement these actions. WHO is in an ideal position to provide this leadership role through its global and regional structures.

### On-going WHO work

EHN is pleased that this strategy will complement and reinforce WHO's work on infant and child nutrition, child development, healthy eating and tobacco control. But we are concerned that the strategy for diet and physical activity will **not consider using** similar tools and levers – such as a code of marketing or a convention. We look forward to seeing how WHO will link these initiatives in order that they do adequately complement and reinforce work in similar fields, while also urging the WHO to build on and benefit from previous successful and tested policy initiatives. One such example might be the code of marketing for infant formula. EHN notes that there is a growing body of support for an international code of practice on the marketing of food to children (see later).

### The problem

EHN fully supports and agrees with the WHO's assessment of the problem of rapidly increasing rates of chronic disease in developing countries, and looming threats of future epidemics in developed countries, where adult death rates have been decreasing, but now children are increasingly put at risk from an early age – in both cases these increases are due to increased consumption of foods high in fat, salt and sugar in combination with low levels of physical activity.

EHN is in a unique position as many members face more than just one element of the 'problem': CVD remains the biggest killer in all European countries; for just over the last decade eastern European countries have faced increased rates of CVD; and although, in many western European countries, rates of CVD have been decreasing, this is being undermined by a very real threat of an epidemic of CVD in 30 and 40

years time as today's children are put at greater risk at an earlier age than ever before through diets increasingly dominated by foods high in fat, salt and sugar, and increasing sedentary behaviour attributing to the key risk factors for CVD which develop over the life course, and originate during childhood. These are also responsible for the current growing epidemic of obesity and increased rates of type two diabetes in we are seeing in children across Europe.

#### **IV EHN RECOMMENDATIONS**

EHN proposes the following recommendations for policy actions as part of a Global Strategy on Diet, Physical Activity and Health. These recommendations have been taken from key EHN policy documents<sup>1</sup> which set out the research, rationale and the case for action. These documents are submitted with this response as supporting evidence.

##### ***Nutrition***

- Comprehensive integrated food and nutrition policies, which involve all relevant sectors, should be implemented at regional and national levels
- Structures involving senior policy makers need to be established
- Political commitment to improving nutrition should be sustained by publishing regular reports on the state of nutritional health
- Mechanisms for auditing the impact of policies on the health and nutrition of consumers should be improved
- Provisions for the promotion of healthy food, such as fruit, vegetables, bread, other cereal products, potatoes and fish should be made
- A unified approach to the promotion of healthy life should be promoted

##### ***Marketing of food***

An international code of marketing of food to children should be developed as an integral part of the global strategy to support the prevention and control of chronic diseases through diet and nutrition and physical activity.

Such a code should focus on the marketing of energy dense foods to children, and the promotion of fatty, salty and sugary foods in environments where children congregate (including schools and recreational/sporting facilities). This should be placed high on the agenda of the Assembly, alongside infant feeding and tobacco (see above).

Such a code might include international restrictions or bans on certain practices and products. EHN and its members are planning to analyse the various marketing practices of certain foods to children and to determine which levers and instruments would be suitable to address the problem of childhood obesity and associated avoidable chronic diseases. We would be more than happy to share any work carried out with the WHO.

## *Physical Activity*

### **Regional/International level**

#### *Multi-sector implementation*

Regional policies on health-enhancing physical activity should be drawn up, with a broad strategy for implementation across in a range of sectors; these should be linked to other policies that affect opportunities for physical activity such as economy and finance, employment, transport, environment, regional policies, education and tourism

#### *Increase awareness and up-take*

Regional initiatives should be supported and aimed at facilitating the uptake of regular physical activity and increasing awareness of the health benefits of physical activity; these should stress that the greatest health benefit is gained by moving from sedentary lifestyle to one with a moderate level of daily physical activity

#### *Regular surveys*

- Regional surveys of participation in physical activity should be carried out regularly
- Level of physical activity and fitness among children and young people should be monitored through regular surveys using standardised tools and methods. The use of standardised tools across countries and regions should be prioritised to follow trends consistently and reliably over time both within and between countries and regions
- Studies should be supported to provide data on the physical activity levels of pre-school aged children

#### *Research*

- Regional research should be undertaken on physical activity and effective interaction among children, women and the elderly and among the lower socio-economic groups
- Studies should be supported to develop more specific and sensitive survey tools and methods covering the whole spectrum of physical activity, from sedentary behaviour through to daily participation in sports and exercise

#### *Information*

- Information should be disseminated on the effectiveness of interventions in the area of physical activity among relevant Pan-European networks in such areas as health, education and training, environment, and transport
- The collection, analysis and dissemination of information and experience regarding policies and programmes on physical activity should be increased

### **National**

#### *Policy*

- Cross government commitment to increasing physical activity must be secured: national taskforces should be set up with representatives from sport, education, transport, health and environment ministries
- Funding for programmes aimed at deprived children and young people should be increased
- Walking and cycling within transport ministries should be prioritised
- Health ministries must prioritise the promotion of physical activity among young people and link effectively across government

#### *Key professionals*

The importance of physical inactivity as a key risk factor in developing chronic disease must be raised among key professionals and adequate support and training must be provided to achieve this.

#### *Public awareness*

Public awareness must be raised that even low levels of physical activity are beneficial, and that these can easily be achieved through activities as part of daily life.

Education campaigns to promote the image of physical activity and make it seem more appropriate should be implemented. Campaigns may include mass media communications, leaflets, posters, educational seminars, lectures or counselling by professionals. The messages should stress:

- The health benefits of short and long term physical activity
- The amount of physical activity needed to benefit health
- How to overcome personal barriers to physical activity
- Skills development (such as posture training, cycling proficiency)
- The experience of fun, enjoyment and companionship while being physically active

#### *Environment and Transport*

Infrastructure and policy changes that increase the opportunities for physical activity as part of living and transportation should be encouraged.

Examples include:

- Developing an integrated transport strategy that emphasises walking and cycling
- Ensuring that streets are safe and well lit to encourage walking
- Marking safe routes for walking and cycling (particularly around schools)
- Providing and promoting the use of local parks and green spaces
- Producing maps and guides of good places to walk or cycle
- Staging 'taster days' for the non-exerciser at gyms and exercise facilities
- Ensuring stairs are prominent in new buildings
- Encouraging the use of stairs in shops and offices through sign posting
- Encourage town planners to provide facilities that can be walked to and around, such as local markets, town squares, pedestrianised areas

### *Facilities*

Opportunities and facilities for appropriate support and active recreation for individuals and families should be increased. These should include sports halls, gyms, playing fields, parks, footpaths, inner-city basketball hoops and open spaces. They must be designed and promoted so that they appeal to people from a wide range of backgrounds.

### *The workplace*

Physical activity should be promoted and encouraged within the work place, including travel to work by foot or bicycle. Other examples for action include:

- Encourage employers to produce ‘green commuter plans’ that put in place measures to make it easier for employees to walk or cycle to work
- Providing access to cycles in the workplace and competitive mileage allowance rates for cycling as part of the working day
- Encouraging employees to use the stairs in the workplace
- Hosting workplace sports and activity days
- Providing a free or subsidised company sports/health club
- Encouraging managers and role models to set an active example

### *Children and young people*

- There should be physical activity policies and programmes should be centred around the needs of young people themselves
- Consultation methods with children and young people should be established which involve them in the development of physical activity programmes

### Home and family

- Activities that can be done as a family or that involved the family should be promoted
- Parents should encourage and support their children to take part in a range of activities. Parental support for activity is crucial to ensure that young people are given access to facilities and programmes
- Encourage parents to limit time spent in front of a television or computer.

### School

The number of hours devoted to physical activity in the curriculum must be increased. There should be a statutory three-hour minimum per week for all ages of young people all year round. In countries with no existing statutory minimum, an initial aim should be for a statutory two-hour minimum per week. Schools should be encouraged to go beyond these minimum levels.

### Education and physical activity skills

- School and teacher-training programmes should be developed. These should emphasis enjoyable non-competitive physical activity, and help develop essential skills and a lifelong physical activity habit

- The quality of education and training for dedicated physical education teachers must be increased through standardised training packages for specialist education teachers and non-specialist physical education teachers and non-specialists, for all age groups
- Physical activity education should focus on equipping children with skills for a diverse range of physical activities rather than a narrow range of competitive sports
- Opportunities and practices to build activity into the rest of the school day should be promoted, not just during the physical education lessons
- ‘Health promoting schools’ which take a whole school approach to health should be encouraged, **with physical activity as a core component**
- ‘Safe zones’ around all schools should be established where walking and cycling are prioritised and car travel is made difficult, and ‘safe routes to schools’ from neighbouring communities
- Establish guidance and incentives for schools and local governments on improving the environment around schools to encourage walking and cycling
- Provide safe parking places for bicycles within the school grounds
- The principle of schools as healthy living centres for pupils and for the wider community should be established. This would support and increase the out-of-hours use of school sports facilities

#### ***Older people and those at high risk***

Appropriate physical activity opportunities should be promoted and provided for older people, which also give opportunities for the development of social networks and enhance quality of life and independence.

#### ***Local Community***

- Whole-community approaches to the promotion of physical activity to all sectors of the population should be encouraged
- Effective community alliances should be created to bring together a range of key players from health, education, transport, and the environmental sectors
- Networks of regional or local physical activity /leisure co-ordinators should be developed – to work across government, facilitating links between the different agencies at local levels and actors including schools
- Funding for physical activity programmes at local community level which aim to increase participation and tackle social exclusion should be guaranteed
- The concept of ‘home zones’ to promote safe local play and activity facilities in communities, with traffic-calming measures should be extended/implemented



### *Inequalities*

Equal and increased access to opportunities of physical activity for black and minority and ethnic groups, the long term unemployed and people from lower socio-economic groups must be developed and appropriated programmes targeted to reduce inequalities.

## **V IMPLEMENTATION AND WHO/NGO COLLABORATION**

EHN understands the WHO will present the Global Strategy to World Health Assembly in May 2004, and the Global Strategy if/when adopted will continue to be developed, monitored and implemented on an on going basis. EHN understands that the WHO would like to work with non-governmental organisations and civil society organisations (as well as those organisations and bodies in other sectors) on the implementation of the relevant sections on the Global Strategy. EHN would like to stress the importance of involving the key health and medical organisations - which share key risk factors of both poor nutrition and lack physical activity, like heart disease, stroke, diabetes and some cancers - in the continued implementation and development of the strategy. EHN would also like to the WHO to ensure that nutrition and physical activity are approached in a balanced way.

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<sup>1</sup> European Heart Network. Food, Nutrition and Cardiovascular Disease Prevention in the European Union. Brussels, European Heart Network, 1998.

European Heart Network. Physical Activity and Cardiovascular Disease Prevention in the European Union. Brussels, European Heart Network, 1998.

European Heart Network. Children and Young People – the Importance of Physical Activity. Brussels, European Heart Network, 2001.

European Heart Network. Food, Nutrition and Cardiovascular Disease Prevention in the European Region: Challenges for the New Millennium. Brussels, European Heart Network, 2002.