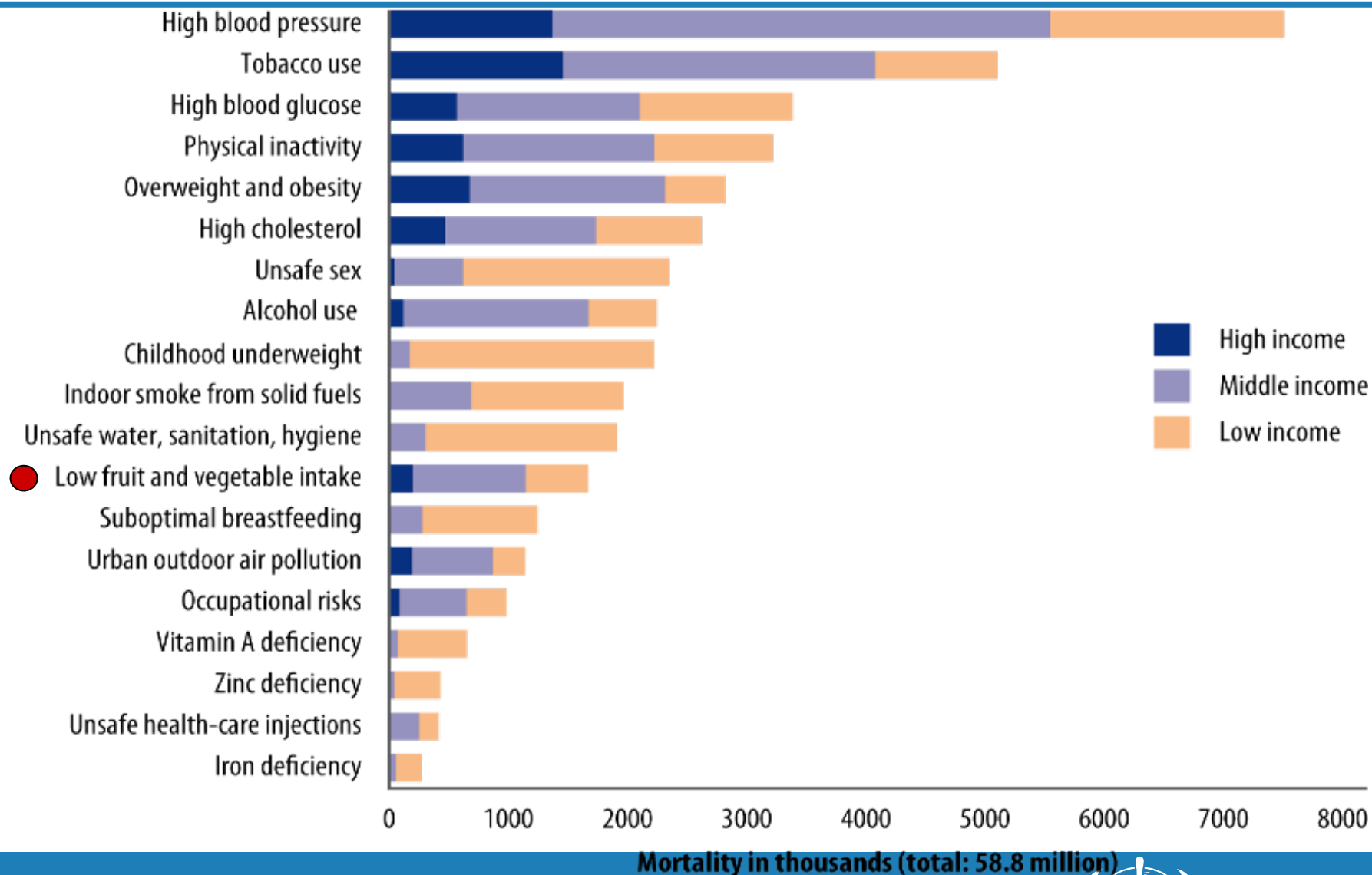


WHO's work and role in the promotion of fruits and vegetables



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Leading risk factors for global mortality

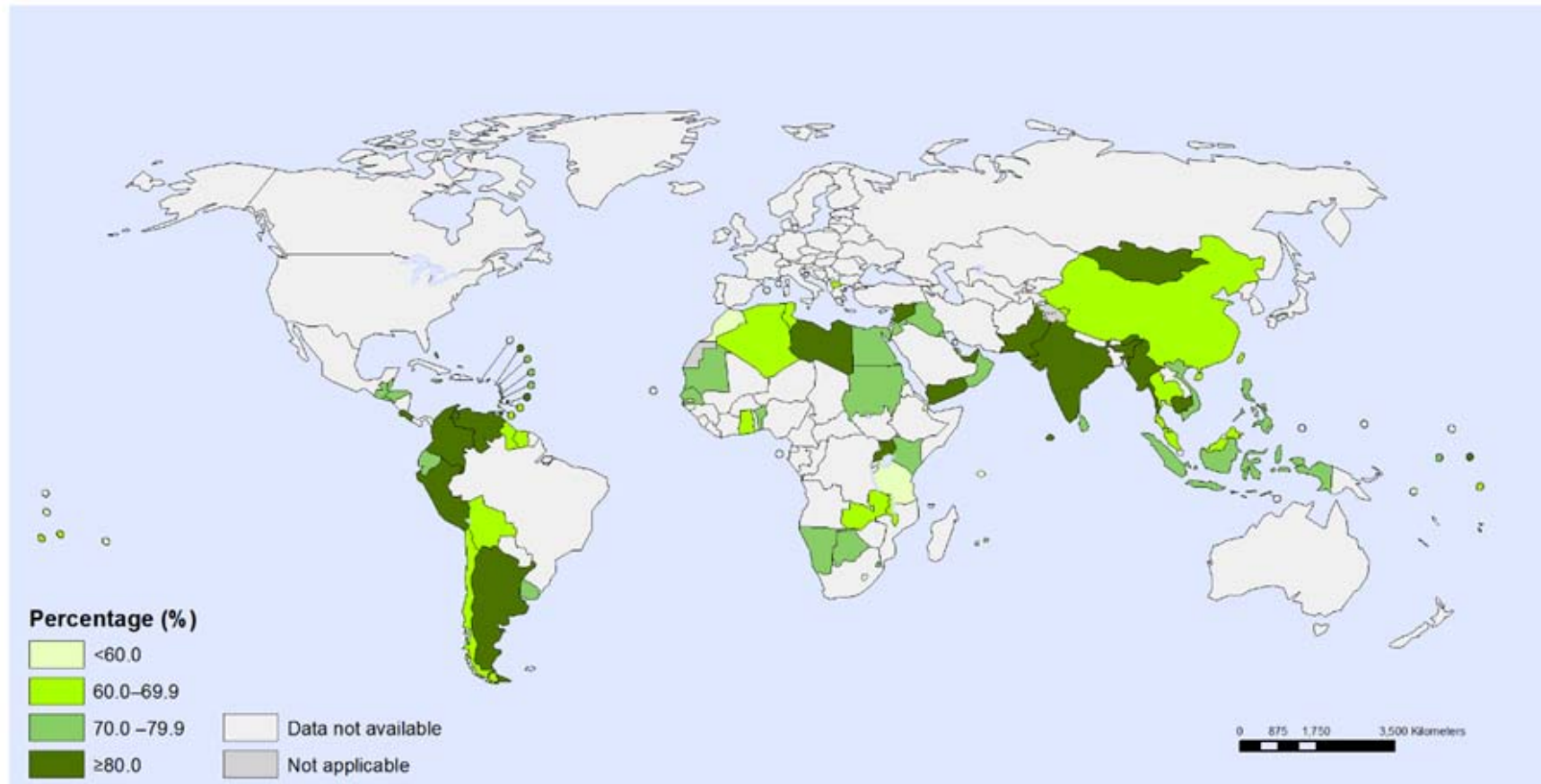


Source: WHO's report on "Global health risks"

60% of global deaths due to NCDs

Fruit and vegetable consumption in adolescents

Percentage of students aged 13–15 years who ate fruits and vegetables less than five times per day during the past 30 days



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: Global School-based Student Health Survey (GSHS)
Map Production: Health Statistics and Information Systems (HSI)
World Health Organization



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Global Strategy on Diet, Physical Activity and Health

Recognizing the unique opportunity that exists to formulate and implement an effective strategy for substantially reducing the deaths and disease burden worldwide by improving diet and promoting physical activity, WHO and 192 Member States adopted, in May 2004, the "Global Strategy on Diet, Physical Activity and Health"

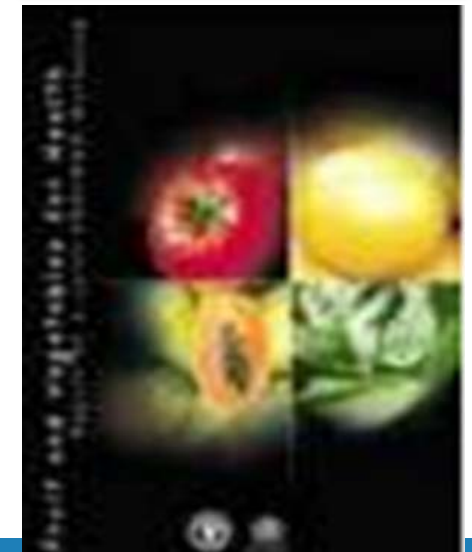
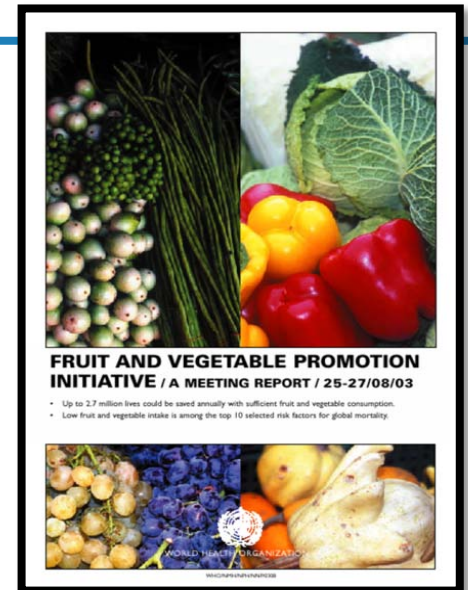
www.who.int/dietphysicalactivity



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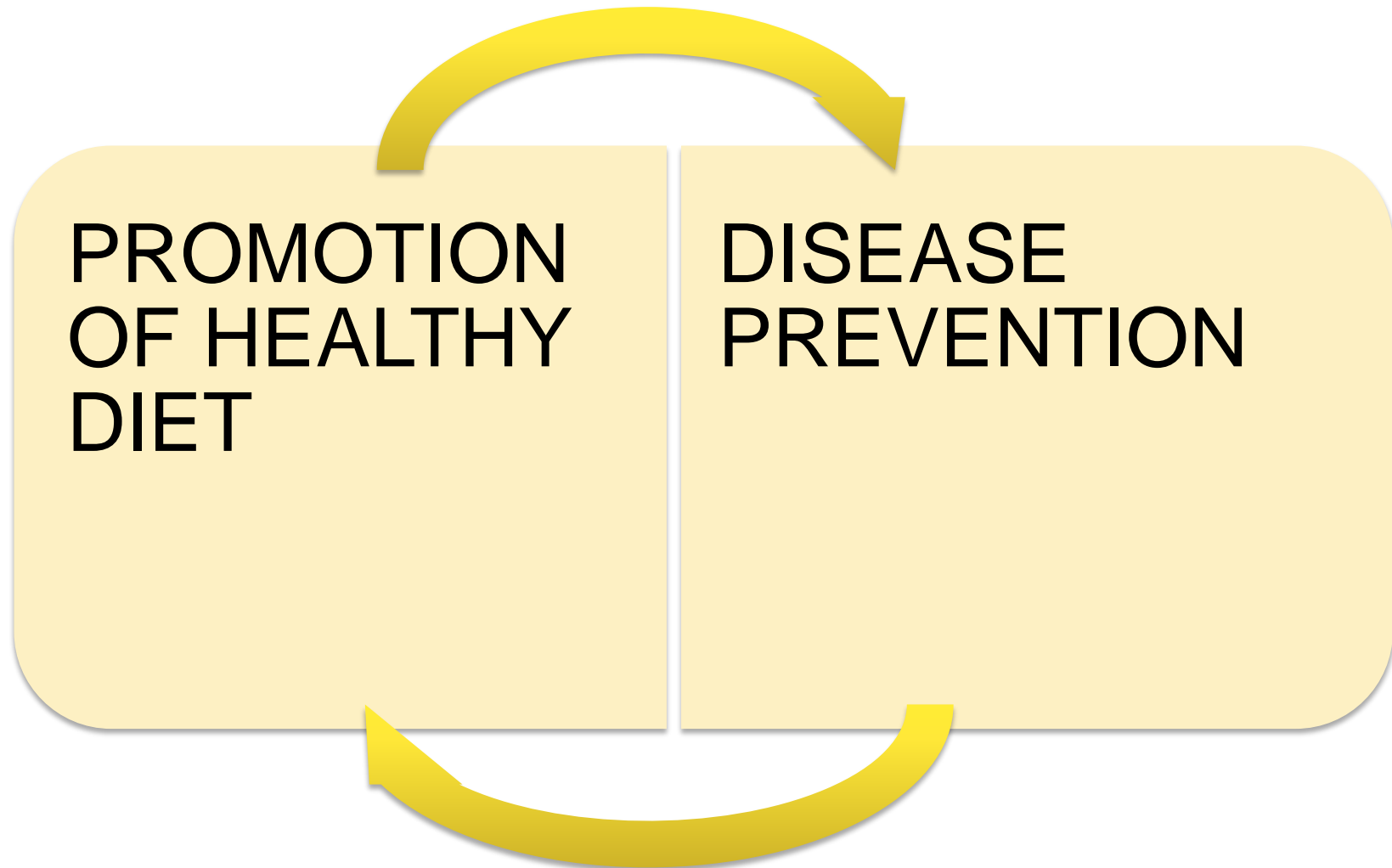
Food environment: WHO/FAO Fruit and Vegetable Promotion Initiative

- WHO and FAO launched in 2003, a joint initiative to promote fruit and vegetables for health worldwide:
 - Promote production and consumption;
 - Advance science in fruits and vegetables.
- Workshop in Kobe (2004) resulted in a framework that proposes ways to promote increased production, availability and access, and adequate consumption of fruit and vegetables.



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FRAMEWORK



WHO/FAO Fruit and Vegetable Promotion Initiative -INITIATIVES

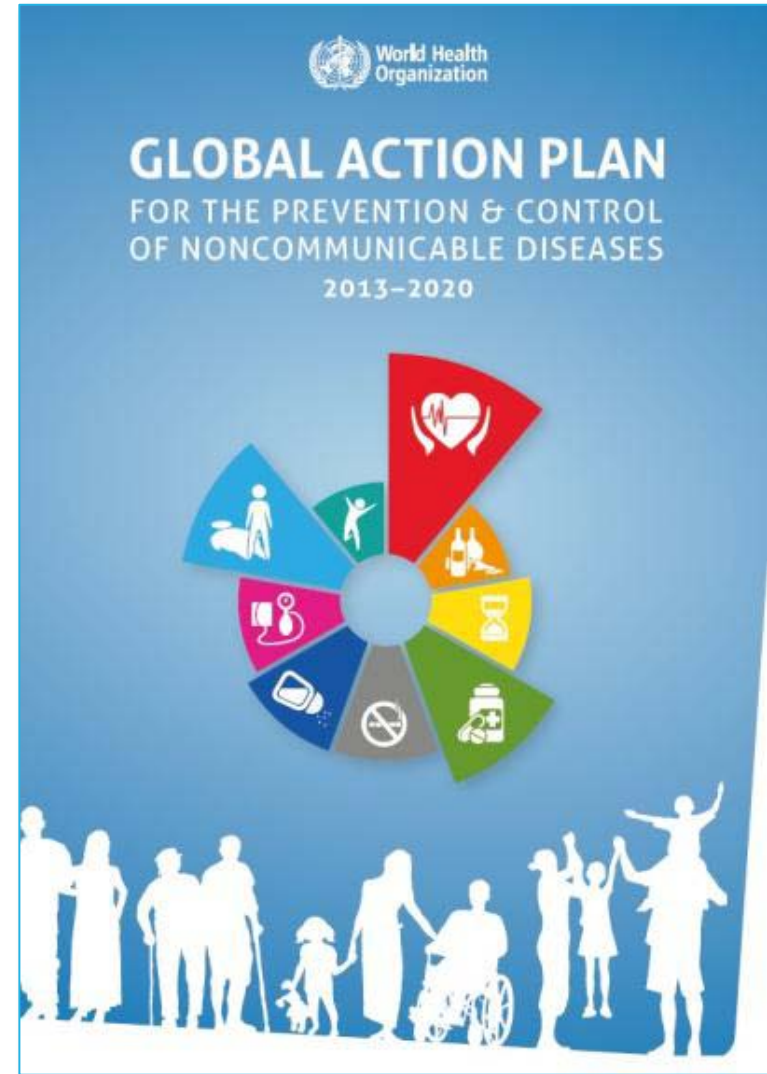
- Regional advocacy
- National priorities
- National collaboration b/w health and agriculture limited
- Implementation mainly at local level more than national
 - Healthy Settings of schools, communities
- Pacific Food Summit
- Exists in Nutrition and/or NCD Plans
- World Food Day
- Go Local Campaign, 5 a day
- School Gardening
- Cooking lessons for ptients



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Global Action Plan for the Prevention and Control of NCDs

- Approved by Member States at the Sixty-sixth World Health Assembly (20-28 May 2013).
- The Global Action Plan provides Member States, international partners and WHO with a road map and menu of policy options
- It includes a Comprehensive Global Monitoring Framework

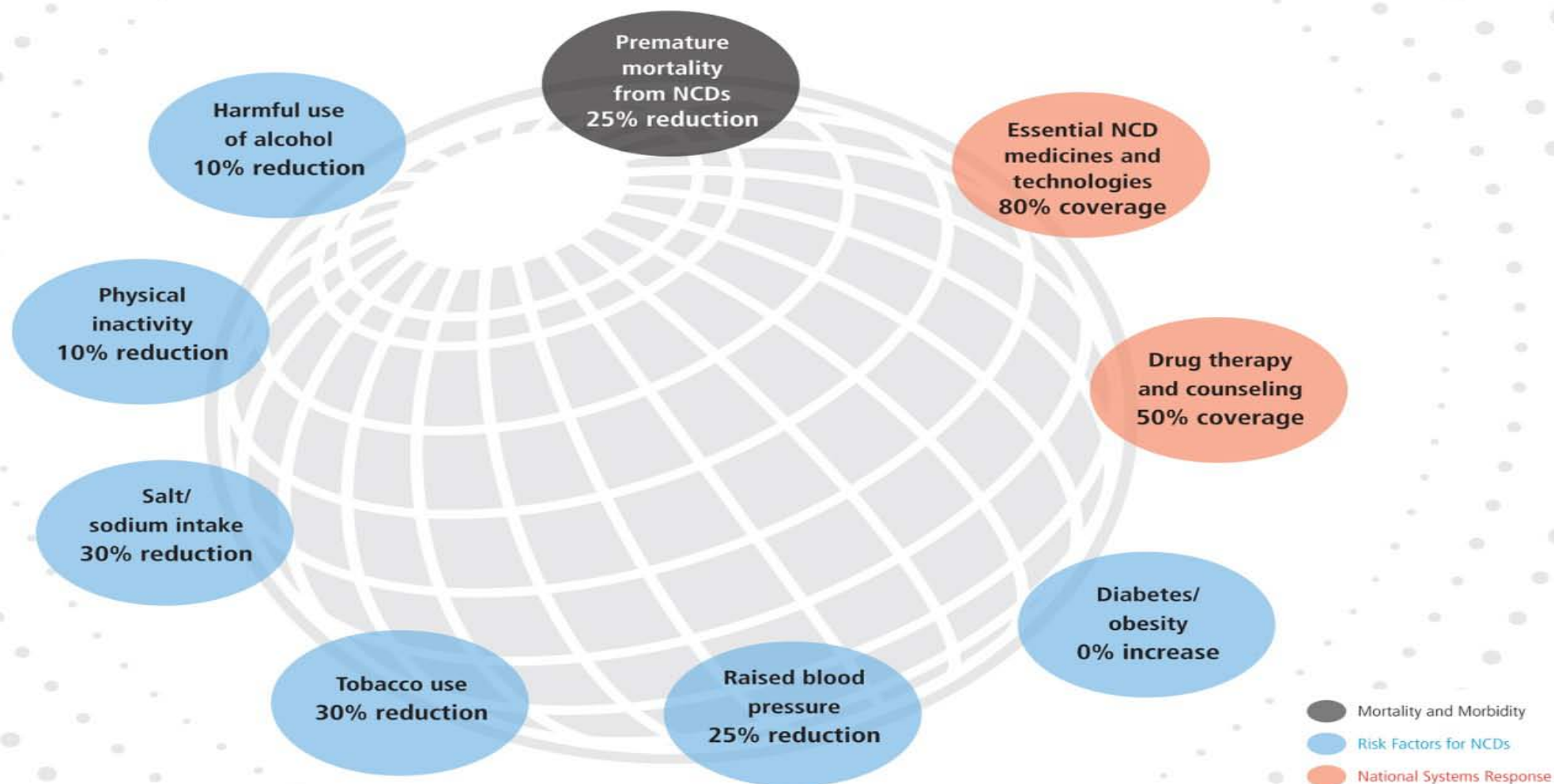


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Comprehensive global monitoring framework including indicators and a set of voluntary targets for the prevention and control of NCDs

Set of 9 voluntary global NCD targets for 2025



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Comprehensive global monitoring framework including indicators and a set of voluntary targets for the prevention and control of NCDs

Global Monitoring Framework

Mortality & Morbidity

Unconditional probability of dying between ages 30 and 70 years from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases

Cancer incidence by type of cancer

Risk Factors

Harmful use of alcohol (3)
Low fruit and vegetable intake
Physical inactivity (2)
Salt intake
Saturated fat intake
Tobacco use (2)
Raised blood glucose/diabetes
Raised blood pressure
Overweight and obesity (2)
Raised total cholesterol

National Systems Response

Cervical cancer screening
Drug therapy and counseling
Essential NCD medicines & technologies
Hepatitis B vaccine
Human Papilloma Virus vaccine
Marketing to children
Access to palliative care
Policies to limit saturated fats and virtually eliminate *trans* fats

Total number of related indicators in brackets

25 Indicators

POLICY OPTIONS FOR MEMBER STATES: PROMOTING A HEALTHY DIET

- Member States should consider developing or strengthening national food and nutrition policies and action plans and implementation of related global strategies including the Global Strategy on Diet, Physical Activity and Health, the Global Strategy for Infant and Young Child Feeding, the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition and WHO's Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children.



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POLICY OPTIONS FOR MEMBER STATES: PROMOTING A HEALTHY DIET

- Promote and support exclusive breastfeeding for the first six months of life, continued breastfeeding until two years old and beyond and adequate and timely complementary feeding.
- Implement WHO's set of recommendations on the marketing of foods and non-alcoholic beverages to children, including mechanisms for monitoring.

POLICY OPTIONS FOR MEMBER STATES: PROMOTING A HEALTHY DIET

- Develop guidelines, recommendations or policy measures that engage different relevant sectors, such as food producers and processors, and other relevant commercial operators, as well as consumers, to:
 - Reduce the level of salt/sodium added to food (prepared or processed).
 - Increase availability, affordability and consumption of fruit and vegetables.
 - Reduce saturated fatty acids in food and replace them with unsaturated fatty acids.
 - Replace trans-fats with unsaturated fats.
 - Reduce the content of free and added sugars in food and non-alcoholic beverages.
 - Limit excess calorie intake, reduce portion size and energy density of foods.

POLICY OPTIONS FOR MEMBER STATES: PROMOTING A HEALTHY DIET

- Develop policy measures that engage food retailers and caterers to improve the availability, affordability and acceptability of healthier food products (plant foods, including fruit and vegetables, and products with reduced content of salt/sodium, saturated fatty acids, trans-fatty acids and free sugars).
- Promote the provision and availability of healthy food in all public institutions including schools, other educational institutions and the workplace.
- As appropriate to national context, consider economic tools that are justified by evidence, and may include taxes and subsidies, that create incentives for behaviours associated with improved health outcomes, improve the affordability and encourage consumption of healthier food products and discourage the consumption of less healthy options.



POLICY OPTIONS FOR MEMBER STATES: PROMOTING A HEALTHY DIET

- Develop policy measures in cooperation with the agricultural sector to reinforce the measures directed at food processors, retailers, caterers and public institutions, and provide greater opportunities for utilization of healthy agricultural products and foods.
- Conduct evidence-informed public campaigns and social marketing initiatives to inform and encourage consumers about healthy dietary practices.



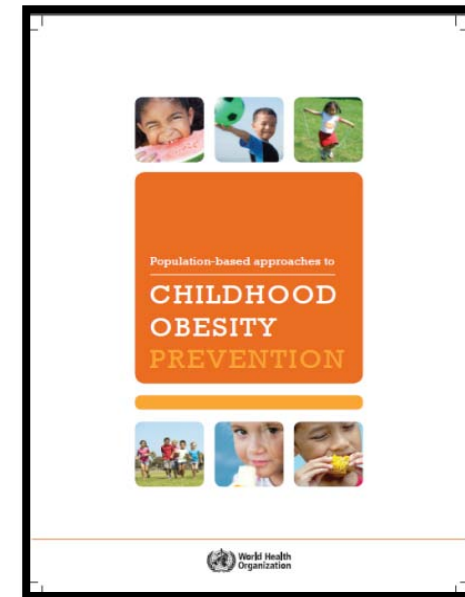
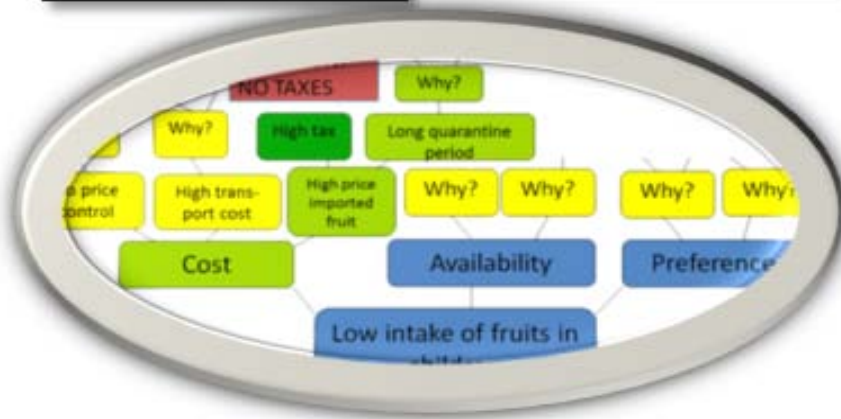
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POLICY OPTIONS FOR MEMBER STATES: PROMOTING A HEALTHY DIET

- Create health- and nutrition-promoting environments, including through nutrition education, in schools, child care centres and other educational institutions, workplaces, clinics and hospitals, and other public and private institutions.
- Promote nutrition labelling, according to but not limited to, international standards, in particular the Codex Alimentarius, for all pre-packaged foods including those for which nutrition or health claims are made.

Childhood obesity prevention toolkit

Childhood obesity toolkit



This document aims to provide Member States with an overview of childhood obesity interventions that can be undertaken at national, sub-national and local levels.

Key components

Population-based approaches to childhood obesity prevention		
Structures to support policies & interventions	Population-wide policies and initiatives	Community-based interventions
<ul style="list-style-type: none">• Leadership• 'Health-in-all' policies• Dedicated funding for health promotion• NCD monitoring systems• Workforce capacity• Networks and partnerships• Standards and guidelines	<ul style="list-style-type: none">• Marketing of unhealthy foods and beverages to children• Nutrition labelling• Food taxes and subsidies• Fruit and vegetable initiatives• Physical activity policies• Social marketing campaigns	<ul style="list-style-type: none">• Multi-component community-based interventions• Early childcare settings• Primary and secondary schools• Other community settings

Modified problem and solution trees

Choose at least

1 physical activity &

2 diet PROBLEMS

from this list

Or

You can ADD to

or CHANGE the

problems on this list

List of potential PROBLEMS to target

Not enough fruit eaten

Not enough vegetables eaten

Low fibre diet

High intake of sugar-sweetened drinks

Low consumption of breakfast

Unhealthy lunchboxes

High intake of junk foods by children in lunchboxes and after schools

High-fat meals

High intake of fast foods

Low participation in non-sport physical activities (eg dance, martial arts)

Inactive transport

Low physical activity in school days

Sedentary workplaces/work

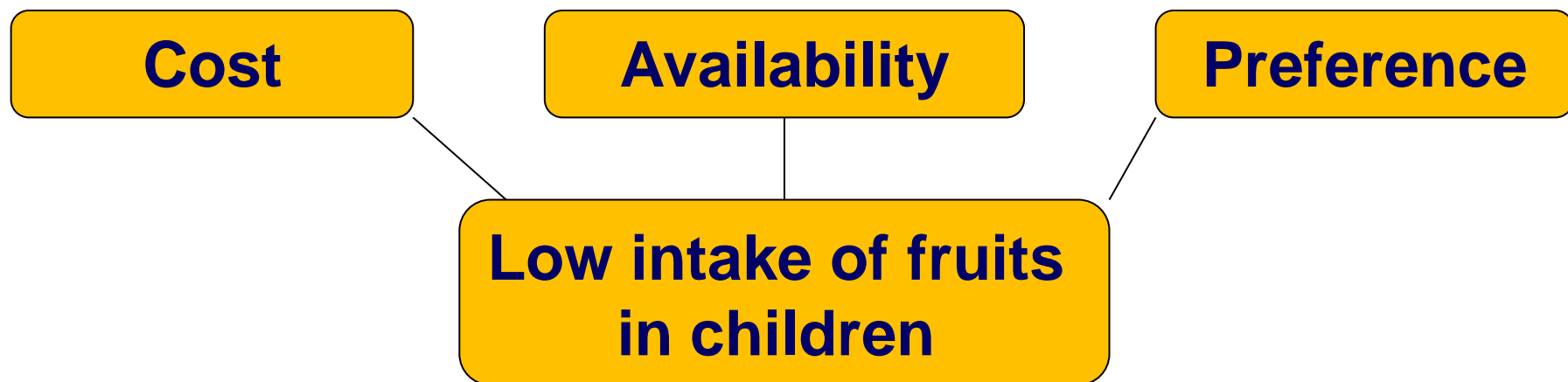
Sedentary behaviours linked to TV viewing

Sedentary behaviours linked to video game use

Other...

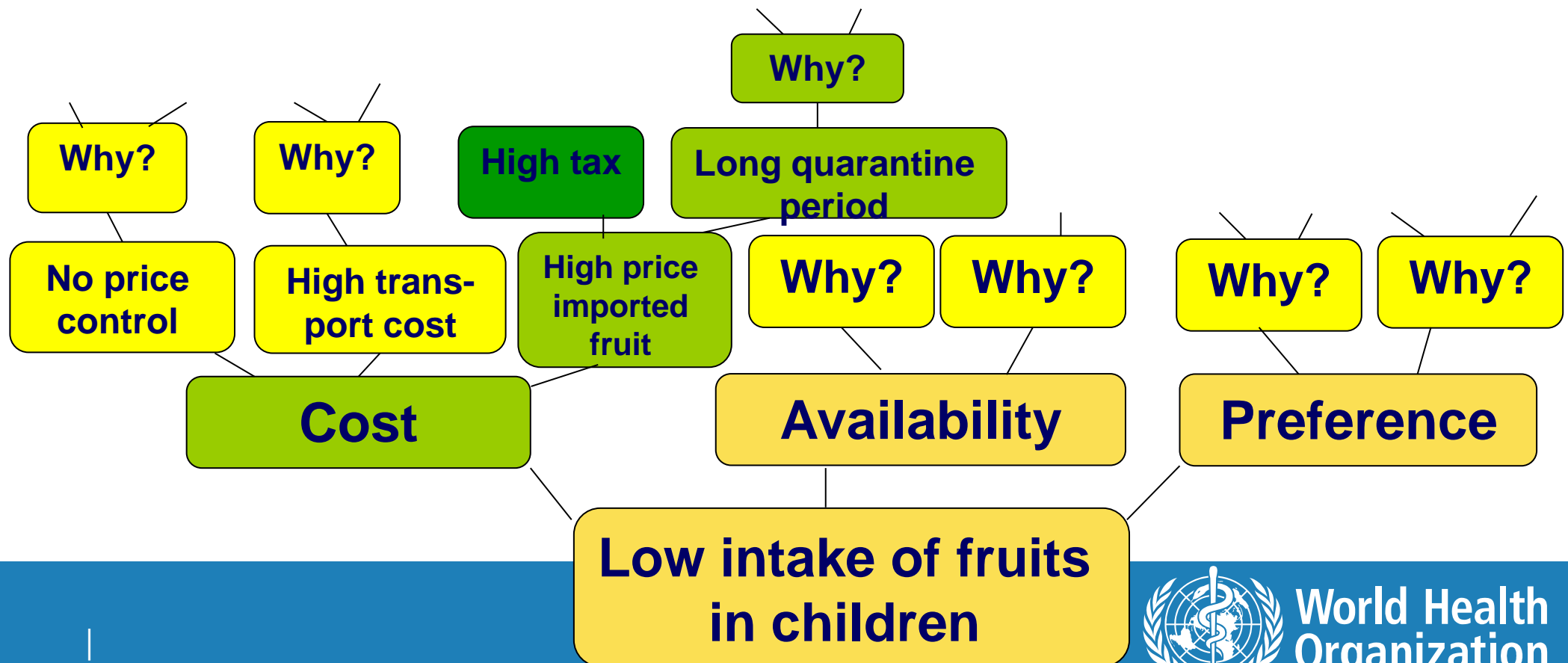
Development of problem trees

All diet related problem trees will be investigated through an initial layer of factors: cost, availability, preference

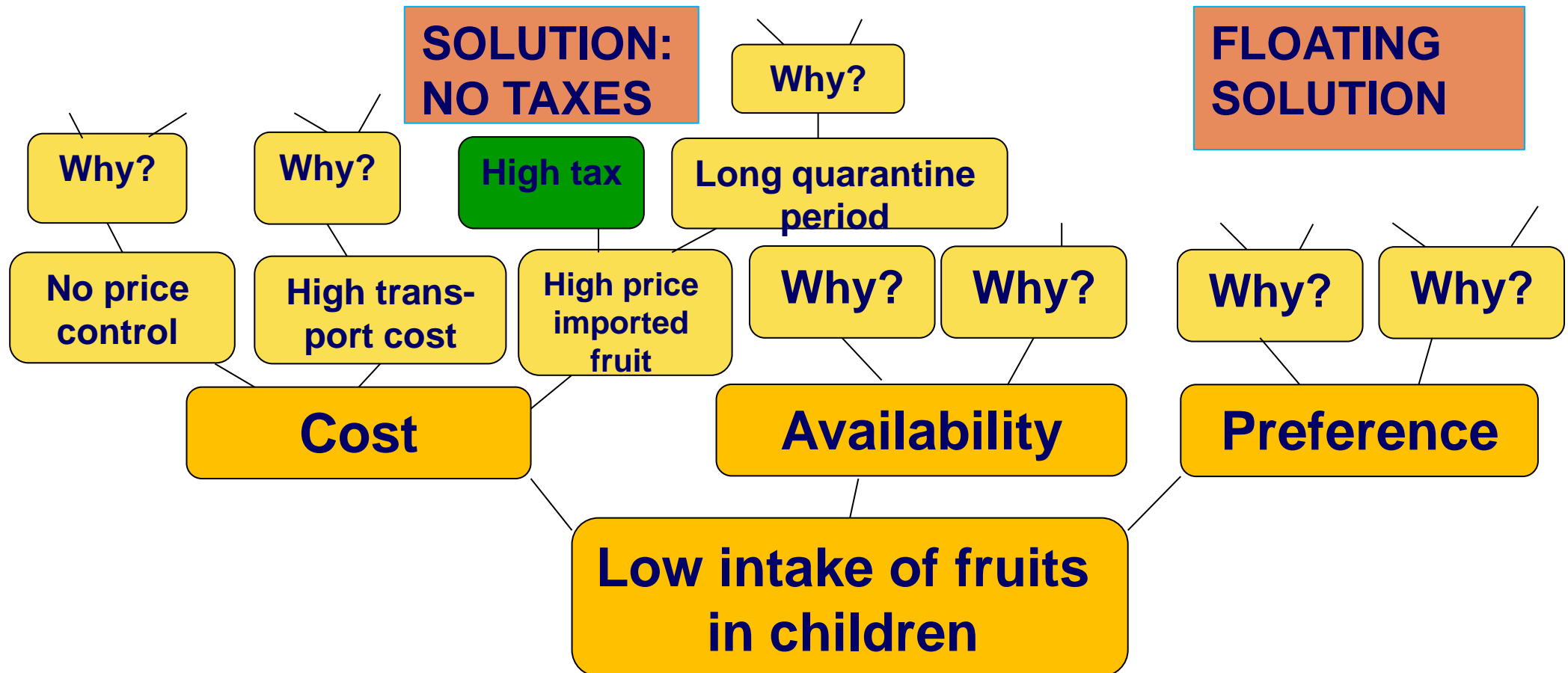


Development of problem trees

- Ask: "Why is the cost of imported fruit high?"
- Continue until you have exhausted all "why" possibilities or a policy solution becomes apparent.



Development of solution trees





Bringing together the different prioritization criteria

Policy options	Effectiveness score	Feasibility score	Total score (sum)
Policy 1: Lowering import tax on fruits	4	3.2	7.2
Policy 3: School food policy	3	3.2	6.2
Policy 2: Fuel subsidies	1	3.6	4.6
Policy 4	0	2.6	2.6



Example of an action plan for childhood obesity

Overall objective	To contribute to the reduction of childhood obesity and prevention of NCDs		
Purpose	Improved dietary practices and increased physical activity of children		
	Component 1	Component 2	Component 3
	1 Increased intake of fruits in children	2 Increased consumption of vegetables in children	3 Increased bicycle use to get to school
Results (Policy options)	1.1 Lowering import tax on fruits 1.2 Fuel subsidies for transportation of fruits 1.3 School food policy on fruit consumption	2.1 2.2	3.1 3.2
Activities	1.1.1 Prepare 1.1.2 Design 1.1.3 Conduct 1.2.1 Identify 1.2.2 Complete 1.3.1 etc.	2.1.1 2.1.2 2.1.3 2.1.4 2.2.1 2.2.2 2.3.1 etc.	3.1.1 3.1.2 3.1.3 3.1.4 3.2.1 3.2.2 3.3.1 etc.



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Countries trained to date

AFRO	AMRO	EMRO	EURO	SEARO	WPRO
Ghana	Aruba*		Albania	Indonesia	Fiji
Lesotho**	Jamaica*		Kazakhstan	Thailand*	Samoa
Mauritius			Malta		Tonga
Tanzania*			Serbia		
Togo			Turkey		
Zambia			Uzbekistan		
Zimbabwe*					
<i>Brazzaville</i>					

***denotes sub-regional training**

**** run by AFRO team**

Lessons Learnt

- Political Mandate – in place but accountability ??
- Framework –
 - not easiest when translating into national plans
 - Health vs Disease Prevention
- National Plans
 - Nutrition plans vs NCD Plans
- Implementation
 - Cross-sectoral partnership with agriculture challenging : Fitness of fit ?
- Evaluation : NCD Surveillance



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WAY FORWARD

- Multisectoral Mechanism for implementation -
- Leadership ? -
- Agr, Trade, Health ? -
- Accountability/ Surveillance -
- GMF -
- Newness of challenges -
- Organic vs non-organic -
- Local vs processed F & V -



Possible role for WHO

- Provide scientific background:
 - Measuring fruit & vegetables consumption
 - What works for which setting / consumer group ?
 - Barriers to consumption
- Provide tools and models for promotion of fruits and vegetables, especially in developing countries, including evaluation tools within disease or risk factor pillars .
- Bridge between health and horticulture sector by collaborating with FAO – stimulate similar collaboration at national levels.