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# Why the Bush administration and the global sugar industry are determined to demolish the 2004 WHO global strategy on diet, physical activity and health

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## Abstract

*Objective:* To indicate why the world's most powerful nation state and one powerful sector of the food and drink production and manufacturing industry are determined to demolish the 2004 WHO (World Health Organization) global strategy on diet, physical activity and health, and to disassociate it from the 2003 WHO/FAO (Food and Agriculture Organization) expert report on diet, nutrition and the prevention of chronic diseases, which with its background papers is the immediate scientific basis for the strategy. To encourage representatives of nation states at the 2004 WHO World Health Assembly to support the strategy together with the report, so that the strategy is explicit and quantified, and responds to the need expressed by member states at the 2002 World Health Assembly. This is for an effective global strategy to prevent and control chronic diseases whose prevalence is increased by nutrient-poor food low in vegetables and fruits and high in energy-dense fatty, sugary and/or salty foods and drinks and also by physical inactivity. Of these diseases, obesity, diabetes, cardiovascular diseases and cancers of several sites are now the chief causes of morbidity and mortality in most countries in the world.

*Method:* A summary of the global strategy and its roots in scientific knowledge accumulated over the last half-century. Reasons why the global strategy and the expert report are opposed by the current US government and the world sugar industry, with some reference to modern historical context. A summary of the trajectory of the global strategy since its first draft made in early 2003, and a further summary of its weaknesses, strengths and potential.

*Conclusion:* The 2004 WHO global strategy and the 2003 WHO/FAO expert report are perceived by the current US administration as an impediment to US trade and international policy, within a general context of current US government hostility to the UN (United Nations) system as a brake on the exercise of its power as the world's dominant nation. Policy-makers throughout the world should be aware of the contexts of current pressures put on them by powerful nation states and sectors of industry whose ideologies and commercial interests are challenged by international initiatives designed to improve public health and to leave a better legacy for future generations.

**Keywords**  
WHO Global Strategy 2004  
WHO/FAO 916 report 2003  
Chronic disease prevention  
Economic globalisation  
Food and nutrition policy  
Food systems

## What WHO says

The context for this article is the WHO (World Health Organization) *World Health Report 2003*<sup>1</sup>. What it says of cardiovascular diseases (CVDs) can be said of chronic (non-communicable) diseases in general:

There is a lingering view that CVDs are mostly confined to wealthy people and are caused by natural ageing and degenerative processes. There persists a widespread belief that they are 'lifestyle diseases', fully under the control of individual decisions. The reality is quite different.

The good news is that an impressive body of research has identified the causes of the CVD epidemics within

populations. Global trade and marketing developments continue to drive the nutrition transition towards diets with a high proportion of saturated fat, sugar and salt.

The main issue for policy-makers, at all levels... in developing countries, is how to deal with the growing burden of epidemics of noncommunicable diseases in the presence of persistent communicable disease epidemics.

A coherent policy framework encompassing legislation, regulation and mass education is critical for CVD prevention and control, since individual behaviour change is difficult in the absence of conducive environmental alterations.

Global norms are needed to balance the otherwise unrestrained influences of powerful actors... The

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Framework Convention on Tobacco Control... is one example of a legally binding global norm.

WHO is developing a Global Strategy on Diet, Physical Activity and Health as a strategic framework within which WHO and Member States can work together... based on extensive consultations with... Member States, the United Nations and intergovernmental organizations, civil society and the private sector.

Advocacy and action... must extend well beyond the health sector... The involvement of nongovernmental organizations in articulating the demand for speedy implementation of policies and programmes relevant to CVD control is critical for catalyzing policy change.

Sustained progress will occur only when governments, international agencies, nongovernmental organizations and civil society acknowledge that the scope of public health activities must be rapidly broadened to include CVDs.

As said, references to CVDs above apply to all major chronic diseases<sup>2,3</sup>. The points could be made more explicitly: for example, the reader is not told what and who are driving the trade and marketing developments that increase saturated fat, sugar and salt in global food supplies<sup>4</sup>. As explained elsewhere in this article, it would be better to replace the tendentious phrase 'developing countries' with a more descriptive term like 'middle- and low-income countries': there is more to development than money<sup>5</sup>, as people who live in Asian countries – whose continuous civilisations and cultures are much older than those of the Americas and almost all of Europe – are perhaps too polite to emphasise.

And this World Health Report does not state that the maintenance, creation and development of healthy food systems will not only be of economic benefit to nation states and their citizens faced with the crippling costs of treating chronic diseases, but will also benefit national economies and the food industry as a whole. Thus, Donald Mitchell of the World Bank, in a briefing given in February 2004 to the annual meeting of the Committee on Agriculture (COAG) of the Food and Agriculture Organization (FAO), stated that countries in the South would be huge winners as a result of increased production of vegetables and fruits, which as he said, would 'completely swamp' losses from reduced sugar production and export<sup>6</sup>.

This said, the *World Health Report 2003* gives a context for the ferocious battle in which the current US government, together with the world sugar industry (also known as Big Sugar), are putting all the pressure at their command on WHO to eviscerate its Global Strategy on Diet, Physical Activity and Health (hereafter termed 'the 2004 WHO global strategy' or simply 'the global strategy' or 'the strategy') and to disassociate the strategy from the 2003 WHO/FAO report 916 on *Diet, Nutrition and the Prevention of Chronic Diseases*<sup>3</sup> (often hereafter termed 'the 2003 WHO/FAO expert report' or simply 'the expert

report'). The latest version of the global strategy, to be presented for debate at the May 2004 World Health Assembly, the governing body of WHO, is available on the WHO website<sup>7</sup>. Readers who do not have a copy should download and print it to get full benefit from this article.

### **The 2004 WHO global strategy**

The strategy on diet, physical activity and health marks an advance in the thinking of WHO on global public health. Until now, WHO strategies have concentrated on diseases related to deficiencies of food and of energy, protein and specific nutrients, and on infectious diseases to which vulnerability is often modified by nutritional status.

Successive WHO technical reports have since the 1980s<sup>8,9</sup> made public policy recommendations similar to those made in the global strategy, and the Declaration and Plan of Action issued by the FAO/WHO International Conference on Nutrition in 1992 made some passing references to the prevention of chronic diseases<sup>10</sup>. But the 2004 strategy is the first attempt at an integrated approach to the prevention of chronic diseases world-wide, commissioned by the WHO member states and now awaiting their endorsement. If approved in a relatively intact form, it would mark the time when WHO took the intellectual lead in the prevention and control of chronic diseases, as it has done with nutritional deficiency and infectious diseases.

### ***The global strategy summarised***

Here is a summary of the strategy and its recommendations designed to prevent and control chronic diseases. These are drawn not only from the 2003 WHO/FAO expert report<sup>3</sup> and its background papers<sup>11</sup>, but also from a vast body of scientific and other literature. The recommendations mostly repeat or develop those made in previous WHO technical reports<sup>9</sup>, and in expert reports published since the 1960s and increasingly since the 1980s by international agencies, governments including that of the USA, and health professional organisations<sup>8</sup>.

The global strategy was drafted in response to the requirement of WHO member states at the 2002 World Health Assembly<sup>12</sup>. With reference to the WHO *World Health Report 2002*<sup>13</sup>, it lists the main 'risk factors' and 'underlying determinants' for/of chronic diseases. As presented, these are:

- Biochemical (high blood cholesterol, high blood pressure).
- Nutritional (low intake of vegetables and fruits and high consumption of energy-dense foods low in nutrients and high in fat, sugar and/or salt).
- Biological (obesity).
- Psychosocial (smoking and physical inactivity).

These causes of chronic diseases can be expressed positively: thus, low blood pressure, low consumption of

salt and regular physical activity, all reduce the risk of disease in populations, communities and individuals. The strategy also stresses the importance of exclusive breast-feeding to 6 months or more, as is now WHO policy<sup>14</sup>, in reducing the risk of chronic diseases later in life.

The strategy does indeed emphasise that chronic diseases are not just diseases of affluent, older people. They are now epidemic throughout the world, and afflict young and impoverished populations throughout the South, where nutritional deficiency and infectious diseases are endemic. They are also very expensive to treat and 'inflict great costs on society'. With reference to the UN (United Nations) Millennium Development Goals<sup>15</sup>, the strategy then states 'health is a key determinant of development and a precursor of economic growth'. That is to say, healthy and active populations are able to become more prosperous. This is why WHO member states collectively commissioned the strategy.

### **Goals of the strategy**

In a key passage, the strategy states that its overall goal is 'to promote and protect health by guiding the development of sustainable actions at the community, national and global levels that, when taken together, will lead to reduced disease and death rates related to unhealthy diet and physical inactivity. These actions... have immense potential for major public health gains worldwide'. The strategy then lists its population food, nutrient and physical activity guidelines derived from the quantified goals set out in the WHO/FAO expert report<sup>3</sup>.

The strategy goes on to specify the principles governing its thinking, as for example:

- The 'life-course' approach beginning with women's health, pregnancy and breast-feeding; food and nutrition as part of a broader public health whole.
- The 'multi-stakeholder' approach involving the leaders and representatives of the relevant sectors of society as partners.
- Emphasis on actions most likely to be of benefit throughout the South and among impoverished populations everywhere, including the North.

In its second half the strategy then proposes responsibilities of the 'stakeholders', which as listed are the relevant UN agencies, national governments, international partners, civil society and non-governmental organisations, and 'the private sector' – industry – and ends with proposals for monitoring and reporting on the strategy as it is translated into actual programmes.

The final two sentences in the strategy as presented to the WHO Executive Board in January 2004<sup>16</sup>, with amendments proposed by the US government the next month in February<sup>17</sup>, indicate the difference in the policies of WHO and of the current US government. The words struck out and the italics inserted are the US government proposals:

The implementation of this strategy could lead to *significant* ~~one of the largest~~ and sustained improvements in population health ~~ever seen~~. Success *may* ~~will~~ result in improvements in public health that *may not be reached* ~~can rarely be matched~~ by other possible measures.

### **The context of the strategy**

At national and international level, nutrition and food policies have not been, are not, and never will be determined by the findings of science and its expression in policy, unless these happen to fit with the policies in government. Policy is political.

The deep context of the 2004 WHO global strategy is a story told in more detail elsewhere<sup>18,19</sup>. This story is of how and why throughout history the nature and quality of national, international and global food systems change, and with them, patterns of health and disease; and how and why the powers dominant in the world at any given time have manipulated food systems in order to extend their dominion and to become more rich and more powerful. This requires knowledge not of the scientific literature, but of history, because history is now repeating itself.

Since before the era of the supremacy of the Romans, tribes, ethnic groups and nations who worked out how to create and control food systems have by this means gained and exerted power over other peoples. Thus nearly 200 years ago the gastronome and philosopher Anthelme Brillat-Savarin wrote: 'The destiny of nations is determined by what they eat'<sup>20</sup>. Now he might well say: 'The destiny of humanity is determined by what it is constrained to eat'.

### **The almighty dollar**

The recent historical context for the 2004 WHO global strategy, and for the attack upon it by the current US government and the world sugar industry, is the time in 1944 when world domination passed from Britain to the USA, in the New Hampshire resort of Bretton Woods<sup>21,22</sup>. Britain won the war but lost the peace. The World Bank for Reconstruction and Redevelopment and the International Monetary Fund were established in Washington DC. The USA, then the world's creditor, used its brute force to create the agreement whereby world exchange rates were fixed against the dollar, which in this way became almighty.

The seemingly technical deals done at the 10-day conference were in fact ideological. The defeat of Maynard Keynes, leader of the British delegation, was also the defeat of Keynesianism. These are the economic, political and social principles upon which the Franklin Roosevelt administration reconstructed the USA after the Great Crash: the bedrock of social democratic governments throughout the world, whereby nation states took the lead and intervened to ensure increasingly just and equitable societies nationally, and as Keynes envisioned at Bretton Woods, globally.

## The trajectory of the 2004 WHO global strategy

Examination of successive drafts of the 2004 WHO (World Health Organization) Global Strategy on Diet, Physical Activity and Health<sup>1–5</sup> which is WHO's response to a Resolution made by all member states present at its 2002 World Health Assembly<sup>6</sup>, itself a development of a process begun 10 years previously<sup>7</sup>, shows that since its first outline in April 2003 the strategy has been refined and clarified, and also modified and diluted. This is normal in the development of public policy frameworks by international agencies and governments, especially when conflicting interests are involved.

Many of the changes are in response to scientific and other technical suggestions made to the expert advisory 'reference group' responsible to the WHO secretariat for the strategy, most recently within the final statements of 52 member states made in February 2004<sup>8</sup>, and in general to suggestions from all quarters that have no ideological or commercial implications. These are not discussed here.

The refinements and clarifications largely derive from a comprehensive and open consultative process, including meetings throughout the WHO regions that took place in March and April 2003<sup>9–12</sup>, and consultations with food manufacturers and their trade associations, health professional and civil society organisations, the United Nations and other international agencies, that took place between April and June 2003<sup>13–15</sup>.

The modifications and dilutions appear to be in part a result of representations made by the US government to WHO Director-General Lee Jong-wook requesting changes to the global strategy, or else denouncing the WHO/FAO (Food and Agriculture Organization) expert report which is its immediate scientific basis<sup>16</sup>, notwithstanding the fact that the analyses and recommendations of the report are similar to those made by the US government for the US population<sup>17,18</sup>.

A thorough analysis of the many successive drafts of the strategy and of the consultative process, of comments made on the strategy and the expert report, and of the responses evident in successive drafts and the implications of the changes made, would be a substantial undertaking, not attempted here. Instead, examples of a few of the many changes made between the fourth draft dated 21 August 2003<sup>2</sup>, the 'final' draft of 25 September 2003<sup>3</sup>, and the draft circulated by the WHO secretariat for the January 2004 meeting of the WHO Executive Board<sup>4</sup>, are given here. They show a general tendency to preserve the rhetorical flow of the strategy, make its contents vaguer and to shift its philosophy; and in particular to:

- Reduce acknowledgement of the 2003 WHO/FAO expert report.

- Suggest that the science base for the strategy is provisional.
- Reduce reference to specific pathogenic aspects of food supplies and diets.
- Shift responsibility from government and industry to the individual.
- Avoid challenges to the food and drink manufacturing industry.
- Minimise reference to ill-effects of marketing of processed foods and drinks.
- Avoid reference to economic, political and other basic causes of disease.
- Erase reference to legal, fiscal and other formal and binding instruments.

Readers of this article should consult the latest draft of the strategy, posted on the WHO website after this issue of *Public Health Nutrition* went to press<sup>5</sup>. The comparisons made below also include suggestions for policy-makers, in italics.

- **Definition.** In the August draft, chronic diseases 'are defined here to include especially cardiovascular diseases (CVD), hypertension, cancer, obesity, diabetes, osteoporosis, dental caries and chronic respiratory diseases'. This disappears in the September 'final' draft. In paragraph 4 of the November draft as seen by the Executive Board, 'cardiovascular disease, type 2 diabetes and certain types of cancer' are called 'non-communicable diseases' and dental caries and osteoporosis 'widespread causes of morbidity'. Hypertension, obesity and chronic respiratory diseases disappear. *The August draft is more helpful and explicit, and, with one or two technical adjustments, is preferable.*
- **Breastfeeding.** The August draft states 'maternal health, exclusive breastfeeding and adequate infant nutrition are key determinants in the prevention of chronic diseases later in life'. This disappears in the September draft, and in paragraph 10 of the November draft lack of breastfeeding is conflated with uterine growth restriction, low birth weight and stunting. *These should be included, but otherwise the August draft, and its positive message, should be reinstated.*
- **Marketing.** The August draft states 'for all countries, the underlying determinants of the risk factors for chronic diseases are largely the same. These include increased consumption of fatty, salty, sugary, energy-dense and nutrient-poor foods and increase in portion sizes of food items'. This is changed in the September draft, and the November draft inserts 'current evidence suggests' after 'countries' and omits reference to large portion sizes. Given that this factor is identified as a 'possible' cause of obesity in the expert report, it would be better to say so here. *Otherwise the August draft should be reinstated and the insertion removed.*

- **Population dietary goals.** The 'evidence for action' section of the August draft, referring to the expert report with its quantified goals, uses the term 'increase' for fruit and vegetables, pulses, whole grains and nuts, and 'reduce' for fat, 'free' sugars and salt. This is changed in the September draft, and its equivalent paragraph 15 of the November draft replaces 'reduce' with 'limit'. Technically 'limit' is more accurate (because some populations or sub-populations consume less than 10% of energy in the form of added sugars, although this rarely applies for fat). *The vague term 'limit' obscures the purpose of the global strategy and the expert report, to which explicit reference should be retained. In addition, the quantified goals of the expert report should be appended to the global strategy.*
- **Labelling.** Within recommendations to nation states, the August draft states: 'consumers need accurate and comprehensible information on the content of food items, concerning key nutritional aspects such as energy, quantity of fat, sugar and salt content'. The September draft is changed and in the November draft, paragraph 35, this is replaced by 'consumers have the right to accurate, standardised and comprehensible information on the contents of food items so it is conducive to making healthy choices. Governments may require information on key nutritional aspects, as proposed in the Codex Guidelines on Nutrition Labelling'. Fat, sugar and salt have disappeared. *The August version should be reinstated, expressed in good English.*
- **Agriculture.** The August draft says that 'governments can influence agricultural production through many policy measures, including subsidies'. In the September draft and in the equivalent paragraph 36 of the November draft, the phrase 'including subsidies' has disappeared. *The August version should be restored and elaborated to include reference to other common policies such as animal safety and welfare laws, 'set-aside', 'dumping' and food aid programmes, and the word 'can' should be replaced by 'typically'.*
- **Marketing.** In the section addressed to industry, the August draft says 'refrain from promoting and marketing foods high in saturated fats, sugar or salt, especially to young children'. In the September draft and the equivalent paragraph 50 of the November draft, this wishful thinking is changed to 'follow responsible marketing practices that support the strategy, particularly with regard to the promotion and marketing of foods high in saturated fat, sugar and salt, especially to young children'. *Inasmuch as the later versions are more grounded in reality they are preferable. The issue of the marketing of pathogenic foods and drinks requires the design of new formal mechanisms.*

At the January 2004 meeting of the WHO Executive Board, the US delegation, supported by those from some other countries, requested further time for consultations, and this was agreed. The position of the US government on the global strategy<sup>16,19</sup> became transparent when its statement to the WHO Director-General was posted on the WHO website after the end of February 2004<sup>20</sup>. As summarised in an internal WHO memorandum, not published but available<sup>21</sup>, the main purposes of the US government<sup>20</sup> include:

- 'Deletion of all reference to WHO/FAO Expert Consultation Report'.
- 'Deletion of all references to fat, oils, sugar and salt'.
- 'Deletion or modification of all references on the issue of marketing and advertising to children'.

These are not all. A striking example of the US government's proposal to eliminate reference to the expert report, to reduce any sense of urgency and importance in the global strategy, and to deflect attention to the individual, all in one clause, is the preamble to the key passage in the strategy which lists its diet and physical activity goals. The words struck out are from the strategy as presented to the WHO Executive Board in January 2004<sup>4</sup>. The words in italics are those proposed by the US government<sup>20</sup>:

For diet, ~~the report recommends that populations should~~  
*individual and population recommendations could*  
*consider the following:*

All those concerned to enable and achieve an effective integrated global strategy on food, diet, physical activity and public health, should watch for these spaces.

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As a philosophy, as distinct from a mere economic theory, Keynesianism was developed to make the world safe from a repeat of the Great Crash of the US money markets of the late 1920s and 1930s, which caused great suffering throughout the world and created the context in which European dictators seized power and provoked the Second World War. But the dominant global ideology since Bretton Woods, accelerated by the decision to float currencies made by the Nixon administration, and then by the creation of the World Trade Organization, is designed to make rich nations and institutions richer. It amounts to the prevention of political and economic policies designed to ensure more equity and security in the world, and the ascendancy of a system of international capitalism misdescribed as 'globalisation'<sup>23,24</sup>, whose tenets include:

- Unrestricted international capital flow.
- Demolition of laws and regulations designed to protect workers.
- Accelerated penetration of domestic markets by international capital.
- Use of trade, loans and aid as methods to ensure dependency and beggary.
- Crushing of movements and governments with different ideologies.

In all this the US government, together with financial institutions and commercial enterprises controlled from the USA and other rich nations, is dominant. In the 45 years after the Second World War, the general purposes of US expansionism throughout the world became obscured, and accusations that the USA seeks an expanding empire were usually made only by supporters of the USSR and its allies. However, with the accession of the elder President

Bush, the collapse of the USSR, the announcement of the 'new world order' and now the actions of the administration of the younger President Bush in response to the 2001 attack on the USA, the description of the USA as imperialist in all but use of this taboo word has become almost uncontroversial<sup>25–27</sup>.

Chalmers Johnson of the University of California at San Diego is an authority on Asian affairs. He is one of the many US commentators with a distinguished background of high office in government who now, after the declaration of the elder President Bush of 'the new world order' and the consequent exercise of US power, sees their nation as a threat to world security. He puts it this way<sup>28</sup>:

US policy... is driven by a familiar global agenda aimed at preserving and enhancing a Washington-centered world based on our being 'the lone superpower'. Whether it is called 'globalization', 'the Washington consensus', 'soft power' or the 'indispensable nation', it still comes down to an urge to hold on to an American-inspired, -financed and -led world order.

### **Why the USA opposes the 2003 WHO/FAO expert report**

This is the context in recent history and current world affairs of the opposition of the current US administration to the 2003 WHO/FAO expert report, and why at the time of writing the USA is evidently succeeding in eviscerating the 2004 WHO global strategy. This of course is not the language used in its disclosed statements. In the letter written to the WHO Director-General dated as received on 27 February<sup>17</sup>, the US government states: 'We stand ready to

work with other countries and... WHO to present to the 57th World Health Assembly a strong global strategy on diet, physical activity and health...'; and then adds a clause designed to reduce the role of WHO to a clearing house: '... to serve as the basis for the actions of nation states'.

All of course depends on what the global strategy as presented to the World Health Assembly says, and what the strategy then says when (or if) endorsed. So far, the strategy includes important statements on motherhood, in the form of strong statements endorsing WHO – and indeed US Department of Health and Human Services – policies on breast-feeding as being protective against chronic diseases in mothers and in their children later in life<sup>14,29</sup>. What the strategy will say about apple pie, and all the other fatty, sugary and also salty foods and drinks manufactured, sold and consumed in excess in the USA and now all over the world, remains to be seen.

The position of the US government on the global strategy matters, of course, because according to its State Department the USA contributes 22% of the budget of WHO<sup>30</sup>, and also because on practically any issue on which the USA feels strongly, it can count on the support of (at a guess) 50 member states, maybe more.

#### **Overt reasons**

In its statements<sup>17,31,32</sup>, the overt or discernable general objections of the US government to the 2003 WHO/FAO expert report and to the 2004 WHO global strategy are as follows.

- The expert report is unacceptably poor, not well-based in science.
- The criteria for its recommendations are not properly evidence-based.
- Global recommendations on diet and health are not appropriate.
- The science on food, nutrition and chronic diseases is provisional.
- Specific aspects of diet (such as fat, sugar, salt) should not be singled out.
- Recommendations should be principally addressed to individuals.
- WHO does not have the mandate or ability to touch on economic issues.
- Legal, fiscal and other formal policies violate the US Constitution.
- The food industry should be free to do what it wants to do.
- Any global strategy should be subsidiary to national programmes.

#### **Covert reasons**

Some of these objections, and others, are felt by some of the nation states that have commented on the expert report and the global strategy to have force<sup>33</sup>. But, these overt objections are not what drives the policy of the US government. The covert reasons are well understood in

UN and other diplomatic circles, as discussed in recent and current analyses of US foreign policy<sup>25–28,34–37</sup>. References here are necessarily not to scientific literature.

The overall foreign policy of the USA, parallel with the previous policy of Britain when it was the world's leading imperial power, has since the early 20th century been to create a system not only of economic but also of cultural and political dependency throughout the world, by which means the South is further impoverished, relatively and absolutely. The brake on US expansionism, imposed by the balance of power with the USSR and also to some extent by the relatively cautious policies of some US administrations, has now been replaced by what is sometimes known as 'foot on the floor' unilateral action that strips off the veneers of diplomacy. This is the overall context for the US government opposition to the expert report and the global strategy: the UN in general and these initiatives in particular are – or if effective would be – brakes on the exercise of the political and commercial power of the USA. Somewhat more specifically:

- *Control of food systems.* The overall foreign policy of the USA since the 1940s<sup>36</sup>, or else taking a longer view since its settlers eliminated its native inhabitants, defeated the European powers, reduced Mexico and occupied the whole continent<sup>37</sup>, has been expansionist. The control of food systems is an indispensable part of any exercise of hegemony<sup>19</sup>.
- *Food trade used to ensure dependency.* Correspondingly, as soon as it is in their political and economic interest to do so, great powers switch their trade policies from protectionism to 'free trade' – by which system, enslavement by another name, the economies of weaker countries are hamstrung, and their general cultural, social and political dependency ensured<sup>38</sup>.
- *Staple commodities used to deepen dependency.* Imperial nations have always exploited the production and export of staple and other valuable commodities to consolidate their power. Some such commodities are mineral, others are consumable. These include spices, tea, coffee, tropical fruits, soya – and of course sugar, in which trade has been global since the 1600s<sup>39</sup>.

#### **Why Big Sugar opposes the 2004 WHO global strategy**

It now also should be apparent why in the case of the 2003 WHO/FAO expert report and the 2004 WHO global strategy, the current US administration and the global sugar industry, also known as Big Sugar, are allied. A more direct reason, whose importance may be exaggerated, is that the US sugar industry is a big donor to the US Republican party and to the campaign to re-elect President Bush, and also his younger brother who is Governor of Florida, a sugar-producing US state<sup>40</sup>.



## How to strengthen the 2004 WHO global strategy

Responses to the World Health Organization's (WHO) global strategy have mostly been technical, or have proposed changes designed to weaken it. Some have proposed changes that would strengthen it, or have pointed out omissions. Here are 10 such proposals in part drawn from these responses<sup>1-4</sup>. They can be used to make the draft strategy more cogent, and then (if it is endorsed by the 2004 World Health Assembly) can be applied in its enactment.

### 1 Words

The global strategy and also the expert report sometimes fail to use neutral concepts and terms. Tendentious ideology can be embedded in language. Three examples are the terms 'diet', 'developing' (and 'developed') countries and 'lifestyle'.

#### *'Food'*

Use of the term 'diet' focuses attention on the individual. The very titles of the global strategy and the expert report give an impression of concern mainly with guidance to individuals and perhaps also families and communities, which is not their declared intention. The main focus of policies for populations should be on food systems and food supplies<sup>5</sup>. It is often most descriptive to use the phrase 'food supplies and diets'. In other contexts the phrase 'food and nutrition' is appropriate<sup>6</sup>. It is often best simply to use the word 'food', which has no particular connotation.

#### *'High-income' (and 'middle-' and 'low-income')*

The global strategy uses the terms 'developed' to apply to high-income countries, and the term 'developing' to apply to most countries in the South. These terms refer not to quality of civilisation and society, but to money. Use of the term 'developing' in this sense assumes that economic development, or to be more precise greater use of money, is the only relevant type of development, which is absurd. It also assumes that populations currently with little use for money should change their ways, which is arguable. The terms 'high-income' ('middle-income', 'low-income') are more objective.

#### *'Ways of life'*

The global strategy refers to chronic diseases as diseases of 'lifestyle'. The concept is extremely problematic applied to public health. It implies that individuals are free to choose to modify their risk of chronic disease, and that prevention is mainly if not solely about education and information of individuals. The concept is not appropriate even for high-income adult populations. An

example is chronic diseases caused by over-consumption of alcohol, which can be addictive. Also, foodstuffs that modify the risk of some chronic diseases have their effect early in life, dental caries and obesity being examples. Further, chronic diseases may originate early in life and even before birth. It is fanciful to use the word 'lifestyle' to apply to a young child or a foetus.

Middle-class people can have lifestyles and may make choices, but most people purchase and consume the food made available to them, and have little scope for choice or style. The way most people live is in general a matter of necessity, not of 'lifestyle'. The term 'ways of life' is more objective.

### 2 Concepts

The global strategy and the expert report are both in the convention of public health medicine, whose conceptual framework stretches the medical and surgical approach of the treatment of individuals to the prevention and control of diseases in populations. This is understandable in documents prepared for and by WHO, as the United Nations agency concerned with treatment of disease and its primary to tertiary prevention, as well as with hygienic and sanitary programmes designed to prevent and control epidemic infectious diseases. So, much of the language used in the global strategy to describe the causes of (or 'risk factors' for) chronic diseases is biochemical.

Medical and biochemical models have a place in public health, but the overall concern of the global strategy is with primordial prevention: the protection, creation and development of environments in which populations are least likely to suffer and die from chronic diseases. This conceptual framework – much like that of the hygienists who, beginning in the mid-19th century in London and Paris, led governments to commission civil engineering projects designed to make water safe from the vectors of infectious diseases<sup>7</sup> – is the appropriate model for the global strategy.

### 3 Causation

The global strategy and the expert report refer to different types of cause of chronic disease, but do not distinguish between them. But the hierarchical model of immediate, underlying and basic causes of disease developed by UNICEF (United Nations Children's Fund) for childhood diseases<sup>8</sup> is readily applied to chronic diseases. Immediate causes of chronic diseases may be biochemical or nutritional (such as high blood pressure or high intakes of salt), underlying causes may be communal, commercial or environmental (such as schools without recreational facilities or incessant marketing of energy-dense processed foods), and basic causes are in general political (such as unregulated international capital flow or the

stripping out of indigenous and traditional food systems).

Effective public health policies and programmes address basic and underlying causes of disease, and require political will at all levels: municipal, state, national and global. Such policies need to identify the underlying and basic causes of disease that can be reduced and eliminated, and the corresponding causes of good health that can be protected and developed.

#### **4 The South**

Despite its declared intention, the global strategy does not give special emphasis to middle- and low-income countries. There is relatively little reference to families and local communities, where the lives of most people who live in rural areas and smaller towns are rooted; nor to traditional food systems and cultures, evolved to supply stable, adequate and varied foods and diets for hundreds and even thousands of years<sup>9</sup>. This may reflect the lifestyles of the people who drafted it, able to choose from the cuisines of the world where they live and/or when travelling, in common with most middle-class people from the North. To be effective in the South, the strategy will need reconstruction by specialists who know how most people live.

#### **5 Nutritional deficiency and infectious diseases**

The global strategy gives no emphasis to the need to integrate recommendations, policies and programmes on chronic diseases with those on nutritional deficiencies and relevant infectious diseases. But these still dominate the thinking of most policy-makers in most countries in the world, are prevalent in the same communities and even families as are chronic diseases, and are preventable by broadly the same dietary means<sup>10</sup>.

The strategy needs amplification by specialist advisors if the governments of countries in the South are to take it seriously. Politicians, other policy-makers and health professionals in middle- and low-income countries need to know that policies and programmes designed to prevent chronic diseases will also prevent nutritional deficiencies and will increase resistance to many infections of infancy and young childhood. Otherwise they are unlikely to give priority to the global strategy.

#### **6 Alcoholic drinks**

The strategy and the expert report say nothing about alcohol and alcoholic drinks. This is a gross omission.

#### **7 The food industry**

The global strategy writes about 'the food industry' or 'the private sector' as if food manufacturers – or more specifically transnational manufacturers of processed foods and drinks, their representative organisations and

their natural allies in the agrochemical industries – *are* the food industry. These branches of the food industry are the most effectively represented in negotiations with UN agencies, and most vocal in defending their commodities, such as refined starch, hydrogenated oils, added sugars and salt, and their products made from these commodities. But they are not 'the food industry' as a whole.

This misunderstanding is damaging to the strategy, because its enactment should be beneficial to the food industry as a whole, which includes family farmers and distributors, retailers and caterers whose profits do not depend on any particular types of commodity or product.

#### **8 Food processing**

The global strategy and the expert report make scattered and rather vague references to food processing. In the light of current knowledge this is another omission. Thus, the effects of degrees and types of refining on the quality of starchy foods and the quantity of added sugars produced and consumed, of hydrogenation on the volume of saturated fats and *trans*-fatty acids in food supplies, of refrigeration on year-round availability of vegetables and fruits and on production and consumption of salt, of the effects of fermentation on gut microbial ecology, of the relative benefits of bottling and canning in water and natural juices, and of the creation of carcinogenic compounds by storage in warm ambient temperatures and by burning of animal foods, are all well known.

The relevance of these and other types of food processing, and the importance of partnerships with industry to encourage both traditional and new benign forms of processing, is also well understood, but is hardly mentioned in the strategy. The opportunities for food producers and manufacturers, whether local, regional or international, to gain market share with products whose nutritional quality is protected by benign methods of manufacture, are apparent. The general effect of the strategy so far is unnecessarily to frustrate potential alliances with industry.

#### **9 Civil society**

The global strategy displays a poor understanding of the nature, work and potential of non-governmental organisations (NGOs) representing civil society. Their proposed role is largely confined to promotion of the strategy, not so much as partners as peons. This lordly attitude reflects the fact that WHO, and the Food and Agriculture Organization, have not yet succeeded in gaining the trust and respect of NGOs whose support they need, and have an uneasy relationship with civil society organisations. True, in sharp contrast with fields

such as energy and the environment, civil society organisations concerned with food, nutrition and public health are 'safe', which is to say timid or pliant, with important exceptions such as the International Baby Food Action Network, the US Center for Science in the Public Interest, the International Association of Consumer Food Organizations and the global Alliance for People's Action on Nutrition<sup>2-4</sup>.

The global strategy will be effective only if advocated by informed and energetic civil society organisations whose methods are on a level with those of Greenpeace, Friends of the Earth, Save the Children and Oxfam. The answer may be to encourage these organisations to include international food and nutrition issues within their agenda. This is not the responsibility of the global strategists or of WHO.

### **10 Policy interventions**

The global strategy rightly emphasises that international policies designed to improve food, nutrition and public health need the collaboration of many agencies and government ministries, including those responsible for finance, trade, employment, transport, urban and rural planning, transport and education, as well as agriculture, manufacture and health. The strategy also rightly stresses that such policies need to include legal, fiscal, regulatory and other formal measures, as enacted for example with road safety, gun control, tobacco and alcohol. There is no evidence that, by themselves, education and information programmes have any significant or sustained effect

on behaviour. This aspect of the strategy should be emphasised and strengthened.

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The position of the sugar industry on the expert report and the global strategy also matters because on all such UN initiatives on which Big Sugar feels strongly, it also can count on the support of many if not most member states to whom production and export of sugar is economically important. This bloc vote, which again at a guess might amount to 30 member states, maybe more, is especially damaging because the strategy gives special priority to the South, in which many countries have a legacy of the plantation, of slaves and sugar. Ironically, on the issue of global public health discussed here, the USA can count on the vote of Cuba.

### **Overt reasons**

In its statements<sup>41,42</sup> the sugar industry makes two main objections to the 2003 WHO/FAO expert report and to the 2004 WHO global strategy:

- The only disease associated with sugar consumption is dental caries.
- Reduction in sugar will devastate the economies of third-world countries.

Another reason for the position of Big Sugar, not stated but hardly covert, is that reduction in the consumption and production of sugar would be bad for its profits. To say again, 'the sugar industry' is not merely sugar producers, but all the food and drink industry for which sugar is an indispensable or desirable commodity – and this amounts to most of the food and drink manufacturing industry.

### **Covert reasons**

- *Sugar as a front for salt*. The evidence that typical levels of consumption of salt cause hypertension and cerebrovascular disease is overwhelming, and the evidence on stomach cancer is very strong<sup>2,43</sup>. That part of the food industry whose profits depend on salt are not fighting on the science, but are supporting Big Sugar. Salty products are often sugary so there is natural synergy here.
- *Sugar as the indispensable ingredient*. Like fat, and with cosmetic additives, added sugars and syrups enable manufacturers to make other cheap and degraded ingredients palatable<sup>3,44</sup>. With salt, sugar is also a

preservative. Once high consumption of added sugars and syrups is well known to be pathogenic, the whole of the food manufacturing industry is confronted.

- *Sugar as a relic of Empire.* The European colonial powers left the sugar industry intact throughout countries in the South, where the production and export of sugar remains economically important. Favourable trade agreements and subsidies have further enriched the industry<sup>39,45</sup>. General agreement that high consumption of added sugars is pathogenic may threaten these sweet deals.
- *The example of Big Tobacco.* The cigarette industry has agreed to laws and regulations designed to control the use of tobacco, together with taxation of smoking products and explicit health warnings on labels. The sugar industry, whose interests are bound up with those of tobacco, fears class action lawsuits against sugary products that may result in the demonisation of sugar.

### What can be done?

The boxed text included in this article details some ways in which the global strategy has been weakened, and some of its omissions. Key ways in which it can be strengthened by member states at the 2004 World Health Assembly are summarised in the boxed text within the editorial of this issue of *Public Health Nutrition*<sup>46</sup>.

As shown here, the current US government and also the world sugar industry, who between them may be able to mobilise up to half or even more member states, are determined to eviscerate the strategy and to remove reference to the 2003 WHO/FAO expert report as its immediate scientific underpinning. At the time of writing it seems that they are succeeding. The main issue is what form has the global strategy taken, in the draft now circulated for discussion at the 2004 World Food Assembly<sup>7</sup>? The known preference of WHO Director-General Lee Jong-wook for 'win-win situations' can be taken to mean a drive for policies to which no powerful member state or 'stakeholder' has strong objections. Another sign is that the forward WHO budgets include an allocation of zero for implementation of the strategy.

Constitutionally there is a limit to the initiatives that any UN agency can take, and much of what has happened and is likely to happen to the global strategy is out of the hands of WHO. There is also a limit to what any nation state can do to adopt the strategy and make its recommendations work, because food systems and supplies are now mostly determined by international laws and other binding agreements. For the future, member states whose governments favour radical policies designed to prevent and control chronic diseases should become more closely allied.

### Conclusion

Since before the foundation of the UN system, enlightened international strategies which, if enacted, would reduce injustice and inequality, have been opposed by dominant nation states and by sectors of industry whose commercial interests are threatened.

The trajectory of the 2004 WHO global strategy on diet, physical activity and health is being determined largely not by considerations of public health, nor even of trade, but of power politics. The response of nation states to the strategy and to the 2003 WHO/FAO expert report depends on the decisions of their governments on whether generally to support or oppose the foreign and other policies of the current US government, or be neutral, individually or collectively.

Likewise, the attack by the global sugar industry on the global strategy and the expert report is not just a commercially driven defence of a pathogenic commodity. Sugar was the edible commodity that fuelled the European colonial systems, and strategic decisions on production and trade of sugar have been taken for political reasons not by industry alone but by the world's dominant powers since the time of slavery. While a relic of displaced empires, the role of sugar as a means to preserve the dependency of the South on the North is now adopted as part of overall US foreign policy. For this reason, the US government and Big Sugar are natural allies.

Policies on public health, like those on climate, the environment generally and natural resources, now can only be made effectively at international level, which means by proper use of the system of UN agencies. Like infectious diseases, chronic diseases can be prevented and controlled on a mass scale only by the preservation or creation of healthy environments, which include healthy food systems. This is in the interests of all sectors of society, including governments and of industry as whole. New alliances of nations from the South and the North are needed, as are new strategic policies and programmes co-ordinated by the relevant UN agencies and made to work at head-of-state level, in which health professional and civil society organisations, and industry as a whole, are partners.

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