

INTERVENTIONS ON DIET AND PHYSICAL ACTIVITY: **WHAT WORKS**

SUMMARY REPORT



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Executive Summary

Recognizing the heavy and growing burden of chronic noncommunicable diseases (NCDs), the Global Strategy on Diet, Physical Activity and Health (DPAS) was endorsed by the World Health Assembly in 2004 (1). DPAS describes the responsibilities of various stakeholders to take action to improve diet and promote physical activity. One of the responsibilities of the World Health Organization (WHO) is to "identify and disseminate information on evidence-based interventions, policies and structures". This priority is further underlined in the NCD Action Plan that was endorsed by the World Health Assembly in May 2008.

Interventions on diet and physical activity: what works (What Works) addresses this responsibility. It provides policy-makers and other stakeholders with a summary of tried and tested diet and physical activity interventions that aim to reduce the risk of chronic NCDs.

The evidence on effective interventions is presented under the eight categories listed below. These headings are intended to serve as a guide to assist the reader to find interventions of relevance. Once a topic of interest has been identified, the reader can rapidly find a detailed summary of each intervention by consulting the online background *Evidence Tables* to *What Works*.

- policy and environment;
- mass media;
- school settings;
- the workplace;
- the community;
- primary health care;
- older adults;
- religious settings.

Across the categories used in *What Works*, multi-component interventions that are adapted to the local context were found to be the most successful. Interventions that used the existing social structures of a community, such as schools or the weekly meetings of older adults, reduced barriers to implementation. Effective interventions invariably involved participants in the planning and implementation stages, such as involving the workers themselves in workplace interventions, and community leaders in community and religion-related programmes.

Executive Summary

The review also revealed gaps in knowledge. Much of the literature only reports short-term outcomes, and therefore little is known on the potential long-term effects, sustainability, and cost-effectiveness of interventions. While grey literature was used to supplement the peer-reviewed research, there is still a lack of information on interventions in low- and middle-income countries, and thus an urgent need for further research in these settings, and for upscaling the monitoring and evaluation of interventions. The framework and indicators developed by WHO to assist governments and other stakeholders to monitor the progress of their activities to promote a healthy diet and physical activity should facilitate this (for more information, see www.who.int/dietphysicalactivity/DPASindicators).

Although there is no one-size-fits-all approach for selecting interventions, the results of this review provides a summary of tried and tested diet and physical activity interventions to support and enable individuals to make healthy choices.

Background

Growing burden of disease

NCDs are by far the leading cause of death in the world today, and their impact is steadily growing. In 2005, 35 million people died from NCDs, which represents 60% of the total number of global deaths in that year. Moreover, between 2005 and 2015, deaths due to NCDs are projected to increase by 17%. This largely invisible epidemic is more serious in low- and middle-income countries, where 80% of all NCD deaths occur.

The main causes of NCDs are known. A small set of common risk factors is responsible for most of the major NCDs: unhealthy diet, physical inactivity and tobacco use. Elimination of these modifiable risk factors would prevent 80% of premature heart disease, 80% of premature stroke, 80% of type 2 diabetes and 40% of cancer.

In 2005, WHO set a global goal to reduce chronic NCD death rates by 2% per year over the following 10 years. Meeting this goal would result in 36 million deaths averted by 2015 (2). The goal can be achieved by using existing scientific knowledge on sustainable and effective interventions to tackle the main causes of chronic NCDs.

Mandate

In response to the growing burden of chronic NCDs and in order to reduce the impact of major risk factors such as unhealthy diet and physical inactivity, the World Health Assembly adopted the *Global Strategy on Diet, Physical Activity and Health* in May 2004. Paragraph 27 of DPAS states:

Strategies need to be based on the best available scientific research and evidence; comprehensive, incorporating both policies and action and addressing all major causes of noncommunicable diseases together; multisectoral, taking a long-term perspective and involving all sectors of society; and multidisciplinary and participatory, consistent with the principles contained in the Ottawa Charter for Health Promotion and confirmed in subsequent conferences on health promotion, and

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