

# Proposals for policies and programs addressing epidemic, chronic, diet-related diseases in Asia and Small Island Developing States of the Pacific

The epidemiological transition is rapid throughout Asia and Pacific SIDS. The populations involved are large. Therefore, policies and programs must be designed to understand fully what is happening and why, and to address these issues in all their dimensions. In common with Latin America and Africa, however, developing countries in the Asia-Pacific region have paid little attention to the colossal transitions summarized in this review, and to their current and future impacts. There have been few projects and policies that have addressed diet-related chronic diseases. The evidence reviewed here indicates some elements of programs that have been successful in limited ways. There is, however, still little experience in the field in Asia and the Pacific. It is important to establish a series of small, community-based projects as well reviewing and evaluating and initiating national policies.

First and foremost, at national level, is the need for coordinated food and agricultural policies that consider diet-related chronic diseases. Second is pricing policy. Third are the large-scale activities that promote important, healthful components of traditional eating patterns, as in the Republic of Korea. Fourth are efforts, such as those in Brazil, to begin to build public awareness of the elements of the food-based dietary guidelines and physical activity patterns. Finally, at community and institution levels, the main example is the school nutrition and fitness program of Singapore. There are few examples of other community-based efforts that appear relevant at this time. Clearly reducing child obesity and inactivity are major aspects of any program. In most Asian countries and the Pacific the emerging environment is highly conducive to increased obesity. Environmental assessments and changes are needed [117, 118]. Schools and preschools are the places to begin. From current research, many other components of programs and policies can be identified but there has been little large-scale implementation and evaluation.

In the promotion of physical activity and reduction of inactivity, current thinking seems to be focused on a combination of a more supportive environment

including programs and facilities at schools, work sites, and in neighborhoods, etc., and changes in educational and behavioral activities [119]. Figure 32 summarizes some of the options that are being considered for improving physical activity in higher income countries. Without more research and focus on these issues at the country level in Asia and in Pacific SIDS, it will not be possible to set priorities or to consider program options, especially for disadvantaged groups. Most programs in higher income countries focus on improved leisure activity. Little thought has been given to this in the Asian-Pacific region.

For school-based programs, the essential set of potential strategies needed to make the food environment more health-enhancing include promoting meaningful ways of increasing consumption of lower-energy, denser, more healthful foods (e.g., fruits, vegetables, and whole grains), and discouraging the consumption of foods high in fat and sodium. Similarly, attention to making healthy changes in physical activity is essential. There are a myriad of examples of what is needed, but only the most systematic efforts, such as those found in Singapore, tend to work. Operations research is needed here. Many of the program elements needed to create successful school nutrition or other national or local efforts require piloting and evaluation. In the nutrition sector, most Asian countries and Pacific SIDS still focus on addressing the problems of undernutrition, even when the costs of diet-related NCDs are becoming greater than those of undernutrition. Operations research and capacity building are needed to break through this problem. The sharing and comparison of examples of successful operations research in this field, from the Asia-Pacific and other regions, could assist for the development of country-specific programs and policies.

Many elements of a national plan must be country-specific. For example, in the PRC, the promotion of consumption of key foods, in particular soybean foods, are seen as important. This has required a major shift in agricultural policy, whereby soybean has been classified as a cash crop and not a staple, and its pricing

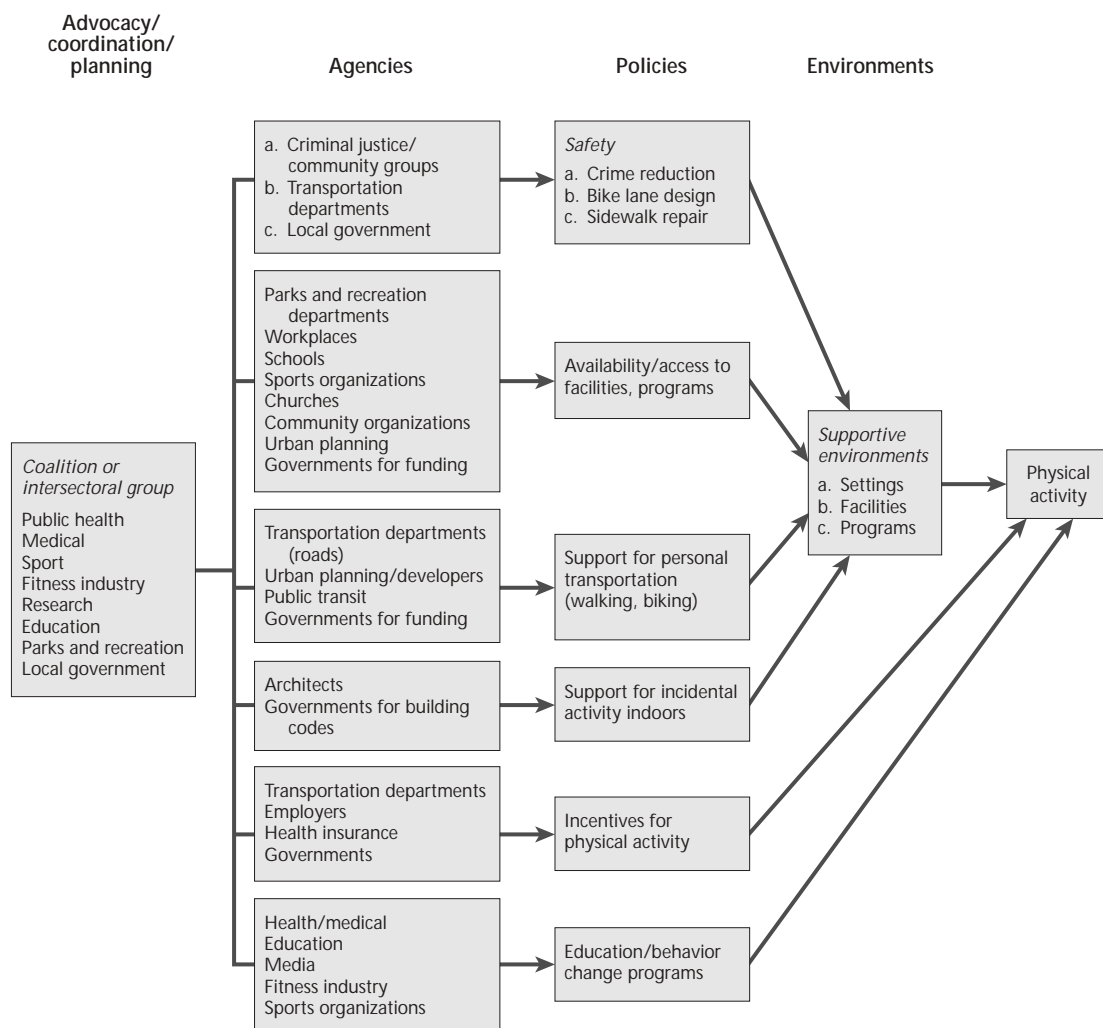


FIG. 32. The development of policy and environmental interventions to promote physical activity. Source: Jim Sallis, San Diego State University

has become more flexible. The Ministry of Agriculture now has more latitude to increase consumption of soybean products; for example, the promotion of more soybean-based foods. The qualitative 1999 Dietary Guidelines for Chinese Residents for the PRC [120] reflect the multidimensionality of diets as well as the nutritional epidemiological transition. They aim to reduce extremes of poverty and excess; promote good health; enhance immunity; reduce risks of stunting and rickets; and prevent CVD, hypertension, osteoporosis, and some cancers. The PRC is also considering ways to prevent further obesity, but no programs and policies have emerged yet. Indeed, there is a general lack of proven programs and policies to address the nutrition transition, as this review shows.

Asian countries and Pacific SIDS are not yet ready for the urgently needed, large-scale program and policy initiatives to combat diet-related NCDs. Moreover,

the development of food and nutrition policies and health policies represents a new and pressing agenda for countries where problems of dietary excess and deficit exist side by side. In such countries, the prevailing policies to address deficits in the agricultural and health sectors are quite different from those needed to address problems of excess. Dietary guidelines, like the example cited above for the PRC, will be most successful if combined with systematic promotion of healthful diets. Additional elements might emerge from the examples discussed above and from future programs, as these are evaluated for effectiveness and cost-effectiveness. Therefore, it is still premature to think of developing national investment plans. The funding and evaluation of pilot studies are, however, needed as key step forward. The need for action is most urgent in the middle- and high-income countries and the SIDS, that are further along in the nutrition

transition, and in which undernutrition is becoming an issue of the past. However, even the lower low-income countries have to think about the problems that are emerging from this transition in urban areas; for example, the impending diabetes epidemic in urban South Asia. The nutrition transition and diet-related chronic diseases in Asia are all concentrated in urban areas, where the following are greater than in rural areas: inactivity; consumption of a more energy dense diets; obesity; and many other environmental factors that promote NCDs. It would be most useful to include, as a major component of an urban nutrition strategy, NCD prevention focused on dietary, activity, and body composition changes. The SIDS have their own particular problems, with their high levels of obesity and overweight.

Capacity building is also a key need. As has been shown here, most Asian countries and Pacific SIDS have yet to invest significantly in prevention of diet-related NCDs. Most of these countries lack institutions that can assist macroeconomic development planners to incorporate food and nutrition issues, related to both under- and overnutrition. Some, such as the PRC, wish to develop this capability. Similarly, it is crucial to develop trained personnel and institutions for the creation of a new array of monitoring, screening, and programs and policies related to the nutrition components of NCDs. The following elements merit emphasis: school health; trade and food production; licensing and pricing policies; national, particularly urban, monitoring; mass media; and the establishment of guidelines to promote healthful elements of traditional diets and to discourage unhealthful elements of new diets.

A strategy that views the elimination of communicable diseases as the only way to improve the health of the poor [93, 121] will miss important causes of poor health and survival among the poor. Diet-related NCDs are problems faced increasingly by the poor of Asia and Pacific SIDS.

Little is still known about patterns and trends in diets and physical activity and the causes of these trends. Large forces of global trade, technological changes in work and leisure, mass media and urbaniza-

tion are linked with these massive shifts in diets and in activity. The challenge is to seek greater understanding of underlying causes of these changes, so as to address their negative effects.

The shifts that are emerging in the Asia-Pacific region in structure of diets and in activity patterns have been only glimpsed here. With so little program and policy work undertaken yet, it is too early to assess whether similar programs and policies will work in countries with similar shifts in diet and activity patterns. It is clear, however, that several of the country groups delineated here (table 1) are much further along than others in the nutrition transition, and that far more attention should be paid to the prevention of diet-related chronic diseases in these countries.

The model used in this study is a very integrated one which links the nutritional and epidemiological transitions in Asia, and ties both to patterns of economic development (which in turn affects income and levels of physical activity and urbanization). The nutritional/epidemiological/economic model also permits projections forward to 2025, from patterns observed in 1995. To avert the most serious predicted adverse effects requires early intervention, because the basis for adult diet and activity patterns is set in childhood and adolescence. It is necessary to begin now to change the behavior of those who might otherwise die of diet-related NCDs in 2025. Moreover, the study suggests that interventions need to be well-coordinated and comprehensive, encompassing food and agriculture policy, mass media campaigns regarding diet and exercise, and promotion of healthful aspects of traditional diet. The PRC is further along in national planning than other low-income Asian countries, and needs increased capacity to link economic policy to nutritional concerns.

There is not enough experience in Asia as yet to move to full-scale programs. What is emerging is a clear need for a life cycle strategy for urban nutrition. There are also unique and important capacity building components that could be initiated immediately. Implementation and evaluation of pilot studies will be necessary. Finally, it is important to continue research on the underlying causes of the nutrition transition.