

Healthy diet



World Health
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REGIONAL OFFICE FOR THE Eastern Mediterranean

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Overview

Consuming a healthy diet throughout a person's life helps prevent malnutrition in all its forms as well as a range of diet-related noncommunicable diseases and conditions. But the increased consumption of processed food, rapid urbanization and changing lifestyles have led to a shift in dietary patterns. People are now consuming more foods high in energy, fats and free sugars or salt/sodium, and many do not eat enough fibre-rich fruits, vegetables and whole grains.



Key facts

A healthy diet helps protect against malnutrition and diet-related noncommunicable diseases such as diabetes, heart disease, stroke and cancer.

Adopt healthy dietary practices:

- **balance calories in with calories out**
- **limit fat intake**
- **shift from saturated to unsaturated fats**
- **eliminate industrially-produced trans fats**
- **limit sugars and salt intake**

BEAT MALNUTRITION AND NONCOMMUNICABLE DISEASES

A healthy diet helps protect against malnutrition in all its forms, as well as diet-related noncommunicable diseases, including diabetes, heart disease, stroke and cancer.

GLOBAL RISKS

Unhealthy diet and lack of physical activity are leading global risks to health.

START EARLY IN LIFE

Healthy dietary practices start early in life – breastfeeding fosters healthy growth and improves cognitive development, and may have longer-term health benefits like reducing the risk of becoming overweight or obese and developing noncommunicable diseases later in life.





BALANCE CALORIES

Energy intake (calories) should be in balance with energy expenditure.

LIMIT FAT INTAKE

Evidence indicates that total fat should not exceed 30% of total energy intake to avoid unhealthy weight gain (1,2,3), with a shift in fat consumption away from saturated fats to unsaturated fats (3), and towards the elimination of industrially-produced trans fats (4).

LIMIT SUGAR INTAKE

Limiting intake of free sugars to less than 10% of total energy intake (2,5) is part of a healthy diet. A further reduction to less than 5% of total energy intake is suggested for additional health benefits (5).

LIMIT SALT INTAKE

Keeping salt intake to less than 5 g per day helps prevent hypertension and reduces the risk of heart disease and stroke in the adult population (6).

2025 GOALS

WHO Member States have agreed to reduce the global population's intake of salt by 30% and halt the rise in diabetes and obesity in adults and adolescents as well as in childhood overweight by 2025 (7,8,9).

Healthy diet for adults

**Fruits, vegetables, legumes,
nuts, whole grains.**





Eat fruits, vegetables, legumes (e.g. lentils, beans), nuts and whole grains (e.g. unprocessed maize, millet, oats, wheat, brown rice) every day. The recommended daily intake for an adult includes: 2 cups of fruit (4 servings), 2.5 cups of vegetables (5 servings), 180 g of grains, and 160 g of meat and beans. Red meat can be eaten 1–2 times per week, and poultry 2–3 times per week.



Eat at least 5 portions of fruit and vegetables a day (at least 400 g) (2). Potatoes, sweet potatoes, cassava and other starchy roots are not classified as fruit or vegetables.



Limit total energy intake from free sugars to around 12 level teaspoons (which is equivalent to 50 g), but ideally less than 5% of total energy intake for additional health benefits (5). Most free sugars are added to foods or drinks by the manufacturer, cook or consumer, and can also be found in sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates.



Limit total energy intake from fats to less than 30% (1,2,3). Unsaturated fats (e.g. found in fish, avocado, nuts, sunflower, canola and olive oils) are preferable to saturated fats (e.g. found in fatty meat, butter, palm and coconut oil, cream, cheese, ghee and lard) (3). Industrially-produced trans fats (found in processed food, fast food, snack food, fried food, frozen pizza, pies, cookies, margarines and spreads) are not part of a healthy diet.



Limit salt to less than 5 g per day (equivalent to approximately 1 teaspoon) (6) and use iodized salt.

Healthy diet for infants and young children



In the first 2 years of a child's life, optimal nutrition fosters healthy growth and improves cognitive development. It also reduces the risk of becoming overweight or obese and developing noncommunicable diseases later in life. Advice on a healthy diet for infants and children is similar to that for adults, but the following elements are unique to infants and children.



• **Infants should be breastfed exclusively during the first 6 months of life.**



• **Infants should be breastfed continuously until 2 years of age and beyond.**



• **From 6 months of age, breast milk should be complemented with a variety of adequate, safe and nutrient-dense complementary foods. Salt and sugars should not be added to complementary foods.**

Practical advice on maintaining a healthy diet



Fruits and vegetables

Eating at least 400 g, or 5 portions, of fruits and vegetables per day reduces the risk of noncommunicable diseases (2), and helps ensure an adequate daily intake of dietary fibre.

To improve your fruit and vegetable consumption you can:

- always include vegetables in your meals
- eat fresh fruits and raw vegetables as snacks
- eat fresh fruits and vegetables in season
- eat a variety of choices of fruits and vegetables.



Fats

Reducing the amount of total fat intake to less than 30% of total energy intake helps prevent unhealthy weight gain in the adult population (1,2,3).

Also, the risk of developing noncommunicable diseases is lowered by reducing saturated fats to less than 10% of total energy intake, and total trans fats to less than 1% of total energy intake, and replacing both with unsaturated fats (2,3).

Fats intake can be reduced by:

- changing how you cook – remove the fatty part of meat; use vegetable oil (not animal oil); and boil, steam or bake rather than fry
- avoiding processed foods containing trans fats
- limiting the consumption of foods containing high amounts of saturated fats (e.g. cheese, ice cream, fatty meat).

Some food manufacturers are reformulating recipes to reduce the salt content of their products, and it is helpful to check food labels to see how much sodium is in a product before purchasing or consuming it.

Potassium, which can mitigate the negative effects of elevated sodium consumption on blood pressure, can be increased through consumption of fresh fruits and vegetables.



Salt, sodium and potassium

Most people consume too much sodium through salt (corresponding to

an average of 9–12 g of

salt per day) and not enough potassium. High salt consumption and insufficient potassium intake (less than 3.5 g) contribute to high blood pressure, which in turn increases the risk of heart disease and stroke (6,10).

1.7 million deaths could be prevented each year if people's salt consumption were reduced to the recommended level of less than 5 g per day (11).

People are often unaware of the amount of salt they consume. In many countries, most salt comes from processed foods (e.g. ready meals; processed meats like bacon, ham and salami; cheese and salty snacks) or from food consumed frequently in large amounts (e.g. bread). Salt is also added to food during cooking (e.g. bouillon, stock cubes, soy sauce and fish sauce) or at the table (e.g. table salt).

You can reduce salt consumption by:

- not adding salt, soy sauce or fish sauce during the preparation of food
- not having salt on the table
- limiting the consumption of salty snacks
- choosing products with lower sodium content.



Sugars

The intake of free sugars should be reduced throughout the lifecourse (5). Evidence indicates that in both adults and children, the intake of free sugars should be reduced to less than 10% of total energy intake (2,5), and that a reduction to less than 5% of total energy intake provides additional health benefits (5). Free sugars are all sugars added to foods or drinks by the manufacturer, cook or consumer, as well as sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates.

Consuming free sugars increases the risk of dental caries (tooth decay). Excess calories from foods and drinks high in free sugars also contribute to unhealthy weight gain, which can lead to overweight and obesity.

Sugar intake can be reduced by:

- limiting the consumption of foods and drinks containing high amounts of sugars (e.g. sugar-sweetened beverages, sugary snacks and candies)
- eating fresh fruits and raw vegetables as snacks instead of sugary snacks.

How to promote healthy diet

Diet evolves over time, being influenced by many factors and complex interactions. Income, food prices (which will affect the availability and affordability of healthy foods), individual preferences and beliefs, cultural traditions, as well as geographical, environmental, social and economic factors all interact in a complex manner to shape individual dietary patterns. Therefore, **promoting a healthy food environment**, which promotes a diversified, balanced and healthy diet, requires involvement across multiple sectors and stakeholders, including government and the private sector, while safeguarding public health against vested interests.

Governments have a central role in creating a healthy food environment that enables people to adopt and maintain healthy dietary practices.

Effective actions by policy-makers to create a healthy food environment include:



Creating coherence in national policies and investment plans including trade, food and agricultural policies to promote a healthy diet and protect public health:

- increase incentives for producers to grow and retailers to use and sell fresh fruits and vegetables
- reduce incentives for the food industry to continue or increase production of processed foods with industrially-produced trans fats, saturated fats and free sugars
- encourage reformulation of food products to reduce the contents of salt, fats (i.e. saturated fats and trans fats) and free sugars
- implement WHO's recommendations on the marketing of foods and non-alcoholic beverages to children
- establish standards to foster healthy dietary practices through ensuring the availability of healthy, safe and affordable food in pre-schools, schools, other public institutions, and in the workplace
- explore regulatory and voluntary instruments, such as marketing and food labelling policies, economic incentives or disincentives (i.e. taxation, subsidies), to promote a healthy diet
- encourage transnational, national and local food services and catering outlets to improve the nutritional quality of their food, ensure the availability and affordability of healthy choices, and review portion size.



Encouraging consumer demand for healthy foods and meals:

- promote consumer awareness of a healthy diet
- develop school policies, standards and programmes that encourage children to adopt and maintain a healthy diet
- educate children, adolescents and adults about nutrition and healthy dietary practices
- encourage culinary skills, including in schools
- support point-of-sale information, including through nutrition labelling that ensures accurate, standardized and comprehensible information on nutrient contents in food in line with the Codex Alimentarius Commission guidelines
- provide nutrition and dietary counselling at primary health care facilities.



Promoting appropriate infant and young child feeding practices:

- implement the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions, as well as WHO's guidance on ending the inappropriate promotion of foods for infants and young children
- implement policies and practices to promote protection of working mothers
- promote, protect and support breastfeeding in health services and the community, including through the Baby-friendly Hospital Initiative.

WHO response

The WHO Global Strategy on Diet, Physical Activity and Health (12) was adopted in 2004 by the World Health Assembly (WHA). It called on governments, WHO, international partners, the private sector and civil society to take action at global, regional and local levels to support healthy diet and physical activity.

In 2010, the WHA endorsed a set of recommendations on the marketing of foods and non-alcoholic beverages to children (13). These recommendations guide countries in designing new policies and improving existing ones to reduce the impact on children of the marketing of unhealthy food. WHO is also helping to develop a nutrient profile model that countries can use as a tool to implement the marketing recommendations.

In 2012, the WHA adopted a Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition and 6 global nutrition targets to be achieved by 2025, including the reduction of stunting, wasting and overweight in children, the improvement of breastfeeding and the reduction of anaemia and low birth weight (7).

In 2013, the WHA agreed 9 global voluntary targets for the prevention and control of noncommunicable diseases, which include

a halt to the rise in diabetes and obesity and a 30% relative reduction in the intake of salt by 2025. The Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (8) provides guidance and policy options for Member States, WHO and other UN agencies to achieve the targets.

With many countries now seeing a rapid rise in obesity among children, in May 2014 WHO set up the Commission on Ending Childhood Obesity. The Commission has finalized a report specifying which approaches and actions are likely to be most effective in different contexts around the world.

In November 2014, WHO organized, jointly with the Food and Agriculture Organization of the United Nations (FAO), the Second International Conference on Nutrition (ICN2). ICN2 adopted the Rome Declaration on Nutrition (14) and the Framework for Action (15), which recommends a set of policy options and strategies to promote diversified, safe and healthy diet at all stages of life. WHO is helping countries to implement the commitments made at ICN2 and the Decade of Action on Nutrition (2016–2025) which was subsequently declared by the United Nations General Assembly in April 2016.

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