

**KSA NATIONAL
STRATEGY FOR DIET
AND PHYSICAL ACTIVITY
FOR THE YEARS
2014- 2025**

The Kingdom of Saudi Arabia has witnessed enormous social and economic developmental changes during the last decades. This besides the improvements in the delivered health care services and the achievements in prevention and control of communicable diseases led to an obvious shift in relative ranking of the epidemiological profile towards the non communicable disease category.

Definite new life style trends characterized by some practices as diminished body activities, low physical activities -and unsound dietetic habits in addition to stresses attributed to urbanization and ambition could be factors behind actual increasing rates of obesity, diabetes mellitus, hypertension, cardiovascular diseases, and cerebrovascular accidents. These non communicable disease forms are among the most important leading causes of death in KSA.

It has been evidenced in most developing countries that the shift in epidemiological disease profile is partly attributed to the rapid longevity. A matter which was far beyond expectations of decision makers in most of these countries. Also most of the Public were actually unaware with the adverse impacts and

repercussions of their new life styles and habits. As for instance young adults when starting smoking are not mostly aware with the potential health hazards associated with such habit.

According to WHO (2002); the most prevailing non communicable diseases are mostly related to hypertension, hyperlipidemia, smoking, obesity, lack of physical activity and dietetic factors (low consumption of healthy foods and high consumption of red meats and saturated fats).

Of these the dietetic factors and low physical activities are potential risk factors for diabetes mellitus, hypertension, hyperlipidemia, cardiovascular diseases, obesity, osteoporosis and cancers which have many health, social and economic burden on the individual, family and community levels.

According to the primary results of the STEPwise approach to surveillance held in (2005); obesity (BMI \geq 30) and low physical activity were observed in 36.1% and 33.8% of the studied population respectively. It has been also observed that 91.6% of males and 95.4% of the studied females were consuming- < 5 units of vegetables and fruits/day.

It has been documented that improving life style could reduce progress of diabetic status by 58% within four years. It has been also evidenced that 80% of coronary heart disease cases and up to 90% of type II diabetic cases could be avoided by modifying life style only. Accordingly great efforts have to be paid for directing public awareness towards adjusting life style. Integrating chronic disease care within the primary health care could be also beneficial. For these The Strategy of Diet and Physical Activity and health has been decided to go hand in hand with "The International DPAS" aiming to health promotion and prevention of diseases related to unbalanced diets and low physical activities.

Main Goal:

Health promotion through directing developmental efforts towards continuous individual, community and country support.

Objectives:

1- Limitation of risk factors for diseases related to unbalanced diet and low physical activities.

2- Establishment of a system for risk factors monitoring.

3- Encouraging a partnership with health and other related sectors.

4- Strengthening organizational and man-power resources for empowerments of related laws and instructions.

5- Raising public and health promotion programs directors' awareness concerning impacts of diet and physical activity on health and their positive impacts in the protective intervention.

Targets:

- 1- Lowering rate of overweight and obesity from 66% to 40%.
- 2- Lowering rate of people of low physical activities to 20%.
- 3- Increasing rate of vegetable and fruit consumption (> 5 unites/day) from 8.4% to 20% among males and from 4.5% to 20% among females.
- 4- To stabilize prevalence rate of hyperlipidemia at 19.3%.
- 5- To stabilize prevalence rate of diabetes mellitus at 18%.

Targeted population:

Individuals, families, schools and work places will be targeted with prioritization of the following categories;

- Children, adolescents and females in child-bearing period.
- Health workers.
- Workers in the field of food industry, and in Health Insurance.

**THE STRATEGIES
FOLLOWED FOR THE
IMPLEMENTATION OF THE
NATIONAL DIET AND
PHYSICAL ACTIVITY
STRATEGY**

I- NATIONAL LEADERS STRATEGIES

1- Issuing laws and legislations and Coordination with other governmental sectors:

The strategy is based upon cooperation and partnership with the other governmental sectors as: Ministry of Education, Ministry of High Education, Ministry of Islamic Affairs, Ministry of Agriculture, Ministry of Municipality Affairs, Ministry of Comers, Saudi Standards and Measurements Association, Saudi FDA and General Presidency for Youth Care....etc

Basic Stage:

- Revising laws and legislations.
- Assuring abidance of related sectors by laws and legislations.

Advanced Stage:

- Issuing supportive effective laws and legislations in collaboration with the partners.
- Formulating partner roles and steps of implementation.

2- Coordination Committee:

A committee is formulated with presidency of MOH for putting the plan into action. The committee comprises members from the other related sectors.

Basic Stage:

- Defining members (from other health sectors, Academic and Research Centers, NGOs, Health Insurance, General Presidency for Youth Care, Broad Casting, Saudi Association for Standards and Measurements, Ministry of Comers and Saudi FDA.
- Putting Partner roles into action.

Advanced Stage:

- Formulating freely acting committee for follow-up and realizing partnership between private and governmental sectors.

3- Consultation Regulations:

To Gain benefits from local specialists and international experts.

Basic Stage:

- Assessment and finalization of the action plan in collaboration with a consultant or more in the fields of nutrition and physical activities.

Advanced Stage:

- Assessment of the finalized action plan by a committee from the relevant sectors with modifications (if needed).
- Technical consultations and assessments by WHO Experts.

4- National nutrition guidelines:

Preparing national guidelines based upon the international ones and the local studies in collaboration with the specialized sectors and WHO.

Basic Stage:

- Formulation of diet and physical activity related guidelines taking in consideration the local dietetic pattern, habits, traditions and climate.

Advanced Stage:

- Publishing and putting the national guidelines into action.
- Designing special health education programs and campaigns (e.g. programs strengthening physical activities and encouraging healthy eating such as 5aday program).

5- Budgeting and financial resources:

Financial support to facilitate initiation and start.

Basic Stage:

- Preparing obvious full-detailed budget.

Advanced Stage:

- Allocating national budget.
- Getting financial support from NGOs, Private sector and Health Insurance.

II- SUPPORTIVE ENVIRONMENTAL STRATEGIES

Supportive environment comprise Schools, Universities, Work places, Houses and food establishments.

1- Schools

School has an essential role in building up the health and community culture. Accordingly schools should have an integrated program aiming at strengthening health status through accurate knowledge concerning balanced foods and physical activities in the curricula in addition to the giving diets and allocating times for exercises during the school days.

Basic Stage:

- Assessment of program of the given diets during the school days and putting it into action.
- Routine measuring weights and heights of students and defining the norms.
- Assessment of physical activity programs.

Advanced Stage:

- Determination of the proportion of schools applying programs for nutrition and daily physical activity.
- Adding information concerning balanced diet and the significance of physical activities to curricula.
- Making Healthy foods available in schools for students and teachers.
- Allocating physical activity programs for teachers.
- Making benefit from sports yards and halls of schools after the school time.

2- Work places:

Work places represent a suitable environment for publishing health information and strengthening health via services supporting choice of balanced foods and availability of services for physical activities.

Basic Stage:

- Situational assessment of work places (available foods, presence of canteens and physical activity services).

Advanced Stage:

- Encouraging work places for making available balanced diets in their canteens.
- Encouraging establishment of a canteen in every work place.
- Making available simply equipped small sports hall and encouraging employees to utilize it.
- Establishment of sports club for every ministry serving its employees.

3- Houses

The family is the main cross point for implementing the strategy of balanced diet and physical activity. This could be achieved through healthy choices as making balance between consumed foods and energy expenditure for the sake of healthy status, ideal body weights of the family members and reducing the time spent on watching TV.

Basic Stage:

- Preparing pamphlets containing simple knowledge for changing unsound behaviors of children.
- Pamphlets containing the healthy methods of food processing and cooking.
- Pamphlets about light balanced diets suitable for children.
- Preparing Pamphlets about easy exercises that could be practiced within houses.

Advanced Stage:

- Implementing workshops for training of mothers of healthy methods of cooking.
- Implementing workshops for children about light healthy diets.

- Implementing workshops for families about increasing physical activities in houses.
- Implementing workshops to strengthen practicing family group exercises.

4- Food establishments (restaurants, markets.....etc.)

There has been increasing rates of consumption of ready made foods. Moreover, markets have now introduced new kinds of foods that are quietly different than what the society formerly accustomed on. So it is important to give accurate pieces of information about these foods and the hazards associated with its consumption.

Basic Stage:

- Displaying pieces of information about health benefits of vegetables and fruits in areas of its exhibition in the markets to encourage their consumption.
- Giving health information about balanced food via screens already present in the markets.

Advanced Stage:

- Motivating food establishments to abide by displaying food constituents of the produced diets.

III-STRATEGIES OF SUPPORTIVE POLICIES

1- Advertisements and Marketing through directed media:

Media is the corner stone in publishing knowledge particularly directed to children provided that this knowledge is sound and not for commercial purposes.

Basic Stage:

- Publishing information about the importance of healthy diets and physical activity during the time of programs directed to children.

Advanced Stage:

- Limitation of rates of advertisements directed to children at the time allocated to children programs.
- Formulating policies for limitations of advertisements about beverages and fast foods.

2- Food labeling:

Labeling the displayed food with the nutrition information is a must. Labels must be credited from the related governmental sector.

Basic Stage:

- Education campaigns and workshops on schools, universities and health sectors, about reading the food labels and how can they benefit from the available information.
- Abidance of the related sectors by labeling legislations.

Advanced Stage:

- Issuing a legislation mandating labeling all displayed foods with the nutrition information and defining nutritional values and caloric contents of the diets displayed in restaurants.
- All nutrition information should be made available in the nutrition labels.

IV- SUPPORTIVE PROGRAM STRATEGIES

1- Training:

It is important to train health educators in health centers and clinics about balanced diet and the significance of physical activity and assisting initiation of health regimens.

Basic Stage:

- Making health education managers aware with importance and needs of the programs.
- Training and qualifying health educators (Nutritionists and nurses) in the reference primary health care centers.

Advanced Stage:

- Specific health education programs for specialists in the fields of nutrition and physical activity in primary health care centers in the region.

2- Health Education and media:

Media could affect behaviors and life styles of societies. Accordingly publishing principles of health through Media help changing community traditions and encourage individuals to follow healthful life styles, balanced diet regimens and regularly practicing physical activities. This aspect comprises educational materials, media materials, lectures, and seminars.

2-1- Educational Materials:

Basic Stage:

- Preparing pamphlets, booklets and brushers about the strategy and including information concerning balanced diet and physical activity to be distributed to all governmental and non governmental sectors, schools and universities.

Advanced Stage:

- Arranging educational seminars and workshops in collaboration with the Civil Community.
- Specifying brushers and campaigns for definite subjects as consumption of vegetables and fruits, unsaturated fats and rich fibers grain.

2-2-Media Materials:

Basic Stage:

- Comprehensive pieces of information about nutrition and physical activities.
- Initiating the National strategy through the different media channels (Written, Audio and audiovisual), and allocating an integrated team to initiate actions.
- Health education of the mothers about breast feeding.

Advanced Stage:

- Allocation of regular special program in the different media (Written, Audio and audiovisual) about the strategy and its news.
- Specific brochures about the balance between balanced food and physical activity and different types of sports.
- Establishment of a specific web site for accurate instruction about balanced diet and physical activity.
- Seminars for mothers for directing their awareness about the significance of breast feeding.

2-3- Seminars and Lectures:

Basic Stage:

- National Seminar to throw light upon the strategy and its objectives with public participation.
- Arranging Health educational lectures in universities, schools, health centers, associations and clubs.
- Coordination and cooperation with the influential local community leaders.

Advanced Stage:

- Continuous previously scheduled seminars throughout the year for permanent communication with the community.
- Community participation in arranging seminars and lectures.
- Enrolment of religion leaders through seminars and leaders.

3-Human resources:

Basic Stage:

- Making available in primary health care centers qualified well trained nutrition and physical activity educators.

Advanced Stage:

- An efficient nutrition specialist in addition to a specialist in physical activities will be available in every health center.

4- Technical resources:

Basic Stage:

- Availability of the calipers needed for measuring body standards in primary health care centers.

Advanced Stage:

- Availability of high technical equipments (as that estimating % body fat) in health centers.

V- MONITORING AND SUPERVISION

Surveys and field studies:

The integrated system of studies comprises participation of the governmental and the non governmental academic organizations. It also entails building upon the available national studies.

Basic Stage:

- Implementation of a comprehensive survey to determine knowledge, attitude and practices concerning nutritional status and physical activities.
- Implementation of a study to find out the most acceptable sports and physical activities among Saudi males and females.

Advanced Stage:

- Nutrition surveys for the different age groups and specific groups (as children < 15 years).
- Physical activity surveys for the different age groups.

RESULTS INDICATORS

Indicators of the results are classified into basic stage and advanced stage indicators. They include short, mid and long term indicators which help monitoring and assessment of the different stages of implementation.

Indicators of the basic stages:

Short- term indicators:

- % of community individuals being aware with benefits of consuming fruits and vegetables.
- % of community individuals being aware with health hazards of excessive consumption of fats, saturated fats, salts and sugar.
- % of community individuals being aware with health benefits of physical activities.
- % of community individuals who can remember the health education messages given during education campaigns and programs.

Mid- term indicators:

- Reduction of the % of adults suffering from overweight and obesity due to participation in nutrition and physical activity programs.
- The % of hypertensive adults.
- The % of hyperlipidemic adults.

Mid- term nutrition indicators:

- The % of community individuals consuming fruits and vegetables < 5 units a day.

Mid- term physical activity indicators:

- The % of adults practicing low physical activity.
- The % of children and adolescents practicing low physical activity.
- The % of physically active children.

Indicators of the advanced stages:

Nutrition indicators:

- The % of community individuals consuming fats < 30% of the total daily caloric intake.
- The % of community individuals consuming saturated fats < 10% of the total daily caloric intake.
- The % of community individuals consuming sugar < 10% of the total daily caloric intake.
- The % of community individuals consuming sodium chloride (table salt) < 5 gm/day.
- The % of children breast-fed for two years.

Physical activity indicators:

- % of community individuals practicing moderate physical activities for at least 1 hour/day .
- % of elderly individuals regularly practicing different activities for healthy muscular system.
- % of elderly individuals regularly practicing different activities for healthy body weight.
- % of children who spend their times in front of recreation sets without physical activity.

- % of adults who spend their times in front of recreation sets without physical activity.

Long-term indicators:

- Lowering the rate of obesity by 1%.
- Elevating the rate of practicing physical activity by 1%.