



## (Editorial) Una ley poco saludable

La ley de comida chatarra parte de una premisa falsa y puede tener efectos indeseados

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### La ley de la alimentación saludable “ataca a la industria legal” y “promueve la informalidad”



La Sociedad Nacional de Radio y Televisión señala que la norma está mal enfocada, perjudicaría el apoyo de las empresas al deporte

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# OMS cuestiona reglamento de ley de alimentación saludable peruana

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Me gusta Twittear +1 Comentar

Sabado, 30 de agosto de 2014 | 4:30 am



El dato Jaime Delgado aclara que la ley misma no busca limitar el ingreso de productos elevados en los componentes ni intervenir en la composición de los productos.



In the 1980s, when we talked about multisectoral collaboration for health, we meant working together with friendly sister sectors., conflicts of interest are rarely an issue.

Today, getting people to lead healthy lifestyles and adopt healthy behaviours faces opposition from forces that are not so friendly. Not at all.

Efforts to prevent noncommunicable diseases go against the business interests of powerful economic

operators. In my view, this is one of the biggest challenges facing health promotion.

As the new publication makes clear, it is not just Big Tobacco anymore. Public health must also contend with Big Food, Big Soda, and Big Alcohol. All of these industries fear regulation, and protect themselves by using the same tactics.

Research has documented these tactics well. They include front groups, lobbies, promises of self-regulation, lawsuits, and industry-funded research that confuses the evidence and keeps the public in doubt.

Tactics also include gifts, grants, and contributions to worthy causes that cast these industries as respectable corporate citizens in the eyes of politicians and the public. They include arguments that place the responsibility for harm to health on individuals, and portray government actions as interference in personal liberties and free choice.

This is formidable opposition. Market power readily translates into political power. Few governments prioritize health over big business. As we learned from experience with the tobacco industry, a powerful corporation can sell the public just about anything.

Let me remind you. Not one single country has managed to turn around its obesity epidemic in all age groups. This is not a failure of individual will-power. This is a failure of political will to take on big business

I am deeply concerned by two recent trends.

The first relates to trade agreements. Governments introducing measures to protect the health of their citizens are being taken to court, and challenged in litigation. This is dangerous.

The second is efforts by industry to shape the public health policies and strategies that affect their products. When industry is involved in policy-making, rest assured that the most effective control measures will be downplayed or left out entirely.

This, too, is well documented, and dangerous.

In the view of WHO, the formulation of health policies must be protected from distortion by commercial or vested interests.





## **Plan of Action for the Prevention of Obesity in Children and Adolescents**

53rd Directing Council  
66th Session of the Regional Committee of  
WHO for the Americas  
3 October 2014  
Washington, D.C., USA, 2014

## **Plan of Action (2014-2019)**

Strategic Line of Action 1: Primary health care and promotion of breastfeeding and healthy eating

Strategic Line of Action 2: Improvement of school nutrition and physical activity environments.

Strategic Line of Action 3: Fiscal policies and regulation of food marketing and labelling

Strategic Line of Action 4: Other multisectoral actions

Strategic Line of Action 5: Surveillance, research, and evaluation

Set of 9 voluntary  
Inform  
Epi

public health  
Perspective  
(Scientific approach)

rch

Physical  
inactivity  
10% reduction

Intake  
3%

Policy  
development

Diabetes/  
obesity  
0% increase

30% reduction

25% reduction