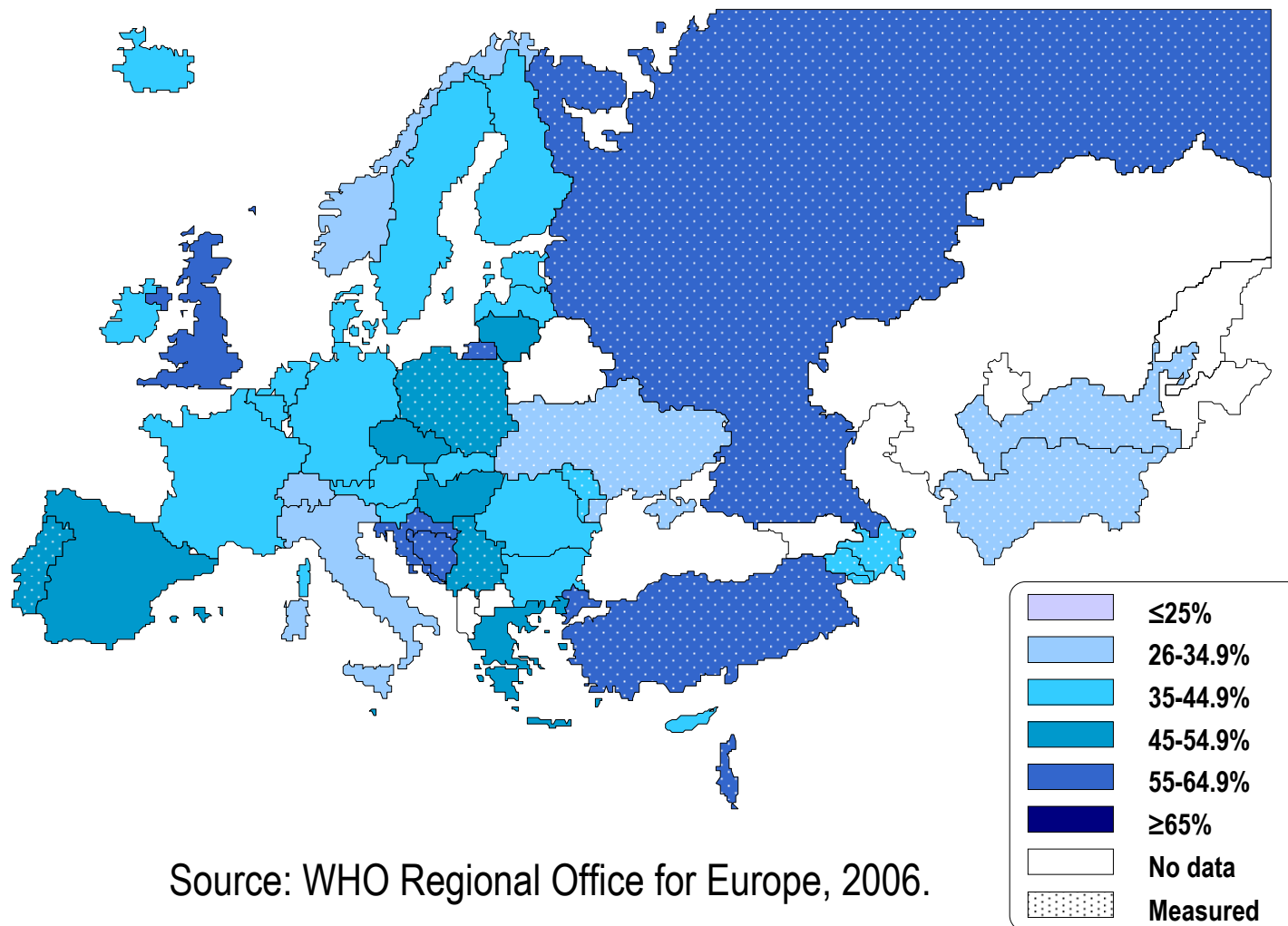


The Second WHO European Action Plan for Food and Nutrition Policy 2007-2012

**Francesco Branca
Regional Adviser
Nutrition and Food Security**

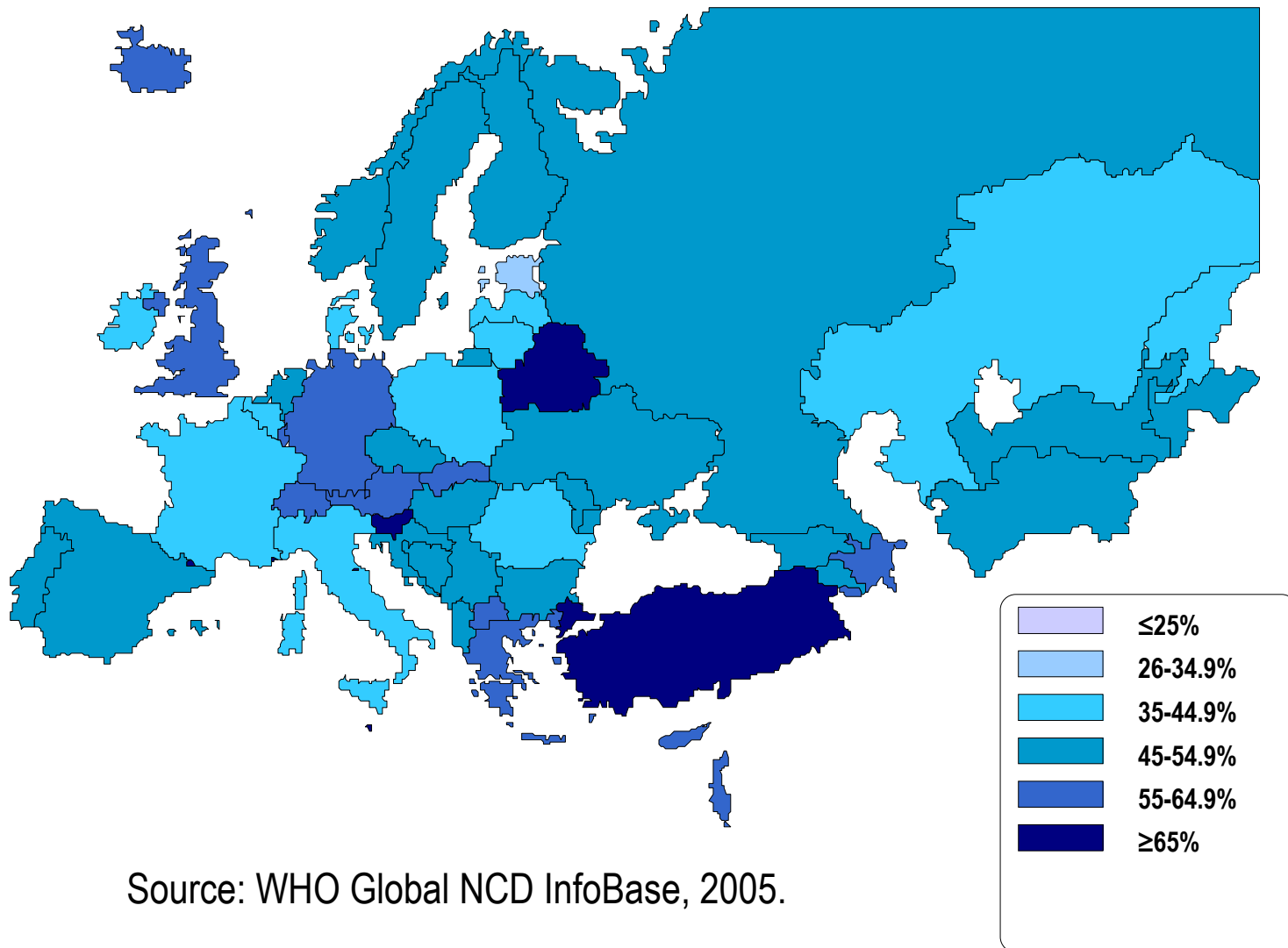
1 - Nutrition and Food safety in Europe: double burden

Overweight in women (2000-2006)

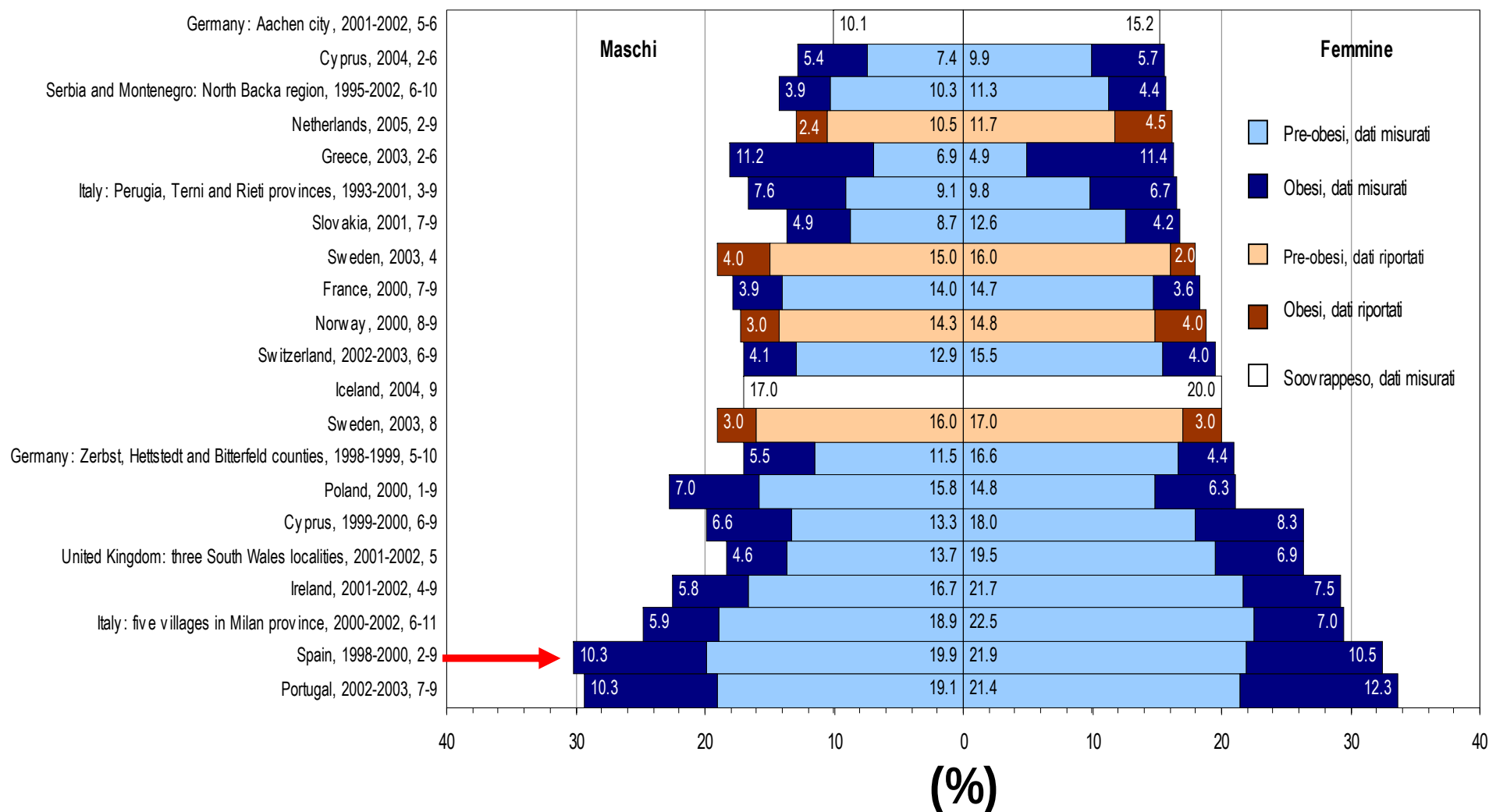


Source: WHO Regional Office for Europe, 2006.

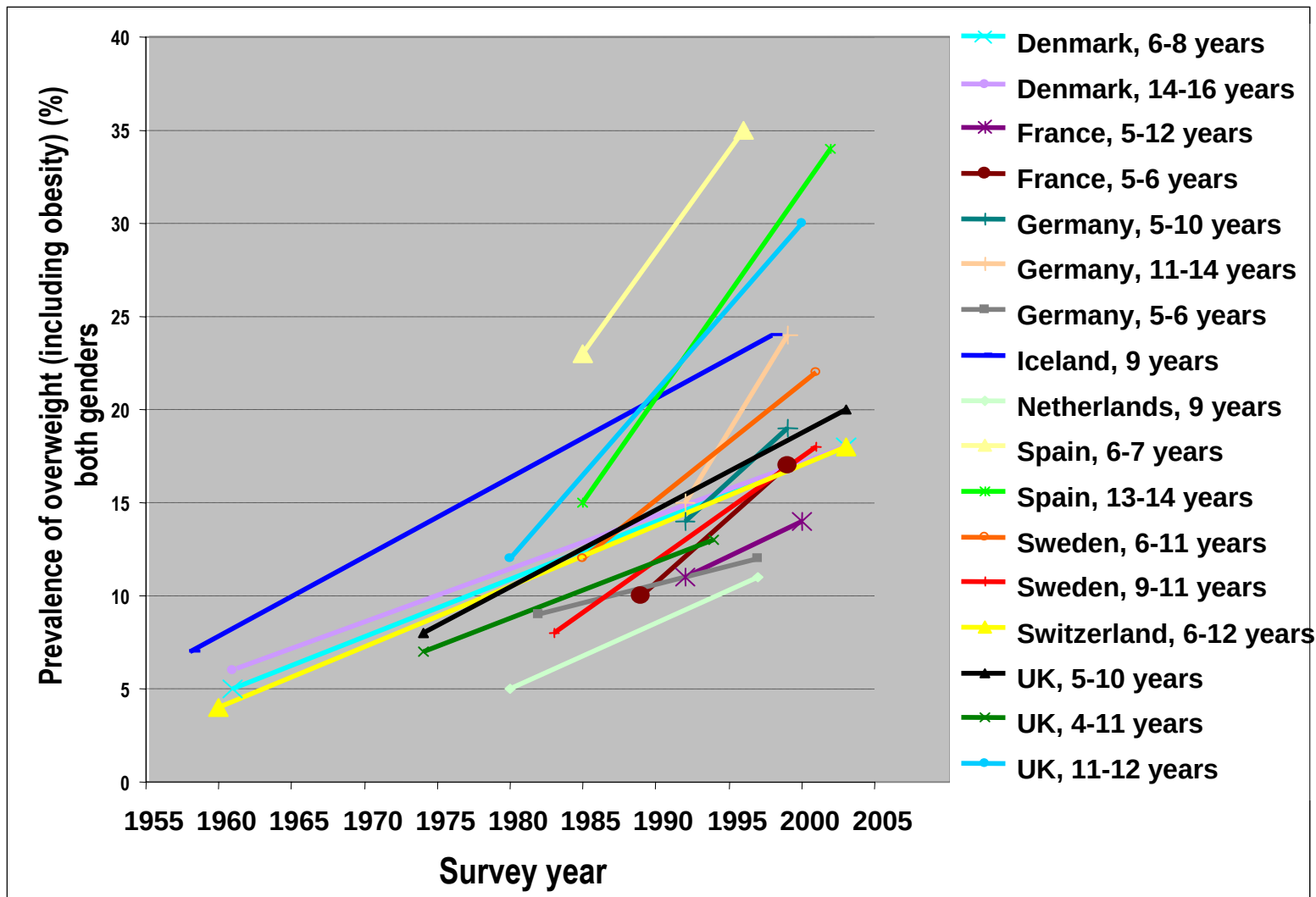
Overweight in women projections for 2010



Prevalence of overweight and obesity in children <11 years



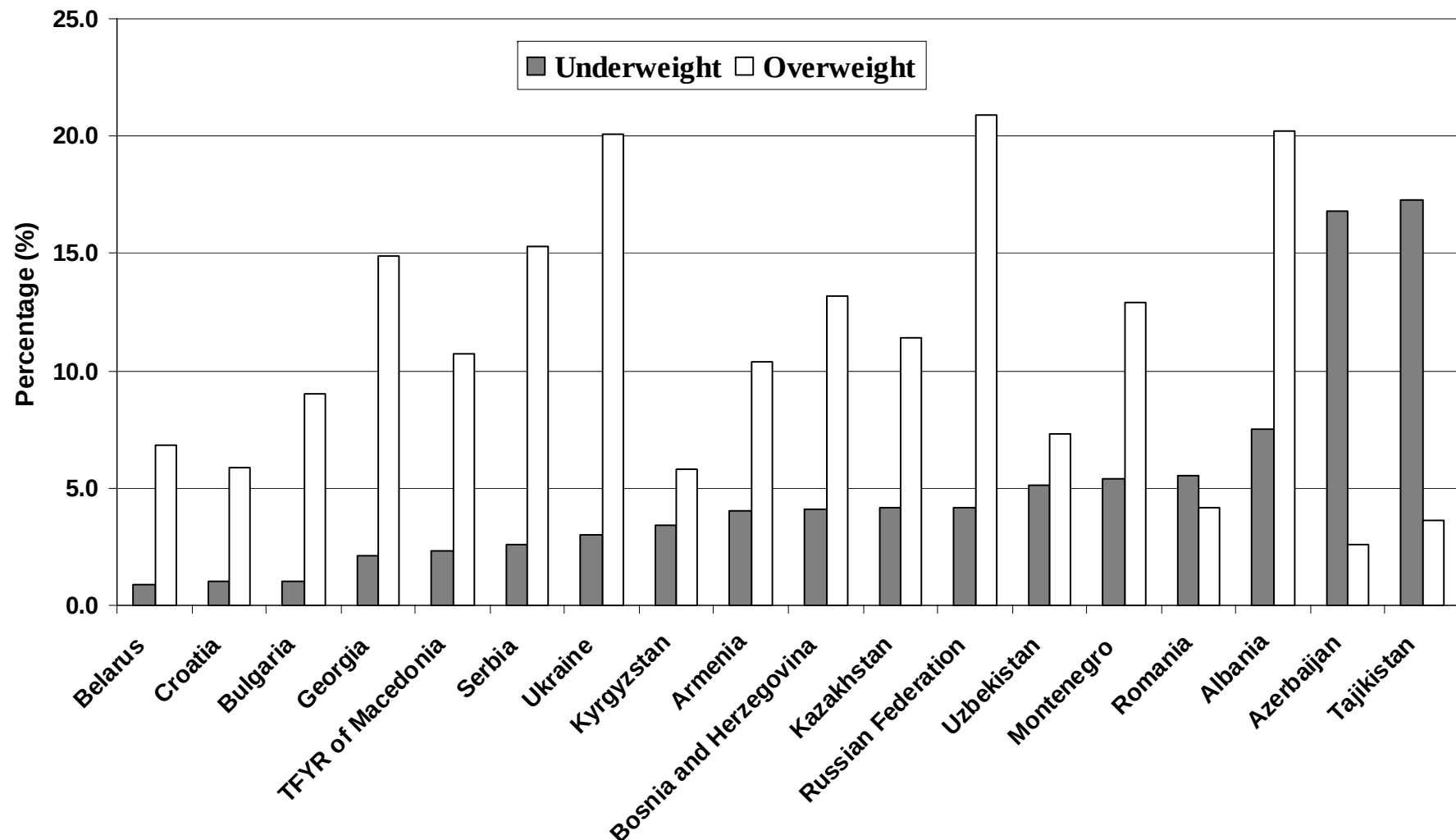
Trends of overweight among school children in the WHO European Region



Estimated economic costs of obesity according to available studies

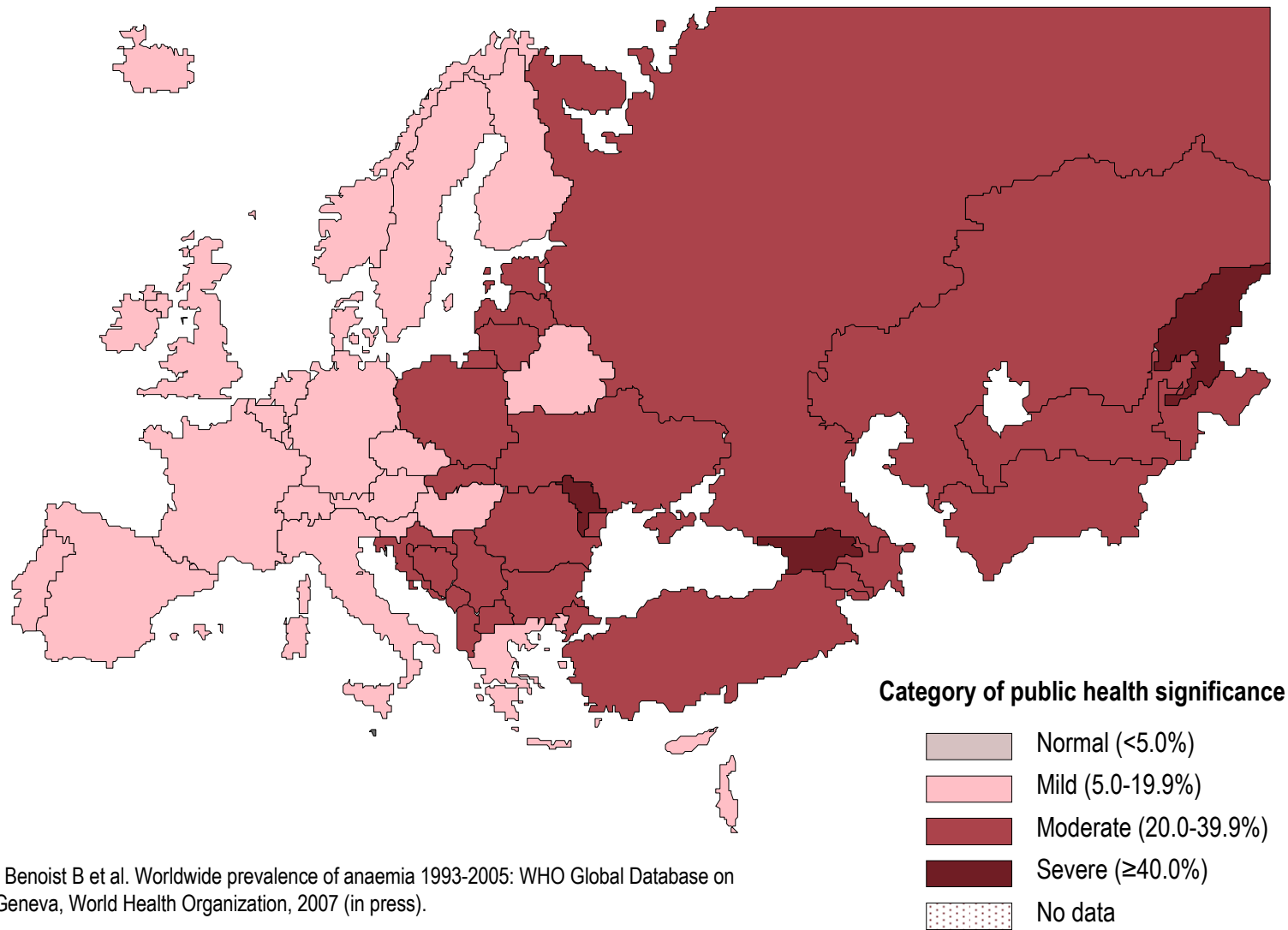
Country (study)	Year of estimate	BMI criterion (kg/m ²)	Cost			
			Type	Per capita (in US\$ at PPP ^a)	Share of total current expenditure on health (%)	Share of GDP ^b (%)
In the WHO European Region						
Belgium (1)	1999	≥30	Direct	69	3	–
France (range) (2)	1992	≥30	Direct	71–148	0.6–1.3	–
France (3)	1992	≥27	Direct	202	1.8	0.9
Germany (range) (4)	2001	≥30	Direct	17–35	1.2–2.6	0.1–0.3
			Indirect	17–38	–	
Netherlands (5,6)	1993	≥30	Direct	32	1.7	–
Sweden (7)	2003	≥30	Direct	45	1.8	0.7
			Indirect	157	–	
Switzerland (4)	2001	≥25	Direct + indirect	186	–	0.6
United Kingdom (England, range) (8)	2002	≥30	Direct	NA ^c	2.3–2.6	–
EU (15 countries) (9)	2002	≥30	Direct + indirect	NA	NA	0.3

Double burden of child malnutrition



Source: Adapted from Cattaneo A et al. Child nutrition in CEE and CIS countries: report of a situation analysis. Geneva, UNICEF, 2007.

Anaemia in Preschool Children

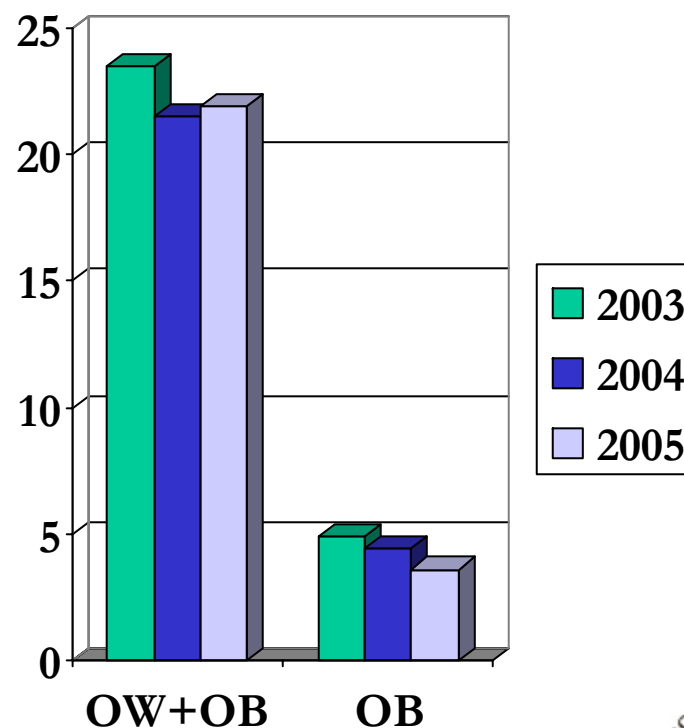


Source: de Benoist B et al. Worldwide prevalence of anaemia 1993-2005: WHO Global Database on Anaemia. Geneva, World Health Organization, 2007 (in press).

2 – Some successes, but still much to be done

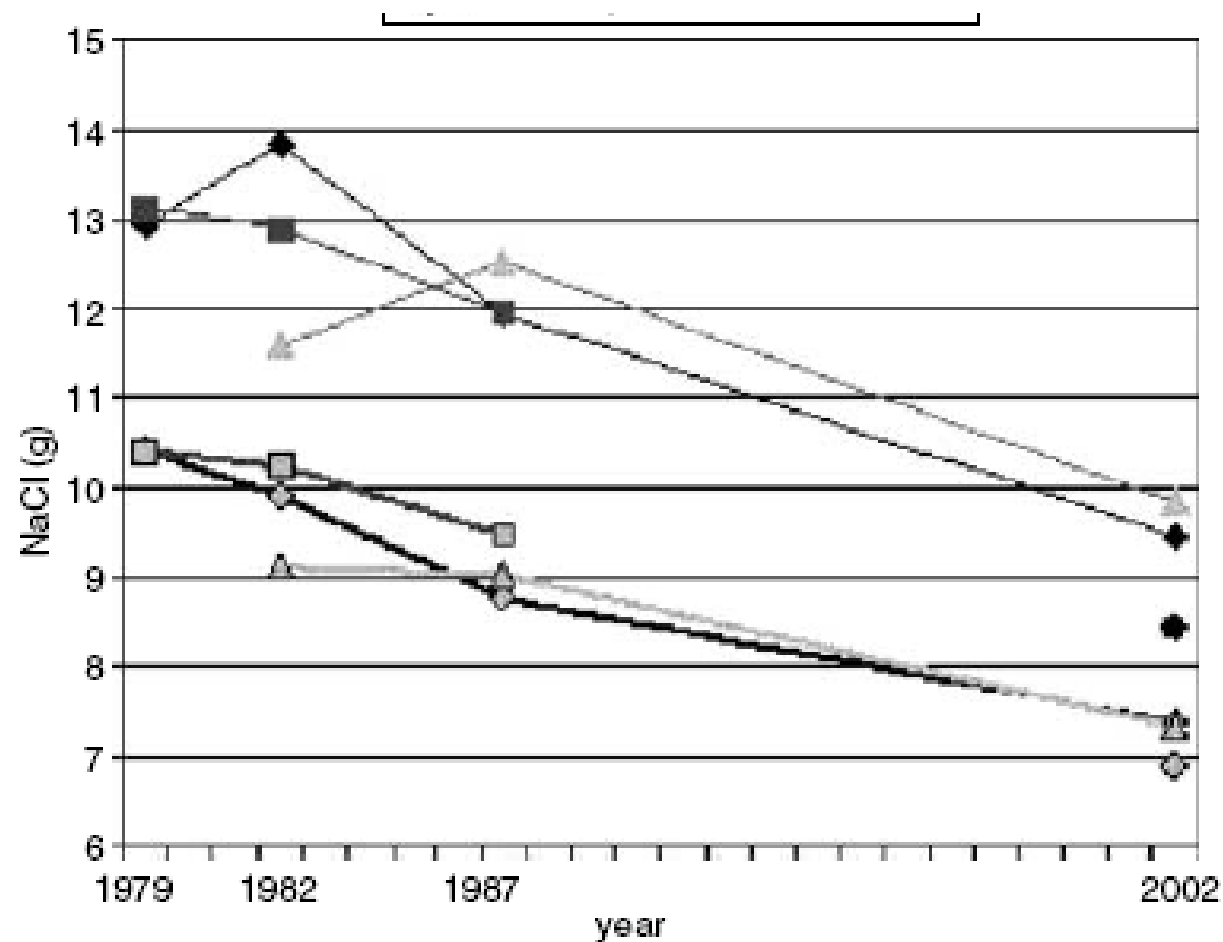
The epidemic of obesity is stopping in Sweden?

- Göteborg : OW decreased in girls
- Stockholm : OW + OB decreased in girls and OB decreased in boys
- Karlstad, Umeå, Västerås Ystad : OB decreased in boys and girls

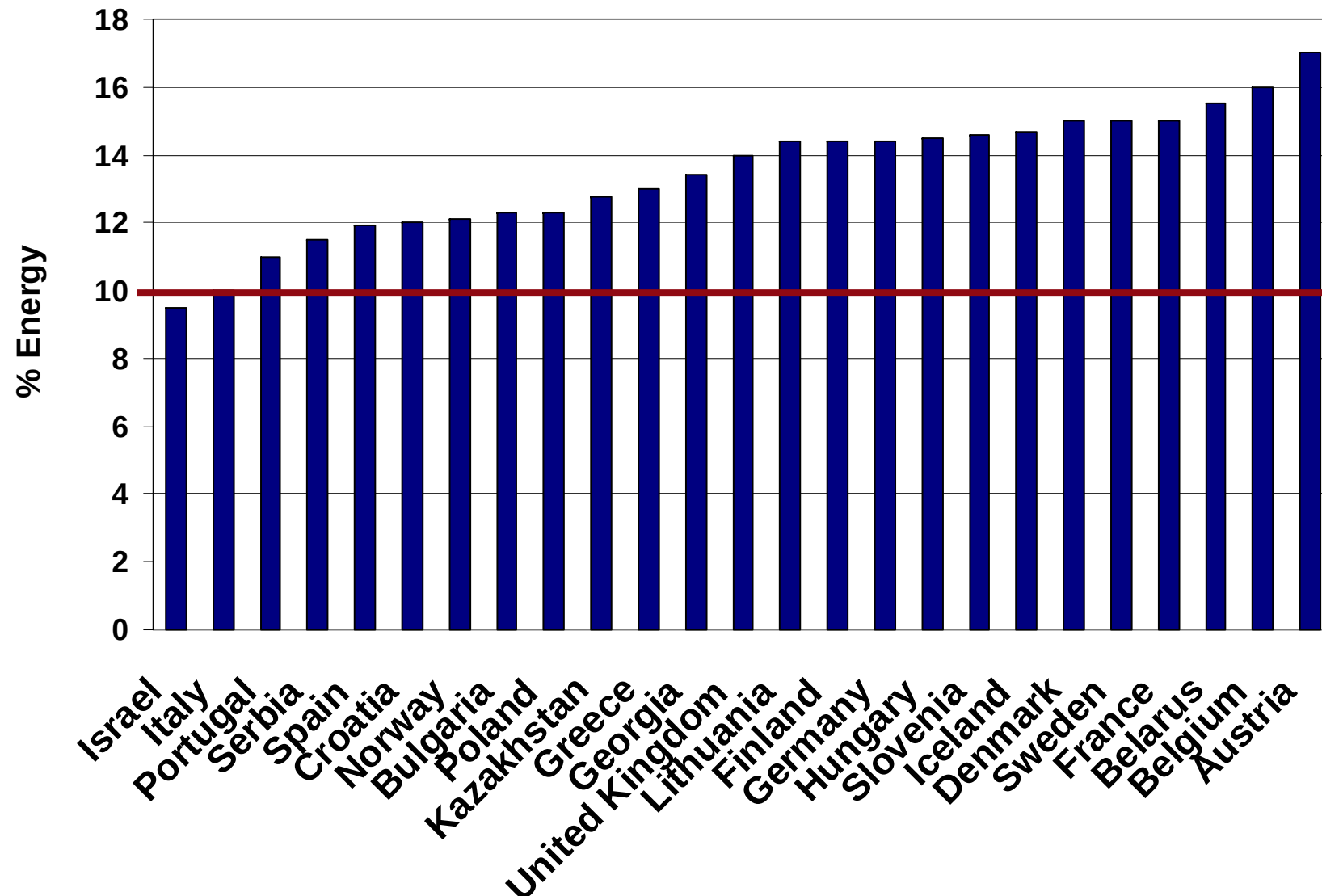


Source : Lissner et al., IJO 2007

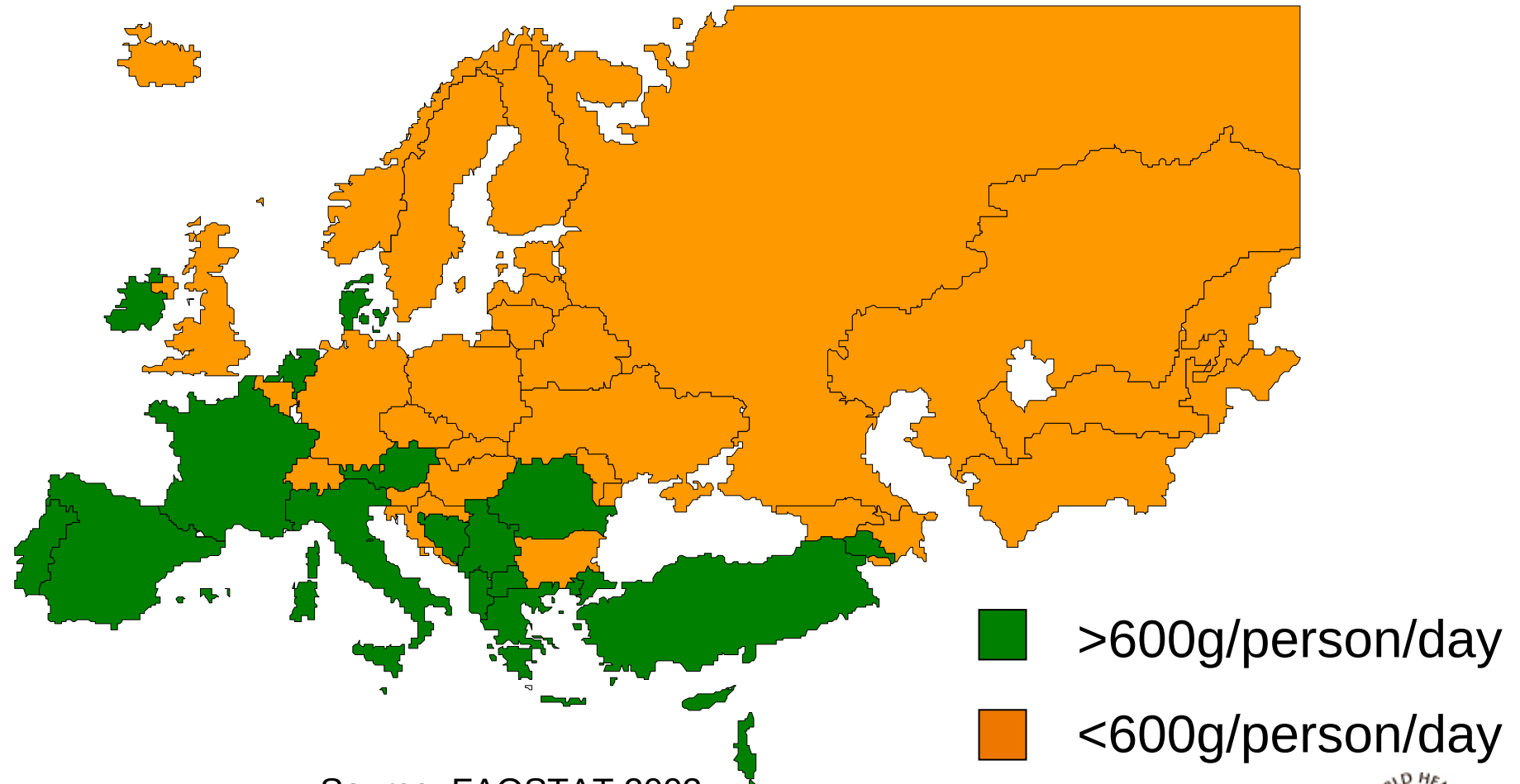
Reduction of salt intake in Finland



Intake of saturated fatty acids is higher than recommended



Supply of fruit and vegetables is below the recommendations in many countries



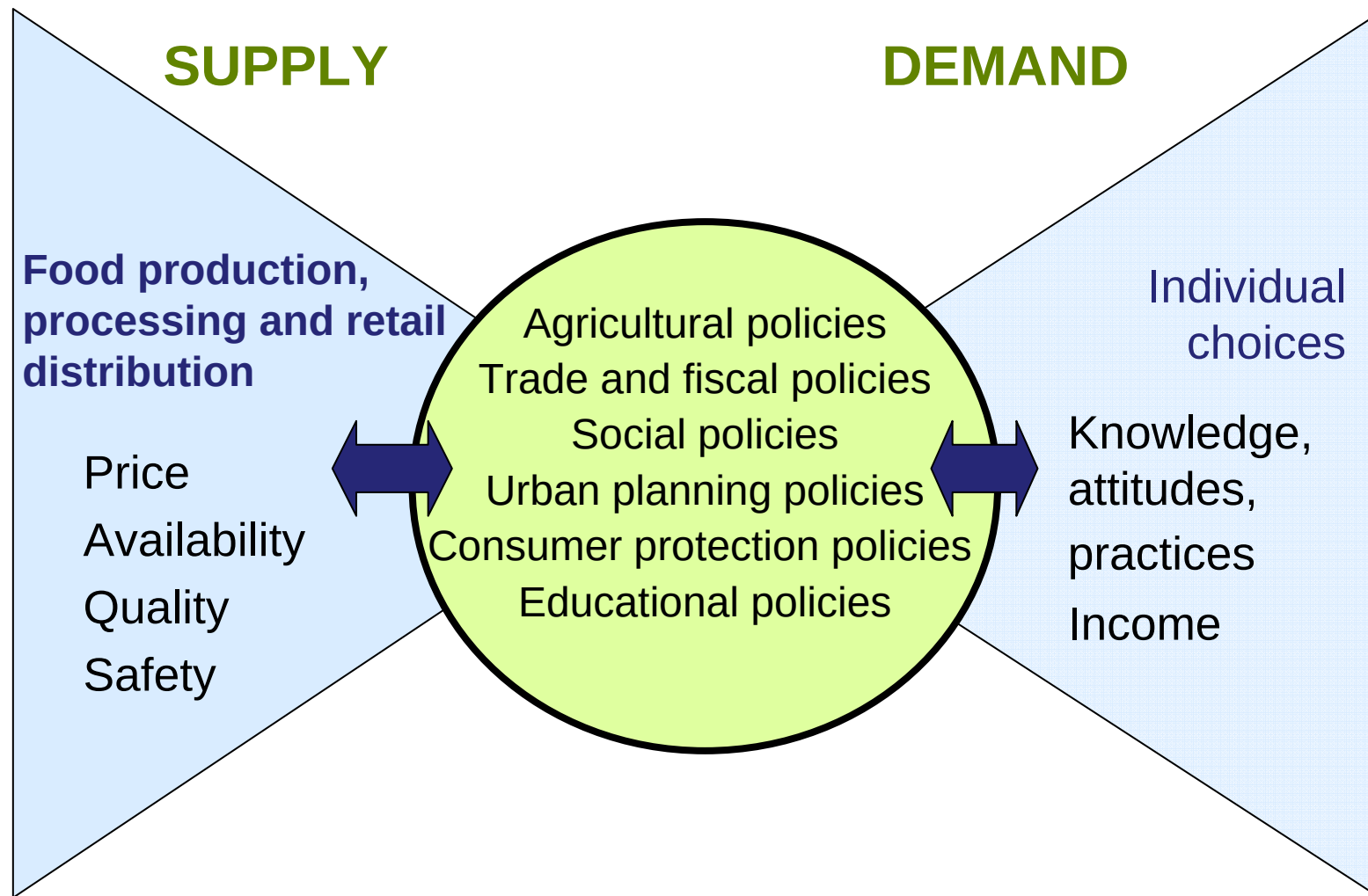
Source: FAOSTAT 2003

3 - Evolution of the modern food system

The modern food system

- Globalisation of food trade
- Longer and more centralised food chain
- Concentration of food retail
- Urban food deserts
- Increased consumption of industrially processed foods
- Increased consumption of foods out-of-home

Diet is influenced by features of supply and demand



4 - Setting the policy scene : the European Charter on counteracting obesity and the policy response

Policy framework



- Individuals alone are not responsible
- changing the social, economic and physical environment
- Responsibility of government across sectors
- Involvement of all stakeholders
- Portfolio of interventions designed to change the social, economic and physical environment
- Portfolio of policy tools (from legislation to public/private partnerships)
- International coordination
- Special focus on children and on disadvantaged socioeconomic population groups

Goal

2.2 Curbing the epidemic and reversing the trend are the ultimate goal of action in the Region. Visible progress, especially relating to children and adolescents, should be achievable in most countries in the next 4–5 years and it should be possible to **reverse the trend by 2015** at the latest.

International policy developments referring to the European Charter

- EU Parliament Report on “Promoting healthy diets and physical activity” (2006)
- World Health Assembly (2007)
- UN Standing Committee on Nutrition (2007)
- FAO/WHO Codex Alimentarius Commission (2007)
- EC White paper on Nutrition (2007)
- EU Council conclusions on “Health promotion by means of nutrition and physical activity” (2007)

Policy developments in Member States

- Development or revision of policy documents
 - New policies
 - Italy “Gaining health”
 - Croatia “Action Plan for overweight and obesity prevention and treatment 2007-2011”
 - Norway “Nutrition Action Plan 2007-2011”
 - Portugal “National Platform against obesity”
 - Policy revisions : Germany, Switzerland, Sweden, Russia, Estonia
 - 7 planning to revise
- Budget increase : 3 countries
- Intersectoral process established : Croatia, Italy, Hungary, Malta

Portugal

Primary prevention

- Policy Measures and Regulations
 - Food and nutrition recommendations
 - Nutritional profiles of food
 - Food in public institutions
 - Labelling
 - marketing
- Care Provision Measures
- Intersectorial Measures
 - Healthy menus in restaurants
 - Local councils
- Measures in the remit of Communication/ Information/ Research/ Education and Training

//Platform
against
obesity



Direcção-Geral
da Saúde



Ministério da Saúde



Secondary and Tertiary Prevention

Norway

Diet Action Plan

by 12 Ministries (2007 – 2011)

Aim: better population health through better nutrition

- Goal1: Change population diet according to national recommendations
- Goal 2: reduce social inequalities in diet

Priorities:

- + Fruit, Vegetables, Whole grain, Fish
- Saturated fatty acids and transfatty acids
- Energy-dense nutrient poor foods



Main strategies for diet improvement

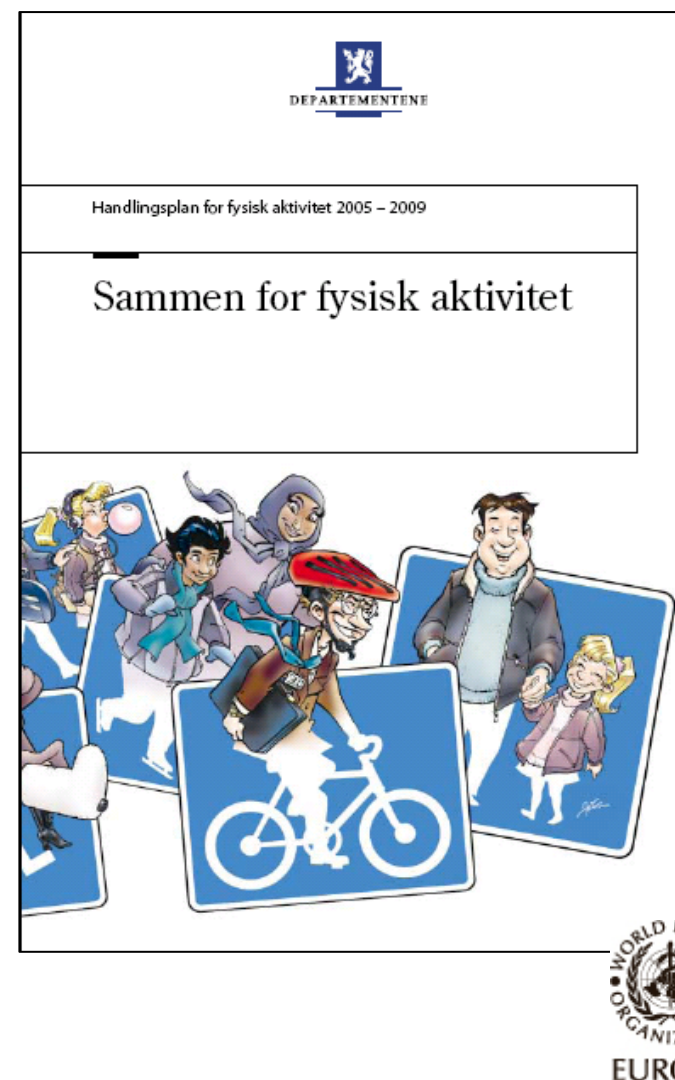
1. Improved availability of healthy food and hinder access to unhealthy food/drinks
2. Increased knowledge in all parts of the population
3. Building competence and awareness among stakeholders and key groups
4. Stronger local basis for action through partnership and integrated public health approaches
5. Strengthening nutrition in prevention and treatment within the health and care system



Physical Activity Action Plan by 8 Ministries 2005-2009

Aim: Better health in the population through increased physical activity

- Goal 1: Increase the share of children and young people who are moderately physically active for at least 60 minutes every day
- Goal 2: Increase the share of adults and elderly who are moderately physically active for at least 30 minutes every day



Croatia

HEALTH EDUCATION,
PROMOTION OF HEALTHY
FOOD
AND HEALTHY LIFE-STYLES

GOOD PRACTICE EXAMPLES

"Health promoting schools"
"Eco kindergartens and schools"
"School gardens"
"Healthy cities"
"Healthy counties"

IMPLEMENTATION OF NEW PROJECTS AND INITIATIVES

- ♦ "Whole school approach to healthy eating"
- ♦ "Nutrition-friendly schools initiative"
- ♦ Updating of nutritional standards and norms for menu planning in kindergartens, schools, students canteens, retirement homes, hospitals
- ♦ Updating of dietary guidelines
- ♦ Regulations concerning vending machines (kindergartens, schools, sport facilities, hospitals)
- ♦ Obesity prevention (counseling for children, youth)
- ♦ Physical activity promotion

*Monitoring of
nutritional status*

United Kingdom

The Obesity National Support Team (NST)

- Provide support for organisations in local areas at the highest risk of not making progress on delivering the obesity target
- Produce recommendations for action to improve local practice
- Provide generic advice and guidance to all areas in England including the development of:
 - toolkits and models to support improving delivery of PSA targets
 - key public health deliverables and contributions to national, regional and local conferences and learning events

France A federative logo



For local governments

Municipalities and districts



Programme national nutrition santé et municipalités

CHARTRE
Villes actives du PNNS



La municipalité signataire adhère à la présente charte et s'engage :

Article 1 > à devenir un **acteur** actif du PNNS en mettant en œuvre, promouvant et soutenant toute action qui contribue à l'atteinte des objectifs du PNNS ;

Article 2 > à **mettre en œuvre**, chaque année, au moins une des actions spécifiques parmi celles citées dans la liste des actions municipales proposée par le PNNS ou une action innovante conforme au PNNS ;

Article 3 > à **veiller** à ce que, pour toutes les actions mentionnées à l'article 2 et menées dans le cadre de la collectivité locale, soient utilisées exclusivement les recommandations issues des référentiels du PNNS et à veiller à ce que toute action nutritionnelle impliquant la collectivité n'aille pas à l'encontre des repères de consommation du PNNS ;

Article 4 > à **nommer un référent** " actions municipales du PNNS " qui informera les services régionaux de santé et rendra compte, annuellement, au Comité stratégique du PNNS, des actions mises en place ;

Article 5 > à **afficher le logo** " Ville-active du Programme National Nutrition Santé " de façon explicite sur les documents afférents à cette action ;

Article 6 > le **programme national nutrition santé** fournira, au niveau régional ou national le cadre, les outils et les conseils utiles à la mise en œuvre des actions.

Philippe Douste-Blazy
Ministre de la Santé et de la Protection Sociale

Maire de la Ville de :

Daniel Huet
Président de l'Association des Maires de France

Préambule

> La mise en place d'une politique nutritionnelle est apparue, au cours des dernières années, comme une priorité de santé publique en France. En effet, si l'insadation des apports alimentaires et de l'activité physique ne peut en rigle générale être considérée comme la cause directe des maladies les plus répandues en France, il est bien reconnu qu'elle participe, d'une façon ou d'une autre, à leur développement. Ces maladies (cancers, maladies cardiovasculaires, obésité, ostéoporose, diabète...) ont des conséquences dramatiques sur le plan humain, social et économique.

> Les travaux de recherche disponibles actuellement fournissent des informations scientifiques suffisamment fiables pour permettre d'identifier, de façon consensuelle, des facteurs nutritionnels impliqués dans le risque ou la protection vis-à-vis de certains grands problèmes de santé publique sur lesquels il est possible d'agir.

> En agissant sur l'alimentation et l'activité physique, il est donc possible de réduire, à court terme, l'exposition à certains facteurs de risque et de promouvoir certains facteurs de protection, en vue d'une réduction de la morbidité et à plus long terme de la mortalité.

Sur ces bases, le Programme National Nutrition-Santé (PNNS), coordonné par le ministère de la Santé, a été mis en place en janvier 2001. Son objectif général est d'améliorer la santé de la population par l'action sur le déterminant majeur que représente la nutrition.

Ce programme vise neuf objectifs prioritaires ainsi que neuf objectifs plus spécifiques. Il est articulé autour de six stratégies majeures : communication-éducation, action dans le système de soins, implication des acteurs de la filière alimentaire et des consommateurs, surveillance, recherche et actions complémentaires pour des populations particulières.

Toutes les actions mises en œuvre par le PNNS ont comme finalité de promouvoir d'une alimentation et le mode de vie, les facteurs de protection et de réduire l'exposition aux facteurs de risque vis-à-vis des maladies chroniques et, au niveau des groupes à risque, de diminuer l'exposition aux problèmes spécifiques. Elles visent notamment à fournir l'indispensable cohérence des messages dirigés vers la population et des actions développées par de multiples intervenants.

Les municipalités, par leurs compétences et leurs liens avec les populations, sont des acteurs importants pour la mise en œuvre d'interventions de proximité, en adéquation avec les stratégies du PNNS.



Ministère de la Santé
et de la Protection Sociale

Standard reference document for voluntary charters of commitments to nutritional improvement

- For producers, agro-industries, distributors, caterers, firms, professional or cross-professional organisations
- To give a frame for voluntary commitments proposal made by food sector operators, to be validated by public authorities
- Based on the objectives, the food guidelines and principles of the PNNS
- At least 2/3 of the turn over/volume or promotional expenses of the Firm must be involved
- For a prof or cross prof organisation, 2/3 of its membres or 2/3 of the national turn over they represent must be concerned

Information initiatives

- France : public campaign and media adverts
- The Netherlands : web-based information tool promoting a healthy lifestyle for pregnant women
- Malta : national anitobesity campaign with a particular focus on childhood obesity
- Bulgaria : national week on counteracting obesity

The nutrition guides of the PNNS

Septembre 2002

4,5 millions d'exemplaires



Septembre 2004

700 000 exemplaires



Septembre 2004

1,5 millions d'exemplaires

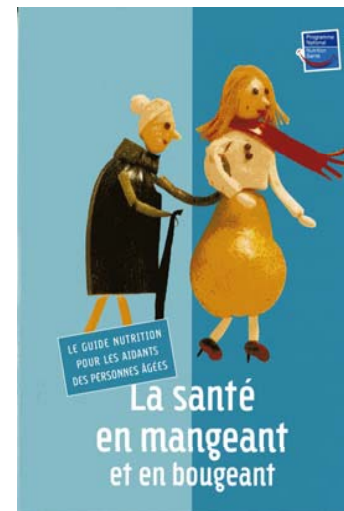
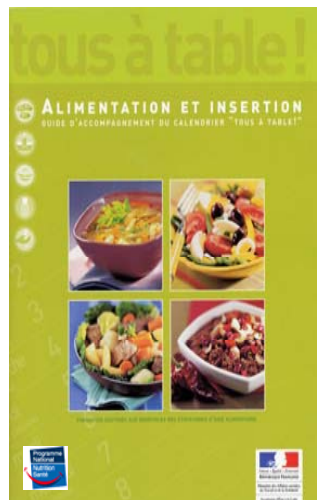


Septembre 2005

900 000 exemplaires



And their specific issues for professionals



France – Media adverts

Public Health Law (august 2004) : article 29

- Advertisements and measures promoting drinks (except water, tea, coffee and fruit juices) or manufactured foods must add a health information. Advertisers may depart from that obligation by paying 1,5% of the cost of the promotion to INPES

Decree of February 27 2007

For sentences :

- A common first part : « For your Health
 - Eat at least five fruits and vegetables a day »
 - Take regular physical exercise »
 - Avoid eating too much fat, sugar and salt »
 - Avoid snacking between meals »
- For children ads, use the « tu » and change « for your health » by « for healthy growth » or « In order to be fit »

The Netherlands

Healthy lifestyle for pregnant women



*St Hello
World*

Healthy future in our hands



Ministerie van
Volksgezondheid,
Welzijn en Sport

VIVES



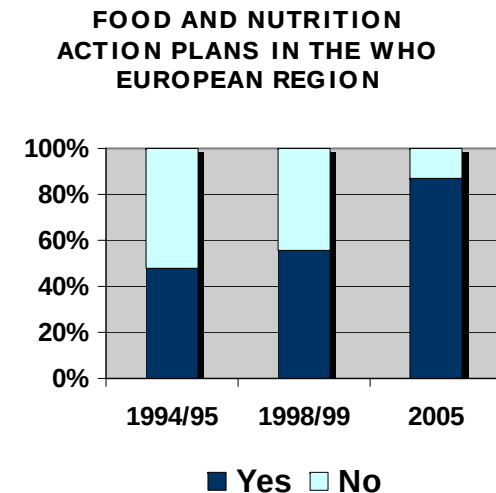
www.hallowereid.nl



5 - Operationalising policy : the Second Action Plan for Food and Nutrition Policy

What is new in the Food and Nutrition Action Plan 2007 ?

- Common goals
- 25 priority actions to influence supply of food and consumers' behaviours
- Built on good practice in Member States
- Portfolio approach – some well established and



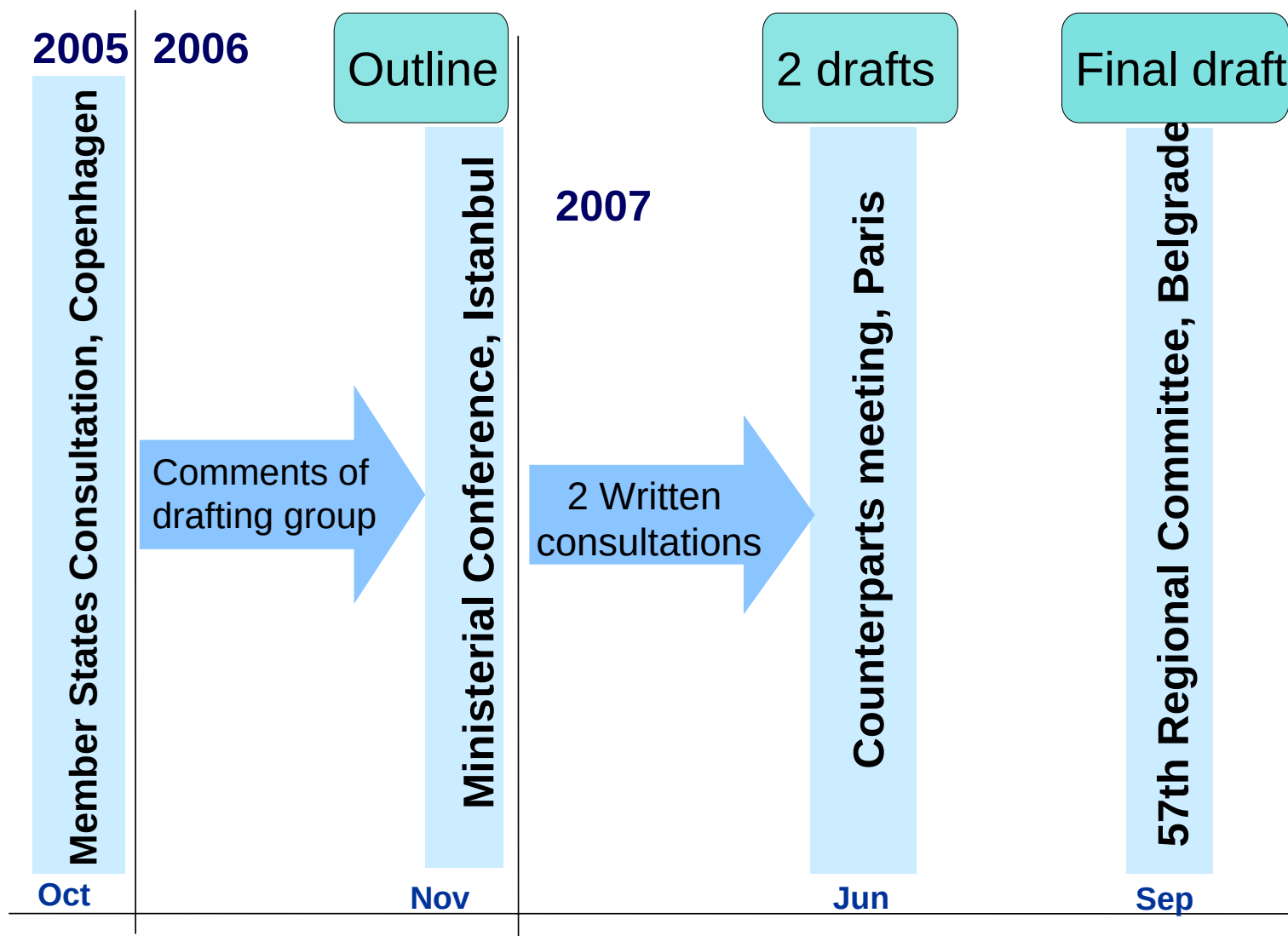
Goals

- Nutrition : saturated fat, trans fatty acids, free sugars, fruit and vegetables, salt
- Food safety :risk based and tailored (salmonella, campylobacter, brucellosis)
- Food security : reduce hunger (MDG)

Nutrition goals

- <10% of daily energy intake from saturated fat
- <1% of daily energy intake from trans fatty acids;
- <10% of daily energy intake from free sugars;
- > 400g fruits and vegetables a day;
- <5 g a day of salt
- infants should be exclusively breastfed for the first six months of life and breastfeeding should be continued until at least 12 months

The development of the Action Plan



Challenges and action areas

HEALTH CHALLENGES

Diet related
noncommunicable
diseases

Obesity in children
and adolescents

Micronutrient
deficiencies

Foodborne
diseases

ACTION AREAS

1. Supporting a healthy start
2. Ensuring safe, healthy and sustainable food supply
3. Providing comprehensive information and education to consumers
4. Implementing integrated actions
5. Strengthening nutrition and food safety in the health sector
6. Monitoring and evaluation

Action area 1

Supporting a healthy start

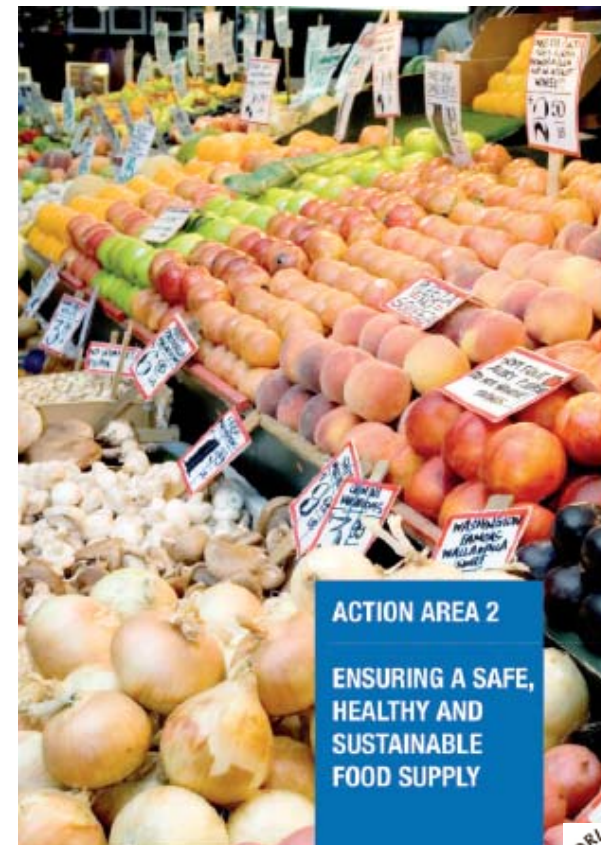


- 1. Promote maternal nutrition and safe dietary habits**
- 2. Protect, promote and support breastfeeding and timely, adequate and safe complementary feeding of infants and young children**
- 3. Promote the development of school and pre-school nutrition and food safety policies**

Action area 2

Ensuring safe, healthy and sustainable food supply

1. Improve the availability of fruit and vegetables
2. Promote the reformulation of mainstream food products
3. Improve food supply and food safety in public institutions
4. Explore the use of economic tools (taxes, subsidies)



Action area 2

Ensuring safe, healthy and sustainable food supply



5. Ensure that the commercial offer of food products is aligned to food-based dietary guidelines
6. Explore the use of economic tools (taxes, subsidies)
7. Establish targeted programmes for the protection of vulnerable groups
8. Establish intersectoral food safety systems with a farm to fork approach

Action area 3

Providing comprehensive information and education to consumers

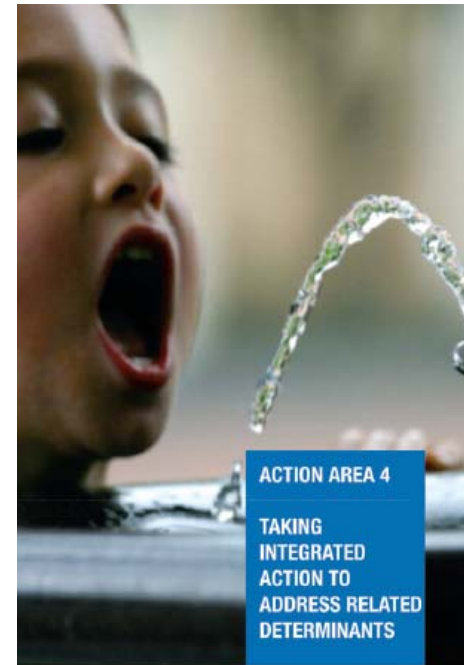
1. Food-based dietary guidelines and food safety guidelines, complemented by physical activity guidelines
2. Public campaigns aimed at informing consumers
3. Appropriate marketing practices
4. Adequate labelling of



Action area 4

Integrated actions to address related determinants

1. Increase opportunities to perform physical activity
2. Reduce the consumption of alcohol
3. Ensure the provision of safe drinking water
4. Reduce environmental contamination of the food chain



ACTION AREA 4
TAKING
INTEGRATED
ACTION TO
ADDRESS RELATED
DETERMINANTS



Action area 5

Strengthening nutrition and food safety in the health sector

1. Engage primary care staff in nutrition assessment and in the provision of diet, food safety and physical activity counselling
2. Improve the standards of service delivery for the prevention, diagnosis and treatment of nutrition related diseases



Action area 6

Monitoring and evaluation

1. Establish national and international surveillance systems on nutritional status and food consumption
2. Establish monitoring and surveillance systems for microbial and chemical hazards in the food chain and foodborne diseases
3. Evaluate the impact of programmes and policies
4. Improve public and private research establishments to better understand the role of nutrition, food safety and lifestyle factors in disease development and prevention



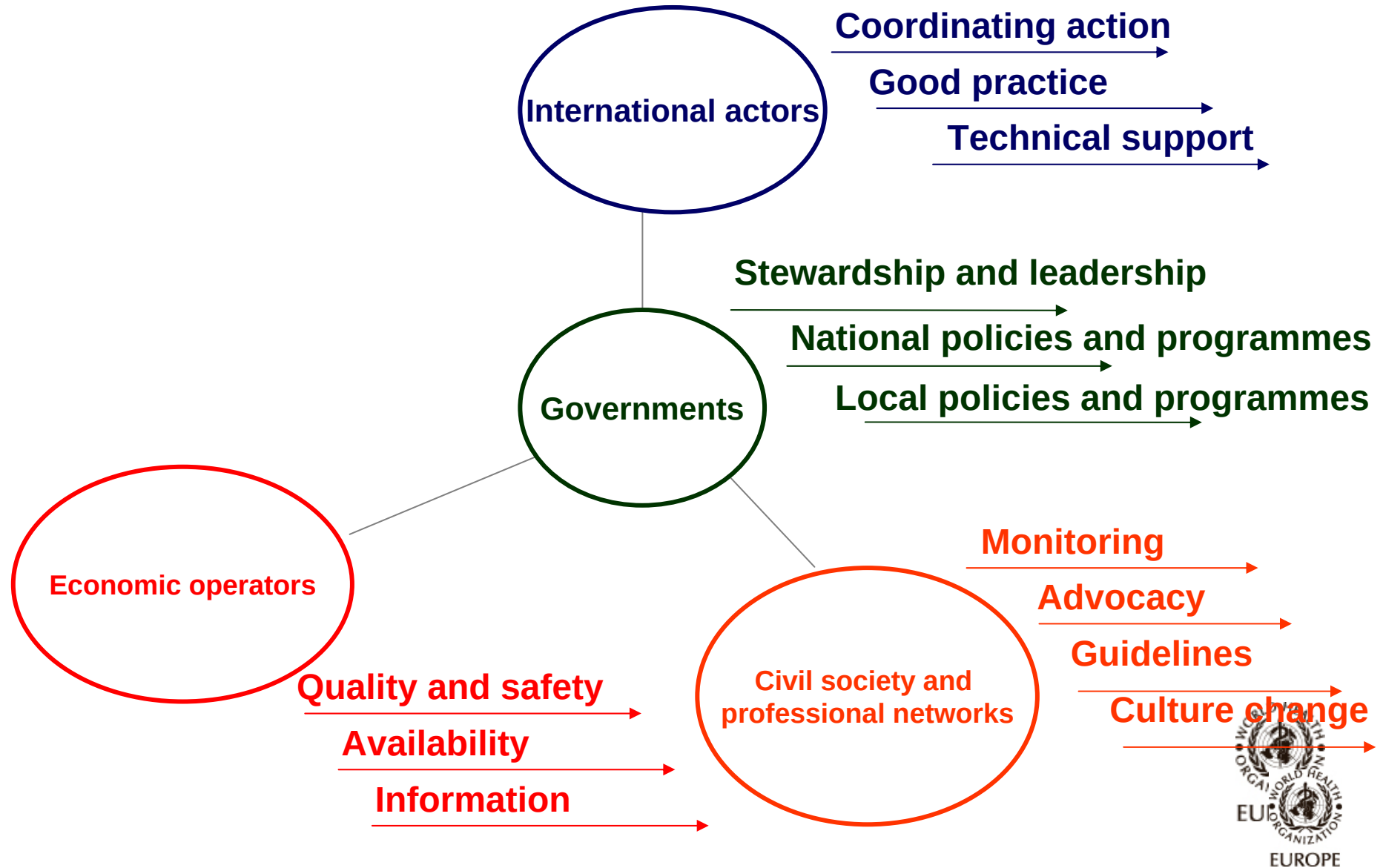
Resolution

EUR/RC57/Conf.Doc./4

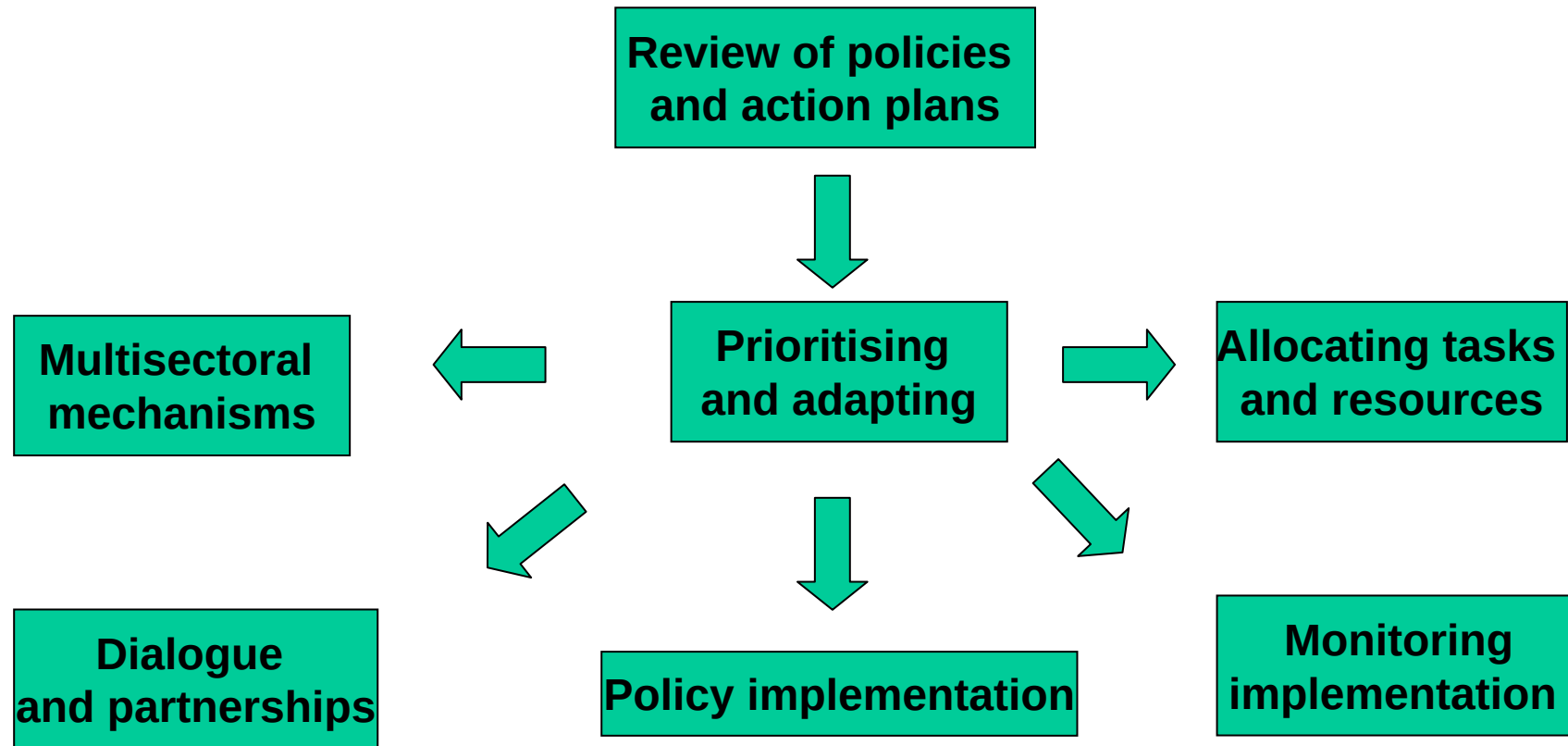
The Regional Committee [...]

- **URGES Member States**
 - to develop, implement, and reinforce comprehensive, integrated and intersectoral food and nutrition policies;
 - implement the commitments outlined in the Charter
 - define national goals and priority actions in line with the ones defined in the 2nd European Action Plan for Food and Nutrition Policy
- **REQUESTS the Regional Director to take necessary steps to ensure that food and nutrition policy development are fully supported in the Regional Office**

Actors and roles



Steps for implementation



WHO's role in ensuring implementation

- Advocacy
- Building partnerships
- SMARTen and operationalise actions
- Guiding international action and ensuring critical mass in actions
- Surveillance and policy analysis
- Good practices in programmes and policies

Building partnerships

- European Commission
- UN organisations
- Ngo networks and alliances
- The private sector : setting operational goals

Action tools

- Nutrition friendly school initiative
- Nutrition profiles for use in labelling, marketing, economic tools and food procurements
- Food procurements in public institutions
- Labelling recommendations
- Good practices in programmes and policies
- Cost effectiveness tool

Action networks

■ Concept:

Joining an action network involves making a commitment to take relevant action, participate in the initiatives necessary for implementation throughout the Region and share experience. Action networks would provide the for a for the exchange of good practice, as well as coalitions to foster greater political commitment

■ What is needed:

- Action listed in the Action Plan
- Government commitment in a sufficient number of countries
- Experience in some countries
- Leading country
- Workplan

Action network on marketing foods and non alcoholic beverages to children

- Norway, Belgium, Bulgaria, Denmark, Finland, Portugal, Slovenia, Spain and the United Kingdom
- Objectives:
 - constitute a coalition of committed countries who can demonstrate specific and effective actions to protect children against marketing pressure
 - discuss and share experiences in order to identify best practices in monitoring the exposure of children to food and beverage marketing
 - discuss alternative approaches to regulation: statutory regulation, self-regulation and co-regulation
 - develop content and principles which may contribute to international recommendations on the regulation of food and beverage marketing
 - establish working groups that can look further into various topics and share their expertise and recommendations with the other countries in the network
 - prepare reports to various international meetings such as to the World Health Assembly

Action network on salt reduction

- led by UK (involving Russian Federation, Finland, Serbia, Ireland, Bulgaria, Belgium, Portugal, Spain, France, Slovenia)
- Objectives:
 - exchange experience and good practice
 - develop common tools (salt targets, monitoring system, communication with the public/stakeholders, technology and processing developments)

Childhood Obesity Surveillance Initiative

- Portugal, Belgium, Bulgaria, Cyprus, Czech, Hungary, Ireland, Italy, Latvia, Lithuania, Malta, Norway, Portugal, Slovenia, Sweden, UK
- Semi-longitudinal design with repeated cross-sectional samples
- Primary schools
- One or more of the following age groups: 6.0-6.9; 7.0-7.9; 8.0-8.9 or 9.0-9.9 years
- Nationally representative sample
- Cluster sampling of schools or classes
- Per age group: $\approx$ 2800 children

Possible new Action Networks

- Hospital Nutrition
- Nutrition Friendly Schools
- Nutrition and physical activity promotion in Primary Health Care
- Food procurements in public institutions

Surveillance and policy analysis project

- Nutritional status, diet and physical activity
- National nutrition policies and physical activity promotion policies
- Actions to implement the policies (government programmes and initiatives, public-private partnerships, legislation in the different areas of action) – DPAS indicators' framework
- Project and initiatives in different settings
- Status of implementation of key commitments

Conclusions

- Where we are:
 - Policy framework ok
 - Priority list – provisionally ok
 - Critical mass of action - no

- We need:
 - Advocacy on the policy solutions (content, method and quantity)
 - Demonstrate successful policies – the Swedish example
 - Economic cost scenarios for public and private sector

Thank you



More information

- Nutrition and Food Security
<http://www.euro.who.int/Nutrition>
- Obesity <http://www.euro.who.int/obesity>
- Database on nutrition policy and obesity
<http://data.euro.who.int/nutrition/>
- WHO/Europe, Transport and health website
[http:// www.euro.who.int/Transport](http://www.euro.who.int/Transport)
- HEPA Europe [http:// www.euro.who.int/hepa](http://www.euro.who.int/hepa)