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WHO EUROPEAN ACTION PLAN FOR FOOD AND NUTRITION POLICY 2007–2012

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ABSTRACT

Although almost all Member States in the European Region have government-approved policies on nutrition and food safety, the burden of disease associated with poor nutrition continues to grow in the European Region, particularly as a result of the obesity epidemic, while foodborne diseases still represent a challenge for European health systems.

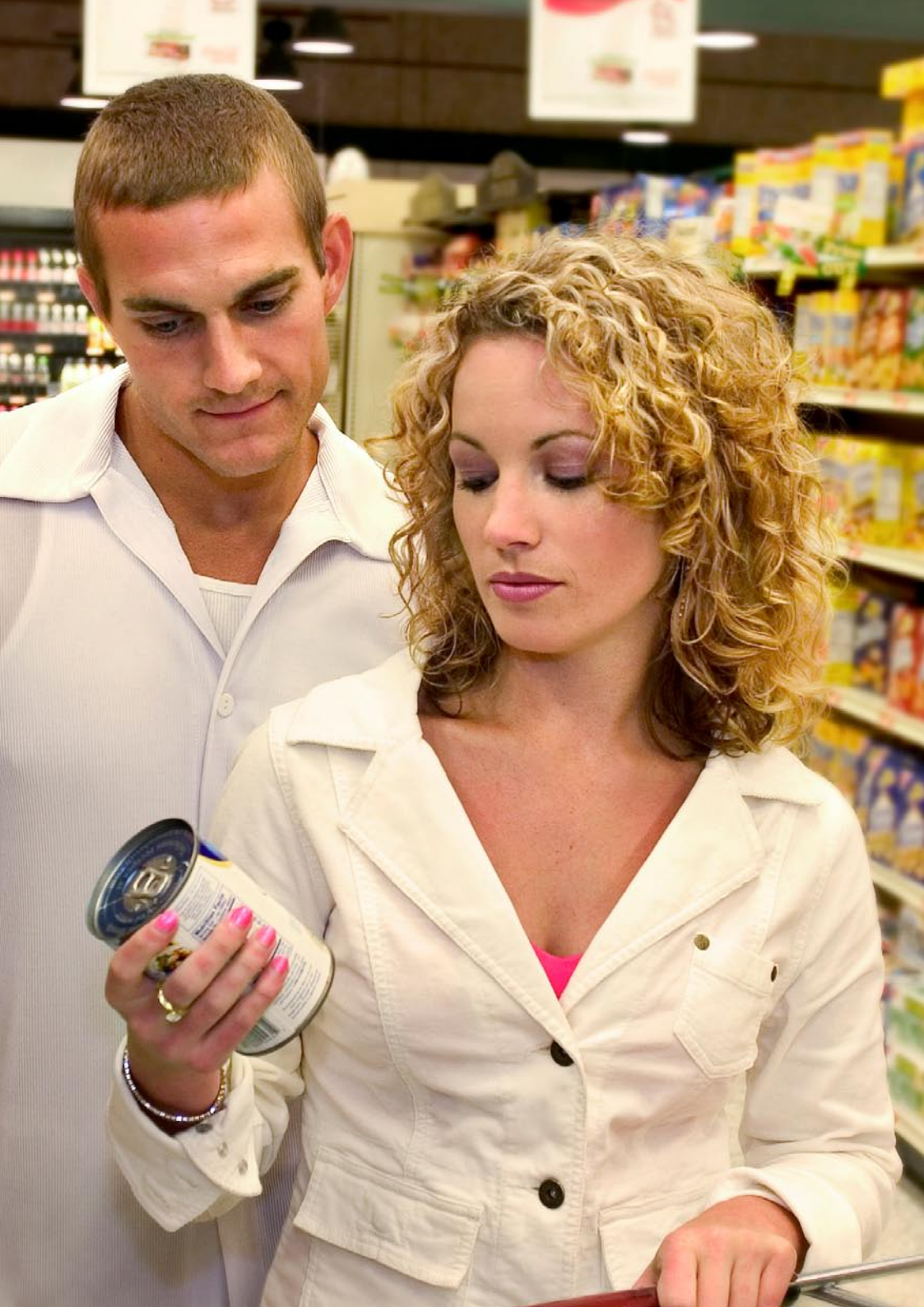
Policy developments over the past few years indicate how to strategically adapt and renew the First Action Plan for Food and Nutrition Policy. This Second Action Plan establishes health, nutrition, food safety and food security goals and provides a coherent set of integrated actions, spanning different government sectors and involving public and private actors, for Member States to consider in their own national policies and health system governance and for international organizations to consider at the regional and global levels.

Proposed actions include improving nutrition and food safety in early life, ensuring a safe, healthy and sustainable food supply, providing comprehensive information and education to consumers, integrating actions to address related determinants (such as physical activity, alcohol, water, environment), strengthening nutrition and food safety in the health sector, and monitoring and evaluating progress and outcomes.

The WHO Regional Office for Europe commits to support the implementation of the Second Action Plan by raising awareness and promoting political commitment to address food- and nutrition-related health and health system challenges in Member States, and at the European and global levels; providing technical support for food and nutrition policy development, policy analysis and capacity building to Member States in the context of their specific health systems; monitoring the public health nutrition and food safety situation, assessing trends and reporting on implementation; and establishing synergies and integrating action within health systems governance on related public health services and strategies (such as physical activity promotion, alcohol consumption, noncommunicable and communicable disease prevention, and water safety).

In September 2007, the WHO Regional Committee for Europe approved resolution EUR/RC57/R4, which endorses the Action Plan and calls on Member States to develop and implement food and nutrition policies.





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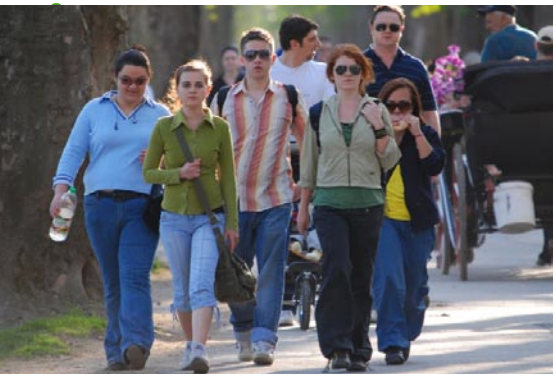
BACKGROUND

1. In September 2000, the WHO Regional Committee for Europe endorsed the First Action Plan for Food and Nutrition Policy for the WHO European Region, 2000–2005 (1), calling for the development of food and nutrition policies in Member States. Since then, one third of the Member States in the WHO European Region have developed policies on food and nutrition, and almost all now have government-approved documents dealing with nutrition and food safety (2). However, in the majority of countries in the Region, nutrition-related and foodborne diseases still represent a considerable public health burden. Several countries have started to develop national policies and action plans that specifically address physical activity and aim to build greater capacity for physical activity promotion.

2. In 2002, poor nutrition accounted for 4.6% of the total disease burden in the Region (measured in disability-adjusted life-years, or DALYs). Acute undernutrition is still documented in areas facing food insecurity, and chronic undernutrition due to micronutrient deficiencies extensively affects vulnerable populations. Undernutrition in the elderly, in chronically ill patients and in disabled individuals is present to a variable extent throughout the Region. Obesity, a rapidly growing challenge that has now reached epidemic proportions, accounts for an additional 7–8% of DALYs suffered, while more than two thirds of the population is not engaged in sufficient physical activity, contributing a further 3.3% of DALYs suffered (3,4). Micronutrient deficiencies are also a concern for the Region, and the rate of exclusive breastfeeding at six months is low everywhere (ranging from 1% to 46%), even in countries with high initiation rates (5).

3. Foodborne diseases, particularly those of zoonotic origin, represent a considerable public health burden and challenge. Salmonellosis and campylobacteriosis are the most commonly reported foodborne diseases. In some parts of the Region, the occurrence of foodborne diseases such as brucellosis and botulism is a significant public health problem; zoonotic parasitic diseases such as trichinellosis and echinococcosis are of particular concern. Antimicrobial resistance is an increasing public health problem, which is partly related to non-human usage of antimicrobial agents (6). Various chemical hazards also represent a public health risk and food allergies are increasingly recognized as a concern.

4. In low-income countries in the Region, poverty affects more than half the population, leading to food insecurity and the consumption of unsafe foods of poor nutritional quality. Food insecurity is also a problem in vulnerable groups of people in higher-income countries. Reaching Millennium Development Goal 1, to eradicate extreme poverty and hunger, is therefore a challenge also for the European Region (7).



5. Member States' failure to achieve nutrition and food safety goals is due to a lack of resources, expertise, political commitment or intersectoral coordination preventing proper implementation of action plans. In addition, such plans rarely tackle the complex set of factors that affect diet, food safety and lifestyle patterns in modern society and which are encountered at regional level as a result of globalization and trade liberalization. The supply of sugar, vegetable oil and animal products has increased and generally exceeds the European population's needs, while only few countries provide sufficient fruit and vegetables to all the population (8). Food distribution and catering in many industrialized countries is concentrated in the hands of a few operators, who influence product supply, safety and price. The media, advertising and retail sectors and the food industry have an influence on dietary choices, sometimes in the opposite direction from that which public health specialists recommend (9,10). Urban design, too, often discourages safe, active transport, while the increasing use of television and computers encourages sedentary leisure activities, thus adding physical inactivity to the health challenges.

6. Since the adoption of the First European Action Plan for Food and Nutrition Policy in 2000, several international agreements have been drawn up to tackle the challenges, such as the Protocol on Water and Health (11), the Millennium Development Goals (8), the WHO Global Strategy for Food Safety (12), the Global Strategy for Infant and Young Child Feeding (13), the Global Strategy on Diet, Physical Activity and Health (14), the European Strategy for Child and Adolescent Health and Development (15), the voluntary guidelines to support the progressive realization of the right to adequate food (16), the European Strategy for the Prevention and Control of Noncommunicable Diseases (17), the European Charter on Counteracting Obesity (18) and the European framework to promote physical activity for health (19). In addition, several policy documents have been proposed in the context of the European Commission (EC), such as the blueprint for action on protection, promotion and support of breastfeeding in Europe (20). These international policy developments indicate strategic direction and guiding principles, but they must be translated into coherent and explicit action plans to address different aspects of nutrition policies.

7. The First European Action Plan therefore needs to be strategically adapted and renewed, in order to take account of the developments that have occurred in the past few years and to provide a coherent set of actions spanning various sectors and ensuring commitment at both European and global levels, so that the priorities identified are included in national food and nutrition policies, as well as in noncommunicable disease prevention strategies and overall public health policies.

8. This Second Action Plan therefore addresses the main public health challenges in the area of nutrition, food safety and food security, dealing with diet-related noncommunicable diseases (particularly obesity), micronutrient deficiencies and foodborne diseases.

9. Integrating policies and programmes on nutrition, food security and food safety will maximize public health outcomes by simultaneously addressing all the hazards associated with food intake (e.g. inadequate food intake and food- and water-borne diarrhoea) and weighing the risks and benefits of consumption of existing and novel food products (e.g. nutrients and contaminants). This integration is in line with the way Member States organize their health systems and with WHO's Medium-term Strategic Plan 2008–2013 (21).

10. The Action Plan aims to harmonize activities and to promote synergy in the use of resources at regional level, and it can be adapted by Member States according to their specific needs, resources, cultural context and policy developments on a voluntary basis.

11. The Action Plan presents goals and targets for the various health challenges being faced and identifies six areas where integrated action can be taken in individual Member States and at regional level, as illustrated in Fig. 1 below.

HEALTH CHALLENGES

Diet-related noncommunicable diseases

Obesity in children and adolescents

Micronutrient deficiencies

Foodborne diseases

ACTION AREAS

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

Fig.1. Health challenges and action areas

4 GOALS AND TARGETS

12. The Second Action Plan aims to achieve the following health goals:

- to reduce the prevalence of diet-related noncommunicable diseases
- to reverse the obesity trend in children and adolescents
- to reduce the prevalence of micronutrient deficiencies
- to reduce the incidence of foodborne diseases.

13. Nutrition, food safety and food security goals should be established to achieve these health goals. Goals related to other health determinants, notably physical activity, water and alcohol, are addressed in the strategy documents cited above (paragraph 6).

14. In order to achieve these health goals, population nutrition goals should be adopted in line with FAO/WHO recommendations (22):

- <10% of daily energy intake from saturated fatty acids
- <1% of daily energy intake from trans fatty acids
- <10% of daily energy intake from free sugars
- ≥ 400 g fruits and vegetables a day
- <5 g a day of salt.

15. In addition, at least 50% of infants should be exclusively breastfed for the first six months of life and continuously breastfed until at least 12 months (20). However, individual Member States may consider setting suitable targets as to which proportion of their populations will be able to achieve the goals in 2012, in view of considerations of feasibility and resources.

16. Food safety goals and targets should be risk-based and be established in individual Member States with reference to their current incidence of foodborne diseases, prevalence of microbiological and chemical contamination in the food chain, and occurrence of antimicrobial resistance in food bacteria, based on adequate surveillance systems. Reduction of *Campylobacter* and *Salmonella* contamination and eradication of zoonotic transmissible spongiform encephalopathies and brucellosis should be considered priorities.

17. A food security goal should be established in line with Millennium Development Goal 1, to reduce by 50% the proportion of people who suffer from hunger. The availability and affordability of healthy foods, such as fruit and vegetables, should be improved and the supply of energy-dense and nutrient-poor foods should be reduced, if needed. The achievement of food security goals should be linked to the attainment of dietary goals in different socioeconomic groups.

ACTION AREAS

18. Each area set out below includes a series of specific priority actions, selected for their established effectiveness and for their innovative potential, that should involve different public sectors as well as private and nongovernmental stakeholders, under the leadership of a government body.

ACTION AREA 1

SUPPORTING A HEALTHY START

19. Good nutrition and safe food during the first few years of life pay dividends throughout life. Good maternal nutrition promotes optimal fetal development, and this reduces the risk of chronic disease in adult age. Foodborne diseases in pregnant women can also have serious and even fatal consequences for the fetus and newborn child. Exclusive breastfeeding up to six months and the timely introduction of safe and appropriate complementary foods in addition to continued breastfeeding for up to two years can reduce the short- and long-term burden of ill health (23). The early occurrence of overweight and obesity and their metabolic consequences in children justify taking action in schools and pre-school institutions (nurseries and kindergartens), adopting a comprehensive approach that not only provides education in nutrition, food hygiene and physical activity but also creates a supportive school environment.

Specific actions

1. Promote optimal fetal nutrition by ensuring maternal nutrition from pre-conception; providing advice on diet and food safety to pregnant women; establishing support schemes for low socioeconomic groups; providing micronutrient supplementation as required.

2. Protect, promote and support breastfeeding and timely, appropriate and safe complementary feeding of infants and young children by reviewing existing guidelines; ensuring compliance with the comprehensive criteria of the Baby-friendly Hospital Initiative; implementing and enforcing the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions; allowing adequate parental leave, breastfeeding breaks and flexibility to support working women during lactation and early childhood, so that exclusive breastfeeding for six months is protected; and taking community-based initiatives to ensure adequate provision of complementary foods, sufficient micronutrient intake and proper nutritional care of infants and young children, particularly those living in special circumstances (orphans, refugees and displaced children).

3. Promote the development of pre-school and school nutrition and food safety policies and programmes with a whole-school approach in kindergartens and schools, including education in nutrition, the sensory properties of food, food safety and physical activity as part of the curriculum, by making use of the Nutrition-friendly School Initiative and other guidance available (19); training teachers and other school staff; developing guidelines for healthy school meals; providing healthy options in canteens and other food distribution points in schools; establishing fruit and vegetable distribution schemes and promoting safe drinking-water.

ACTION AREA 2

ENSURING A SAFE, HEALTHY AND SUSTAINABLE FOOD SUPPLY

20. Policies in agriculture and fisheries influence public health by affecting the supply, local availability, safety, affordability and accessibility of foods. Agricultural policies have supported the production of sugar, fats and oils, meat and alcohol, while not equally sustaining the supply of fruit and vegetables. Trade dynamics have a potential negative impact on food supply, especially in disadvantaged groups (24). In many industrialized countries, food distribution is dominated by larger businesses while smaller wholesaler and retailers are pushed out of the market (25). Local shops in poorer areas are often over-priced and low on choice and quality. Most of the food we eat is industrially processed, and more and more food is consumed outside the home, with an often higher content in energy and fat (26).

Specific actions

1. Improve the availability and affordability of fruit and vegetables by revising agricultural policies; providing technical advice and market incentives for local horticulture, including urban horticulture; reducing trade barriers to imports; and ensuring a reduced risk of pesticide residues.

2. Promote the reformulation of mainstream food products in order to reduce the amount of salt, added sugar, saturated fat and ***trans*** fatty acids and promote the availability of ranges of healthier products, by establishing a dialogue with food manufacturers; providing technical support (particularly to small businesses) and public recognition; and setting specific reformulated targets after an assessment of all potential effects.

3. Promote appropriate micronutrient fortification of staple food items and develop complementary foods with adequate micronutrient content, in areas where micronutrient deficiencies are a public health problem, taking into account the cost–effectiveness of the action, monitoring its impact and potential risks, and avoiding conflicts with the practice of exclusive breastfeeding.

4. Improve the nutritional quality of the food supply and food safety in public institutions (e.g. health and social services, child care services, schools, workplaces, elderly nutrition services, military institutions, leisure facilities) by adopting guidelines and regulations on food procurement; applying of food-based dietary guidelines and good hygiene practices to catering and food services, including safe drinking-water (27); and offering and promoting foods at retail outlets located in public institutions.

5. Ensure that the commercial provision of food products is aligned with food-based dietary guidelines by involving urban planners and local commercial associations in deciding on the location of catering establishments, food retail shops and vending machines; and developing guidelines,

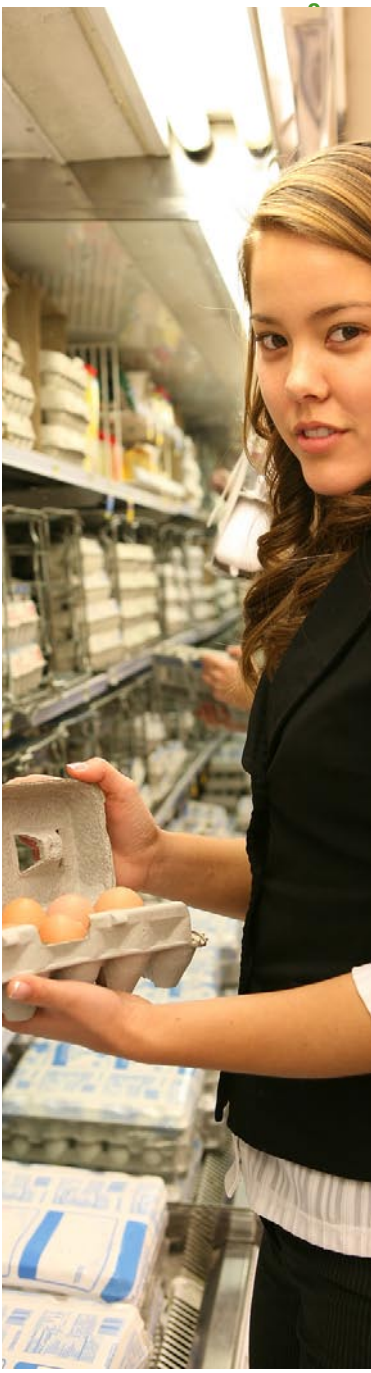
voluntary regulations and award schemes on the products offered and the promotions put in place at the point of sale (e.g. portion size, price, product location, advertising).

6. Explore the use of economic tools (taxes, subsidies) to influence the affordability of foods and drinks in line with food-based dietary guidelines and food safety initiatives, taking into account their impact on different socioeconomic groups.

7. Establish targeted programmes for the protection of vulnerable and low socioeconomic groups by providing food subsidies, distributing food commodities, providing free or subsidized access to catering establishments, and administering meals at home and other forms of social support.

8. Establish intersectoral food safety systems with a "farm-to-fork" approach and in accordance with the Codex Alimentarius risk analysis framework[1], involving the development, implementation and enforcement of national and international food safety standards, regulations and goals. Codex Alimentarius basic texts on food hygiene (28), should be adopted, and systems based on the method of hazard analysis-critical control points (HACCP) should be introduced. Proper systems for food safety control, including enforcement, quality assurance, "own-check" systems and laboratory services, should be put in place. Efficient food safety control relies on proper systems for monitoring and surveillance of microbial and chemical hazards at various steps in the food chain (see Action area 6 below). An integrated system for surveillance, investigation and rapid alert, involving the public health, food and veterinary sectors, is needed to gather information so that foodborne incidents can be identified in a timely fashion and linked to food sources, the culpable food can be traced to its origins and the situation controlled. Traceability systems should be established in all food areas to ensure comprehensive recall of unsafe food and monitoring of health effects.

[1] *Risk analysis includes risk assessment, risk management and risk communication*



ACTION AREA 3

PROVIDING COMPREHENSIVE INFORMATION AND EDUCATION TO CONSUMERS

21. A sound communication and information strategy, coordinating and creating synergy among the various media, is essential for supporting the adoption of healthy lifestyles and the maintenance of food safety and sustainable food supplies. Currently, messages provided through nutrition education campaigns are often contradicted by commercial communication practices. A recent WHO forum and technical meeting on marketing food and non-alcoholic beverages to children (10) has concluded that the commercial promotion of energy-dense and nutrient-poor food and beverages can adversely affect children's nutritional status and health and needs to be regulated. Consumers find that current nutrition label formats are generally confusing and do not help them to make healthy choices. Communication about food safety and nutrition should also be integrated, in order to guide food consumption. Finally, due consideration of traditional food cultures could help people to adopt healthy diets.

Specific actions

1. Develop food-based dietary guidelines and food safety guidelines, aimed at the general population and at vulnerable groups (especially infants and young children, pregnant women, and the elderly), that take account of cultural and religious sensitivities and the price and availability of foods; these guidelines should be used as the basis for communication campaigns and should set the direction for supply-side actions. Locally produced foods and traditional cooking and eating practices should be considered in the context of a healthy diet. These guidelines should be complemented by ones on physical activity, for which recent state-of-the-art guidance can be used as a reference (19).

2. Conduct public campaigns aimed at informing consumers about food, nutrition, food safety and consumer rights, and about the opportunities to be physically active in different settings of daily life; creating public awareness of actions to be taken on catering and trade; providing targeted and timely risk communication on nutrition and food safety to the general public and specific sub-populations; and reducing the social pressure to promote extreme thinness as one criterion of beauty, particularly among children and adolescents.

3. Ensure appropriate marketing practices for all food products in line with internationally agreed recommendations and dietary and food safety guidelines, by adopting regulations or using other methods of proven effectiveness; more specifically, ensure adequate control of the marketing of foods and beverages to children and establish independent monitoring and enforcement mechanisms.

4. Promote adequate labelling of food products to improve consumers' understanding of product characteristics, to support healthy choices and to promote safe food storage and preparation, by developing regulations and guidelines that reflect best practice (e.g. front-of-pack "signposting"), based on existing Codex Alimentarius standards or EU legislation on labelling and health claims, and by establishing an efficient method for assessing the nutrient quality of food products.

ACTION AREA 4

TAKING INTEGRATED ACTION TO ADDRESS RELATED DETERMINANTS

22. Ensuring nutritional wellbeing and preventing diet-related noncommunicable diseases requires "integrated action on risk factors and their underlying determinants across sectors to be combined with efforts to strengthen health systems towards improved prevention and control" (17). In particular, in order to reduce the burden from nutrition-related diseases, physical inactivity and alcohol consumption have to be addressed; similarly, the quality and safety of water and environmental aspects should be considered in conjunction with food safety. This integrated approach is particularly relevant when addressing the need of low socioeconomic population groups.

Specific actions

1. Increase opportunities to engage in physical activity, by promoting population-level interventions and facilitating the integration of physical activity in daily life and across all settings, as illustrated in the Framework to promote physical activity for health (19) and with reference to examples of good practice at local level (29). This involves providing a range of curricular and extracurricular pursuits in kindergartens and schools; encouraging employers to facilitate regular physical activity in the working environment; supporting local governments to establish indoor and outdoor recreation facilities with adequate accessibility, particularly in low-income neighbourhoods; providing adequate infrastructure and removing barriers to physically active transport, e.g. by reallocating space to cyclists and pedestrians and by engaging urban planners to ensure that services and jobs are located within distances than can be covered on foot or by bicycle.

2. Reduce the consumption of alcohol, by creating public awareness; providing greater protection from peer and other pressure and educating schoolchildren to develop responsible attitudes towards alcohol consumption; including alcohol limits in food-based dietary guidelines and nutrition counselling, particularly for pregnant women; restricting advertising and sponsorship; and introducing legislation on licensing and sales and on drink–driving (30).

3. Ensure the provision of safe drinking-water in schools and workplaces; promote water over soft drinks; ensure the use of water of drinking quality in the food processing chain, to significantly reduce the incidence of foodborne disease; expand the development of water safety plans.

4. Reduce environmental contamination of the food chain, by preventing environmental pollution of air, water and soil with foodborne hazards such as toxic heavy metals and persistent organic pollutants (31).

ACTION AREA 5

STRENGTHENING NUTRITION AND FOOD SAFETY IN THE HEALTH SECTOR

23. The health sector has crucial responsibilities in reducing the burden of nutrition and food-related diseases. Consistent and professional diet and lifestyle counselling by primary care professionals can influence individual choices. Poor standards of care can themselves create nutritional problems, as with patients admitted for long-term stays in hospital (32).

Specific actions

1. Engage primary health care staff in nutrition assessment and the provision of counselling on diet, food safety and physical activity, including infant and child growth monitoring (using the new WHO child growth standards); weight measurement and dietary assessment in adults; protection, promotion and support of breastfeeding; and promotion of a balanced diet, safe food handling practices and physically active behaviour, by revising terms of reference, developing guidelines, building capacity and providing appropriate incentives.

2. Improve standards of service delivery for the prevention, diagnosis and treatment of nutrition-related diseases, by establishing efficient outpatient and inpatient nutrition services with adequate population coverage; adopting and applying evidence-based guidelines on screening and treatment; integrating nutrition support in the treatment protocols of different diseases; revising the curricula of health staff; establishing and enforcing accreditation schemes for health practitioners involved in the diagnosis and treatment of nutrition-related diseases; supporting the provision of foods for special dietary use; providing dietary supplements (e.g. iron and folate in pregnancy) according to national needs and circumstances; and establishing clearance systems for the commercialization of dietary supplements.

3. Improve the quality of nutrition services and food safety in hospitals, by providing safe, palatable and nutritionally adequate food according to individual patients' needs and in line with food-based dietary guidelines; establishing nutritional risk screening in all inpatient facilities, in order to prevent the development of undernutrition; and improving the supply of food in kiosks, vending machines and cafeterias for visitors and staff.

ACTION AREA 6

MONITORING, EVALUATION AND RESEARCH

24. Incorporation of monitoring and evaluation in every policy or programme contributes to the establishment of evidence-based public health. Process, outcome and output indicators are necessary for assessing the impact and effectiveness of policies or programmes. Surveillance systems should be simple and sustainable, tailored to the needs of the countries, and maintained and expanded when already in place, while being coordinated at international level through common protocols, analytical tools and databases.

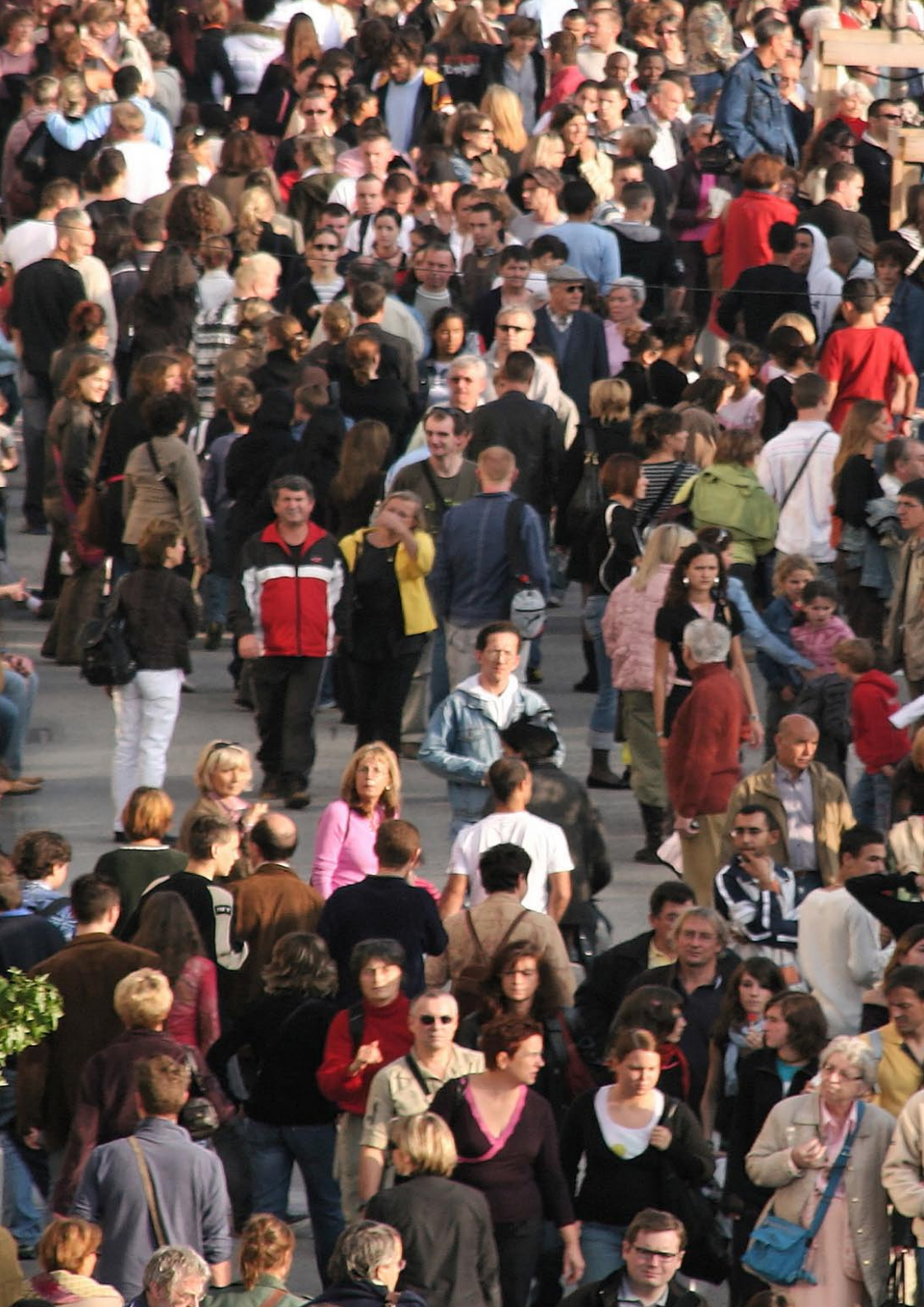
Specific actions

1. Establish national and international surveillance systems on nutritional status, food availability and consumption, and physical activity patterns in different age and socioeconomic groups, including early childhood. Measurement of nutritional status should include anthropometry and micronutrient status; dietary intake should consider macronutrients, micronutrients and main contaminants; and breastfeeding and complementary feeding should be monitored.

2. Establish surveillance systems for foodborne diseases and systems for monitoring microbial and chemical hazards at different points of the food chain, including pesticide residues, environmental contaminants, naturally occurring toxicants, medicine residues, antimicrobial resistance, use of antimicrobial agents in animals, and occurrence of radioactive isotopes. Surveillance of foodborne diseases should include mechanisms for efficient follow-up if deemed appropriate.

3. Evaluate the impact of programmes and policies aimed at reducing the burden of food and nutrition-related diseases, by establishing input, process and output indicators in different socioeconomic population groups and by calculating the cost–effectiveness of interventions. Characteristics of the food environment, including nutritional quality, prices of foods and marketing practices, should be independently monitored. The impact of sectoral policies on health and nutrition should also be assessed using health impact assessment methods, so that better cross-government collaboration can be achieved to integrate health in all policies targeted at diet, food supply or food safety.

4. Improve public and private research to enhance understanding of the role of nutrition, food safety and lifestyle factors in disease development and prevention; to strengthen the evidence base for interventions and policies; to develop innovative solutions that address nutrition and food safety challenges; to describe the sociological and cultural aspects of eating; to assess the impact of social marketing techniques, new communication channels and different labelling schemes on consumers' dietary choices, especially in lower socioeconomic groups; and to develop simple, valid and economical monitoring and evaluation tools.

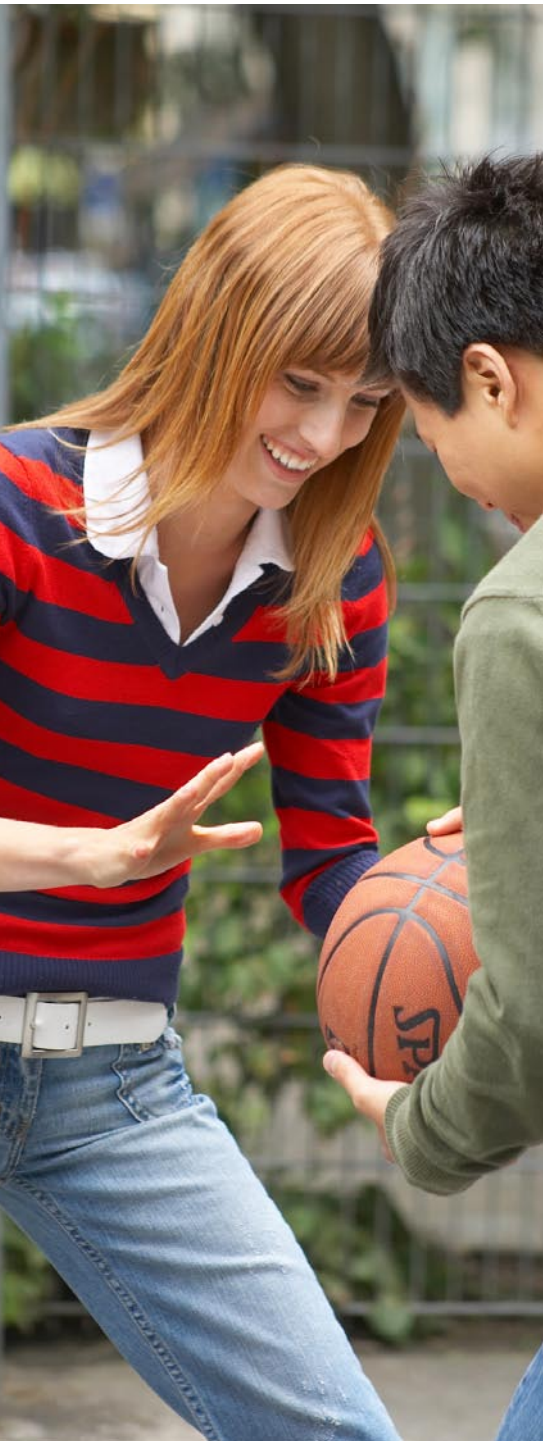


Governments

25. Whole-government commitment is necessary for implementation of this Action Plan, in the spirit of "health in all policies". The primary obligation of governments is to provide leadership and to formulate, monitor and evaluate a comprehensive food and nutrition policy. In addition to political commitment at the highest level, a successful policy depends on effective national coordination to ensure full collaboration of all the government agencies concerned. **Public health** policy-makers have a responsibility to act as advocates and to demonstrate stewardship and leadership for health across different government departments and with the public and private sectors. The precise allocation of government responsibilities depends on the specific organization in each country. In addition, the health sector plays an important role in health promotion and disease prevention through specific public health programmes. Health care services also have an important role to play with regard to primary, secondary and tertiary prevention.

26. Other government sectors should be involved in discussion of the Action Plan and in the design of specific policies and programmes. **The sector of agriculture, fisheries and food** should incorporate public health, nutrition and food safety objectives in primary production, food processing, distribution and retail activities, offering production incentives, establishing infrastructure and providing services, issuing regulations, and facilitating dialogue between the private sector and public representatives. **Consumer protection** should ensure that appropriate information is provided to consumers and that a suitable system is in place to assess, manage and communicate risks related to the nutritional characteristics of food and the presence of contaminants. **Education** should ensure that schools influence food preferences and consumption, as well as food safety and behaviour related to physical activity. **Sport** should ensure the accessibility of facilities. **Transport, urban planning and housing** should ensure access to healthy and safe food, facilitate physical activity and create or re-establish the conditions for making walking and cycling feasible, safe and attractive options. **Environment** should allocate resources to facilitate outdoor recreation, consider the environmental impact of food production and provide safe drinking-water. **Labour** should allow for adequate parental leave, breastfeeding breaks and flexibility to support working women during lactation, and should promote healthy and safe dietary habits and physical activity in the workplace. **Social policy** should consider social benefits to improve the food security of vulnerable population groups, as well as access to recreational facilities. **Research** should support a better understanding of the role of nutrition, food safety and lifestyle factors in disease development, provide information on risk factors and determinants throughout the whole food supply chain, and strengthen the evidence base for, and the health impact of, interventions and policies.

27. Regional and local authorities have a specific role to play, especially in ensuring access to a safe and healthy food supply, promoting healthy lifestyles such as outdoor recreation in the community, particularly among vulnerable groups, and



providing local environments that support physical activity. Action at the local level should be supported by the central level and feed into national policies.

Civil society and professional networks

28. Health professional's organizations can be a driving force behind the advocacy role of the health sector and can be involved in the development of clinical guidelines, standards of care, quality assurance of services and professional accreditation schemes. **Advocacy groups and consumers' organizations** can act as watchdogs in monitoring whether the public and private sectors live up to their commitments (for instance, by means of voluntary codes and award schemes) and can be important actors in providing information to consumers. **Sport and outdoor recreation organizations** could help to disseminate a culture of active leisure, support the availability and accessibility of sport infrastructures for all, and discourage nutritional practices contrary to food-based dietary guidelines. **Trade unions** could support the development of guidelines for healthy nutrition and physical activity during the working day.

Economic operators

29. Food business operators are responsible for the safety of their products. **Primary producers** can improve the availability of fruit and vegetables and the nutritional quality and safety of products. **Food manufacturers** can reduce the levels of saturated fats, added sugars and salt, and remove ***trans*** fatty acids, in existing products; apply good manufacturing practices and implement HACCP-like systems; develop and provide affordable, safe, healthy choices to consumers; consider introducing new products with better nutritional value; provide

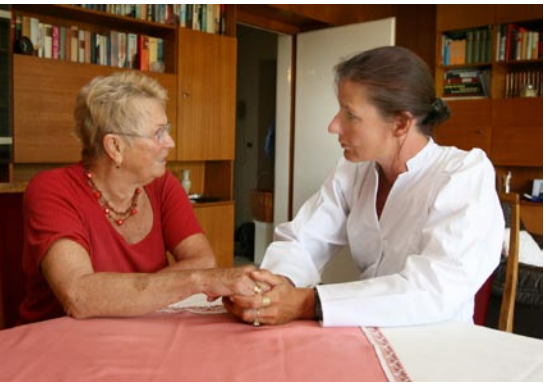
consumers with adequate and understandable product and nutritional information; practice responsible marketing, especially to children; issue simple, clear, not misleading and consistent food labels and evidence-based health claims, and provide information on food composition to national authorities. **Food retailers** can improve their staff's knowledge about healthy nutrition, improve the availability and promotion of products with a healthier nutrition profile, stop marketing energy-dense and nutrient-poor foods and non-alcoholic beverages to children, and ensure adherence to food safety guidelines. **Caterers** can also improve their staff's knowledge about healthy nutrition, increase the availability of healthy options, reduce promotions of energy-dense and nutrient-poor foods and excessive portion sizes, and ensure adherence to food safety guidelines. **The media** could support awareness-raising campaigns about nutrition, food safety and consumer rights, and about the opportunities to be physically active. **Advertisers and marketers** should comply with recommendations about the marketing of food and non-alcoholic beverages to children; develop voluntary codes to align other forms of commercial advertising on food-based dietary guidelines and avoid the promotion of unhealthy role models, e.g. in the fashion industry, to reduce the social pressure to regard extreme thinness as a criterion of beauty. **The leisure and well-being industry** can support the dissemination of a culture of active leisure and provide opportunities to practice it at affordable prices. **The public transport** sector can make healthy food and recreational facilities more accessible and could bring important synergies by facilitating journeys made through a combination of walking or cycling and public transport.

International actors

30. Within the context of the European Union (EU), the **European Commission** has a role to play in coordinating and sharing good practice among EU member countries, and in providing support for monitoring progress in the region. The Commission's White Paper on nutrition, overweight and obesity-related health issues (33) sets out how the Community can support actions by member countries to reduce the ill health (such as obesity) caused by poor diets and low levels of physical activity. A range of policies at Community level can contribute to this objective in areas such as

food, research, agriculture, transport and regional development. In particular, the White Paper highlights the Commission's role in promoting and facilitating action-oriented partnerships across the EU to stimulate action by public and private stakeholders in society and contribute to the roll-out of successful population health interventions from one Member State to another. The **European Food Safety Authority** also has a role to play by providing the scientific and technical basis for action and policies on food safety and nutrition in the EU context.

31. United Nations specialized agencies and other international organizations also have important roles to play in implementing this Action Plan by heightening political awareness, providing coherent policy advice in the different areas, stimulating intercountry collaboration mechanisms and coordinating international actions. The **WHO Regional Office for Europe** will support implementation of the Action Plan by raising awareness and fostering political commitment to address food- and nutrition-related health challenges in Member States and at the European and global levels; providing technical support to food and nutrition policy development, policy analysis and capacity-building; monitoring the public health nutrition and food safety situation, assessing trends and reporting on implementation; establishing synergies and integrating action with related public health strategies (for instance, on physical activity promotion, alcohol consumption, noncommunicable and communicable disease prevention, and water safety). The **Food and Agriculture Organization of the United Nations (FAO)** can contribute by providing technical advice on food, agriculture and trade policies and practices, promoting nutrition education and enhancing food security and food safety. The **Codex Alimentarius Commission** should establish food standards and guidelines on nutrition labelling and signposting, as well as on health and nutrient claims; promote food quality, safety and hygiene, and consider taking other action in support of full implementation of the Action Plan. Other agencies with a potential to contribute include the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Education, Scientific and Cultural Organization (UNESCO), the International Labour Organization (ILO), the World Bank, the Council of Europe and the Organisation for Economic Co-operation and Development (OECD). The United Nations Standing Committee on Nutrition could foster collaboration and coordination among the different United Nations agencies.



Implementation in countries

Step 1. Establish or strengthen a multisectoral government mechanism on food and nutrition policy

32. A multisectoral government mechanism is needed in order to reach different sectors through advocacy and the development of partnerships. The health ministry's stewardship role in convening and steering the group should be stressed, but accountability should be to the entire government and parliamentary bodies. Specialized independent bodies, such as a food and nutrition council and a national food safety and standards authority, may be required to help with effective coordination of intersectoral action.

Step 2. Revise current food and nutrition action plans and sectoral policies

33. The multisectoral body could be instrumental in reviewing current nutrition action plans and evaluating achievements; analysing the relevant sectoral policies and evaluating their consistency with the goals in current plans; assessing current plans in the light of the Second European Action Plan for Food and Nutrition Policy; revising the Action Plans as necessary and feasible; and advocating the revision of sectoral policies in accordance with the agreed action plans. The revised action plans should clearly identify the time scale for implementation of the different actions, the lead implementing agency and the allocation of resources. Member States should establish specific targets for each of the health and nutrition goals, as well as specific food safety and food security goals, taking into account available resources and priorities.

Step 3. Prioritize the implementation of specific actions

34. The choice of actions should be based on the stage of national policy and capacity development reached.

- Countries that have not finished developing their national food and nutrition policy or have not established intersectoral coordination might give priority to this political and institutional development.
- Countries that have a nutrition policy but do not yet have agreed policy tools (e.g. food-based dietary guidelines, surveillance systems) or have not established a sustainable implementation mechanism might prioritize the development of such tools and provide adequate resources for nutrition programme implementation, in collaboration with international organizations and taking stock of other countries' experiences.
- Countries that have a longer history of implementation of food and nutrition policies but which have mainly focused on health promotion might consider concentrating on mechanisms to sustain their policies (e.g. through legislation) and expanding their initiatives to cover the full range of actions envisaged by this Action Plan.
- Most countries need to strengthen the health sector's capacity to fully integrate nutrition in disease prevention, particularly through primary health care, as well as to address socioeconomic gaps.

Step 4. Operationalize the Action Plan through a combination of macro policies, regulatory frameworks (legislation, regulations, ordinances, treaties) and fiscal and other measures

35. Voluntary actions and action-oriented partnerships of proven effectiveness can also be considered as ways of integrating and supporting the other policy tools. Actions should be designed at both national and local levels, with particular attention paid to community interventions and the health-promoting potential of arenas or settings such as schools, hospitals, and workplaces. Actions should also take account of gender and ethnic and social differences; they should be designed to reduce inequalities in health and to target all stages of the life cycle, especially early life. Special efforts should be made to maximize the opportunities arising from policies and strategies that address related health determinants, notably physical activity, alcohol consumption, and water and food safety, taking into account the most recent developments in these fields.

Step 5. Establish dialogue and partnerships with other stakeholders

36. Private non-profit and profit organizations should be engaged in the implementation of action plans, with clear identification of their expected roles. Partnerships should be governed by guidelines which ensure that they are appropriate and focused on clearly identified actions, in keeping with the principles of avoiding conflicts of interest and undue commercial influence. Suitable fora for dialogue can be established under the coordination of the government multisectoral mechanism on food and nutrition policy.

Step 6. Allocate resources

37. Allocating the right mix of human, financial and temporal resources is crucial for successful implementation. Adequate resources from public budgets should be invested in preventive programmes. Revenues from increased taxes on certain categories of food products could be invested in health programmes. Investments from private sources could be considered, as long as they support the action plan.

Step 7. Monitor implementation and accountability

38. The multisectoral government mechanism on food and nutrition policy should periodically report to the government, as well as to international fora. Implementation at the international level

The role of WHO

39. The WHO Regional Office for Europe will provide support to individual Member States and coordinate international work to implement the Action Plan over the next six years. In particular, it will carry out the activities described below.

2007–2008

- Promote the establishment or consolidation of intersectoral governmental groups on food and nutrition policy.
- Facilitate adoption of the proposed actions by Member States, by establishing networks among interested countries and providing technical support to specific countries.
- Establish an interagency mechanism between United Nations bodies involved in food and nutrition policy in the WHO European Region, to facilitate exchange of information and coordination of action and to support the joint implementation of development programmes.
- Coordinate actions with the European Commission, the European Food Safety Authority and the Codex Alimentarius Coordination Committee for Europe.
- Develop joint strategic planning of nutrition and food safety within WHO and integrate these areas in public health services.
- Reinforce the network of counterparts to act as a resource and as an international advisory body for implementation of the Action Plan.
- Establish partnerships with civil society and policy dialogue with economic operators.
- Promote the revision of food and nutrition action plans in Member States.
- Develop and disseminate policy tools (guidelines for designing action plans; guidelines for nutrition and physical activity programmes in schools and other settings, based on the most recent developments; targets and examples of food reformulation; criteria for simplified nutrition labelling and signposting schemes; calculation of the cost of obesity; targeted food safety guidelines).
- Provide policy advice to Member States.
- Promote public health services that include the areas of nutrition and food safety in Member States.
- Contribute to the development of an international code of practice on marketing and advertising, especially to children.
- Develop an indicator system, in the light of existing information, for monitoring implementation of the Action Plan and supporting surveillance of nutrition and food safety.
- Develop a system to monitor the implementation of commitments and the progress made towards achieving the public health goals in this area.
- Strengthen synergies and actions on related health determinants, notably physical activity promotion, alcohol consumption, water and food safety.
- Engage the Codex Alimentarius Commission in discussing regulatory frameworks that can influence the regional agenda on issues such as food standards, guidelines on nutrition labelling and signposting, health and nutrient claims, food quality and food safety and hygiene.

2009–2010

- Assess the revisions of national action plans in Member States.
- Develop and disseminate policy tools (guidance on the use of fiscal options; calculation of the cost–effectiveness of nutrition interventions; database on good practices in nutrition and physical activity interventions).
- Continue providing policy advice to Member States.
- Promote public health services that include the areas of nutrition and food safety in Member States.
- Support countries in addressing inequalities and socioeconomic gaps in relation to food safety, food security and nutrition.
- Continue to support monitoring and surveillance activities and provide the first triennial progress report on implementation of the Action Plan.
- Provide input to the research agenda and stimulate the generation, translation and dissemination of knowledge and experience among countries and at regional level.
- Maintain and further strengthen synergies with strategies and actions on related health determinants, notably physical activity promotion, alcohol consumption, water and food safety.

2011–2012

- Provide continued policy and technical support to Member States.
- Evaluate the effectiveness of the proposed policy tools.
- Provide the second triennial progress report on the implementation of the Action Plan.
- Provide an assessment of the effectiveness of the actions envisaged by the Action Plan and develop recommendations for further progress, addressing accumulated challenges and indicating new actions.

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For further information, please contact:

Nutrition and Food Security:
Dr Francesco Branca, Regional Adviser
Email: fbr@euro.who.int

Food Safety:
Dr Hilde Kruse, Regional Adviser
Email: hik@ecr.euro.who.int

WHO Regional Office for Europe
Scherfigsvej 8
DK-2100 Copenhagen
Denmark
www.euro.who.int