



What next for nutrition and NCD policy in Europe?

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WHO Regional Office for Europe

High-Level Conference of Greek Presidency: “Nutrition and physical activity from childhood to old age: challenges and opportunities”

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World Health Organization

REGIONAL OFFICE FOR

Europe



Organisation mondiale de la Santé

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Всемирная организация здравоохранения

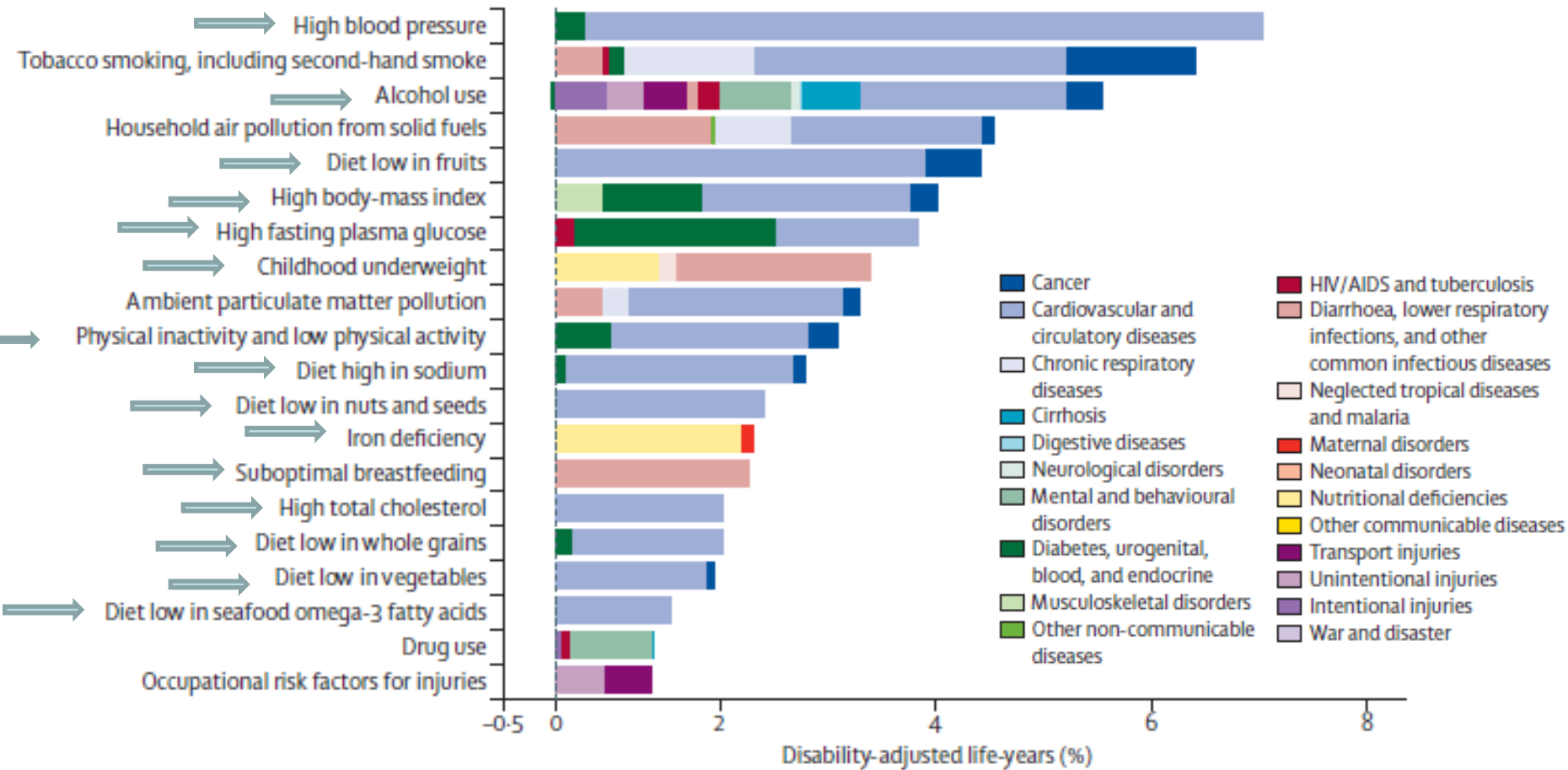
Европейское региональное бюро

Overview

- Brief recap of situation in the European region as concerns nutrition/diet, physical activity and obesity
- Summary of current state of play with policy in region
- Update on current WHO Europe policy activities in this area
- Potential policy priorities identified for future
- Timeline for upcoming activities

1. Diet and physical activity emerging as one of most important risk factors for disease and disability

GBD – attributable for 20 RF 2010 as % DALY



15 out of 20 RF linked with nutrition and PA

Lim & al. 2012

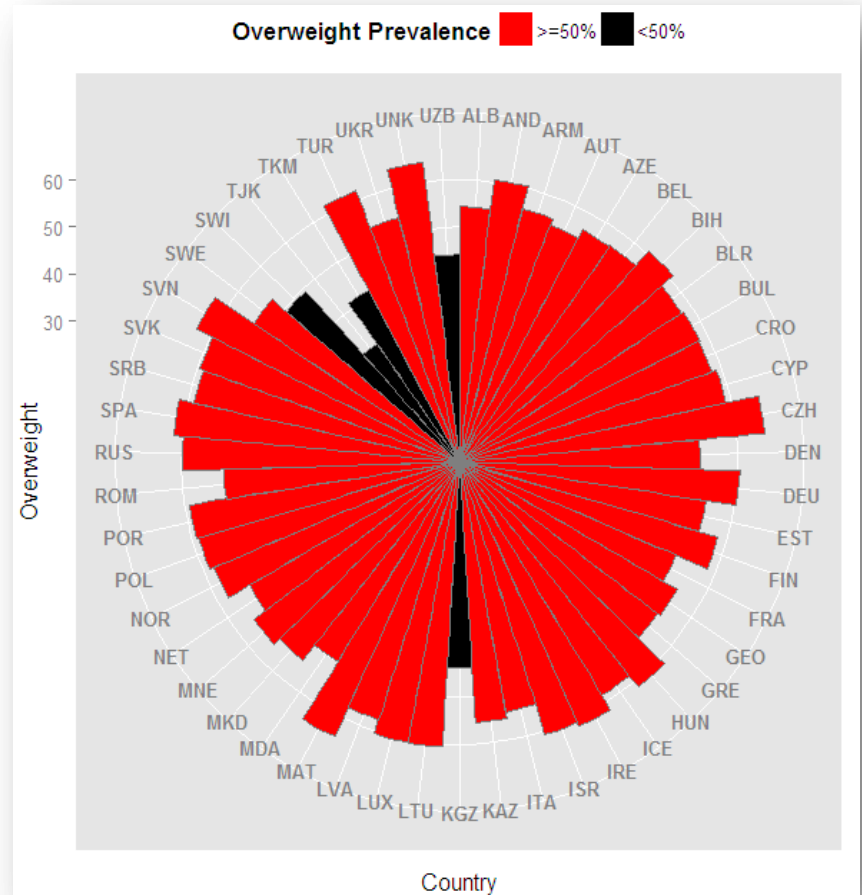
In 46 countries in the European Region



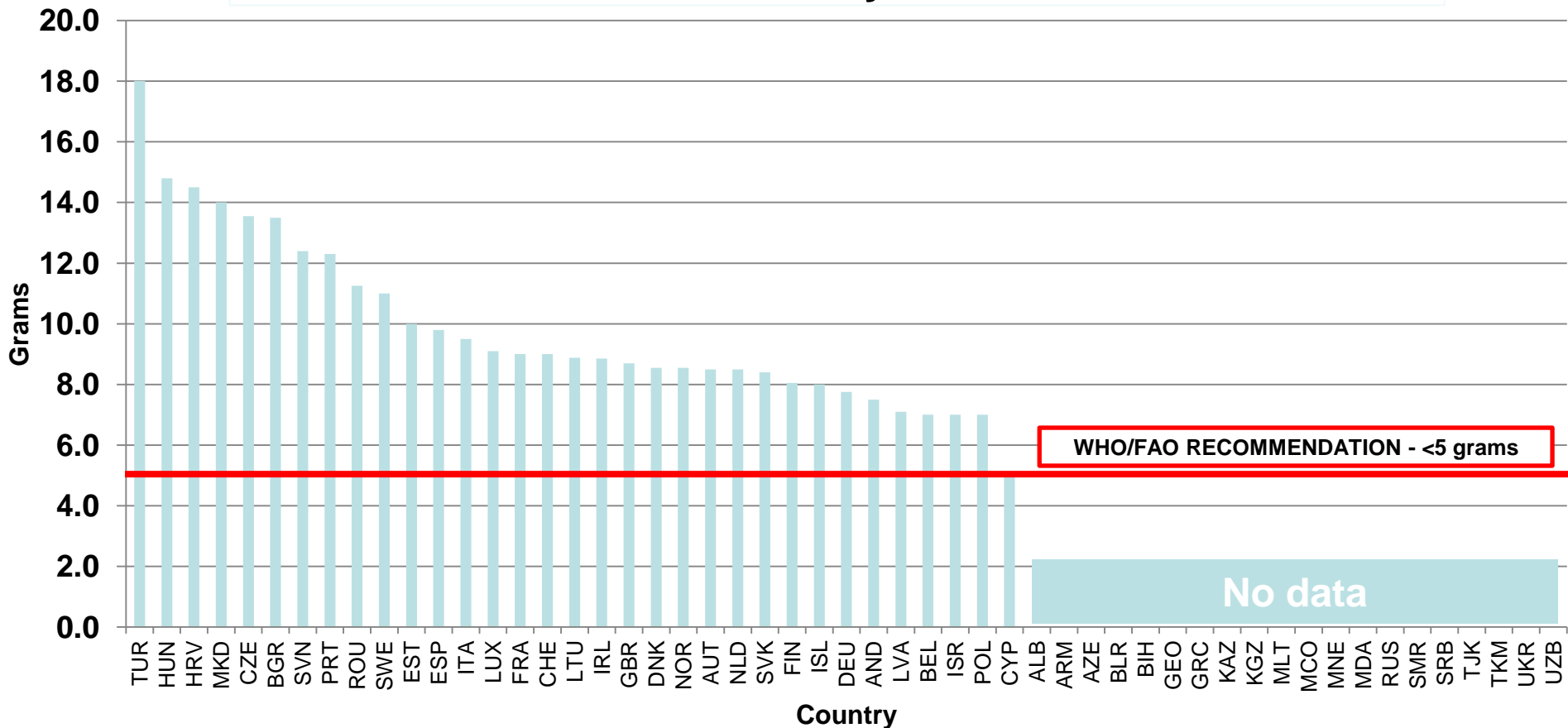
over **50%** of the population is **overweight**



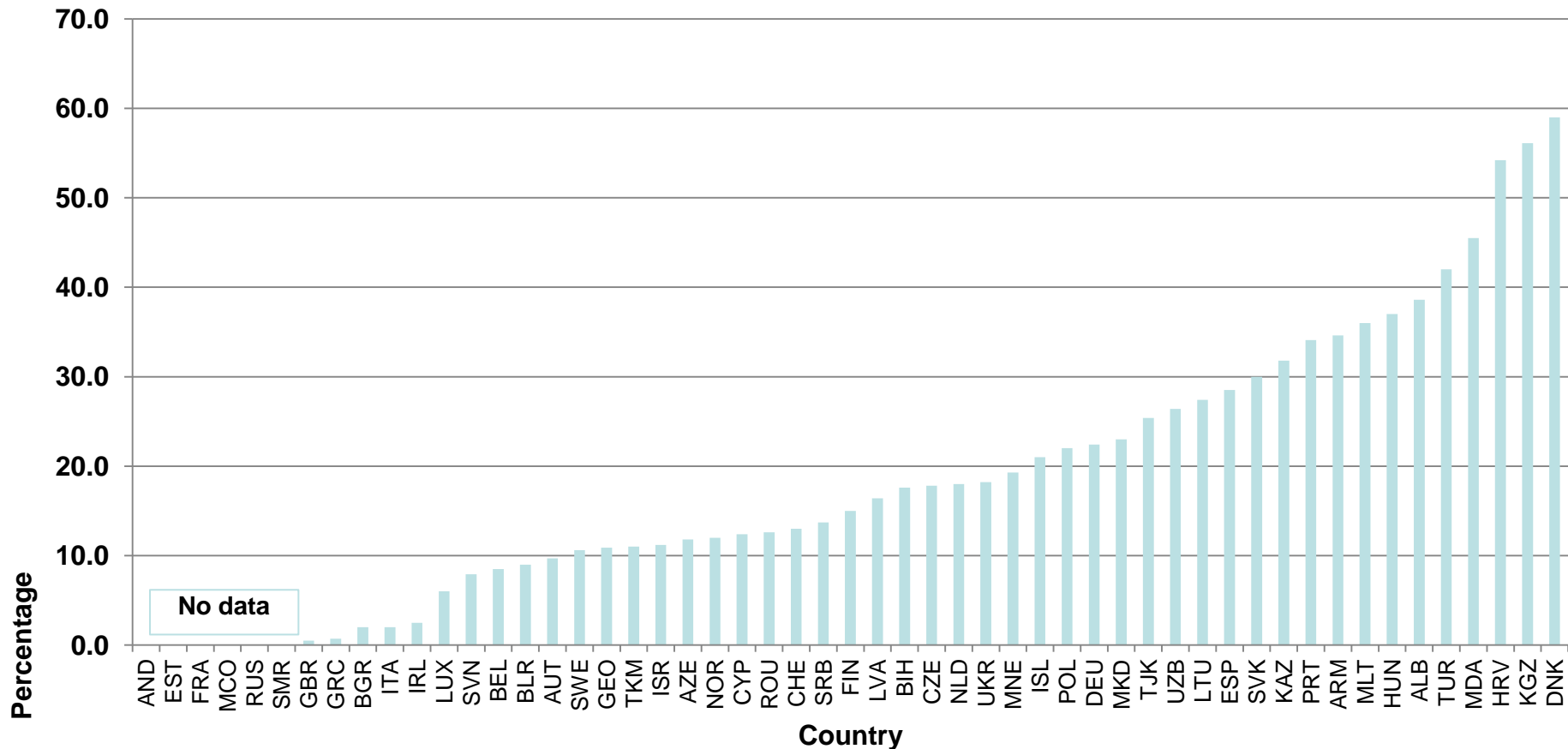
over **20%** the population is **obese**



Salt intake per person per day for adults in the WHO European Region from individual country-based surveys, various years



Prevalence of exclusive breastfeeding under or at 6 months of age in the WHO European Region from individual country-based surveys, various years

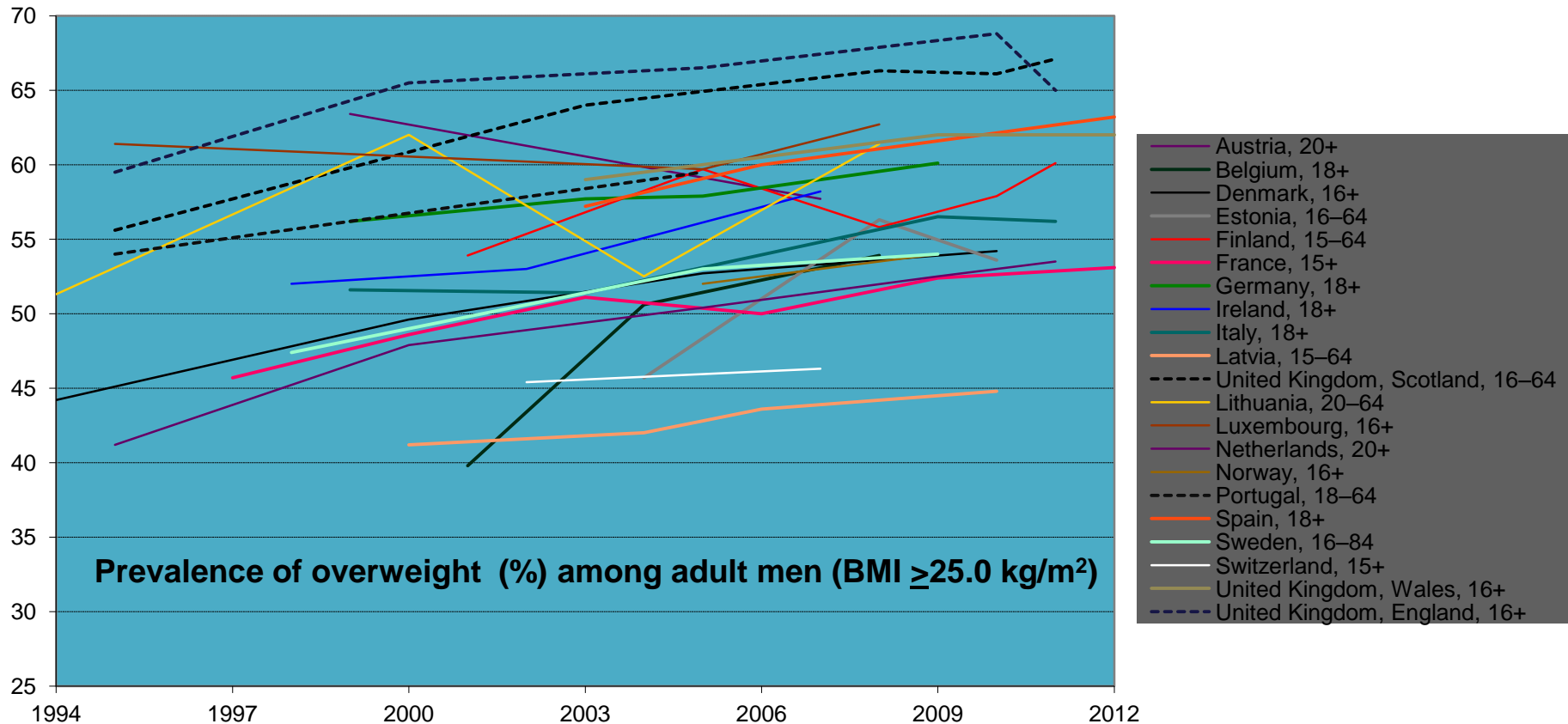


Inactivity status in European Region

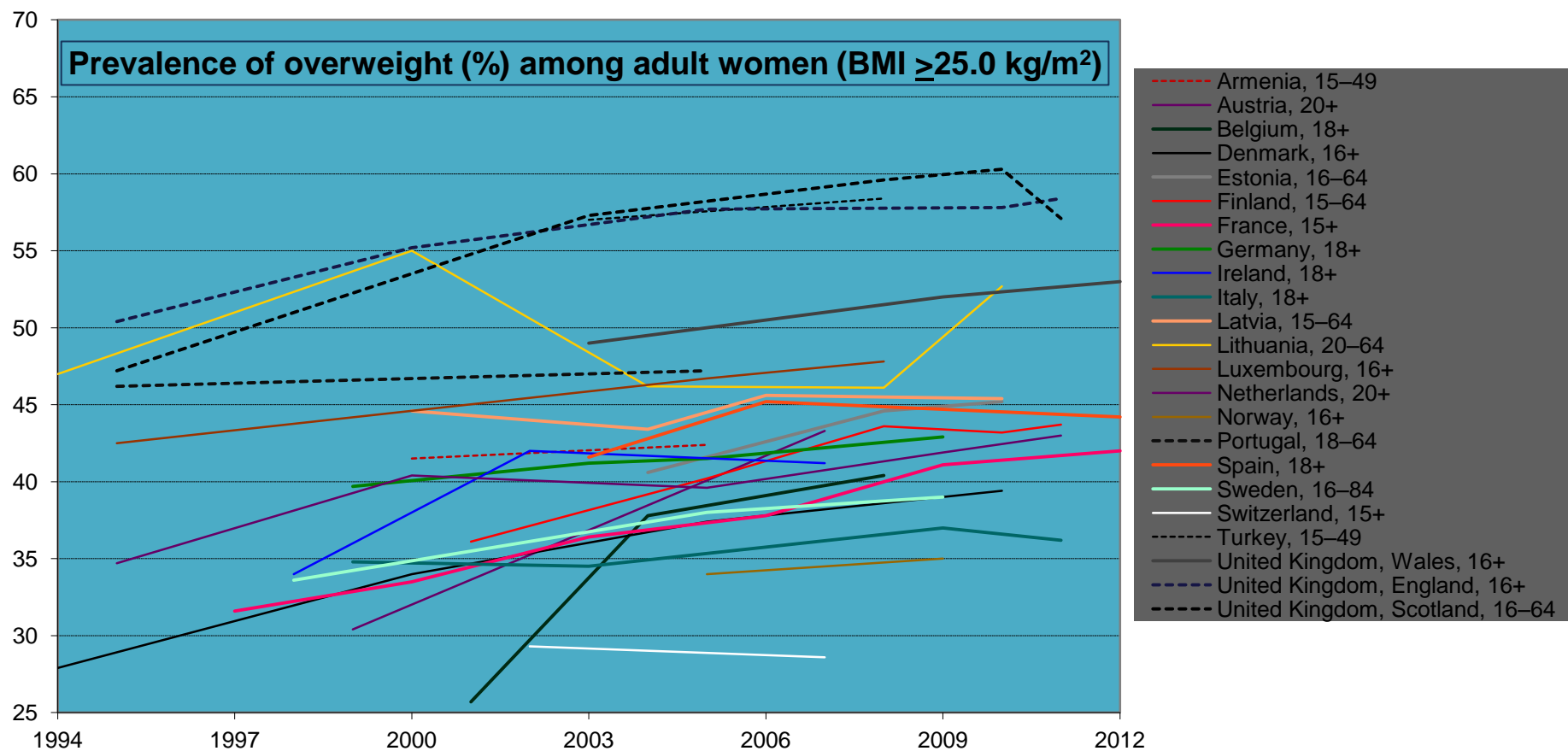
- WHO estimates that in adults :
 - 63% are not reaching the minimum recommended level of physical activity
 - 20% of those are rated as “inactive”
- 41% of adults does not engage in any moderate physical activity in a typical week
- Only 22% of 11-year old girls and 30% of boys report at least one hour of daily moderately vigorous physical activity

2. Trends show that unhealthy diet, physical inactivity and overweight/obesity are increasing and/or remain at high levels

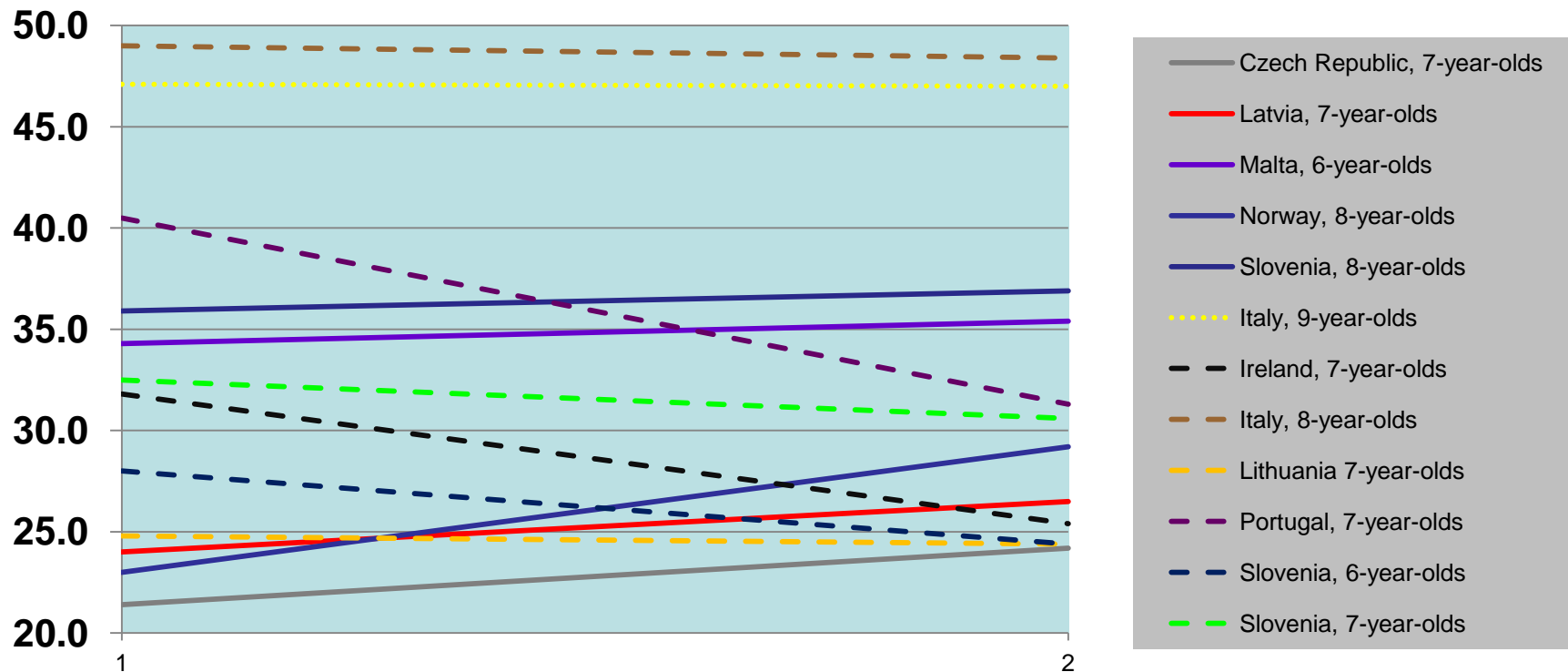
Prevalence of overweight (%) among adult men (BMI ≥ 25.0 kg/m²)



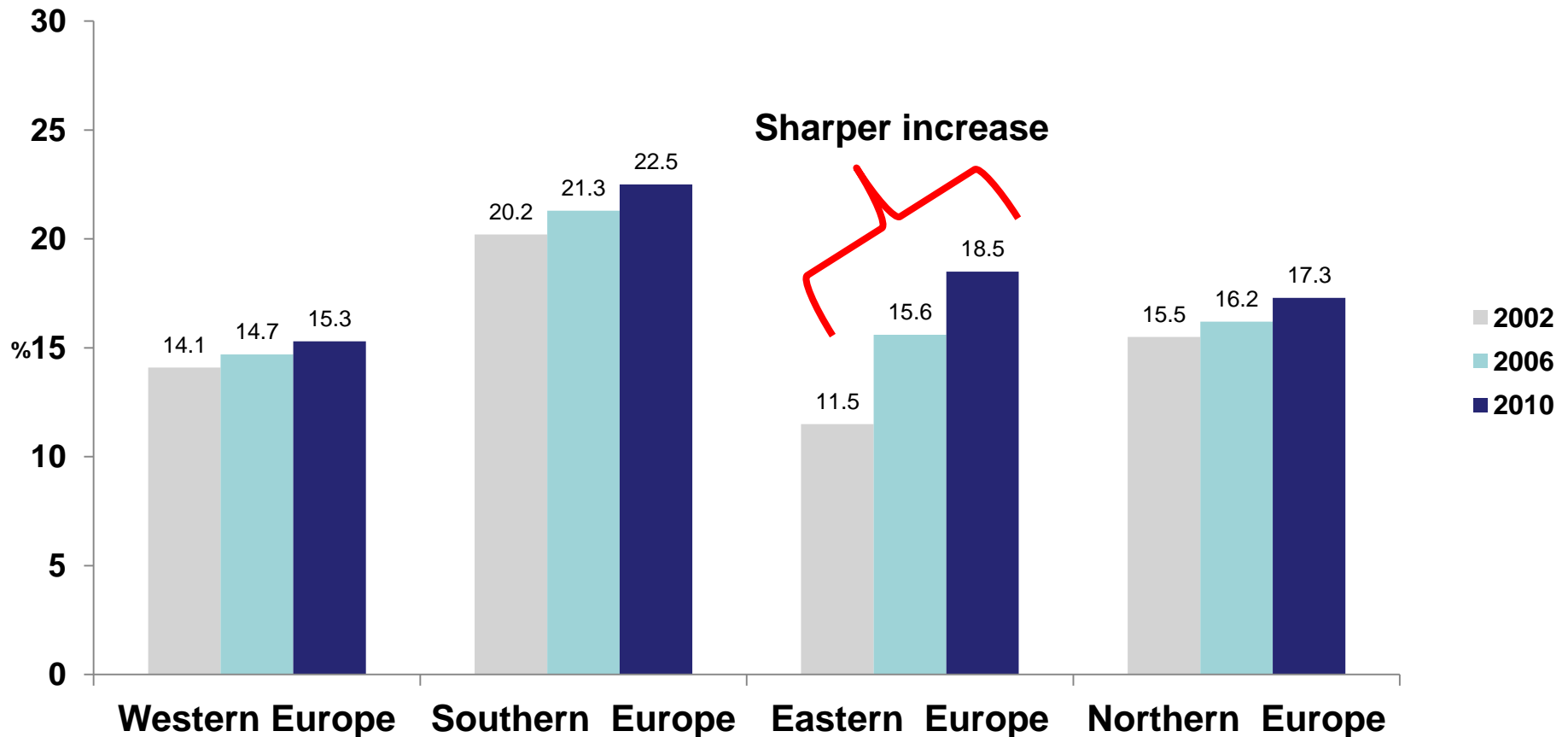
Prevalence of overweight (%) among adult women (BMI ≥ 25.0 kg/m²)



Childhood obesity prevalence in 12 countries (trends)– COSI 2008-2010 (boys)

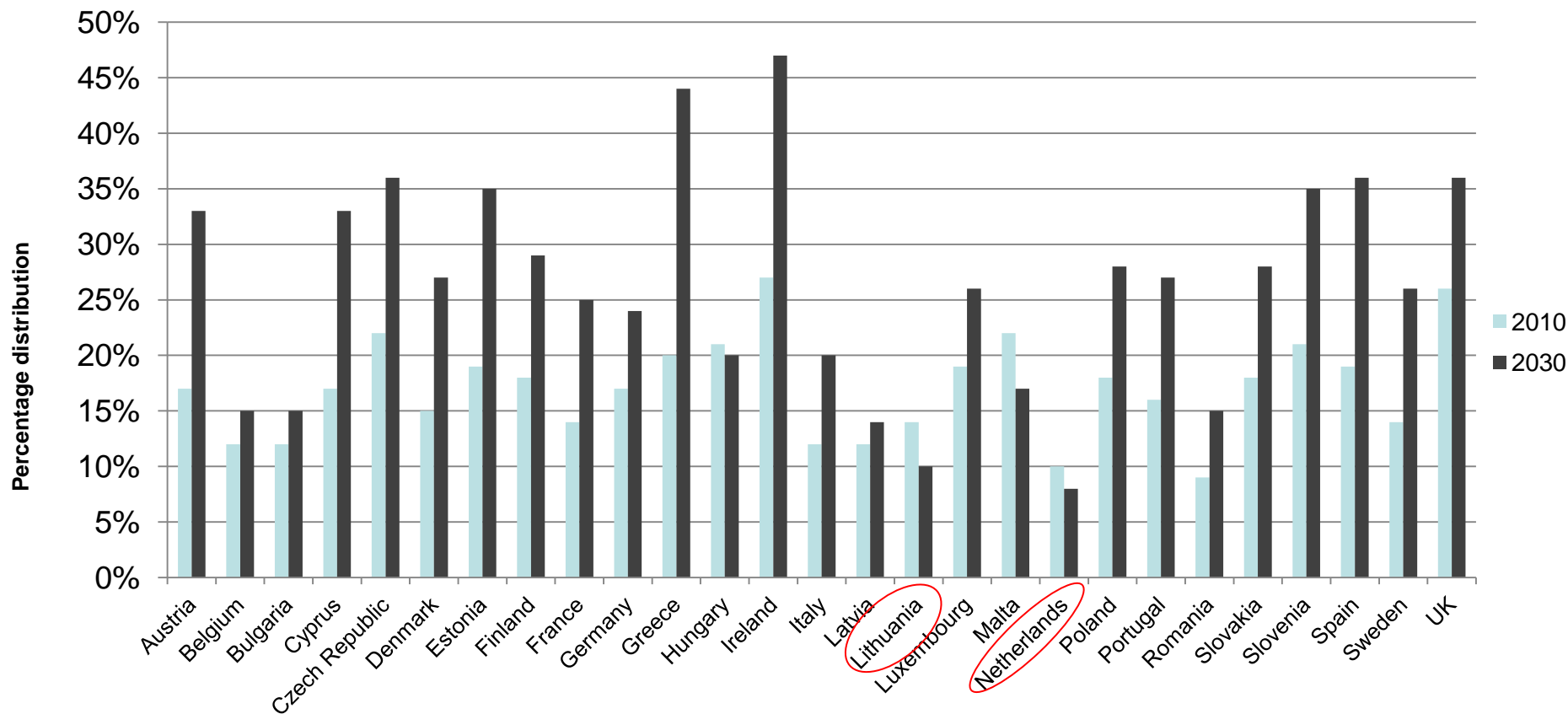


Adolescents - overweight (including obesity) prevalence in youth according to “sub-region”



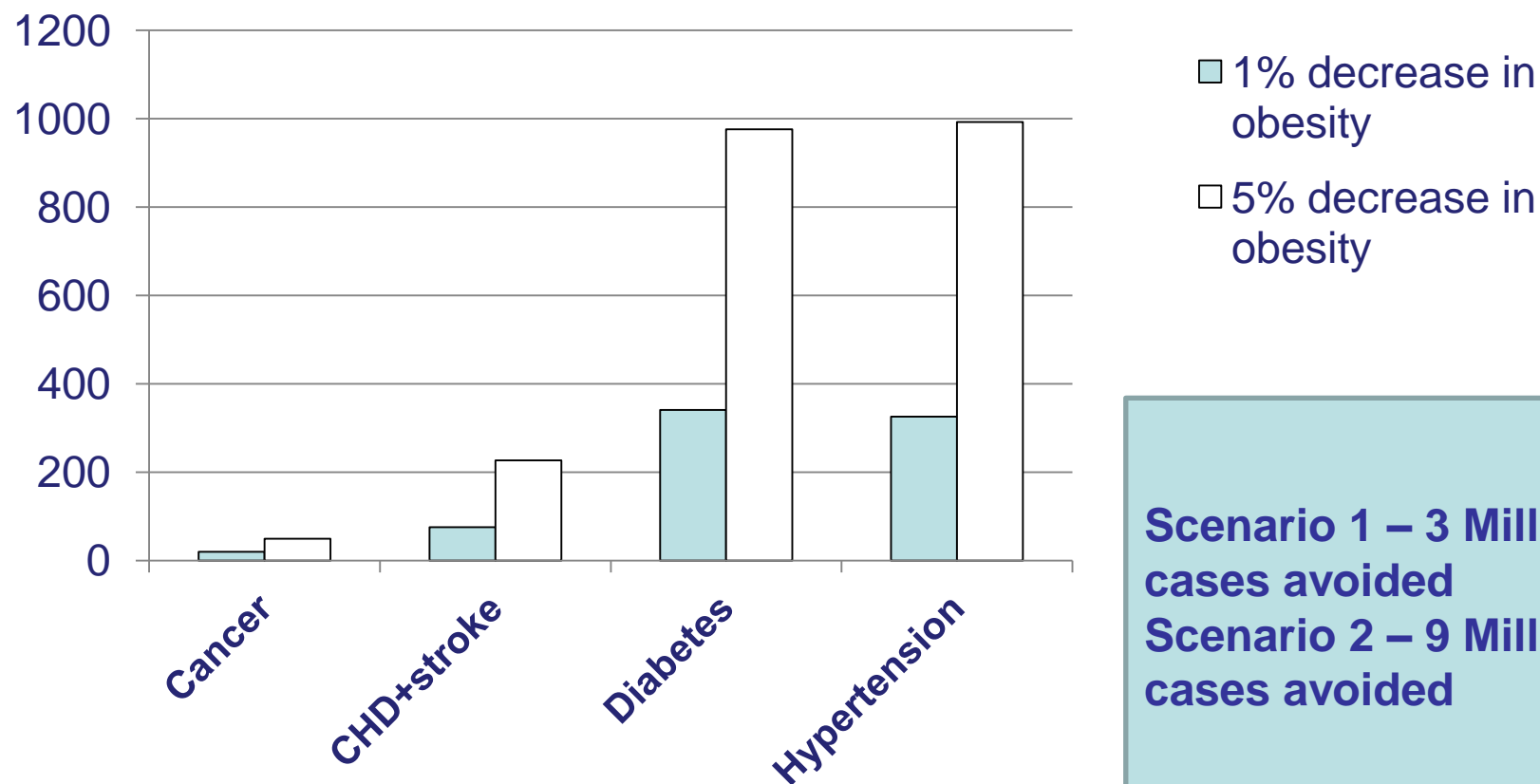
Projected obesity for 2030

WHO Modelling obesity Project 2013 together with UK Health Forum – NOPA II

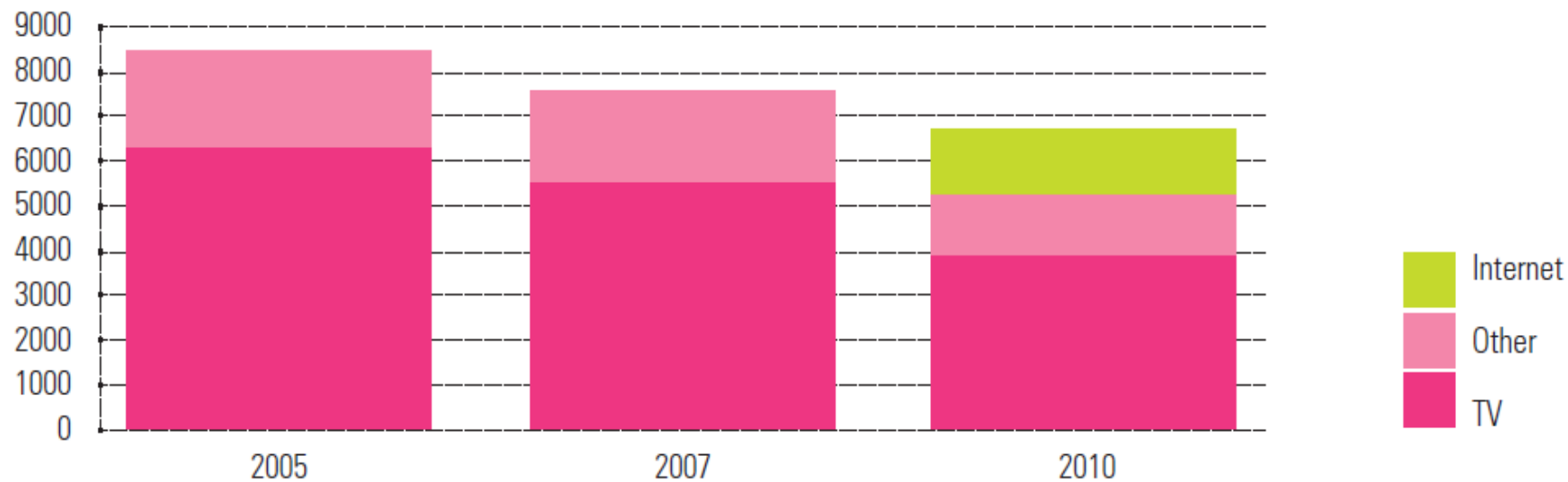


Prevalence gains per 100,000 of the EU population in 2030 based on 2 scenarios

WHO Modelling obesity Project 2013 together with UK Health Forum – NOPA II



**Fig. 1. Changing spending patterns in food and non-alcoholic drink advertising in western Europe
€ (million)**

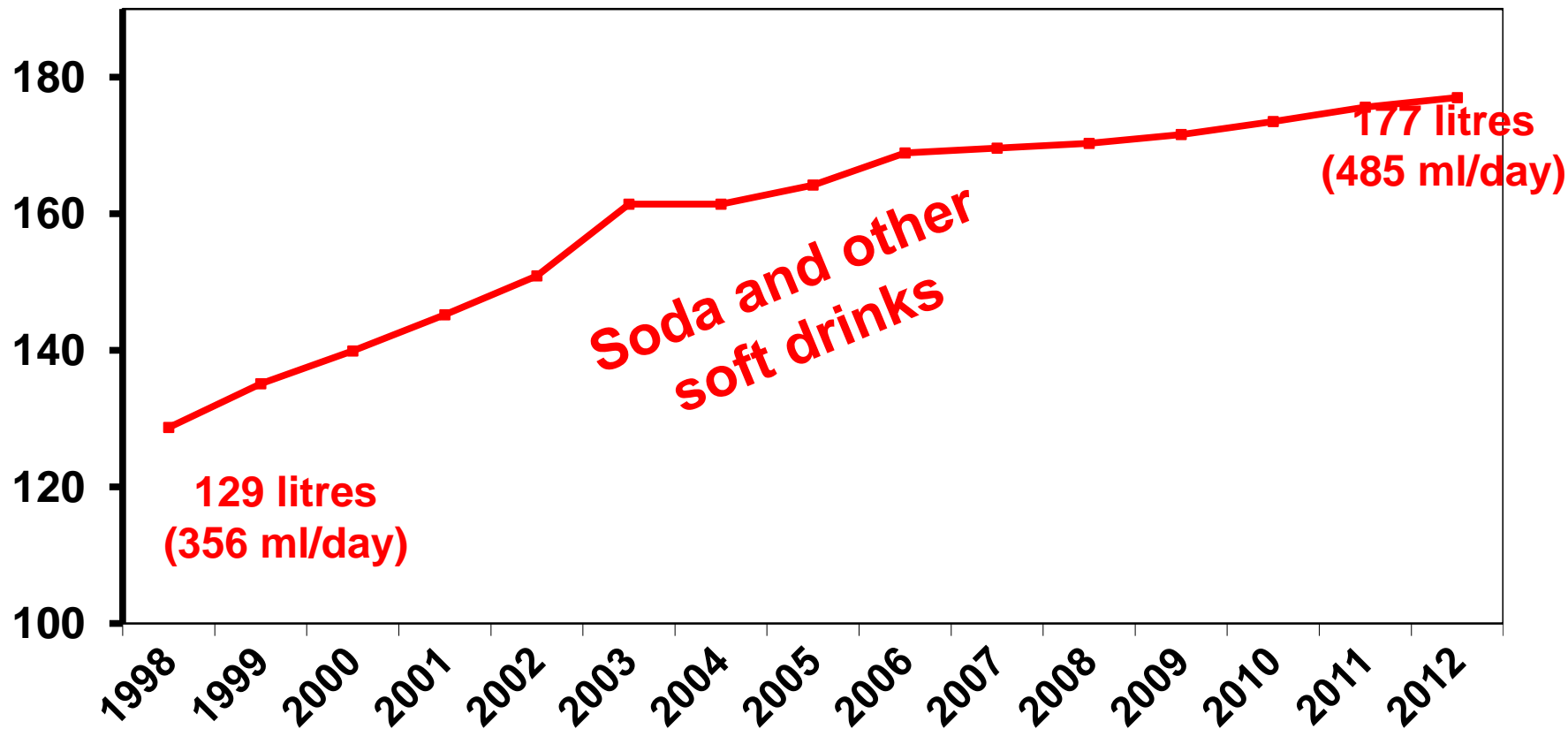


Note. Data are for nine leading markets: Belgium, France, Germany, Italy, the Netherlands, Spain, Sweden, Switzerland and the United Kingdom. "Other" comprises print, radio, cinema and outdoor media.

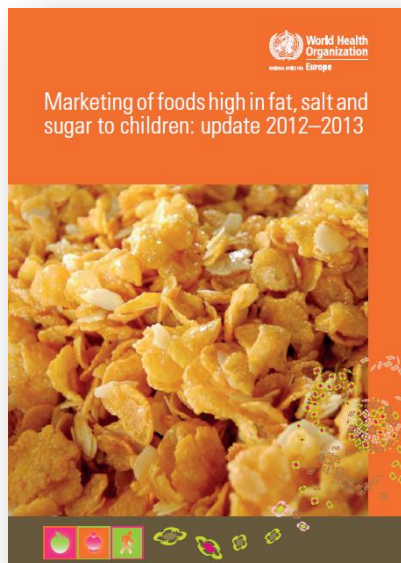
Source: European Association of Communications Agencies (23).

Annual per capita retail sales of foods and food products in West Europe (1998-2012)

Ultra-processed ready-to-consume products



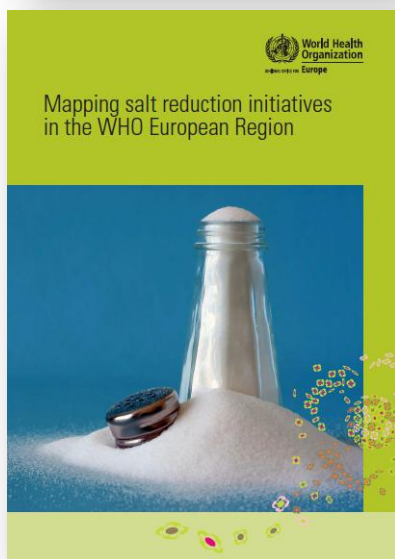
3. Many Member States in the region have been taking action *in some areas*, but further development, implementation and evaluation needed



Progress in certain areas

Marketing of HFSS foods to children

	No action reported	Partially or fully implemented
Countries (N)	20	33



Salt reduction policies

	No action reported	Partially or fully implemented
Countries (N)	23	30

Progress in certain areas cont'd

Trans fats

- A number of countries with bans or statutory limits on “trans” fat and several others with effective self-regulatory approaches

Public health taxes

- Several countries have used fiscal measures, but France, Hungary and Denmark most recent prominent examples
- Evidence of real-world effects important to complement modelling.

Preliminary results:

- Estimated revenue can be met and price passed on
- No overall negative regressive effect
- Consumption /sale of targeted products or nutrients reduced

Key results of the impact assessment

Based on the manufacturers' survey 40% of the responding manufacturers changed the formula

30% of them totally removed the harmful ingredient

70% of them decreased the quantity of the harmful ingredient

The manufacturers' sales of products subject to NETA decreased by 27%

HUNGARY

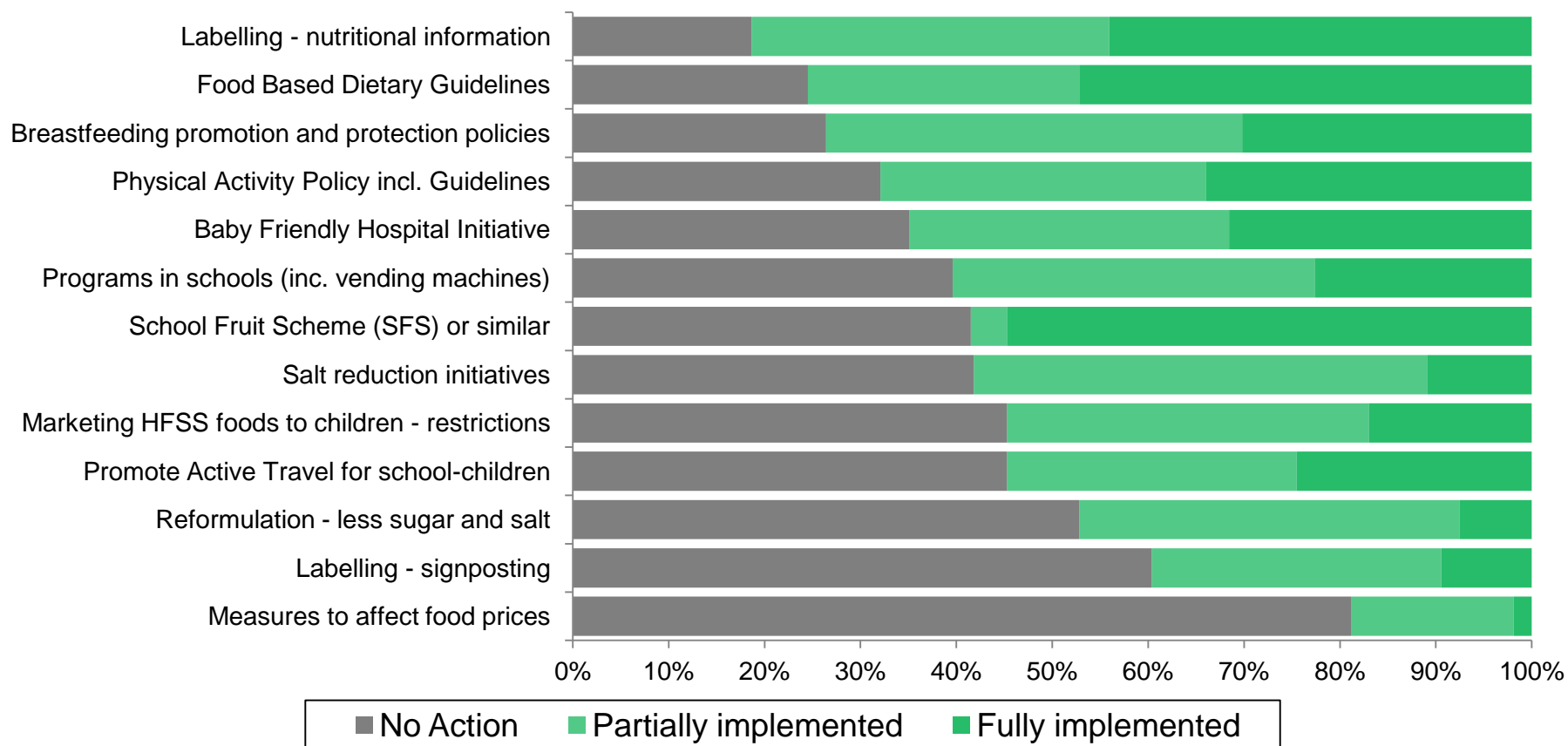
The average price of manufacturers' products subject to NETA decreased by 29%

People consumed 25-35% less products subject to NETA than one year before

The odds ratio of decreasing the consumption of pre-packed sweets and salted snacks was twice as high in case of people with poor self reported health as in case of people with good self reported health

Overview Policy Actions Implementation

53 WHO/Europe Member States – 2012/13





A trans European Union difference in the decline in *trans* fatty acids in popular foods: a market basket investigation

Steen Stender,¹ Arne Astrup,² Jørn Dyerberg¹

Conclusions: In 2009 contents of I-TFA in popular foods in Western Europe appear low but, in spite of some reduction, still high in Eastern European EU countries. These findings suggest that millions of people in the EU still consume I-TFA in amounts that substantially increase their risk of coronary heart disease.

Key observations

- There has been progress, with countries introducing innovative policies in some key areas
- There is a tendency towards those policy areas that focus on providing information to consumers/promoting awareness among public
- Less activity is observed in other areas that have been recognised as priorities such as marketing to children, fiscal measures and front-of-pack labelling.
- Full implementation of policies could be further advanced...
- In most cases, wider policy adoption is needed within countries for a comprehensive response

4. In context of Health 2020 and global targets, WHO Europe is currently developing a new European Food and Nutrition Action Plan

Health 2020

Strategic objectives

1. Improving health for all and reducing health inequalities
2. Improving leadership and participatory governance for health

Priority areas

Life-course approach
Invest in health through life-course approach and empower citizens



Strategic objectives
Reducing inequalities
Better governance

WHO European policy framework
for health and well-being
HEALTH 2020

Burden of disease
Tackle Europe's major disease burdens of noncommunicable and communicable diseases



Strategic objectives
Reducing inequalities
Better governance

WHO European policy framework
for health and well-being
HEALTH 2020

Health systems
Strengthen people-centred health systems and public health capacity



Strategic objectives
Reducing inequalities
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WHO European policy framework
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HEALTH 2020

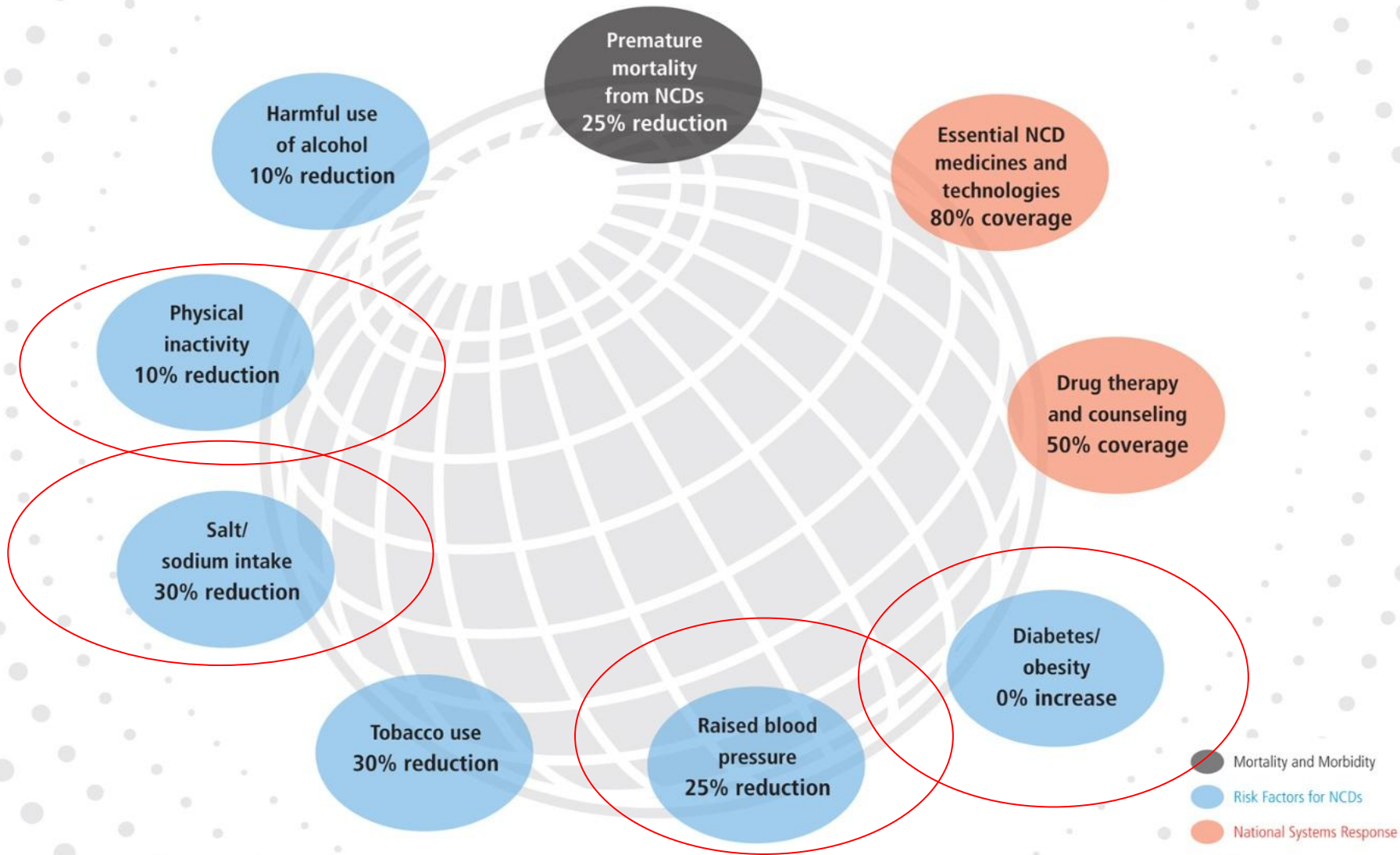
Resilient communities
Create supportive environments and resilient communities



Strategic objectives
Reducing inequalities
Better governance

WHO European policy framework
for health and well-being
HEALTH 2020

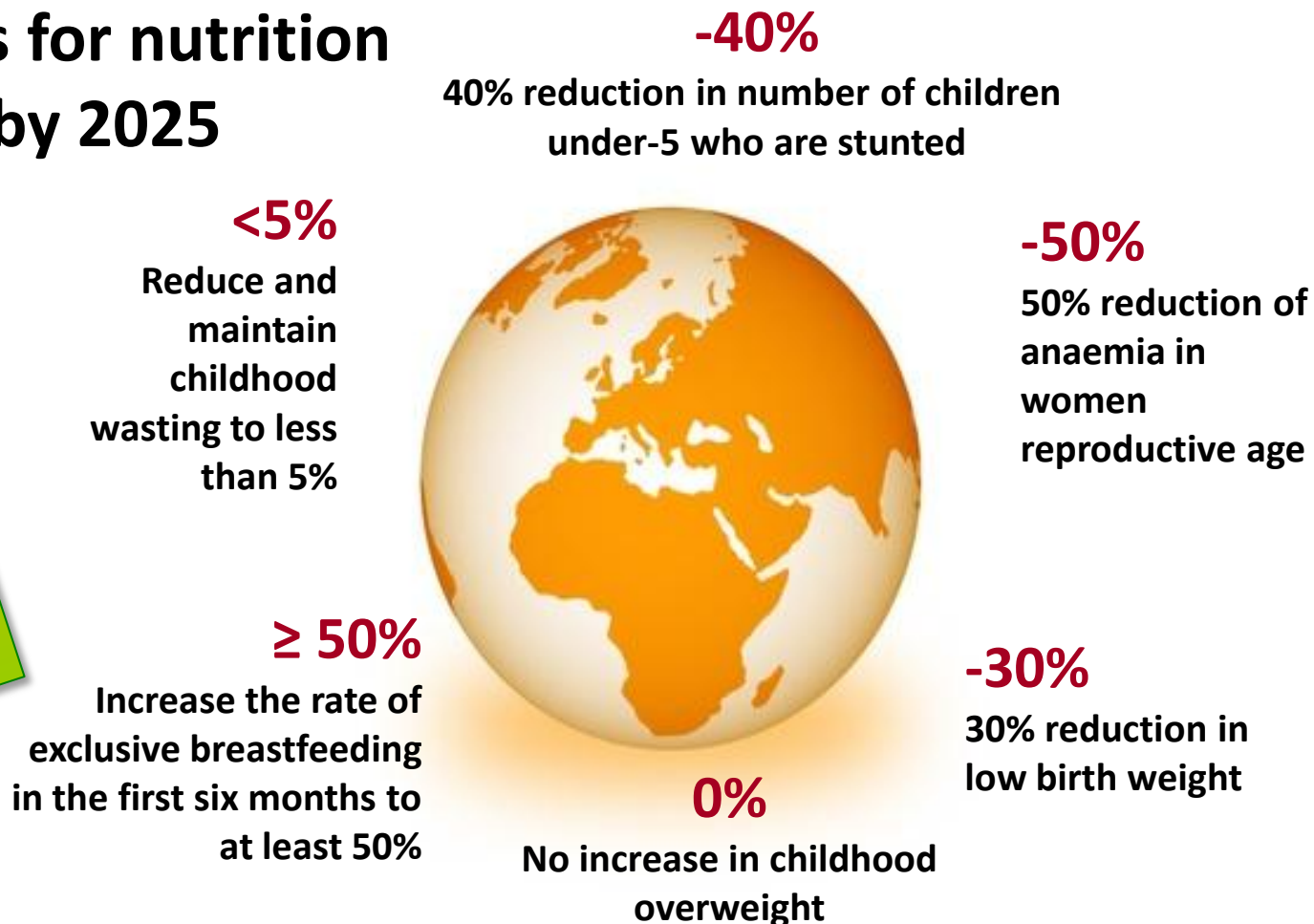
Set of 9 voluntary global NCD targets for 2025



How can we support national efforts? WHO provides upstream policy advice to set national targets

6 global targets for nutrition to be attained by 2025

WHO
Comprehensive
implementation
plan on
maternal, infant
and young
child nutrition
2012-2025





“...contribute significantly to the reduction of NCDs by addressingexcessive intake of energy, saturated fats and trans fats, free sugars and salt, as well as low consumption of vegetables and fruit..”



“Development of a new food and nutrition action plan”

“Development of a physical activity strategy, alongside the new food and nutrition action plan”

Way forward for nutrition....

Vienna Declaration calls for:

- **Development, implementation and evaluation** of policies across a range of areas to influence the **production, promotion (marketing), price and availability** of food to encourage healthy diets and limit consumption of HFSS foods
- A focus on **creating healthy environments** at the population level
- Innovative policies, including pricing and taxation, that will require **inter-sectoral work within government**
- Investment in nutrition across **life-course**, particularly for vulnerable groups
- Reinforce **health systems** to promote health
- **Monitoring and surveillance** of population's nutrition status

Way forward for nutrition.... Cont'd

WHO will support Member States implement the Action Plan through:

- Clear policy recommendations
- Development of specific tools, toolkits and technical guidance to assist countries
- Region wide work plans and country cooperation strategies
- Supporting strengthened governance, alliances and networks across region
- WHO Europe Action Networks (e.g. on salt reduction and marketing) to share country experience and learn from policy implementation
- Continued collaboration with European Union
- Timely data from surveillance programmes, with supporting analyses, interpretations and inferences

Selected examples of policy options considered by MS for *new* FNAP

Priority policy options	Objective
Strict controls on marketing, incl. but not limited to TV advertising	Reduce exposure of children to marketing of HFSS foods
Fiscal measures and price policies	Increase price of <i>obesogenic</i> foods such as sugary soft drinks
Consumer-friendly front of pack labelling	Identify foods for which consumption should be limited or promoted; encourage reformulation, nutrient profiling
Salt and saturated fat reformulation	Mainstream reformulation to reduce the salt and saturated fat content in processed foods
Stricter policies on trans fats	Eliminate or virtually eliminate industrially-produced trans fats from food supply
Healthier food retail environment, incl. in schools	Improve availability and affordability of healthier food products

Synergies with EU Policies & Strategy

Strategy for Europe on Nutrition, Overweight and Obesity-related Health Issues (2007); EU Action Plan on Childhood Obesity (2014); Council Recommendations on Sport and Physical Activity (2013)

Contribution of WHO Europe to implementation

- Joint WHO/European Commission project to monitor progress in improving nutrition and physical activity and preventing obesity in the EU (NOPA Database)
- WHO European Childhood Obesity Surveillance Initiative (COSI)
- Health-Enhancing Physical Activity Promotion in the EU – *a joint collaboration WHO/DG-EAC*
- European network for the promotion of health-enhancing physical activity (HEPA)

Timeline and next steps

- Further consultation with Member States representatives and Ministers of Health both technical and political level
- Extra round of NGO and civil society consultation
- Planned adoption at Regional Committee in Copenhagen (15-18 September)
- Work on European Action Plan on Physical Activity already started....

Thank you!

Nutrition, Physical Activity and Obesity

**Division of Noncommunicable Diseases and
Life-course**

WHO Regional Office for Europe