

News and Information

Towards healthier food policies – a new action plan for Europe

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Food and its constituents are one of the major determinants of health, a fact sometimes overlooked or forgotten. An explicit focus on the impact of food policies on public health can help countries tackle a variety of health problems more effectively and efficiently. It can help harmonize often contradictory opinions held by the many actors involved in today's food chain and re-establish consumer confidence. It provides a means for addressing increasing consumer concerns about whether economic interests in food production and trade overshadow the environment, social and cultural aspects and, of course, about their families' health. It provides a practical and measurable way of addressing many tough and expensive challenges.

Episodes of foodborne disease are estimated to affect around 130 million people in the WHO European Region (which includes central Asia) each year. Diarrhoea, a major cause of death and growth retardation in young children, is the most common symptom of foodborne illness. In addition, low breastfeeding rates and poor weaning practices result in disorders such as growth retardation, poor cognitive development, and digestive and respiratory infections. Iodine-deficiency disorders affect around 16% of the European population and are a major cause of mental retardation. Iron-deficiency anaemia affects millions of people, impairs cognitive development in children and increases risks for pregnant women.

Growth retardation, indicated by a low height-for-age index (stunting) was identified in a new WHO/UNICEF publication released this week as the major nutrition problem facing WHO's European Region. Stunting, which is an expression of long-term exposure to nutritional inadequacy and indicates chronic malnutrition in children lacking essential nutrients, is especially prevalent in low income rural populations in the central Asian republics and the Commonwealth of Independent States, where it affects up to 43% of children under 5 years of age.

Around one third of the risk of cancer and cardiovascular diseases (the main causes of premature death in all European countries) is estimated to be attributable to unhealthy diets containing too few vegetables and fruit, and too much fat, salt and high-energy foods.

The prevalence of obesity is up to 20–30% in adults and shows escalating rates in children, increasing the risk of cardiovascular diseases, certain cancers and diabetes. Obesity is estimated to cost some health services about 7% of their total health care budget.

Aiming to reduce food-related ill health and its cost to society, health ministers from the 50 active Member States of the WHO European Region, meeting in Copenhagen on 13 September 2000, adopted the Region's first action plan on food and nutrition. The plan provides a unique public health framework for regional and country action, linking three interrelated strategies:

- a food safety strategy, highlighting the need to prevent contamination, both chemical and biological, at all stages of the food chain;
- a nutrition strategy, to ensure optimal health, especially in low-income groups and during critical periods throughout the life cycle;
- a sustainable food-supply (food-security) strategy, to ensure enough food of good quality, while helping to stimulate rural economies and to promote sustainable development.

The action plan serves as a guide for all countries, according to their various cultures and social, legal and economic environments, to shape food policies that protect the environment and promote public health and environmental concerns.

The plan recognizes that increasing global trade will make it more and more difficult for governments to monitor and trace the different sources of food-related ill health. Essential data will be needed. Health monitoring could be more cost-effective if standardized and carried out jointly by food-safety and nutrition specialists.

The plan calls for countries to strengthen, or set up where needed, national food safety and nutrition advisory, coordinating and monitoring systems. These include improved surveillance systems which address new technologies in food production, processing and marketing as well as changing food preparation habits, better weaning and breastfeeding practices, iodine and iron fortification, and increased vegetable and fruit intake where needed.

The plan calls upon the health sector to advocate comprehensive and intersectoral policies that protect, support and promote health. Experience across Europe shows that the health sector can assist consumers, producers, processors and retailers in developing markets which support the production of foods that form the basis of a healthy diet, by strengthening its alliance with citizens through the voluntary sector, and by demonstrating the impact of food policies on health.

WHO is supporting country action by developing guidelines on feeding and nutrition of infants and young children, providing training manuals and tools for primary health care workers and other health professionals, gathering and disseminating scientific

evidence for policy-makers, and analysing and publishing data on the burden of food-related ill health. WHO will also work to establish an interagency food and nutrition task force to encourage better collaboration between international and national agencies and greater involvement from the public health sector in food policy. It was agreed to hold a Ministerial Conference in 2005 to evaluate the impact of the First Food and Nutrition Action Plan for the WHO European Region.

This is a fantastic opportunity. For the first time in the post-war period, European policy makers are uniting around the need to integrate nutrition, food safety and environmental concerns in food policies.