Food and Nutrition Policies in the WHO European
Overview of efforts to address unhealthy diets, prevent obesity and eradicate pockets of undernutrition in the WHO European Region: surveillance, policy development and evaluation

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Premature mortality from NCDs declining

Countries ranked by increasing premature male mortality
Rising prevalence of overweight and obesity

Graphs showing the percentage of population aged 18 years or older with overweight and obesity by sex and region in 1990, 2000, and 2010.

- **CIS**: Overweight, males and females, Obesity, males and females.
- **EU15**: Overweight, males and females, Obesity, males and females.
- **EU13**: Overweight, males and females, Obesity, males and females.
- **WHO European Region**: Overweight, males and females, Obesity, males and females.
Overweight among children & adolescents

Source: WHO Childhood Obesity Surveillance Initiative (COSI)

Source: HBSC, Overweight (boys and girls) aged 11, 13, 15
Exclusive breastfeeding under and at six months, latest available data

Country | Exclusive Breastfeeding Rate
---|---
Turkmenistan | 47%
Lithuania | 59%
Armenia | 45%
Italy | 43%
Kyrgyzstan | 41%
Albania | 39%
Kazakhstan | 38%
Republica of Moldova | 36%
Tajikistan | 36%
Austria | 33%
Turkey | 30%
Uzbekistan | 26%
Croatia | 24%
MKD* | 23%
Ukraine | 20%
Belarus | 19%
Bosnia and Herzegovina | 18%
Montenegro | 17%
Romania | 16%
Serbia | 13%
Azerbaijan | 12%
Bulgaria | 2%
Slovakia | 53%
Hungary | 44%
Spain | 39%
Russian Federation | 39%
Netherlands | 39%
Malta | 36%
Portugal | 30%
Latvia | 19%
Czech Republic | 18%
Denmark | 17%
Romania | 16%
Sweden | 14%
Croatia | 13%
Germany | 12%
Belgium | 12%
Israel | 11%
Austria | 10%
Norway | 9%
Iceland | 8%
Poland | 4%
Luxembourg | 3%
France | 2%
United Kingdom | 1%
Finland | 1%
Greece | 1%
Slovenia | 1%
Burden of disease in children under five attributable to child and maternal malnutrition

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

New data continues to be supported by WHO:

Where countries use 24hr urinary sodium excretion survey, estimates are higher

- Kazakhstan (19g per day)
- Uzbekistan (15g per day)
- Montenegro (12g per day)
- Moldova (11g per day)

WHO/FAO RECOMMENDATION - <5 grams

No data
Driven by unhealthy food environments

Sugar content of leading brand of soda (grams per 330ml)
(Source: WHO data)
Studies implemented in 6 countries

A typical biscuit wafer contained up to 170% of the WHO recommended maximum intake of trans-fats

An average-sized bowl of soup contained 125% of the WHO recommended maximum intake of salt
Foods for infant and young children

- Many do not adhere to public health dietary recommendations
- Marketed from 4+ months (WHO recommended age from 6m)
- Predominantly sweet flavours
- Often mask vegetable flavours with fruit
- Purées have high free sugar and total sugar content
- Many products contain added sugars
- Often puréed/ limited texture to fit through spout
- Misleading product names/content
- Emotive and misleading marketing/packet messages

Inappropriate CACFs are still being marketed for IYC under 36 months of age!
Much more work needed to achieve prevention goals
Recommended interventions

'Best buys': Effective interventions with cost effectiveness analysis ≤ I$ 100 per DALY averted in LMICs

Endorsed by the World Health Assembly
- 16 best buys
- 86 good buys

Other recommended interventions from WHO guidance (cost effective analysis not available).

http://who.int/ncds/governance/appendix3-update/en/
Central importance of lifecourse approach

• Inadequate placental nutrient supply/macro and micronutrient restriction
  • Early-gestational weight gain/maternal obesity
  • Gestational diabetes
• Suboptimal/disproportionate postnatal growth
  • Inappropriate/suboptimal infant and young child feeding practices
  • Physical activity and energy expenditure
• Non-communicable diseases
  • Obesity, T2DM, metabolic syndrome, insulin resistance, CVD, renal disease, some cancers, asthma

Changes in foetal growth, metabolism, hormones, taste preferences

Pre-conception and pregnancy periods

Early Childhood

Later in life

Early and later life dietary interactions

World Health Organization
Organization mondiale de la Santé
Weltgesundheitsorganisation
Всемирная организация здравоохранения
Complemented by tools to monitor and hold account

STEPS, HBSC, COSI, FeedCities, Salt & iodine surveys, policy monitoring
Marketing to children

Children aggressively targeted because:

- They are independent spenders
- They influence family choices
- They are future adult consumers
Improving dietary intake and achieving food product improvement

• Comprehensive strategies involving multiple components (reformulation, food labelling and media campaigns) and “upstream” population-wide policies such as mandatory reformulation generally appear to achieve larger reductions consumption than “downstream”, individually focussed interventions.
Tool to support countries model required reductions in salt content in foods

To inform the development of salt models in selected European countries by helping countries:

- Identify sources of salt in the diet
- Prioritise foods for target setting
- Negotiate with stakeholders
- Monitor progress
Interpretive labelling in Europe

In Europe there are four main types of interpretive front of pack labels:

- Endorsement logos
- Summary indicator systems
- Nutrient-specific warning labels
- Nutrient-specific interpretive label
Fiscal measures

Arantxa Colchero et al., BMJ, 2016;352:h6704.
Countries reporting health-related taxes in Europe
Implementation of the international code of marketing of breast-milk substitutes 2018

[Map showing the implementation levels across Europe]

- Full provisions
- Many provisions
- Few provisions
- No legal measures

[Graph showing the distribution of implementation levels]
### Calories from sugars (% of products) and presence of claims

<table>
<thead>
<tr>
<th>Country</th>
<th>&gt; 40% calories from sugars</th>
<th>&gt; 30% calories from sugars</th>
<th>&gt; 15% calories from sugars</th>
<th>% of products with nutrition claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>50</td>
<td>57</td>
<td>71</td>
<td>99.0%</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>42</td>
<td>49</td>
<td>67</td>
<td>97.8%</td>
</tr>
<tr>
<td>Hungary</td>
<td>47</td>
<td>57</td>
<td>75</td>
<td>95.4%</td>
</tr>
<tr>
<td>Israel*</td>
<td>18</td>
<td>18</td>
<td>63</td>
<td>100%</td>
</tr>
</tbody>
</table>

In addition, **one third to half of products had sugars or other sweetening agents included in the ingredients list.**
What to do?

• Action is required by Member States, with the support of the WHO European Regional Office, to implement WHO’s Guidance in order to
  – Protect and promote breastfeeding
  – Comply with the International Code on the Marketing of Breastmilk Substitutes
  – Prevent inappropriate promotion of products high in fats, salt and/or free sugars
  – Ensure labelling and packing are clear and not misleading

• A nutrient profile model with nutrient thresholds for nutritionally appropriate foods for infants and young children should inform national and regional discussions on legislation and policies relating to these products.

• Sugar, concentrated fruit juice and other sweetening agents should not be added to foods for infants and young children.

• Improvement of labelling of foods for infants and young children and guidance for complementary feeding.

Forthcoming Publication
New work based on existing approaches in countries will:

- Examine which *professionals* are involved in childhood obesity management and their role within this system;
- Try to understand the *co-ordination* of the childhood obesity management system in countries (provision, settings, funding, access and pathways);
- Assess whether the access, uptake, and process of screening, diagnosis, and treatment is the *same for all* children with obesity, and the extent to which this system addresses health inequalities;
- Explore stakeholder views on the perceived functioning of the childhood obesity management system.
What more can be done in European region?

- Seek **policy coherence** and **coordinated action**
- **Empower consumers** and ensure access to an affordable, healthy diet through **healthy food environment policies**
- **Create links** between different **sectors** as well as different **stakeholders**
- Assess whether **resources** allocated are sufficient
- Develop and implement suitable **monitoring and evaluation** mechanisms