

Editorial

Tackling acute and chronic diseases from food and nutrition with a comprehensive approach – the Second Action Plan for Food and Nutrition Policy, 2007–2012

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 European Region have developed policies on food and nutrition and now almost all have government-approved documents dealing with nutrition and food safety⁽²⁾. Several countries have also started developing national policies and action plans which specifically address physical activity and greater capacity for physical activity promotion⁽³⁾. However, in the majority of the countries in the European Region, nutrition-related and food-borne diseases still represent a considerable public health burden. In 2002, poor nutrition accounted for 4.6% of the total disease burden of the WHO European Region (measured in disability-adjusted life years or DALY). Acute undernutrition is still documented in areas facing food insecurity, and chronic undernutrition due to micronutrient deficiencies extensively affects vulnerable populations. Obesity, a rapidly growing challenge that has now reached epidemic proportions, accounts for an additional 7–8% of DALY suffered⁽⁴⁾, while more than two-thirds of the population is not engaged in sufficient physical activity⁽⁵⁾, contributing a further 3.3% of DALY suffered⁽⁴⁾. Micronutrient deficiencies are also a concern for the European Region and the rate of exclusive breast-feeding at 6 months is low everywhere (ranging from 1% to 46%), even in countries with high initiation rates⁽²⁾.

Food-borne diseases, particularly those of zoonotic origin, represent a considerable public health burden and challenge. Salmonellosis and campylobacteriosis are the most commonly reported food-borne diseases. In some parts of the European Region, the occurrence of food-borne diseases such as brucellosis and botulism is a significant public health problem and 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 are also representing a public health risk and food allergies are increasingly recognized as a concern.

Failure to achieve nutrition and food safety goals is due to a lack of resources, expertise, political commitment or intersectoral coordination affecting the adequate implementation of action plans, but also to their inability to face the complex set of factors affecting diet, food safety and lifestyle patterns in modern society. The supply of sugar, vegetable oils and animal products has increased and generally exceeds European population needs, while only few countries have sufficient fruit and vegetables for all the population available⁽⁷⁾. Food production, distribution and catering in many industrialized countries are concentrated in the hands of a few operators, who influence product supply, safety and price. The food industry, the advertising and retail sector, and the media have an influence on dietary choices and hygienic practices, sometimes in the opposite direction from that which public health specialists recommend⁽⁸⁾. Urban design too often discourages safe and active transport, and increasing use of television and computers encourages sedentary leisure activities, thus adding physical inactivity to the health challenges.

In 2007, in collaboration with Member States, the European Commission (EC) and partner organizations (FAO and UNICEF) and in consultation with representatives of civil society, the WHO developed a new Action Plan, focusing on implementation of priority actions. The document calls for the establishment of common goals for region-wide actions, in consideration of the interdependence of countries in the context of a globalized food system and lifestyles. At the same time there are country-specific needs and different levels of political development that may require national adaptation of the European Action Plan.

The Action Plan stresses the need to create an environment that supports healthy individual choices and calls for increased public health leadership.

The first challenge is to develop sound and effective policy options that involve all government sectors and societal actors, as well as international policy-making bodies. Also in 2007, the EC issued its White Paper on nutrition, overweight and obesity-related health issues⁽⁹⁾ that highlights the need for common actions and high-level government involvement and links up with the Second WHO European Action Plan.

The next challenge is to reach a critical mass of countries for the implementation of the proposed actions.

The efforts in the European Region on nutrition policy could be leading the way globally. For example, in the area of marketing food and beverages to children it is hoped that the Action Plan will facilitate the adoption of similar measures in other parts of the world.

This issue of *Public Health Nutrition* contains an analysis of current nutrition policy developments in the WHO European Region and illustrates the background and rationale of some of the key actions indicated in the revised WHO European Action Plan: improvement of food offered through catering, information to consumers and monitoring environmental determinants.

Current nutrition challenges can be met by the rigorous adoption of a portfolio of measures in those different areas, with careful monitoring of implementation and of the impact on the environment and of individual choices.

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