



A snapshot from across Europe

## Successful nutrition policies - country examples



### What can be achieved through wider policy action on food and nutrition?

Concerted and comprehensive action in the area of food and nutrition is a priority for the European Region in order to tackle the burden of overweight, obesity and noncommunicable diseases (NCDs), and to once and for all eliminate pockets of undernutrition. Experience from across the region shows that concrete policy action to promote healthy diets improves nutrition and population health.

#### Towards a trans-fat free Europe

Consumption of *trans*-fats is associated with a range of adverse health conditions, including increased risk of cardiovascular diseases and some forms of cancers. *Trans*-fats are most commonly found in processed foods containing hydrogenated vegetable oils.

The removal of these industrially-produced *trans*-fats from the food supply has been described as one of the most straightforward public health interventions for improving diet and reducing the risk of NCDs. Denmark's 2003 virtual ban on the sale of products containing *trans*-fats was a world first, and Europe now leads the world in terms of the number of countries that have taken action to eliminate *trans*-fats.

#### What has been the impact of the ban in Denmark?

- The intake of *trans*-fats decreased among all age groups, and intake now stands at around one tenth of previous levels
- Within one year most products on the Danish market were able to comply with the new limit of 2g *trans*-fat per 100g fat
- The nutritional profile of food products improved, including observed increases in use of healthier fats (such as monounsaturated or polyunsaturated fats)<sup>1</sup>
- Denmark has recently experienced a significant decrease in mortality from cardiovascular disease, which may be partly attributable to the drop in *trans*-fat consumption

#### What is the situation in other European countries?

There is significant momentum across the region to take action on *trans*-fats. Austria, Hungary, Iceland, Norway and Switzerland have all set similar limits that virtually ban *trans*-fats in food products. However, levels of consumption remain high where no policies are in place. For example, a recent study revealed that it is possible to consume as much as 30 g of *trans*-fat per day in some countries in the east of the region<sup>2</sup>. This is concerning, given that consumption of only 5 g per day is associated with a 23% increase in the risk of coronary heart disease<sup>3</sup>. Even in EU countries high levels of *trans*-fat can still be found in some food categories and some authors argue that low socioeconomic groups are more exposed to high levels of *trans*-fats<sup>4</sup>.

#### Reducing salt consumption

There is compelling evidence that dietary salt intake is a major cause of raised blood pressure and cardiovascular diseases and that a reduction in salt intake to the recommended level of <5g per day would have significant public health

impact. Current daily salt consumption in most European countries is estimated or measured to range between 7 to 18 grams per day, with no Member States meeting recommended levels.

Salt reduction is thus a priority policy action and considered one of the most cost-effective approaches to prevent NCDs. Action is typically built around three core pillars of action: product reformulation; consumer awareness and education including clear and comprehensive labelling; and monitoring of salt consumption in the population. Finland and the United Kingdom (United Kingdom) were two early adopters of effective salt reduction programmes. Since then many countries across the region have introduced effective salt reduction initiatives.

#### What was the impact in the United Kingdom and Finland?

- Finland began working on salt reduction as early as the 1970s, including significant public awareness campaigns. In 1993, mandatory salt labelling was introduced and products containing particularly high levels of salt were also required to bear warning labels.
- This was accompanied by the introduction of a “better choice” logo, supported by the Finnish Heart Association, which identified low-salt options.
- Daily salt intake in Finland dropped from approximately 12g per day in the late 1970s to as little as 6.5g among women by 2002<sup>5</sup>.
- The United Kingdom strategy has centred on the setting of rigorous salt reformulation targets on a food category basis, which created a “level playing field” for food manufacturers to gradually reduce the salt content of their products.
- This was accompanied by recommendations on consumer-friendly labelling approaches and public awareness campaigns.
- Since the United Kingdom salt reduction programme started in 2003/2004, a 10-15% reduction in salt intake has been reported. Published figures show average salt intake dropped from 9.5 g per day in 2000-2001 to 8.6 g per day in 2008, with a further slight decline to 8.1 g by 2011<sup>6</sup>
- The salt content of key food products was reduced by 25-45%
- Both countries have established sound monitoring systems of salt consumption based on gold standard methods

Currently available information shows that at least 20 countries in the European Region have explicit salt reduction initiatives in place, with at least 11 countries taking action to promote product reformulation.

#### School food policies

Increasing attention has been paid to the role of schools in promoting healthier

<sup>1</sup> Danish data on trans fatty acids in foods. Copenhagen: Ministry of Food, Agriculture and Fisheries of Denmark; 2014.

<sup>2</sup> Stender S, Astrup A, Dyerberg J. A trans European Union difference in the decline in trans fatty acids in popular foods: a market basket investigation. *BMJ Open* 2012;2:e000859. doi:10.1136/bmjopen-2012-000859

<sup>3</sup> Mozaffarian D, Katan MB, Ascherio A, et al. Trans fatty acids and cardiovascular disease. *N Engl J Med* 2006;354:601-3.

<sup>4</sup> Stender S, Astrup A, Dyerberg J. A trans European Union difference in the decline in trans fatty acids in popular foods: a market basket investigation. *BMJ Open* 2012;2:e000859. doi:10.1136/bmjopen-2012-000859 <http://www.ncbi.nlm.nih.gov/books/NBK50961/>

<sup>5</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213420/Sodium-Survey-England-2011\\_Text\\_to-DH\\_FINAL1.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213420/Sodium-Survey-England-2011_Text_to-DH_FINAL1.pdf)

<sup>6</sup> <https://ec.europa.eu/jrc/en/publication/eur-scientific-and-technical-research-reports/mapping-national-school-food-policies-across-eu28-plus-norway-and-switzerland>

<sup>7</sup> Adamson A, Spence S, Reed L, Conway R, Palmer A, Stewart E, McBratney J, Carter L, Beattie S, Nelson M. School food standards in the UK: implementation and evaluation. *Public Health Nutr*. 2013 Jun;16(6):968-81

diets, given the importance of early life years and the opportunity school settings represent to improve dietary quality and reduce later risk of obesity. This is driven by alarming rates of childhood overweight and obesity.

Across Europe many countries have been taking action in this area, and the focus has been on promoting healthier school food environments. For example, all 28 European Member States have guidelines for school food, although the approaches vary considerably<sup>7</sup>. Key policy actions include setting nutrient- or food-based standards for foods available, restricting or limiting specific foods or drink in schools, and the implementation of school fruit schemes:

- Slovenia adopted a School Nutrition Law in 2010 that sets standards for the food provided and available in schools, including a ban on vending machines selling food and drinks on school property.
- Bulgaria, Estonia, Hungary and Latvia also set food- or nutrient-based standards for the foods provided in schools, while Latvia prohibits the sale and provision of sugar- and artificially-sweetened soft drinks.
- The majority of European Union Member States participate in the EU School Fruit Scheme or have their own national schemes in place to provide free or subsidised fruit and vegetables to children.

Do these policies have an impact?

- Evidence shows that making fruit and vegetables available in schools has a positive impact on daily intake. Such programmes work by overcoming barriers in terms of access to fruit and vegetables, and by encouraging children to learn healthy dietary preferences that extend beyond the school gate.
- Standards for foods available in schools have been found to be effective at reducing the availability of foods high in saturated fat, salt and sugar (HFSS) and lead to improved daily dietary intake among primary schoolchildren, with an increase in consumption of more nutritious food<sup>8,9</sup>.
- Success is dependent on ensuring a comprehensive “whole of school” approach. For example, if HFSS foods are available in school stores this can undermine the impact of standards for school meals.
- Restrictions on availability of fizzy drinks can result in a downward trend in consumption during school day, and even total daily consumption<sup>10</sup>.

## Surveillance, monitoring and evaluation

It is widely recognized that nutritional surveillance data are crucial for the development of targeted action and the monitoring of progress and success in counteracting unhealthy diets, overweight and obesity. Regular assessments of diets and the magnitude of overweight and obesity are thus a priority.

As recently as 2006, little was known about trends in overweight in pre-schoolchildren, schoolchildren and adolescents in many countries of the WHO European Region. In response the WHO Regional Office for Europe initiated the Childhood Obesity Surveillance Initiative (COSI) in collaboration with 13 Member States<sup>11</sup>. The first round of harmonised data collection took place during the school year 2007/2008.

COSI countries, which now number more than 20, have nationally representative, measured and internationally comparable data on obesity among schoolchildren aged 6-9. With a fourth round of data collection planned, it is becoming increasingly possible to infer regional and national trends. From this data we know that:

- 1 in 3 children are overweight or obese in countries participating in COSI
- The prevalence of overweight varies between countries and suggest the presence of a north-south gradient, with higher prevalence values found in southern European countries

Monitoring and evaluation of policy actions is also critical to assess impact and inform future steps. In addition to the examples already given for *trans-fat* elimination, salt reduction and school food policies, other European countries have made notable commitment to evaluating policies:

- Hungary has conducted a health and financial impact assessment of its public health tax. The assessment found that sales of products subject to the public health tax have decreased by 27%, with a nationally-representative survey reporting a 20-35% decrease in consumption.
- An additional benefit observed has been the response of manufacturers in removing entirely or substantially reducing the taxed ingredient in products through reformulation.
- Furthermore, the tax has been shown to influence consumer awareness and attitudes toward healthy and less healthy foods. Of those who do consume less of taxed products, 80% cited the tax as being a reason, with 20% of them noting that it made them more aware of the health implications of their consumption<sup>12</sup>.
- In 2010, the United Kingdom government evaluated the impact of the restrictions on food advertising to children. According to this evaluation, children saw 37% less HFSS food advertising in 2009 relative to 2005. However, the evaluation noted that these changes in exposure to marketing were measured by the criteria related to the specific policy, and may not be reflective of the children's total exposure to marketing and of its power. Declines in exposure to HFSS TV advertising have been accompanied by increases on other media channels<sup>13</sup>.

## Where next with food and nutrition policy in Europe?

The WHO Europe Food and Nutrition Action Plan 2015-2020 calls for a comprehensive response to the challenge of diet-related NCDs, obesity and all other forms of malnutrition still prevalent in the WHO European Region. It describes a clear package of evidence-informed policy actions that are likely to be effective in promoting healthy diets, especially when implemented collectively.

Based on emerging lessons from country experience, the Action Plan provides guidance on effective policy design that Member States can each consider in light of their national context. With this Action Plan, WHO Europe will continue to collaborate with and support Member States to advance policy development, implementation and evaluation.

The WHO Europe Food and Nutrition Action Plan 2015-2020  
<http://www.euro.who.int/food-and-nutrition-action-plan>

<sup>8</sup> Spence S, Delve J, Stamp E, Matthews JN, White M, Adamson AJ. The Impact of Food and Nutrient-Based Standards on Primary School Children's Lunch and Total Dietary Intake: A Natural Experimental Evaluation of Government Policy in England.

<sup>9</sup> PLoS One. 2013 Oct 30;8(10):e78298. doi: 10.1371/journal.pone.0078298.

<sup>10</sup> Cradock AL, McHugh A, Mont-Ferguson H, Grant L, Barrett JL, Wang C, et al. Effect of school district policy change on consumption of sugar-sweetened beverages among high school students, Boston, Massachusetts, 2004-2006. *Prev Chronic Dis* 2011;8(4):A74. [http://www.cdc.gov/pcd/issuues/2011/jul/10\\_0149.htm](http://www.cdc.gov/pcd/issuues/2011/jul/10_0149.htm).

<sup>11</sup> Belgium, Bulgaria, Cyprus, Czech Republic, Ireland, Italy, Latvia, Lithuania, Malta, Norway, Portugal, Slovenia and Sweden

<sup>12</sup> Hungarian National Institute for Health Development. Impact Assessment of the Public Health Product Tax. 2013.

<sup>13</sup> Ofcom. HFSS advertising restrictions Final Review. London: Ofcom, 2010. Available at: <http://stakeholders.ofcom.org.uk/binaries/research/tv-research/hfss-review-final.pdf>