



ph: iStockphoto.com



ph: iStockphoto.com

## ACHIEVING HEALTH GOALS THROUGH THE ACTION PLAN

The Second WHO European Action Plan for Food and Nutrition Policy provides an integrated approach to nutrition, food safety and food security aiming to maximize the benefits for public health. This implies addressing at the same time all hazards associated with food production and consumption, and weighing risks and benefits of existing and novel food products. The Action Plan sets goals and targets to reduce the health burden related to food and nutrition, namely:

- diet-related noncommunicable diseases (NCDs)
- obesity in children and adolescents
- micronutrient deficiencies
- foodborne diseases

### Nutrition goals

- < 10% of daily energy intake from saturated fat
- < 1% of daily energy intake from trans fatty acids
- < 10% of daily energy intake from free sugars
- > 400g fruits and vegetables a day
- < 5g a day of salt

### Food safety goals

Risk-based and tailored to individual Member States. Reduction of *Campylobacter* and *Salmonella* contamination in the food chain and eradication of brucellosis are the priorities.

### Food security goal

Established in line with Millennium Development Goal 1: reduce by 50% the proportion of people who suffer from hunger.

## IMPLEMENTATION IN COUNTRIES: WHO AND HOW

- **Government**, at both national and local level, should commit to the implementation of this Action Plan in the spirit of "health in all policies".
- **Public health policy-makers** should demonstrate health stewardship across different government departments and with the public and private sectors.
- **The health sector** should play an important role in health promotion and disease prevention.
- **Other government sectors** should be involved in the design of specific policies and programmes,

including food, agriculture and fisheries, consumer protection, education, sport, transport, urban planning and housing, environment, labour, social policy and research.

- **Civil society, professional networks, economic operators and international actors** should contribute to implementation as key stakeholders.

The **WHO Regional Office for Europe** will provide support to national actions and coordinate international actions to implement the Action Plan over the next 6 years.



### WHO REGIONAL OFFICE FOR EUROPE



#### FOOD SAFETY PROGRAMME

Regional Adviser: Hilde Kruse  
Via Francesco Crispi 10,  
I-00187 Rome, Italy  
Tel +39 06 4877 525  
Fax +39 06 4877 599  
Website: <http://www.euro.who.int/foodsafety>  
E-mail: [foodsafety@ecr.euro.who.int](mailto:foodsafety@ecr.euro.who.int)



#### NUTRITION AND FOOD SECURITY PROGRAMME

Regional Adviser: Francesco Branca  
Scherfigsvej 8,  
D-2100 Copenhagen, Denmark  
Tel.: + 45 3917 1226  
Fax: + 45 3917 1818  
Website: <http://www.euro.who.int/nutrition>  
E-mail: [nutrition@euro.who.int](mailto:nutrition@euro.who.int)



ph: iStockphoto.com



Tackling acute and chronic diseases related to food with a comprehensive approach

# THE SECOND WHO EUROPEAN ACTION PLAN FOR FOOD AND NUTRITION POLICY 2007-2012

# THE SECOND WHO EUROPEAN ACTION PLAN FOR FOOD AND NUTRITION POLICY 2007-2012

## NUTRITION AND HEALTH

A diet adequate to meet physiological requirements, containing sufficient amounts of fruit and vegetables and limited amounts of saturated fats and simple sugars combined with regular physical activity is a cornerstone of good health.

Poor nutrition can lead to reduced immunity, increased susceptibility to disease, impaired physical and mental development, and reduced productivity.

In the last decades, in industrialized countries the diet has increasingly deviated from recommendations, with food intake exceeding energy expenditure and leading to a dramatic increase in obesity and its consequences such as diabetes, cardiovascular disease and cancer. At the same time, food insecurity and undernutrition remain important issues to tackle, especially in low-income and vulnerable groups.

Good nutrition is essential throughout life, but is especially crucial at its early stages, making children the most vulnerable group.

- In 2002, **poor nutrition** accounted for 4.6% of the total disease burden in the WHO European Region.
- **Acute undernutrition** is still documented in areas facing food insecurity. **Chronic undernutrition** extensively affects vulnerable populations, including the elderly, chronically ill patients and disabled individuals.
- **Micronutrient deficiencies**, especially iron, iodine, Vitamin A and folate, are also a concern in the European Region where the rate of exclusive breastfeeding at six months is low, ranging from 1% to 46%.
- **Obesity** has reached epidemic proportions in the European Region, accounting for 7-8% of the total disease burden. More than two thirds of the population is not engaged in sufficient physical activity, contributing a further 3.3% of the burden.

## FOOD SAFETY AND HEALTH

Food safety aims at ensuring that all food is as safe as possible from a public health perspective. It concerns the entire food chain, from production to consumption.

Unsafe food causes various types of acute and chronic illness, including abortion and death. Foodborne diseases are a widespread public health problem throughout Europe, with food and waterborne diarrhoea being major causes of death in Eastern countries, especially among children. Foodborne diseases are typically either infectious (e.g. *Salmonella*, *Campylobacter*) or toxic in nature (e.g. dioxins or acrylamide).

Unsafe food is often a result of poor hygienic practices at some stage during production and handling, and lack of efficient systems to prevent and control hazards. New challenges arise from e.g. the globalization of food trade, changes in eating patterns, international travel, environmental pollution, disasters, willful adulteration of food, non-human use of antimicrobial agents and food derived from new technologies. Prevention, control, communication, monitoring and surveillance are crucial to ensure food safety.

- In industrialized countries, every year up to 30% suffer from **foodborne diseases**, particularly of zoonotic origin, and up to 20 per million die.
- Reported cases of **salmonellosis** and **campylobacteriosis**, the most commonly notified foodborne diseases, amount to almost 400,000 per year in the European Union alone.
- **Antimicrobial resistance** is an increasing public health problem, partly related to non-human usage of antimicrobial agents. Studies show that resistant *Salmonella* and *Campylobacter* increase the severity of infections.
- **Chemicals in food** also represent a risk for public health, and **food allergies** are increasingly recognized as a concern.

## KEY AREAS FOR INTERVENTION IDENTIFIED IN THE ACTION PLAN



### AREA | 1

Supporting a healthy start:  
**care for mothers and children**

ph: iStockphoto.com

Key actions should address proper nutrition and safe food for pregnant women, exclusive breastfeeding for the first 6 months, improved complementary feeding, and safe and balanced school and pre-school meals.



### AREA | 2

Ensuring a safe, healthy and sustainable food supply:  
**good safe food in adequate quantities for all**

ph: Pierre Viro

Actions should address the trade and industry responsibility for healthy and safe food, its promotion to the population through public institutions (e.g. schools), and explore the use of economic tools to ensure the availability and affordability of safe and healthy food.



### AREA | 3

Providing comprehensive information and education to consumers:  
**know what you eat and how to reduce the risks**

ph: iStockphoto.com

Communication and information are essential to achieve healthy lifestyles, food safety and sustainable food supply in the population. These include public campaigns to inform consumers and adequate labelling to improve understanding and to support healthy choices and safe practices.



### AREA | 4

Performing integrated actions to address related determinants:  
**take into account other risk factors**

ph: iStockphoto.com

Other risk factors, in particular physical inactivity and alcohol consumption, have to be addressed to reduce the burden of nutrition-related diseases. Water quality and safety, along with environmental aspects, should be addressed to reduce foodborne diseases.



### AREA | 5

Strengthening nutrition and food safety in the health sector:  
**engage the health professionals to improve the services**

ph: iStockphoto.com

The health sector has crucial responsibilities in reducing the burden of nutrition-related and foodborne diseases. Consistent and professional diet and lifestyle counselling by primary care professionals can influence individual choices.



### AREA | 6

Monitoring, evaluation and research:  
**act on evidence, acquire new knowledge**

ph: iStockphoto.com

Surveillance systems on nutrition status, on food consumption and availability, and on foodborne diseases should be tailored to the needs of the countries, and coordinated at the international level. Monitoring systems for microbial and chemical hazards at different points in the food chain should be established.

