



Member States Consultation for the Ministerial Conference on Counteracting Obesity 2006

Copenhagen, 10–12 October 2005

SUMMARY REPORT

Abstract

Obesity poses one of the greatest public health challenges for the 21st century, with particularly alarming trends in several regions, including the WHO European Region. This was the first Member States Consultation in the process leading up to the Ministerial Conference on Counteracting Obesity in November 2006, convened in Copenhagen, Denmark on 10 to 12 October 2005. It was organized by the WHO Regional Office for Europe and co-hosted by the Danish National Board of Health.

The Consultation discussed and agreed upon the main framework, objectives, agenda and expected outcomes of the Ministerial Conference and outlined the preparatory process for the Conference. The meeting also discussed and agreed upon a process for the development of the second European action plan on food and nutrition policies.

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Keywords

NUTRITION
OBESITY
OVERWEIGHT
DIET
PHYSICAL ACTIVITY
MINISTERIAL CONFERENCE
NUTRITION POLICY
EUROPE

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LIST OF ABBREVIATIONS

The following abbreviations are used in this report:

EU	European Union
FAO	Food and Agricultural Organization of the United Nations
FNAP	Food and Nutrition Action Plan
NCD	Noncommunicable Diseases
OECD	Organisation for Economic Co-operation and Development
RC	Regional Committee
UNICEF	United Nations Children's Fund
WHA	World Health Assembly
WHO	World Health Organization

ACKNOWLEDGEMENTS

The World Health Organization (WHO) is grateful to the Danish National Board of Health for co-hosting this first Member States Consultation in the process leading to the WHO European Ministerial Conference on Counteracting Obesity.

SCOPE AND PURPOSE

This was the first Member States Consultation in the process leading to the Ministerial Conference on Counteracting Obesity in November 2006, convened in Copenhagen, Denmark on 10 to 12 October 2005. It was organized by the WHO Regional Office for Europe and co-hosted by the Danish National Board of Health. The Consultation aimed at discussing and agreeing upon the main framework, objectives, agenda and expected outcomes of the Ministerial Conference.

The specific objectives of the Consultation were, to:

- Review the current situation of overweight and obesity in the Member States of the WHO European Region and their policies to tackle the epidemic of obesity.
- Discuss and agree on the topics, time-frame and locations of pre-conference meetings and consultations as part of the preparatory process.
- Identify the composition of delegations and other invitees and the role of Member States and international organizations in the preparatory process.
- Discuss the provisional outline of the preparatory documents.
- Discuss and initiate the process for drafting the documents for adoption at the Ministerial conference.

The Consultation was followed by a meeting of nutrition counterparts. The objectives of this meeting included:

- Review the progress on nutrition policies and the implementation of the first European Food and Nutrition Action Plan in the Member States of the WHO European Region.
- Plan the process leading to a second European food and nutrition action plan.
- Appoint a working group to review the implementation of the first European food and nutrition action plan and draft an outline of the second European food and nutrition action plan.

PARTICIPANTS

The meeting was attended by representatives of 41 Member States, European Commission and other international partners, experts and WHO staff.

CHAIRMAN AND RAPPORTEUR

Dr Jens Kristian Gøtrik (National Board of Health, Denmark) was appointed as chairman and Prof Stefka Petrova (National Centre of Public Health Protection, Bulgaria) as rapporteur.

WELCOME AND INTRODUCTION

The Consultation was opened by Dr Marc Danzon, the WHO Regional Director for Europe followed by introductory presentations by Dr Jens Kristian Gøtrik (Director General and Chief Medical Officer, National Board of Health Denmark), Mr Wilfried Kamphausen (Deputy Head, Unit G2 “Cancer, drug dependence and pollution related disease”, European Commission) and Dr Chizuru Nishida (Scientist, WHO headquarters, Department of Nutrition for Health and Development).

THE EU CONFERENCE ON OBESITY 2002

Dr Jens Kristian Gøtrik recalled that the Danish European Union (EU) Presidency had organised in 2002 a European Conference on obesity “Time for thought and action - from documentation to implementation”, thereby commencing the awareness in the public health area both nationally and internationally. Its aim was to discuss the implications of the rapid increase of obese and overweight people in the European countries and possible strategies to prevent and manage obesity.

CURRENT SITUATION AND FUTURE TRENDS IN EUROPE

Dr Francesco Branca, Regional Adviser for Nutrition and Food Security, WHO Regional Office for Europe, presented the latest available data on the prevalence of overweight and obesity in children, adolescents and adults and future trends in Europe. At the Ministerial Conference the most recent data will be presented in the forthcoming summary of a technical review paper [1]. Dr Branca also made reference to the WHO European Health Report 2005 which concluded that unhealthy diets and physical inactivity are among the leading risk factors for the major noncommunicable diseases (NCD) in Europe [2].

POLICIES TO TACKLE THE EPIDEMIC OF OBESITY

Professor Kaare R. Norum, Chairperson of the WHO Regional Office Expert Committee on Counteracting Obesity, highlighted the endorsement of the Global Strategy on Diet, Physical Activity and Health (DPAS) at the 57th World Health Assembly (WHA) (resolution WHA57.17) that should foster the formulation and promotion of effective and evidence based national policies, guidelines, strategies and action plans [3] and gave an overview of the main issues that policies to tackle the epidemic of obesity should cover.

OVERVIEW OF RECENT POLICY DEVELOPMENTS IN MEMBER STATES

A growing number of countries has provided policy responses to tackle the epidemic of obesity. Member States reported on their recent policy developments, programme experience and new implementation of actions to counteract obesity. Among them were: Azerbaijan, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Hungary, Iceland, Ireland, Italy, Kazakhstan, Latvia, Malta, Netherlands, Norway, Poland, Portugal, Russian Federation, Serbia and Montenegro, Slovenia, Spain, Sweden, Switzerland and Tajikistan.

THE WHO EUROPEAN MINISTERIAL CONFERENCE ON COUNTERACTING OBESITY

Dr Haik Nikogosian, Deputy Director Division of Technical Support Reducing Disease Burden, WHO Regional Office for Europe

General information

The Ministerial Conference on Counteracting Obesity will be hosted by the Ministry of Health of Turkey and taken place in Istanbul, probably from 15 to 17 November 2006. It is expected that up to 300 delegates from the European Member States as well as up to 250 representatives of international organisations, nongovernmental organisations and the media, experts and observers will attend the Ministerial Conference.

The Consultation emphasized the importance of including “overweight” and “physical activity” in either the slogans or objectives of the Ministerial Conference. Further, it was noted that the epidemic of obesity should be addressed in a positive way and both their treatment and prevention considered. In this context, healthy approaches should take into account the cultural functions of food and traditional beliefs.

Objectives

It was agreed that the objectives of the Ministerial Conference would be to:

- Raise political awareness and commitment.
- Place the problem of overweight and obesity high on the public health and political agenda in the European Region of WHO.
- Promote national policies and actions.
- Promote international and intersectoral collaboration.

Expected outcomes

It is expected that the Ministerial Conference will:

- Place the problem of overweight and obesity high on the public health and political agenda in the European Region of WHO and foster high-level awareness and commitment for action.
- Send a strong signal for increased responsibility of the society and governments.
- Demonstrate high-level international and intersectoral partnership in action thus creating a political momentum for its strengthening and continuity.
- Adopt a European Charter on obesity to serve as a political and public health guidance for counteracting obesity in the European Region of WHO.
- Create a “power of the process”, thus, an increased awareness and action that the process leading to and immediately following the Ministerial Conference will generate.

Provisional agenda

The following provisional agenda was proposed:

- Statement of the public health challenge posed by obesity with particular focus on children.
- Socioeconomic and psychosocial determinants; individual responsibility and role of social environment; economic costs of obesity and of obesity prevention actions.
- Evidence for effective policies; what works, what does not work and what else is emerging from recent experiences?
- Relative role of healthy diet and physical activity.
- The role of partnerships between government sectors, civil society, private sector and international organizations.
- Placing the action high on the political agenda.
- Adoption of the European Charter on obesity.
- The way forward in countries and region-wide.

General preparatory framework

Three main groups of activities were proposed as being part of the preparatory process:

- Member States consultations, expert consultations and consultations with nongovernmental organizations, professional networks and other stakeholders.
- Progress briefing and media communication.

- Developing of background papers and drafting a Conference Charter.

Pre-conference meetings - topics, time-frame, locations

A series of consultations with Member States, on both political and technical issues, will precede the Ministerial Conference. These will include a second Member States Consultation in June 2006 that the Dutch Government has kindly offered to host and one or two more Member States consultations to discuss the involvement of other sectors (for instance agriculture, education, transport, sport, etc). The delegation of the Russian Federation has kindly offered to consider organizing one for the Commonwealth of Independent States. WHO is also proposing to convene meetings in connection with the WHA and the Regional Committee (RC) for Europe of next year.

Moreover, various expert consultations will be an essential part of the preparatory process leading to the Ministerial Conference and will provide important contributions to the background paper. Some have already been organized like for instance the consultations on “evidence and innovation for effective policies” and on “physical activity” which both took place in June 2005, in Athens and Amsterdam, respectively. The gathering of the WHO Healthy Cities Network in Bursa, Turkey in September 2005 was used as an opportunity to organize a consultation on the role of local governments. The participants agreed that three other technical consultations should be organized:

- Obesity and inequalities; December 2005, in London, UK.
- Childhood obesity and school policies; March 2006, in Florence, Italy.
- Marketing of food and drinks in Europe to children, early spring 2006.

The Consultation also agreed on the importance of involving nongovernmental organizations and other professional organizations in the preparatory process. A joint meeting with them will take place in Brussels in February 2006. A joint meeting with the EU Platform was also proposed, in order to establish a dialogue on public/private partnership.

A website will be developed especially for the Ministerial Conference and made accessible in 2006.

Composition of delegations

The delegation from each Member State should involve approximately six delegates from not only the Ministry of Health, but also from other government sectors, such as: agriculture, trade, economy, finance, education, sport, youth, physical activity, transport, environment, urban planning, social affairs and information/mass media. WHO will directly invite the Ministries of Health to the Ministerial Conference and ask them to form delegations including other ministers or senior representatives from other government sectors.

International partners

An active participation is expected from international partners who have tackling obesity in their mandate. They will help in approaching obesity from different angles and achieving the objectives of the Ministerial Conference. Consultations are planned with various stakeholders, such as the EC, the Council of Europe, the Food and Agricultural Organization of the United Nations (FAO) the Organisation for Economic Co-operation and Development (OECD), the World Bank and the United Nations Children’s Fund (UNICEF). Likewise, the

nongovernmental organizations that have an official or working relationship with WHO will be approached during the process.

Provisional list of working documents for the Ministerial Conference

The Consultation discussed a provisional outline of background papers for the Ministerial Conference and decided on the topics and final order of the chapters for the main technical review paper. A summary of this paper [2] will be presented during the Conference and the full book will be released in 2007.

Role of Member States and international organizations in the drafting process

The need to nominate a drafting group for a European Charter on Obesity was stressed. The Consultation proposed a provisional core group of Member States that play an important role in the preparatory process, including Denmark, Finland, the Netherlands, the Russian Federation, Turkey and Slovenia and invited other Member States to be part of this process. Portugal and Spain would consider their participation. The drafting group will meet approximately every two months and present a final draft at the pre-conference meeting in the Netherlands next June.

The Charter will be linked to the WHO Global Strategy on Diet, Physical Activity and Health. Examples to consider are the Charter against Tobacco (set out in 1988 at the first European Conference on Tobacco Policy), the European Charter on Alcohol (endorsed in December 1995 at the European Conference on Health, Society and Alcohol) and the 1999 Charter on Transport, Environment and Health. The Consultation emphasized the multisectoral approach, the focus on action and the role that civil society, food industry and health professionals should play.

Member States were encouraged to engage the media and to convene meetings between different governmental sectors, food industry, health professionals and nongovernmental organizations to inform and update them about the process leading to the Ministerial Conference.

WORKING GROUPS

Four working groups were formed to discuss issues related to obesity

Data and surveillance

A recent compilation of data on overweight and obesity indicated that the available data are often not nationally representative or comparable due to different response rates, age-ranges, references, cut-off points and data collection methods. The Consultation recognized the need for standardized surveillance systems on which policy development within the European Region could be based. These data could then also be used for advocacy, preventive and monitoring purposes.

Preventive actions in children

Systematic reviews on home and school interventions among children and adolescents have shown small positive effects, probably due to the fact that almost all tried to influence children's choices and behaviours through education rather than by providing a supportive

environment. The Consultation suggested various initiatives to prevent obesity in children, such as:

- Make a database on legislations, rules, recommendations, interventions accessible via a website.
- Regulate and restrict marketing and food advertising to children.
- Make schools nutrition friendly by for instance banning vending-machines in schools and providing healthy school meals.
- Improve nutrition knowledge (for instance a better understanding of nutrition labelling, healthy eating and physical activity) and practical skills in consumers.
- Pay attention to the nutrition in preschool children with active parental involvement.
- Allocate sufficient time to and enhance physical activity in schools.

Promotion of physical activity

Constraints of increasing physical activity levels were discussed, such as: limited access to sport facilities in particular for young children, low profile of physical activity in education programmes, lack of national policy frameworks to address physical activity as a multidimensional issue and to engage relevant ministries and stakeholders and lack of knowledge, understanding and awareness of the benefits of physical activity and ways to achieve the recommended levels. It was recognized that the development of further knowledge and evidence to promote physical activity was required. The Consultation proposed the following:

- Data collection and monitoring of patterns of physical activity levels in the WHO European Region.
- Development of guidelines taking into account the needs of each population group.
- Economic evaluation of the benefits of increased physical activity that might be used for advocacy and promotion purposes.
- Evaluation of the effectiveness of intervention; mechanisms should be introduced to support the collection and sharing of knowledge and experiences with respect to successful interventions and effective institutional arrangements.
- Studies are required to identify the individual barriers to engage in physical activity and the conditions that might encourage a physical active lifestyle from youth into old age.

Socioeconomic aspects and intersectoral links

Health care costs (hospital, prevention campaigns, and co-morbidities), financial costs made through loss of productivity and income, early retirement and absenteeism as well as intangible costs related to social isolation and low self-esteem contribute to the economic burden of obesity. The Consultation discussed the need for a common approach in the WHO European Region to estimate the costs and benefits of tackling obesity by prevention and by treatment in both the short-term and long-term future. Furthermore, the potential role that taxation could play in directing the consumption of food was considered. The Consultation noted that a taxation policy should be carefully assessed and evaluated by each Member State and in particular its impact on socially deprived sections of the population. Active engagement of national, regional and local authorities and their stakeholders, including the food industry, would be required to ensure intersectoral collaboration.

NUTRITION COUNTERPARTS MEETING

Analysis of the progress of nutrition policies and the implementation of the First European Food and Nutrition Action Plan

In September 2000, the WHO RC for Europe, in which all 51 Member States of the WHO European Region were represented, endorsed the first Food and Nutrition Action Plan (FNAP). This plan stressed the need to develop food and nutrition policies that protect and promote health and reduce the burden of food-related diseases. It provided a framework that consisted of three pillars: 1) nutrition; 2) food safety; and 3) sustainable food supply (food security). This first action plan covered the period 2000-2005 and proposed approaches and activities to support Member States who wished to develop, implement and evaluate their food and nutrition policies, like for instance: developing a comprehensive approach, monitoring health information, improving knowledge, mobilizing partners and promoting the establishment of advisory and coordination mechanisms.

Four country working groups were formed to discuss the current situation and future perspectives of food and nutrition policies. The nutrition counterparts reviewed findings from surveys carried out by the Nutrition and Food Security Program of the WHO Regional Office for Europe. These findings are presented in the forthcoming publication “Comparative analysis of the nutrition policies in the WHO European Region” [4].

The Consultation reaffirmed that the most encountered problems with the implementation of the first FNAPs had been the lack of political engagement and competence and the allocation of resources. Some countries had also experienced difficulties with strengthening their relationships with the food industry and with the influence exerted by the media. Lack of intersectoral responsibility was expressed as another barrier. Economic calculations of costs and benefits were considered as essential for decision-makers but often were not done. Sociological and cultural barriers included the limited availability and access to healthy food and nutrition education and the fact that “unhealthy” foods often formed part of national nutritional traditions.

Overall, nutrition policies in the WHO European region appeared to have developed successfully in the last ten years, with a noticeable improvement since the first FNAP. Nutrition-related diseases are still responsible for a large part of the disease burden in the Region and therefore the implementation of nutrition policies would still represent a major challenge.

The Consultation expressed the wish to receive a new questionnaire with additional elements (such as folic acid, vitamin A, excess of vitamin intake, functional foods, food claims and labelling, measurable changes and impact assessment) in order to update the information on the first FNAP they had provided before 2003 so that an up-to-date analysis could be presented at the Ministerial Conference. It was suggested to make this questionnaire and the report of the 2003 survey accessible on a website and that Member States would send new data to the WHO Regional Office for Europe in due time.

Aims of the Second Food and Nutrition Action Plan in the WHO European region

A comprehensive flexible plan would be needed allowing the Commonwealth of Independent States to concentrate their action plans in first instance on micronutrient deficiencies, infant and young child feeding and women’s nutritional health and secondly on the prevention of obesity, while the other part of the Region would prioritize firstly the prevention of NCD.

Nevertheless, the Consultation noted that in the second FNAP the implementation of policies for infant and young child feeding should be kept as one of the priorities in all countries. The Consultation stressed as well the importance of keeping the same conceptual idea of the three pillars in the second FNAP and the possibility of including “physical activity” as a fourth pillar.

The second FNAP could be more ambitious by setting nutrition goals (for instance, reduce obesity by x% in 5 years, reduce anaemia by x% in 5 years) and dietary goals (such as, reduce the intake of sugar/fat by x%, increase fruit and vegetable consumption by x gram).

Ways to deal with the food chain were proposed. For instance, discussions with the food industry should be encouraged to improve the nutritional characteristics of industrially produced foods, such as their levels of salt, sugar and fatty acids. A formulation of a legislative framework regarding taxes, nutrition profiles, nutrition claims and food labelling could be part of these discussions. The second FNAP should also stress the dietary values of the food products. In addition, the effectiveness of voluntary versus government schemes needs to be assessed. The Consultation reaffirmed the importance of establishing a dialogue with retailers and with the food industry so that they could facilitate healthy food choices. The increased availability of food supplements, novel and functional foods solicit a better understanding of the scientific basis of their expected health effects. In the second FNAP, policies for the prevention and correction of micronutrient deficiencies including the need for food fortification should be elaborated.

The Consultation mentioned the need for the development of evaluation and monitoring tools for a better understanding of what has been achieved and for an assessment of the effectiveness of intervention programmes, of what does work and what does not work. Cost and benefit calculations as well as priority setting tools could be part of this. In addition, the need for further training of health professionals in nutrition education and for the development of a methodology to define the burden of disease was stressed. The second FNAP should also provide knowledge-based advisory services to policy makers and programme managers through practice communities. The Consultation considered the involvement of all stakeholders in both the writing and the implementation of the plan as essential.

The second FNAP should define targets and actions for specific population groups, such as children, elderly, disabled and institutionalized persons. It should be a coherent plan and should be linked to the European Strategy on Noncommunicable Diseases, the Child and Adolescent Health Strategy and should take into account existing public health initiatives. In addition, more emphasis should be placed on a multisectoral approach especially the involvement from the agricultural sector and to an enhancement of active participation and coordination between international organizations. More focus is required on political organizations that should support of the implementation of national food and nutrition policies.

Process leading to the second European food and nutrition action plan

The Consultation agreed that in parallel with the collection of new data on the implementation of the first FNAP, a second FNAP would be developed with the aim to present it at the RC for Europe in September 2007. During the process leading to this second action plan on food and nutrition policies, it would be imperative to collect more evidence-based information for the

achievement of the goals to be set and contact other counterparts to establish an integrated approach at the country level.

The Consultation agreed on the following proposed time table for the development of a second European FNAP:

- December 2005: data update on current status of food and nutrition policies and review of draft report on comparative analysis of food and nutrition policy in the WHO European Region.
- January 2006: working group meeting 1.
- Spring 2006: working group meeting 2.
- May 2006: distribute draft of second FNAP to Member States
- June 2006: WHO counterpart meeting of which a discussion of the draft will be an agenda item.
- 2007: finalize second action plan on food and nutrition policies.
- September 2007: present final document of the second FNAP to the RC for Europe.

Appointment of a working group

Member States were kindly invited to volunteer to join a working group to develop an outline of the second FNAP and to review the data on the analysis of nutrition policies and finalize the review document. The following Member States agreed: Azerbaijan, Bulgaria, Czech Republic, Finland, Georgia, Greece, Ireland, Portugal and the Russian Federation.

European Strategy on Noncommunicable Diseases

Dr Jill Farrington, Coordinator Noncommunicable Diseases WHO Regional Office for Europe, described the process of preparing a comprehensive action-oriented European strategy on NCD with a strong focus on implementation, which will be presented to the RC at its fifty-sixth session in September 2006. Seven leading risk factors account for most of the burden of diseases in Europe. These are: raised blood pressure tobacco use, alcohol abuse, raised cholesterol, being overweight, low fruit and vegetable intake and physical inactivity. A European strategy on NCD would support countries in tackling the problem facing particular challenges and be an opportunity to reset the focus.

Child and Adolescent Health Strategy

Dr Mikael Östergren, Regional Adviser for Child and Adolescent Health WHO Regional Office for Europe, presented the European strategy for Child and Adolescent Health and Development. Its goal is to enable children and adolescents in the European Region to realize their full potential for health and development and to reduce the burden of avoidable disease and mortality.

The strategy is designed to help Member States achieve the following three objectives:

- To develop a framework for an evidence-based review and improvement of national child and adolescent health and development policies, programmes and action plans, from a life-course perspective.
- To promote multisectoral action to address the main health issues related to child and adolescent health
- To identify the role of the health sector in the development and coordination of policies and in delivering services that meet the health needs of children and adolescents.

CONCLUSIONS AND RECOMMENDATIONS

WHO European ministerial conference on counteracting obesity

The Consultation:

- Agreed on the objectives, key agenda items and expected outcomes of the Ministerial Conference, the involvement of different government sectors and other stakeholders, and the content and timetable of the preparatory work ahead.
- Emphasized the importance of including “overweight” and “physical activity” in either the slogans or objectives of the Ministerial Conference.
- Agreed on the importance of involving nongovernmental organizations and other professional organizations in the preparatory process.
- Asked for a website to be developed especially for the Ministerial Conference and made accessible in 2006.
- Designated a provisional core group of Member States’ representatives to draft the European Charter on Counteracting Obesity.

Working groups

The Consultation:

- Recognized the need of a common data surveillance system on which policy development within the European Region could be based and a protocol for the standardization of data collection and analysis.
- Suggested various initiatives to prevent obesity in children.
- Recognized that the development of further knowledge and evidence to promote physical activity was required.
- Noted the need for a common approach in the WHO European Region to estimate the costs and benefits of tackling obesity prevention and by treatment in both the short-term and long-term future.
- Mentioned that a taxation policy should be carefully assessed and evaluated by each Member State and in particular its impact on socially deprived sections of the population.

Nutrition counterparts meeting

The Consultation:

- Reaffirmed that the most encountered problems with the implementation of the first Food and Nutrition Action Plans had been the lack of political engagement and competence and the allocation of resources.
- Expressed the wish to receive a new questionnaire with additional elements so that an up-to-date analysis could be presented at the Ministerial Conference.
- Agreed that in parallel with the collection of new data on the implementation of the first FNAP, a second FNAP would be developed with the aim to present it at the RC for Europe in September 2007.
- Noted that in the second FNAP the implementation of policies for infant and young child feeding should be kept as one of the priorities in all countries.
- Stressed the importance of keeping the same conceptual idea of the three pillars in the second FNAP and the possibility of including “physical activity” as a fourth pillar.
- Reaffirmed the importance of establishing a dialogue with retailers and with the food industry so that they could facilitate healthy food choices.

- Mentioned the need for the development of evaluation and monitoring tools, further training of health professionals in nutrition and for the development of a methodology to define the burden of disease.
- Mentioned that the second FNAP should define targets and actions for specific population groups, such as children, elderly, disabled and institutionalized persons. It should be a coherent plan and should be linked to the European Strategy on Noncommunicable Diseases, the Child and Adolescent Health Strategy and should take into account existing public health initiatives.

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