



Meeting of Counterparts on Nutrition
and Food Safety

on the

Second WHO European Action Plan on
Food and Nutrition Policy

Paris, 4-6 June 2007

Abstract

The aim of the meeting was to discuss the development of region-wide action to tackle nutrition and food-related diseases in the WHO European Region and to reach agreement on the draft Second WHO European Action Plan for Food and Nutrition Policy. Counterparts in nutrition and food safety representing forty-three Member States took part. The meeting provided a forum for strengthening links between the networks of nutrition and food safety experts. Policy options proposed to address nutrition and food-related diseases were reviewed and Member States presented their recent achievements in nutrition policies. Opportunities of linking with other European and international strategies were discussed as well as the implementation of the proposed action through networks of countries.

The second action plan was strongly supported by the participants who agreed on the general concept and the action proposed. The meeting reflected the strong commitment of the countries of the WHO European Region to work on nutrition and food safety, a commitment that could serve as a global example.

Keywords

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Introduction

Nutrition and food safety counterparts from forty-three Member States of the WHO European Region, representatives of selected non-governmental and inter-governmental organizations, experts in nutrition and food safety and staff from WHO headquarters and the Regional Offices for Europe met in Paris on 4-6 June 2007 to discuss the development of region-wide action to tackle nutrition and food-related diseases in the Region (Annexes 1 and 2). The French Government kindly hosted the meeting, which was organized by the Nutrition and Food Safety Programme, WHO Regional Office for Europe.

The main aim of the meeting was to review and reach agreement in principle on the Second WHO European Action Plan for Food and Nutrition policy. An outline of this action plan was presented at the WHO Ministerial Conference on Counteracting Obesity held in Istanbul, Turkey, on 15-17 November 2006, when Member States expressed their support of the need to further develop it. A broad consultation process on the development of the action plan has since taken place involving national counterparts in the fields of nutrition and food safety, non-governmental organizations and experts. The resulting draft of the second action plan will be presented for the consideration and endorsement of the Member States at the Fifty-seventh session of the WHO Regional Committee for Europe in Belgrade, Serbia, in September 2007.

The programme also included a review of the policy options proposed to address nutrition and food-related diseases, as well as of the progress made in Member States and the challenges they face in these areas of public health. The discussions were complemented by a series of presentations on links between the agriculture, trade and public health sectors, food supply, food safety and consumer information, as well as by an illustration of recent policy developments at the European regional and international levels. A proposed plan for nutrition surveillance was reviewed and parallel sessions of the nutrition and food safety networks took place.

The meeting provided a forum for strengthening links between the networks of nutrition and food safety counterparts.

Opening of the meeting

In welcoming the participants, Didier Houssin, Director General for Health, Ministry of Health, Youth and Sports, France, and Gudjon Magnusson, Director of the Division of Health Programmes of the WHO Regional Office for Europe, stressed the importance of the meeting and the impact it could have on health policies in the WHO European Region.

Since the adoption of the First European Action Plan for Food and Nutrition Policy in 2000, nutrition has become a concern in the Region, and food and nutrition policies have been developed widely. At the Member States Consultation for the Ministerial Conference on Counteracting Obesity, Copenhagen, October 2005, participants expressed the need to strategically revise and adapt the first action plan in order to facilitate the implementation process (1).

The WHO Ministerial Conference on Counteracting Obesity, Istanbul, Turkey, 15-17 November 2007, and the European Charter on Counteracting Obesity (2), which was adopted at the Conference, were mentioned as important milestones in the development of the second action

plan. Since the adoption of the Charter, many countries have increased their work on obesity prevention.

Among the challenges ahead is the development of sound and effective nutrition policy options on the one hand and, on the other, the question of how to reach the critical mass during the implementation of action in this area. This meeting aimed to provide Member States with a framework for doing so.

The need for collaboration was stressed. The meeting represented an important step towards bringing the nutrition and food safety networks closer together and strengthening partnerships with DG SANCO and other UN agencies, such as FAO, UNICEF and World Bank.

The Second WHO European Action Plan for Food and Nutrition Policy

The Second WHO European Action Plan for Food and Nutrition Policy was compiled bearing in mind the main public health challenges in the areas of nutrition, food safety and food security, and the action required in the individual Member States and at the regional level to meet these challenges.

The health challenges, for which the second action plan illustrates goals and targets, are diet-related noncommunicable diseases (NCD) (with a focus on obesity), micronutrient deficiencies and foodborne diseases. The integrated action proposed is to: (1) support a healthy start; (2) ensure the supply of safe, healthy and sustainable food; (3) provide comprehensive information and education to consumers; (4) promote integrated action to address related determinants; (5) strengthen nutrition and food safety in the health sector; and (6) carry out monitoring and evaluation. Furthermore, it describes the roles and what is expected of WHO and international partners, and illustrates the steps to be taken to implement national policies.

The following methodological and conceptual aspects can be highlighted as relatively new features of the second action plan as compared to the first.

- Action to integrate nutrition and food safety at all policy levels.
- Integrated action across risk factors for NCD, and action in several related areas, such as physical activity and water quality.
- More emphasis on the role of health systems in relation to nutrition policies.
- Recommendations on implementation priorities, based on the level of policy development in countries.
- Goals and measurable targets formulated so that they can be adapted to country needs (and resources).

The second action plan was developed through a series of consultations with Member States, international organizations, professional societies, non-governmental organizations and public health experts. An outline was presented at the Ministerial Conference on Counteracting Obesity, Istanbul, Turkey, 15–17 November 2006. This was followed by consultations with Member States and relevant stakeholders on two subsequent drafts of the document.

Revisions agreed at the meeting

A number of comments on the second action plan were received already before the meeting. During the meeting, the following points were agreed.

- There should be stronger links with and reference made to relevant documents and strategies related to physical activity.
- The rationale and necessity of linking nutrition and food safety should be explained through reference to WHO mid-term strategic planning, with emphasis on the benefits of integration.
- The need for flexibility in individual countries with respect to goal setting and surveillance should be emphasized.
- Local food production and the traditional, cultural and social aspects related to food consumption should be addressed.

A final draft taking all comments received into account will be presented at the Fifty-seventh session of the WHO Regional Committee for Europe in Belgrade, Serbia, in September 2007.

Public health challenges in Europe

Challenges posed by nutrition in the WHO European Region

NCD present a considerable challenge to public health globally and this will continue to be the case in the foreseeable future. Of all the WHO Regions, that for Europe is the most afflicted. In 2002, an estimated 86% of all deaths and 77% of the burden of disease in the WHO European Region were caused by NCD and these figures are rising. Seven of the top ten risk factors for death worldwide are related to nutrition and physical activity (3).

Overweight and obesity are serious public health challenges in the WHO European Region where 30–80% of adults are affected. About 20% of children and adolescents are overweight and a third of these are obese. The prevalence of obesity is rising rapidly and is expected to include 150 million adults and 15 million children by 2010.

The trend in obesity is especially alarming in children and adolescents. The annual rate of increase in the prevalence of childhood obesity has been growing steadily, and the current rate is 10 times that in the 1970s. Obesity and obesity-related diseases are among the most unevenly distributed health conditions vis-à-vis differences in social class and this trend is increasing (3).

Overweight and obesity are responsible for about 80% of type 2 diabetes cases. With an estimated 50 million cases, the WHO European Region has the highest rate of diabetes of all of the WHO Regions. This figure is projected to rise to 60 million by 2025. The risk for type 2 diabetes is clearly linked to obesity (5).

The contribution of diet is common to CVD, cancer, type 2 diabetes, and obesity; physical inactivity is also related to all four diseases. The *European Nutrition and Health Report 2004* indicates that the mean intake of fat and saturated fat is above the dietary recommendation, while that of dietary fibre, fruit and vegetables and some micronutrients (e.g. folate, Vitamin D, iodine, iron) appears to be inadequate (6).

Deficiencies in micronutrients, such as iron, iodine, vitamin A and folate, are widespread. Iron deficiency affects brain development in children and is a major cause of anaemia. It has

increased in the central Asian republics and is also a concern in the other republics of the former Soviet Union where 32–70% of children under five are affected by iron deficiency anaemia. The number of people affected by iron deficiency in the WHO European Region totals 435 million.

A situation analysis of infant and young child nutrition

In countries of central and eastern Europe (CEE) and the Commonwealth of Independent States (CIS), low birth weight rates range between 3% and 4% (Belarus, Turkmenistan and Ukraine) and between 10% and 11% (Azerbaijan and Tajikistan). Breastfeeding initiation in all CEE and CIS countries exceeds 90%. However, the rates of exclusive breastfeeding in the first six months of life, and of continued breastfeeding for up to two years, fall short of WHO and UNICEF recommendations though they have been increasing in recent years. Little information is available on complementary feeding in these countries but, in general, foods are introduced too early and are probably poor in proteins and micronutrients on average.

The rates of stunting and underweight are still high in some CEE/CIS countries, especially in children of 6–36 months of age. Higher rates are found in rural areas in children of mothers with lower levels of education and those in lower-income families. However, the rates of overweight are higher than those of underweight, and even of stunting, in many countries.

Vitamin A deficiency is highly prevalent in Azerbaijan and central Asia. Iodine deficiency disorders are no longer a serious issue in many countries, but none of the CIS countries has achieved sustainable elimination of iodine deficiency. Severe iron deficiency anaemia is still seen in Kyrgyzstan and Uzbekistan.

Food safety challenges in the European Region

Throughout the WHO European Region, foodborne diseases constitute a considerable public health burden and a challenge. Microbiological food safety hazards, especially zoonotic diseases, are of particular importance. The incidence of campylobacteriosis and salmonellosis is very high throughout the Region. Brucellosis is a major concern in the Mediterranean region and central Asia. The serious parasitic diseases, such as trichinellosis and echinococcosis, are also a concern; trichinellosis particularly in the Balkan area and echinococcosis in central Europe, Caucasus and central Asia. Foodborne viruses are increasingly recognized as a major cause of foodborne disease, especially outbreaks. Botulism is the cause of frequent and serious outbreaks, typically in the CIS. Antimicrobial resistance is an increasing public health problem as well as a food safety problem; this is partly related to non-human usage of antimicrobial agents.

Less is known about the public health burden of chemical hazards in the food chain. Chemical food safety risks include, among others, mycotoxins, persistent organic pollutants (POPs), pesticide residues, residues of veterinary medicines, toxic metals and food additives. Radioactive isotopes can also be a problem. Furthermore, modern technologies in food production can also create health risks.

Evidence base for the policy options proposed in the Second WHO European Action Plan for Food and Nutrition Policy

Ensuring a healthy food production

The reformulation of food is considered as one of the key options for achieving dietary goals. Fat content, in particular the amount of saturated fat, could be substantially reduced in many foods. Some foods could also be prepared with vegetable oils instead of products that are high in saturated fat. Trans-fatty acids could be further eliminated from products. The content of sugar in a variety of foods, and in particular soft drinks, could be reduced or eliminated and the levels of salt in foods could be diminished.

The potential role of new and reformulated foods in achieving the dietary goals may be large. However, the extent of the actual role of these foods can only be established through regular surveys on food consumption in the population and post-launch monitoring of new and reformulated foods. The translation of consumed amounts of new and reformulated foods into nutrients also requires an up-to-date food composition table that includes these products. The next step could be to evaluate the potential health impact of the new and reformulated products and of the health gains that could be achieved. Appropriate modulation and scenario development methodologies are available, for example, in the RIVM (Rijksinstituut voor Volksgezondheid en Milieu) report, *Our food, our health – healthy diet and safe food in the Netherlands*, published in 2006 (7).

Providing comprehensive information to the consumer

Consumers need clear, honest and meaningful information about food in order to make healthy choices. Some manufacturers provide nutritional information on pre-packaged food but this varies greatly from country to country. Many products also carry claims of benefits to health in recognition of the increasing interest in this area. Recently, manufacturers in some countries have started to indicate the nutrient content of their products on the front of the pack. A simplified labelling scheme could, at the product development stage, contribute to ensuring that nutrition has greater priority and thus influence the range of products on offer. Several simplified labelling schemes are being proposed or are in use. However, there is a danger that the use of several, conflicting, supposedly simplified schemes could merely result in further confusion. It is also important that the system of sign-posting healthy and less healthy options in the foodservice/catering sector be developed further, for instance, for food eaten outside the home.

A recent WHO technical meeting concluded that exposure to the commercial promotion of energy-dense, micronutrient-poor foods and beverages can adversely affect the nutritional status of children (8). Research by the European Consumers' Organization (BEUC), Consumers International and their members highlights the wide range of methods that are being used to target children with foods that are high in fat, sugar and salt, including television, sponsorship, the internet, competitions and school promotional campaigns.

Basic to all of these approaches is the importance of identifying healthy and less healthy choices – that is the products that most people should eat regularly to balance their diets and those of which they should eat less. Codex has, for example, agreed standards for low and high content in respect of some nutrients, as well as for comparative nutrition claims. However, nutrient profiling models are now available that provide a broader assessment of the nutritional value of a product; for example, the United Kingdom Food Standards Agency's model for determining the

foods that may be advertised to children. In some cases, it is necessary to assess the overall nutritional value of a product, e.g., to restrict marketing or health claims. In others, it is necessary to indicate the significance of levels of nutrients of public health importance, e.g., for labelling purposes or public information campaigns.

Food safety initiatives and lessons learned

Examples from Member States show that it is possible to reduce the incidence of foodborne pathogens in humans through the surveillance of from-farm-to-table foods and an intensive collaboration among scientists, the authorities and industry. It is a pre-requisite that knowledge and scientifically sound and sufficient data are available and that cooperation among all stakeholders can be achieved. Although the Codex principles for microbiological risk management are still under discussion, positive results have been achieved. As food safety initiatives have been targeted at raw foods, it may also be concluded that the presence of microorganisms in raw food commodities clearly constitutes a danger to the consumer.

The European Union (EU) has introduced baseline studies on foodborne pathogens to be established throughout the EU as the basis for setting targets with respect to salmonella in primary production. The cost of action to control these organisms, especially in connection with increased production, leads consequently to increased competition. As restrictions are often viewed as protectionism, it is increasingly difficult for a country to push for expensive systems that control human pathogens.

Policy developments in Member States following the Ministerial Conference on Counteracting Obesity

Bulgaria

A national “Nutrition and physical activity for health” week dedicated to counteracting obesity was organized in November 2006, immediately after the Ministerial Conference on Counteracting Obesity. The aim was to create public awareness about the causes of obesity, inform the general population about the Conference and discuss with relevant stakeholders possible strategies and action aimed at reducing overweight and obesity. Press conferences, television shows, training seminars for medical specialists, a workshop for food producers and physical activity events were among the activities of the week.

As a follow-up, a number of activities were planned for 2007, such as the development of food-based dietary guidelines for children, the introduction of nutrition education modules in kindergartens, meal standards for crèches and a training course for food producers. The next national week on counteracting obesity is planned for October 2007.

Croatia

An intersectoral working group, coordinated by the Ministry for Health and Social Welfare, and comprising representatives of the health, science, education, sport, agriculture, forestry and water management, economy and labour sectors, the food industry, non-governmental organizations and the media, was set up to draft the action plan for overweight and obesity prevention and treatment 2007-2011.

The aim of the action plan, which is in line with the *European Charter on counteracting obesity (2)*, is to stop the increasing trend in the prevalence of obesity in all age groups with special attention to children. The long-term objective is to decrease the prevalence of obesity and, consequently, obesity-related diseases.

Projects and initiatives already implemented relate to the school setting. An update of the dietary guidelines is planned, as well as the introduction of regulations on vending machines in kindergartens, schools, sports facilities and hospitals.

France

In February 2007, a decree was passed stating that every advertising campaign must carry messages relating to the health benefits of fruit and vegetable consumption and physical activity, and the adverse effect of fat, sugar and salt on health. The decree addresses advertising on television and the radio, in newspapers, on posters, leaflets, and the Internet and by means of mobile telephones.

A standard reference document for voluntary action in food production has been prepared. It includes a framework for voluntary commitments of the private sector in relation to the nutritional characteristics of products (to reduce the content of salt, added sugars, total fat and saturated fatty acids, and increase that of complex carbohydrates and fiber content), alternative products, portion sizes, accessibility of fruits and vegetables, organization of sale points, marketing and advertising.

Another project aims to find ways of reducing social pressure regarding extreme thinness. Representatives of the media, the fashion industry, marketing and model agencies, and nutrition experts participate in this project.

Germany

The Ministerial Conference on Counteracting Obesity, Istanbul, Turkey, November 2006, was an important political trigger for obesity prevention initiatives in Germany. During the German EU presidency (first half of 2007), the conference, *Prevention for health. Nutrition and physical activity – a key to healthy living*, was held in Badenweiler on 25–27 February 2007, at which strategies for health promotion and disease prevention through diet and physical activity were discussed. The outcome of the conference was a memorandum underlining the need for balance between individual and state responsibility and for coordinated action. As a step towards implementing the action recommended in the memorandum, Germany is developing a national action plan for the prevention of malnutrition, physical inactivity, overweight and related diseases. The main areas of action will include: education on physical activity, nutrition and health; the integration of physical activity in daily life; improvement of the quality of out-of-home meals; and incentives for research.

Italy

In March 2007, Italy launched a new strategy for the prevention of noncommunicable diseases entitled *Gaining health* (Guadagnare salute). The new strategy specifically mentions the *European Charter on counteracting obesity (2)* and the *European Strategy for the prevention and control of noncommunicable diseases (9)*. Besides smoking and alcohol, the new strategy

addresses poor nutrition and physical inactivity. Action to promote healthy diet includes: the development of guidelines on healthy and balanced nutrition in public catering; the introduction of incentives for the agricultural sector to promote traditional and local production; price reductions for healthy foods and beverages; and the regulation of marketing, especially to children.

Action to promote physical activity addresses the urban and domestic environment, work and leisure time and, specifically, children, adolescents, elderly people, people with physical disabilities and people with mental and psychological problems.

In April 2007, a national platform was created on physical activity, nutrition, alcohol and tobacco with representatives from national and local governments, academia and research institutes, the private industry, consumer associations and the media.

Netherlands

In 2006, the Ministry of Health, Welfare and Sport published *Opting for a healthy life, Public Health policy in the Netherlands 2007-2010*, which gives a broad outline of the public health policy.

A digital interactive education programme for pregnant women and mothers has been developed with the aim of supporting a healthy start and preventing overweight in children.

Norway

In January 2007, twelve ministries signed the nutrition action plan for 2007–2011. The goals of this plan are to change the diet of the population according to national recommendations and to reduce social inequalities in diet. The main strategies to improve nutrition are to enhance the availability of healthy foods and to make unhealthy foods and drinks less accessible. The basis for action at local level shall be strengthened through partnerships and an integrated public health approach.

In May 2007, the Norwegian Government announced that fruit and vegetables were to be provided in primary schools free of charge.

Portugal

In May 2007, the National Platform against Obesity was launched. It includes representatives from the sectors for health, education, economy and agriculture, as well as from national associations of municipalities and civil societies. In accordance with the *European Charter on counteracting obesity (2)*, the goals of the Platform relate to reducing the prevalence of obesity in children and young people and to controlling the increase in the epidemic.

The following policy measures have been taken or are planned.

- The *European Charter on counteracting obesity (2)* has been translated and will be distributed; a Portuguese charter will be published.
- The national food and nutrition recommendations will be reviewed.

- The nutritional profile of foods will be improved with regard to the content of energy, salt, sugar and fats, and trans and saturated fats.
- Regulations on the availability of unhealthy foods in shops and canteens will be introduced.
- Nutritional information on food labels will be reformulated so that it is more easily understood.
- New legislation on the marketing and advertising of foods to children and teenagers will be introduced.
- “Healthy menu” awards will be given to deserving restaurants.

The implementation of action taken by the Platform will be monitored with specific established indicators.

Russian Federation

Based on the proposed outline for the Second WHO European Action Plan for Food and Nutrition policy, the Russian Federation developed the policy document, *The Basics of State Healthy nutrition policy of the Russian Federation by the year 2010*. The policy addresses obesity, micronutrient deficiencies and food safety.

Switzerland

A national programme on nutrition, physical activity and health for 2008-2012 has been set up, involving relevant sectors and actors in a stakeholder process. The programme is based on the *Global Strategy on diet, physical activity and health* and the *European Charter on counteracting obesity*. The Government will decide on the programme within the next few months. An important point is the continuing effort to broaden the basis for action.

United Kingdom

In the United Kingdom, an Obesity National Support Team was set up as part of the delivery arrangements for action on obesity. The Team will produce recommendations for action to improve local practice and will provide generic advice and guidance to all areas in the United Kingdom. Two important actions to reduce marketing have taken place since the Ministerial Conference on Counteracting Obesity, Istanbul, Turkey, November 2006. In February 2007, the Office of Communication (Ofcom), the independent regulator and competition authority for the communications industries in the United Kingdom, announced restrictions ensuring that no products with high fat, sugar and salt content are advertised to pre-school children, or broadcast in connection with programmes specifically made for children and programmes of particular appeal to children. In May 2007, the Committee on Advertising Practice announced restrictions on food advertising to children under the age of 16 years in non-broadcast media. An interim review in August 2007 will monitor the impact of the new restrictions.

Related European and international strategies

European Commission (EC), DG SANCO

The White Paper, *A Strategy for Europe on Nutrition, Overweight and Obesity related health issues*, was launched in May 2007(10). The purpose of the White Paper is to set out an integrated EU approach to reducing ill-health resulting from poor nutrition, overweight and obesity. It builds on recent initiatives undertaken by the EC, in particular the EU Platform for Action on Diet, Physical Activity and Health and the Green Paper, *Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases*.

The White Paper calls for more action-oriented partnerships across the EU involving, inter alia, private actors and public health and consumer organizations. It builds on existing mechanisms, such as the EU Platform for Action on Diet, Physical Activity and Health, and calls on a range of stakeholders across the EU to work together to establish fora at the national and local levels within Member States. It aims to strengthen links with Member States, the WHO and other important stakeholders. To ensure high-level political support and cross-sectoral cooperation within Member States, the White Paper proposes the creation of a new High Level Group focused on nutrition, overweight and obesity-related health issues and comprising a representative from every Member State.

The EC will monitor the process and the performance of all actors with a first report due in 2010. It will also collaborate with WHO to improve the surveillance of action taken in the areas of nutrition and physical activity and health status in the EU.

Food and Agriculture Organization (FAO)

Linking agriculture, trade policy and public health

Agriculture in Europe has been changing at an accelerating pace. Food is now seen and managed as a commodity and there is increasing distance between producers and consumers. Urbanization in Eastern Europe is catching up and most of the population of the European Region now lives in cities. Food and agriculture systems in Europe are moving away from the more classical production-oriented type. The food industry and, increasingly, the market (in particular supermarkets) are now the key actors. Advertising and commercial marketing of foods have major roles to play in influencing food and eating behaviours.

The challenge is twofold: to improve the synergy of public policies and to promote good dietary practices and healthy lifestyles. Codes of conduct for agriculture and trade should ultimately combine quality control with ecological and social auditing.

Consumers must be able to make good dietary and lifestyle choices. Nutritional education should start early in life and FAO considers schoolchildren as a priority group. FAO collaborates with the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP) and WHO in the development and promotion of nutrition-friendly school environments. Effective information and education on nutrition to protect consumers from deception and misrepresentation in the packaging, labelling, advertising and sale of food, are also called for in the *Voluntary Guidelines on the Progressive Realization of the Right to Adequate Food*, adopted by the FAO Council in November 2004 (11).

Another example of an intervention that links agriculture and public health is the FAO/WHO Global Fruits and Vegetable Initiative for Health (12). Generalizing national initiatives throughout Europe would lead to better diet and health while preserving jobs in rural areas, as well as biodiversity and local cultures.

A policy mix is needed, which includes collaboration with the food industry on healthier nutrition, the revision of taxes and subsidies to facilitate access to healthy food, communication with supermarkets and wholesale markets, promotion of local foods and provision of information to consumers (including nutrition education and food labelling), combined with restrictions on the sale of soft drinks and foods high in fats, salt and sugar in primary and secondary schools and the control of the advertising and marketing of nutrient-poor foods to children.

FAO can assist by promoting the local availability of affordable foods needed for a balanced diet, ensuring quality control at the different stages of the food chain, providing consumer information and education, contributing to information management (including documenting and disseminating information about promising practices), and monitoring the health and rural development implications of the Common Agriculture Policy of the EU.

United Nations Children's Fund (UNICEF)

Child nutrition situation and strategic direction

The child nutrition situation in central and eastern Europe (CEE) and the Commonwealth of Independent States (CIS) shows that children start off well in life but, by the age of two, the rate of growth deteriorates rapidly in most countries, leading to a double burden of malnutrition with both stunting and overweight.

The main focus areas for this region should include children under the age of two years, infant and young child feeding, including breastfeeding protection, promotion and support at community level beyond the Baby Friendly Hospital Initiative, and the prevention of overweight and obesity. In addition, interventions for stunting and underweight and malnutrition as a whole, as opposed to micronutrient deficiency alone, are required.

Undernutrition and micronutrient deficiencies should be addressed through: timely, adequate and safe breastfeeding; legal protection with regards to infant formula and energy-dense food; communication on behavioural change to improve feeding practices; efforts to reduce low birth weight, iodine deficiency disorders (IDD) and Vitamin A deficiency; fortification of staple and complementary foods; supplementation; improvement in the micronutrient status of women before pregnancy; and through special focus on iron deficiency anaemia.

Overweight should be tackled by: promoting exclusive and continued breastfeeding; ensuring adequate and timely complementary feeding; marketing regulations on foods targeting young children and; promoting physical activity for pre-school children.

Inequalities should be addressed through stronger focus on regional and ethnic groups; displaced persons; persons living in rural areas on low incomes; and persons with lower levels of education. Attention should also be paid to social and economic determinants, such as, the availability of and access to food, nutritional education for mothers and support for mothers in the workplace through maternity leave and the promotion of breastfeeding.

Cross-cutting issues are: capacity-building through the creation of better links among countries in western Europe; the alignment of training of medical and health professionals in a stronger public health approach and the creation of reliable standard systems for the collection and use of data.

Interaction between the Second WHO European Action Plan for Food and Nutrition Policy and other WHO strategies and action plans

The following WHO strategies and programmes were presented and discussed.

- *European Strategy for the prevention and control of noncommunicable diseases*, the operational plan for implementing it at international level, and the *European guidelines on cardiovascular diseases prevention (9)*.
- *Children's Environment and Health Action Plan for Europe (CEHAPE) (13)*.
- The Transport, Health and Environment Pan European Programme.
- The European network for the promotion of health-enhancing physical activity (HEPA Europe).
- *A European framework to promote physical activity for health (14)*.
- *European Strategy for child and adolescent health (15)*.
- *Guidelines for drinking-water quality (16)*.
- *Guidelines for the safe use of wastewater, excreta and greywater in agriculture and aquaculture (17,18)*.
- *Protocol on water and health to the 1992 Convention on the protection and use of transboundary waters (19)*.

The implementation of the second action plan will, for instance, help attain the goals of the *European Strategy for the prevention and control of NCD (9)* and strengthen an important related area. Furthermore, the second action plan provides an opportunity for integrated and collaborative effort in implementing it.

Parallel session of the nutrition counterparts

The aim of the nutrition counterparts' session was to discuss past and future activities of the WHO programme for nutrition and food security. Communication channels and information sources for counterparts were discussed, as well as the role of the counterparts network.

The workplan and specific activities of the WHO programme for nutrition and food security in 2006-2007 were related to:

- action to improve infant and young child nutrition;
- developing the Second WHO European Action Plan for Food and Nutrition Policy;
- programmes aimed at reducing the burden of nutrition-related diseases, including input to the Ministerial Conference on Counteracting Obesity, Istanbul, Turkey, November 2006;
- action to improve the micronutrient status in the Region.

The following plans for 2007–2012 specifically related to the second action plan were presented.

- To promote the establishment or consolidation of intersectoral government groups.
- To establish a mechanism for coordinating action taken by UN organizations.
- To coordinate action with the European Commission and engage the Codex Alimentarius Commission.
- To reinforce the network of counterparts.
- To establish partnerships with civil societies and enter into a policy dialogue with economy operators.
- To promote and assess revisions of food and nutrition action plans.
- To develop and disseminate tools.
- To develop an indicator system for monitoring implementation.
- To provide the second triennial progress report on the implementation of the Second Action Plan.
- To provide an assessment of the effectiveness of the actions envisaged in the Second Action Plan and develop recommendations for further progress.

Finally, tools currently used to communicate with counterparts were presented. Apart from communication by electronic mail (email), information on the workplan, current programmes, developments and publications, is regularly updated on the public website. Additionally, a password-protected website is available for counterparts only, on which email circulars, documents and questionnaires are entered. Information for updating the database on nutrition policy is collected through surveys, such as the current WHO survey on obesity policies in the European Region, the aim of which is to evaluate the impact of the *European Charter on Counteracting Obesity (2)*.

A new web-based information database and analytical system is being developed in collaboration with the EC. The system will be able to link inventories of country policy documents and implementation tools to outcome variables. This will enable measurement of the progress made in countries towards meeting the key commitments of the main policy documents developed at the European regional level (the *European Charter on counteracting obesity (2)*, the *EU White paper on nutrition, overweight and obesity-related health issues (10)* and the Second WHO European Action Plan for Food and Nutrition Policy. The system will comprise five areas: policies; legislation; best practices; nutrition, diet and physical activity indicators; and status of implementation of action related to key commitments.

The following issues were raised during discussion.

The role of the nutrition counterparts network

- The network of nutrition counterparts should be linked not only with other networks in the WHO European Region, such as those on agriculture, but also with networks of counterparts in other WHO regions. The Region for the Americas is interested and has a lot of potential for networking.

- In the Pan American Health Office (PAHO), a secretariat of counterparts is working on different topics on a rotational basis. PAHO coordinates the networks that are run by the countries.
- Topics and dates for technical meetings could be proposed by WHO. Counterparts would then be able to decide on locations. Some of the meetings could be subregional, according to the needs in the subregions.
- It is important to collaborate with other UN organizations in organizing thematic meetings.
- It was suggested that an action network on harmonizing data collection be established (see “Action Networks” below).

Communication

- It would be useful to have an information system on the website that automatically informs counterparts about updates but, as some countries still have problems in accessing the electronic media, alternative channels of communication would also need to be used.
- Often, country offices have a stronger advisory role than counterparts and they need, therefore, to be better informed about nutrition-related activities.

Role of WHO

- The involvement of WHO in EC projects strengthens the counterparts network.
- In order to prevent multiple requests being sent to counterparts, it is important to coordinate with other international organizations and the EC on similar activities. For example, the Organization for Economic Cooperation and Development (OECD) is currently conducting a survey on food policy.
- The mechanism of collaborating centers should be used to a greater extent.

Parallel session of food safety counterparts

The food safety counterparts’ session was divided to address: (1) monitoring and surveillance activities; and (2) communication activities.

To efficiently prevent and control foodborne diseases, there is a need for integrated and holistic food safety systems in order to avoid gaps, duplication of work and competition; to exploit potential for synergies; and to ensure transparency and efficiency. Intersectoral and interdisciplinary collaboration is essential. It is crucial that the food safety systems have a farm-to-fork approach since problems are best tackled at the roots. Water safety and environmental health are also linked to food safety; the water used in food production and processing must be safe and environmental contamination of the food chain must be prevented.

Prerequisites for efficient food safety systems are thorough and vigilant surveillance systems for foodborne diseases. In general, there is too little information about the public health burden of foodborne diseases due to the lack of efficient and sensitive surveillance systems and the problem of underreporting. WHO headquarters has recently started a large project addressing the burden of foodborne diseases. There is also a need for appropriate and timely monitoring systems for chemical and microbiological contamination at relevant stages in the food chain. To efficiently prevent, respond to and control foodborne diseases, an integrated surveillance,

investigation and rapid alert system, including the public health, food and veterinary sectors, is needed.

Antimicrobial resistance is an increasing public health problem that is partly linked to the non-human usage of antimicrobial agents. There have been several WHO/FAO/OIE expert consultations dealing with non-human usage of antimicrobials and antimicrobial resistance during 1997–2007. There is general agreement that: resistance is linked to usage; all sectors need to be critical and rational in the use of antimicrobials; there is a need to provide information and education to all players; and that stringent regulations and control are required. The prevention and control of antimicrobial resistance requires collaboration between the sectors for human and veterinary medicine. Furthermore, there is a need to monitor antimicrobial usage in food animals and antimicrobial resistance in food bacteria. Such monitoring would be useful in providing information for documentation purposes, for the assessment of trends and for links between usage and resistance for control purposes (compliance with regulations) and as a basis for risk assessments, for assessing the effect of interventions and for research purposes.

WHO EURO is currently conducting a survey among the Member States to obtain an overview of the degree to which countries have established systems for monitoring antimicrobial usage in food animals and antimicrobial resistance in food bacteria. Codex Alimentarius has established an Intergovernmental Task Force on Antimicrobial Resistance that will meet annually between 2007 and 2010 in South Korea to develop guidance on methodology and processes for risk assessment and consider risk management options.

The Global Salm-Surv programme is one of the endeavours of WHO to strengthen capacity in the surveillance and control of foodborne diseases in the Member States and to contribute to the global effort of containment of antimicrobial resistance in foodborne pathogens. The programme involves a global network of laboratories and individuals working on the surveillance, isolation, identification and antimicrobial resistance testing of *Salmonella*, *Campylobacter* and other foodborne pathogens. The programme arranges training courses in various locations in the different Regions of WHO. There will be at least two training courses in the European Region in 2007–2008 (St Petersburg, September 2007, and Warsaw, January 2008).

Good and timely risk communication on food safety is essential. The International Food safety Authorities' Network (INFOSAN) was developed by WHO in cooperation with FAO to promote the exchange of food safety information and improve collaboration among food safety authorities at national and international levels. The INFOSAN network provides a mechanism for the exchange of information on both routine and emerging food safety issues. INFOSAN Emergency is designed to provide rapid access to information during food safety emergencies. As of October 2006, 151 countries were members of the INFOSAN network. It is important that all countries of the WHO European Region become members of INFOSAN and designate INFOSAN focal points.

Supporting the implementation of action

Action networks

Certain action proposed in the Second Action Plan on Food and Nutrition Policy has already been successfully implemented in some of the countries. It would be very productive if the information and experience gained in this connection could be shared to benefit other Member States willing to carry out the same action. Therefore, it was proposed that so-called "action networks" be established, consisting of groups of countries committed to implementing specific action and to exchanging information and resources. Two actions, in connection with which such an exchange would be particularly useful, have been identified: salt reduction and the reduction of marketing food and non-alcoholic beverages to children. An action network on childhood obesity surveillance has already been established. Sixteen countries have joined and Portugal has accepted leadership.

Joining an action network involves making a commitment to take relevant action, participate in the initiatives necessary for implementation throughout the Region and share experience. Action networks would provide the fora for the exchange of good practice, as well as coalitions to foster greater political commitment.

Childhood obesity surveillance initiative

In response to the need for monitoring and evaluation as expressed in the *European Charter on Counteracting Obesity (2)* and the Second WHO European Action Plan for Food and Nutrition Policy, the Portuguese Government has decided to support the WHO initiative on childhood obesity surveillance and has called all Member States to consider this undertaking and become part of the action network.

The aim of the initiative is to measure trends in overweight and obesity in primary-school children in order to have a correct understanding of the progress of the epidemic. At the same time, it should allow inter-country comparisons in the WHO European Region. Although each country is free to adapt the initiative to local conditions, it is imperative that data be collected according to a common agreed protocol and that they contain the stipulated core elements.

Each country will be responsible for the national data collection and data management, to be funded mainly by local resources. A designated institute in each country will be responsible for the overall national coordination of the system. The WHO Regional Office for Europe will be responsible for the development of the protocols, the international coordination of the surveillance initiative and data analyses at the international level and will facilitate investigators' meetings. Seventeen countries in the Region have expressed an interest in participating in this initiative and, of these, twelve are planning to implement a first round of data collection during the 2007–2008 school year. Analyses of the data will follow at both national and international levels. A follow-up round is envisaged for 2009–2010. The first progress report to be prepared at the level of the WHO European Region is due in 2010.

Reducing marketing pressure on children

There is enough evidence to support the view that marketing of energy-dense, micronutrient-poor foods and beverages has a negative impact on children's diets (8). Both the review presented by Gerard Hastings (20) and the recently published report, *Food Marketing to*

Children and Youth (21) of the Institute of Medicine in the United States, summarize and demonstrate this link.

The WHA60.23 Resolution on the *Prevention and control of noncommunicable diseases: implementation of the global strategy* further emphasizes the promotion of responsible marketing (including the development of a set of recommendations on marketing foods and non-alcoholic beverages to children) in order to reduce the impact of foods high in saturated fats, trans fatty acids, free sugars or salt, in dialogue with all relevant stakeholders, including private-sector parties, while ensuring avoidance of a potential conflict of interests. An action network, comprising a critical mass of countries, is needed to facilitate the implementation of these actions.

Reducing salt intake in the population

A specific target of the strategic plan of the United Kingdom Food Standards Agency (FSA) is the reduction of the salt consumption of the population to 6 g/day by 2010. In order to achieve this goal, with the wider objective of improving the dietary habits and health status of the population of the United Kingdom, a consultative and partnership approach has been implemented since 2001. Significant progress has been achieved through the reformulation of foods by retailers, manufacturers and caterers and by educating and informing consumers.

The action network on salt reduction should help countries with salt reduction programmes to exchange information and help one another. It should also encourage more countries to develop and raise the visibility of salt reduction programmes and further promote the wider adoption of best practices in industry.

The role of non-governmental organizations (NGOs)

NGOs are committed to supporting the implementation of the *European Charter on counteracting obesity (2)* in different ways, depending on their aims and structure. Health professional NGOs, such as the European Association for the Study of Obesity (EASO), develop guidelines on the management of obesity and make recommendations on management standards and needs. Advocacy and consumer NGOs have more the role of a watchdog, providing independent monitoring of commitments (including regulations, voluntary codes or award schemes), carrying out research and providing information to consumers. Drafting proposals for an international code on marketing could be one of their tasks. With respect to sport and recreation organizations, it is important to avoid conflicts, for instance, with regard to sports' sponsorship. Trade unions should engage in changing the environment to make healthier eating possible, removing socioeconomic barriers to health and finding ways to address unemployment.

Overall, NGOs provide access to independent expertise, for instance, to monitor trends, provide best practice, develop recommendations and participate in dialogues with a range of stakeholders.

The need for more effective mechanisms at the European regional level and national level was stressed to ensure not only that stakeholders are encouraged to acknowledge their roles, but also that they are able to participate in supporting the implementation of comprehensive long-term strategies.

The Nutrition-Friendly Schools Initiative

The Nutrition-Friendly Schools Initiative (NFSI) was originally developed after the WHO Expert Meeting on Childhood Obesity in Kobe in 2005. It has since been further developed to incorporate measures to address undernutrition in children.

The main aim of the NFSI is to provide a framework for designing integrated school-based programmes, which address the double burden of nutrition-related ill-health, building on and inter-connecting ongoing school-based programmes that are being implemented by various partner agencies. Schools will be assessed systematically based on the framework developed and, if they fulfil the 22 clearly defined criteria, they will be accredited as a Nutrition-Friendly School. All Nutrition-Friendly Schools will be re-evaluated at regular intervals for quality assurance.

The NFSI has been pilot-tested in eleven countries of the WHO European Region: Croatia, Denmark, Finland, Georgia, Greece, Hungary, Italy, Latvia, Lithuania, Slovenia and Switzerland.

The potential of fiscal tools in improving dietary patterns in Europe

There is a growing body of literature of both direct and indirect relevance to the effectiveness of fiscal policies in relation to diet. If governments are to explore the use of fiscal policies, further modelling studies are needed, preferably including factors (other than price), which effect consumption patterns – particularly income. Recent studies carried out in Denmark and the United Kingdom (22,23) support the view that taxes and subsidies on foods could potentially be effective in improving diets but that they need to be carefully targeted to particular foods, and that both taxes and subsidies are necessary to avoid significant adverse (regressive) effects for people with low incomes. Real life before-and-after studies of the introduction of health-related food taxes and subsidies would also be helpful.

In exploring the use of fiscal policies, consideration also needs to be given to: (a) how taxes and subsidies should be targeted; and (b) the practical and political difficulties connected with changes to fiscal policy. Two possible approaches to classifying “healthy” and “unhealthy” foods were discussed: a food category based approach and an approach using nutrient profiling.

In order to develop guidance on the use of fiscal options, there first needs to be a consensus that fiscal options would be both effective and practical. That being agreed, the guidance needs to present cases for different fiscal options. It should provide advice on how taxes and/or subsidies can be targeted in order to effectively improve diet-related health, particularly of people with low incomes, and to mitigate any adverse consequences (for example, for people with low incomes).

Approaches to ensure food safety

The efficient prevention and control of food safety hazards rely on integrated and holistic food safety systems with a farm-to-fork approach, and intersectoral and interdisciplinary collaboration. Implementation of the Codex Alimentarius basic texts on food hygiene throughout the food chain, including Hazard Analysis Critical Control Points (HACCP) systems is critical. Monitoring of contamination at relevant stages in the food chain and the timely surveillance of foodborne disease are of uttermost importance. Goals for reducing certain foodborne diseases and food contaminations should be set. Proper systems for food control, including enforcement,

quality assurance, self-check systems and laboratory services, are necessary. The prudent use of antimicrobials in animals is a crucial measure for combating antimicrobial resistance in food bacteria. The application of the risk analysis framework should be encouraged, including proper and targeted risk communication with different groups (primary producers, food processors, food handlers, health professionals, various consumer groups). The WHO *Five keys to safer foods*, which addresses consumers in a direct and simple way, should be promoted. International collaboration and cooperation on, inter alia, rapid alert systems and information sharing, are essential.

Control of food safety outbreaks through the International Food Safety Authorities Network (INFOSAN) and the International Health Regulations (IHR)

The International Health Regulations (IHR 2005) (applicable 15 June 2007) were revised with the aim of preventing national public health emergencies from spreading internationally. Under the revised system, Member States are obliged to report “any public health emergency of international concern” to WHO. For the first time, major food incidents are included among the categories of events that must be reported to WHO.

With the coming into force of the revised regulations, there is a real opportunity to link the food and health sectors in dealing with international food safety events. This can be realized through INFOSAN, which was developed by WHO in collaboration with FAO, to promote collaboration among food safety authorities at national and international levels, and to enable the rapid exchange of emergency information between authorities on international food safety events. This network is managed by WHO and currently has 154 member countries. There is a series of contact points in Member States and emergency contact points have also been designated.

Close collaboration between the INFOSAN emergency contact point and the national IHR focal contact point in the management of food safety events will facilitate the introduction of prevention and control strategies and the coordination of an emergency response.

The interaction of nutrition and food safety in regional and global initiatives

Global opportunities for synergies – food safety

Food safety is an important part of public health, linked directly to health as well as to other food-related issues, such as nutrition. The new Strategic Objective 9 in the WHO budget and work-plan for 2008–2013 is a reflection of the need to strategically integrate all issues related to food and health. While such thinking might not seem revolutionary, food safety and nutrition issues have typically been dealt with as separate entities in many countries. The potential benefit of a coordinated approach is obvious; there are few major concerns related to such coordination:

The farm-to-fork approach has been promoted by WHO over the last ten years. In the future, agricultural production methodology will relate to health through food safety, food security and nutritional issues.

The double burden created by the vicious circle of malnutrition and food- and water-borne diarrhoea needs to be tackled through concerted action.

The concept of risk analysis has been promoted by FAO and WHO since 1995. It comprises science-based risk assessment, decision-focused risk management and two-way risk communication. This paradigm should be broadened to cover nutritional issues as well.

Future food products (already produced in some countries) will have functional properties, often relative to nutrition or food safety. In assessing food products, both risk and benefit have to be considered, corresponding often to safety and nutrition respectively.

Genetically modifying foods could well result in major nutritional shifts in the future. These would need to be assessed more holistically, covering not only nutritional and risk issues but also ethical and socioeconomic concerns.

The WHO *Five Keys to Safer Foods* is an attempt to clarify simple aspects of food safety and reach important groups. The messages contained could be combined with simple nutritional advice.

More and more often, new scientific knowledge links nutritional and safety issues. A recent example is the vitamin-depleting effect of aflatoxins. This is not the only example of the link between anti-nutritional properties and other safety concerns and future research is likely to present many more for coordinated assessment and management.

Global opportunities for synergies – nutrition

The objective of WHO mid-term strategic planning is to improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development.

There are critical interactions between undernutrition and food- and water-borne diseases. Nutrition, food safety and food security are invisibly linked and permeate the life-course from conception to old age.

Solutions and policy options are common to both undernutrition and overnutrition and should address access to and availability of healthy and safe foods, as well as the determinants of choice. At the same time, these policy options must prevent and control foodborne diseases.

Examples of common policy options include:

- the production and consumption of fruit and vegetables controlled for chemical contaminants;
- breast-feeding and safe complementary feeding;
- healthier and safer processed foods and best marketing practices, specially for children;
- close links between poverty alleviation programmes (distribution of either food or cash) and other nutrition and food safety promotion activities;
- fiscal policies and agricultural policies that influence the availability, safety (from-farm-to-fork) and choices of food;
- the utilization of international tools, such as the FAO/WHO Codex Alimentarius;

- the coverage of both the nutrition and safety aspects of food products in risk analyses;
- common communication strategies for maximum impact; and
- informed decisions regarding both nutrition and food safety, based essentially on total diet.

The role and responsibility of the European Food Safety Authority (EFSA)

EFSA is the risk assessment body for the EU in the fields of food and food safety, animal welfare, nutrition and plant health. Its two main areas of work are risk assessment and risk communication.

In 2007, priorities include: strong and active cooperation with national agencies; preparing for future challenges of emerging risks; and improving communication with and the involvement of stakeholders. In the area of nutrition, the priority will be to further develop a nutrition strategy. This will include work on dietary-based guidelines and population reference intakes to assist Member States to set dietary intake targets to address diet-related public health issues, taking account of dietary patterns and intakes, food supply and composition, and cultural aspects.

Following public consultation, EFSA published its final guidance on the submission of health claims for authorization in May 2007. The guidance clarifies what companies need to include in their applications, in particular concerning scientific data and evidence to support their claims.

Regional networking - strengthening food safety and nutrition services in south-eastern Europe (SEE)

The Food Safety and Nutrition Project for the south-eastern region of Europe aims to strengthen food safety and nutrition services in this region.

The SEE countries are in a process of political, economic, demographic and also nutritional transition. They are faced with a double burden of nutrition-related diseases. Foodborne diseases, particularly of zoonotic origin, represent a considerable public health burden and challenge. Food insecurity is also a concern in vulnerable population groups. The SEE countries are at different stages of strengthening their food safety and nutrition services. However, all of them are focusing their efforts on creating policies with a comprehensive and integral approach to achieving internationally recognized food safety standards.

The Food Safety and Nutrition Project has the potential to strengthen economic development in the SEE countries and to facilitate their integration into European and international structures. The project has become a tool for reconciliation, peace and stability in the SEE region with a strong focus on the creation of partnerships between countries.

Further participation in and strengthening of the SEE Health Network and food safety and nutrition services would be valuable to all countries in the SEE region. It would further the development of community awareness about the importance of health promotion and the control of foodborne and diet-related diseases in the SEE countries.

Monitoring and surveillance for food and nutrition policy

Monitoring and evaluating the implementation of the *Global Strategy for Diet, Physical Activity and Health*

The *Global Strategy for Diet, Physical Activity and Health* (24) states that WHO should “work at global and regional levels to set up a monitoring system and to design indicators for dietary habits and patterns of physical activity”. In 2006, the framework to monitor and evaluate the implementation of the global strategy was launched with the aim of assisting the health and other ministries, government agencies and other stakeholders to identify specific indicators to measure the implementation at country level.

There are different types of action to be taken and respective indicators for the different levels of policy process. Ministries of health should, for instance, provide national strategic leadership on diet and physical activity through the development and implementation of supportive policies, programmes and environments. The adopted policies would foster and allow a process of change that would lead to the desired behavioral change. The outcomes of such change can be monitored and evaluated not only through the health status of the population, but also in the light of several social and economic aspects. Research, monitoring, evaluation and surveillance should continue throughout the whole process, providing the involved institutions with feedback on modifications.

A set of core indicators for the implementation of national programmes on healthy diet and physical activity, as well as the most critical items for analysis, have been defined using a set of expanded indicators. Member States may consider using these to enhance their monitoring, evaluation and surveillance systems.

Monitoring and surveillance - nutritional status

The establishment of national and international surveillance systems on the nutritional status in different age and socioeconomic groups is included in the second action plan. Systems should be simple, sustainable, and tailored to the needs of the countries. Common protocols, analytical tools and databases should be established at the international level to facilitate international comparison.

Currently, childhood (0-9 years) is the age group for which many countries (n=21) have no data at all or no recent data available on their nutritional status. The majority of the countries that submit up-to-date, nationally representative data on children (21 out of 26) have used reliable assessments, that is, measured weight and height. On the other hand, of the 40 countries that recently conducted nationally representative surveys in adults (both genders), the majority (n=25) used self-reporting. Objective weight and height measurements are collected through Demographic Health Surveys (DHS), and mainly in women. With regard to adolescents (10-19 years), 16 countries measured weight and height in order to estimate the prevalence of overweight and obesity at the national level; 20 countries used self-reported data. The majority of this group of countries is part of the Health Behaviour in School-age Children (HBSC) Survey among 11-, 13- and 15-year-olds. Standardized measured weight and height in children under-five years of age are collected through DHS.

In general, there is a lack of measured weight and height in children, adolescents and men. DHS and HBSC researchers are encouraged to consider weight and height measurements in men and adolescents, respectively.

To harmonize the collection and analysis of data on the nutritional status in the European Region, some initiatives have been already started, such as the European Community Health Indicators (ECHI) project conducted in the framework of the Health Monitoring Programme and the Community Public Health Programme 2003–2008 for which self-reported weight and height measurements among adults are collected in a harmonized way (same survey year and age group). In addition to the EU Health Interview Surveys, a European Health Examination Survey will be established by 2010 in selected EU Member States to collect objective information on body mass index and other determinants. The WHO European Childhood Obesity Surveillance Initiative aims at collecting data on the prevalence of overweight and obesity in primary schoolchildren in some countries of the WHO European Region.

Food consumption and nutritional status

In France, three main national agencies are conducting surveys:

1. National Institute for Health Surveillance (InVS)

The National Nutritional Health Survey (ENNS) is carried out jointly by InVS and the French Agency for Food Safety (AFSSA) with the aim of evaluating the impact of the National Programme for Nutrition and Health (PNNS) on the nutritional situation in France. The ENNS will provide data on food markers of nutritional status and on physical activity. The data will also contribute to monitoring diabetes and other chronic diseases. Information on environmental contamination through food, especially by lead, mercury, cadmium, arsenic and pesticides, will be collected. The data collected through this study will further contribute to providing indicators to evaluate the objectives of the public health law from 2006.

2. French Agency on Food Security and Safety (AFSSA)

A food security survey (INCA - Enquête Individuelle et Nationale sur les Consommations Alimentaires) was conducted in 1998–1999 and another is currently under way (2006–2007) with the aim of evaluating food consumption in the French population and the impact of the PNNS. The present survey is expected to show whether the recommendations of the PNNS are being followed and if its objectives need to be revised. It is also looking at exposure to excess intake of certain food components.

3. National Institute for Prevention and Health Education (Ineps):

The Barometer Survey of Ineps was first conducted in 1996. A subsequent survey took place in 2002 to evaluate the opinions, attitudes, behaviour and knowledge of the French population relating to nutrition. The general aim is to provide complete data on the nutritional situation in France on a continuous basis.

Risk assessment in food consumption

The Expert Panel on Nutrition within the Risk Assessment Directorate of the French Agency on Food Security and Safety (AFSSA) has various responsibilities:

- assessment of the scientific background of the national nutrition and health plan;

- publishing the French Recommended Daily Allowances;
- general risk assessment related to salt, carbohydrates, fibres, trans fatty acids and phyto-estrogens;
- risk assessments for novel foods, fortified foods and dietary supplements; and
- the scientific assessment of claims.

In the field of food surveillance, AFSSA is responsible for the national database on the nutritional composition of food (CIQUAL – Le Centre Informatique sur la Qualité des Aliments), ad-hoc food composition surveys and total dietary studies.

It is also the aim of AFSSA to assess exposure to certain foods and food components, especially with regards to food fortification, pesticide residues, food additives and flavouring substances, and to carry out quantitative microbiological risk assessment and risk benefit analyses.

Furthermore, AFSSA is involved in EFSA working groups and panels, as well as in several initiatives and projects at EU level, such as the Data Food Networking (DAFNE) initiative, European Food Consumption Validation (EFCOVAL) and the European Food Information Resource Network (EUROFIR).

Socioeconomic aspects and nutritional quality of foods

The French Observatory of Food Quality is a measure of the second National Nutrition and Health Programme. The aim of the Observatory is to motivate food manufacturers to improve the nutritional content of their food products, and to measure the impact of improvements made.

The Observatory collects nutritional data, as well as socioeconomic data related to food products and food consumption, and monitors trends in the quality of the food supply. Furthermore, the Observatory aims to monitor the efforts made by food manufacturers and retailers and to ensure that commitments are met.

In order to achieve its objectives, the Observatory needs different types of data sources, such as:

- in-store surveys and tracking (e.g. nutritional labelling, information on packaging, such as serving size, nutritional advice, claims, price);
- voluntary information provided by the manufacturers: e.g. detailed nutritional content;
- nutritional analyses;
- databases on food and nutritional composition, such as that of CIQUAL.

Food prices as determinants of socioeconomic inequalities in nutritional status

Most foods recommended for good health, such as fruit and vegetables, whole-grain breads, fish, seafood and lean meats, are consumed in small quantities by people of low socioeconomic status, whose diets are often based mainly on refined cereals and starchy foods (25). The consumption of fruit and vegetables, in particular, is strongly and directly associated with socioeconomic status (26).

In households with limited economic resources, the price of food is often perceived as a barrier to following dietary guidelines (27). This is not surprising since, at a given energy intake, nutrient-dense diets, rich in fruit and vegetables, actually do cost more than energy-dense diets, rich in fats and sugar (28). Moreover, modelling studies have shown that, in itself, cost constraint decreases nutritional quality (29).

Energy-dense foods are an inexpensive source of energy. They also tend to be highly palatable, non-perishable and easy to prepare and transport. By contrast, nutrient-dense foods are an expensive source of energy. For instance, 100 kcal of fruit and vegetables contain around five times as many nutrients than 100 kcal of other foods, but are also five times more expensive (30). As a result, healthy diets are expensive not only because they have a low-energy density but also because they have a high-nutrient density.

By selecting subgroups of foods with a good nutrient profile-to-price ratio (31), healthy diets can be obtained at a moderate cost (32). However, there is a minimum cost under which it is impossible to obtain a nutritionally adequate diet (33), and the food budgets of people of low socioeconomic status are often under this threshold (34).

All in all, these data suggest that the present structure of food prices does not favour the adoption of dietary guidelines, in any case not by people with low incomes.

Conclusions

The meeting reflected the strong commitment of the countries of the WHO European Region to work on nutrition and food safety, a commitment, which could serve as a global example.

The discussions of the meeting were very fruitful and promising activities had been proposed. Experiences shared at the meeting showed that much effort is being made in Member States: new policies have been developed, intersectoral platforms have been set up and specific programmes and interventions aimed at improving nutritional health have been put in place.

The second action plan was strongly supported by the participants who agreed on the general concept and proposed action, which would strengthen commitment in the countries.

Solutions and policy options common to undernutrition and overnutrition should address the accessibility and availability of healthy and safe foods, as well as the determinants for choosing them. At the same time, they must be able to influence the prevention and control foodborne diseases in a positive way. Links between the nutrition and food safety networks should be extended to the global level and to other networks, such as, that for agriculture.

It was agreed that it would be beneficial to set up action networks consisting of groups of countries committed to implementing specific action and to exchanging information and resources. An action network on childhood obesity surveillance has already been established. Two areas for action were identified where exchange of information and resources would be particularly useful: salt reduction and reduction of marketing food and non-alcoholic beverages to children.

The establishment of action networks was viewed as an important step towards involving a critical mass of countries in the implementation of the second action plan. Several countries expressed their interest in joining.

Closure of the meeting

In his closing remarks, Paul Menecier from the French Ministry of Agriculture and Fisheries, stressed the importance of the meeting and the need to adopt the Second WHO European Action Plan for Food and Nutrition Policy. He commended the effort to address nutrition and food safety through synergistic rather than complementary action. Denise Costa Coitinho and Jørgen Schlundt, WHO headquarters, both expressed warm thanks to the French Government for hosting the meeting and to the participants for their valuable contributions.

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Annex 1

Programme

Monday, 4 June 2007

- 12.00 – 14.00 **Registration**
- 14.00 – 16.30 **SESSION 1**
Welcome and introduction
Election of chairperson and rapporteur
- Public health challenges in Europe**
- Public health challenges posed by nutrition in the European Region (*Pirjo Pietinen*)
 - A situation analysis of infant and young child nutrition (*Giorgio Tamburlini*)
 - Food safety challenges in the European Region (*Hilde Kruse*)
- Evidence base for the policy options proposed in the Second WHO European Action Plan for Food and Nutrition policy**
- Ensuring a healthy food production (*Joop van Raaij*)
 - Providing comprehensive information to consumers (*Sue Davis*)
 - Food safety initiatives and lessons learned (*Jens Kirk Andersen*)
- 16.30 – 17.00 Coffee break
- 17.00 – 19.00 **SESSION 2**
The Second WHO European Action Plan for food and nutrition policy
- The preparatory process for the second action plan (*Ursula Trübswasser*)
 - Presentation of the second action plan and the resolution to be adopted at the 57th Regional Committee (*Francesco Branca*)
 - Discussion
- 20.00 Action Plan drafting group meeting

Tuesday, 5 June 2007

- 08.30 - 10.30 **SESSION 3**
Commitments and policy developments in Member States following the Ministerial Conference on counteracting obesity in 2007
- Country presentations** (*Bulgaria, Croatia, France, Germany, Netherlands, Norway, Italy, Portugal, Russian Federation, United Kingdom*)
- 10.30 – 11.00 Coffee break

Tuesday, 5 June 2007 (continued)

11.00 – 13.00

SESSION 4

Related European and international strategies

- European Commission, DG SANCO (*Ceri Thompson*)
- Food and Agriculture Organization (*Florence Egal*)
- The United Nations Children's Fund (*Arnold Timmer*)

Interaction between the Second WHO European Action Plan and other WHO strategies and action plans

- European Strategy for the Prevention and Control of Noncommunicable Diseases (*Jill Farrington*)
- European framework to promote physical activity for health (*Frederiek Mantingh*)
- Environment and physical activity (*Francesca Raccioppi*)
- European Strategy for Child and adolescent health (*Vivian Barnekow*)
- Strategies on water safety (*Roger Aergeerts*)

13.00 – 14.30

Lunch break

14.30 – 15.30

SESSION 5

The Second WHO European Action Plan for food and nutrition policy

- Presentation of the revised action plan
- Discussion on the revised action plan

15.30 – 16.00

Coffee break

16.00 – 18.00

SESSION 6 (Three Parallel Sessions)

Meeting of Nutrition Counterparts

- Plans, future developments, role of the counterparts network (*Francesco Branca*)
- Database and monitoring of policy developments (*Ursula Trübswasser*)
- Discussion

Meeting of Food Safety Counterparts

- Monitoring and surveillance activities, including antimicrobial resistance (*Hilde Kruse*)
- Communication activities, Five keys to safer foods (*Jørgen Schlundt*)
- Discussion

Meeting of WHO European childhood obesity surveillance initiative working group

19.00

Riverboat trip with dinner hosted by the French Ministry of Health, Youth and Sports and the French Ministry of Agriculture and Fishing

Wednesday, 6 June 2007

09.00 – 10.30

SESSION 7

Supporting the implementation of actions

- Assessment of the actions (*Ursula Trübswasser*)
- Action networks
- Childhood obesity surveillance (*Joao Breda*)
- Reducing marketing pressure towards children (*Arnhild Haga Rimestad*)
- Reducing population salt intake (*Rosemary Hignett*)
- The role of NGOs (*Neville Rigby*)
- The Nutrition Friendly School Initiative (*Chizuru Nishida*)
- The potential of fiscal tools in the improvement of dietary patterns in Europe (*Mike Rayner*)

Coffee break

10.30 – 11.00

- Approaches to ensure food safety (*Hilde Kruse*)

11.00 – 11.30

- Control of food safety outbreaks through INFOSAN and International Health Regulations (*Alan Reilly*)

Parallel session

09.00 – 12.30

Meeting of WHO European childhood obesity surveillance initiative working group (cont.)

11.30 – 12.30

SESSION 8

The interaction of nutrition and food safety in regional and global initiatives

- Global opportunities for synergies
- Food safety (*Jørgen Schlundt*)
- Nutrition (*Denise Costa Coitinho*)
- Role and responsibility of the European Safety Authority (*Christine Majewski*)
- Regional networking (*Aleksandra Makaj*)

12.30 – 14.00

Lunch break

14.00 – 15.30

SESSION 9

- Monitoring and surveillance for food and nutrition policy
- Monitoring and evaluating the implementation of the Global Strategy on diet, physical activity and health (*Christophe Roy*)
- Nutritional status (*Trudy Wijnhoven*)
- Food and nutrition surveillance in France
- Food consumption and nutritional status (*Katia Castetbon*)
- Risk assessment in food consumption (*Jean Luc Volatier*)
- Socioeconomic aspects and nutritional quality of foods (*Pierre Combris*)
- Food prices as determinants of socioeconomic inequalities in nutritional status (*Nicole Darmon*)

15.30 – 16.00

Closing session

Annex 2

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