School meals: investment in learning and health in the WHO European Region

Ms Zsuzsanna Jakab

WHO Regional Director

for Europe



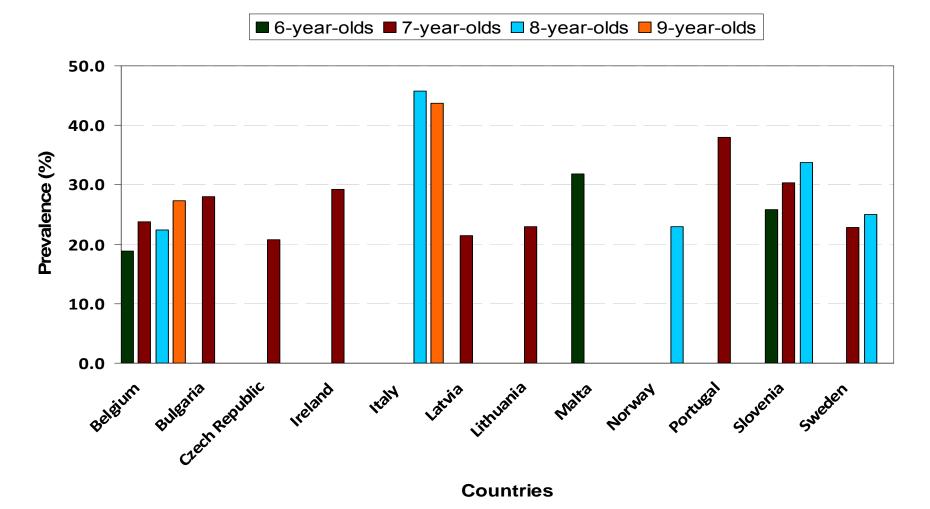
Policy framework: Charter



- Individuals not solely responsible need to change the social, economic and physical environments
- Responsibility of government across sectors
- Involvement of all stakeholders
- Portfolio of interventions to change social, economic and physical environments
- Portfolio of policy tools (from legislation to public/private partnerships)
- International coordination
- Special focus on children and disadvantaged socioeconomic population groups



Prevalence of overweight (incl. obesity) (%), 2007-2008



Estimate is based on the WHO growth reference (<u>http://www.who.int/growthref/en/</u>) (≥1 standard deviation).



Situation in the WHO European Region

- Daily breakfast and fruit consumption varies a lot between Member States, but declines with age.
- Among 11-year-olds, 22% of girls and 30% of boys report at least one hour of moderate-to-vigorous physical activity daily, and
- 60% of girls and 63% of boys report watching television for more than 2 hours on weekdays.

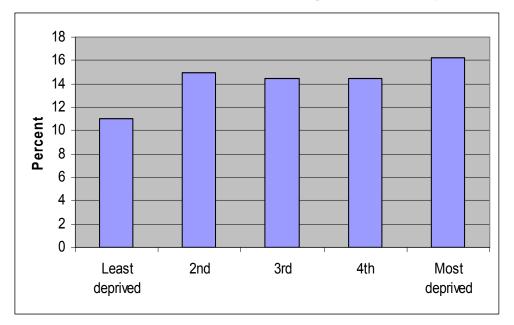


Data from the WHO Health Behaviour in School-aged Children study, 2005/2006 survey.



Socioeconomic differentials in childhood obesity prevalence

Index of multiple deprivation: England (2–10 years)



Source: Jotangia D et al. *Obesity among children under 11*. London, University College Medical School, 2005.

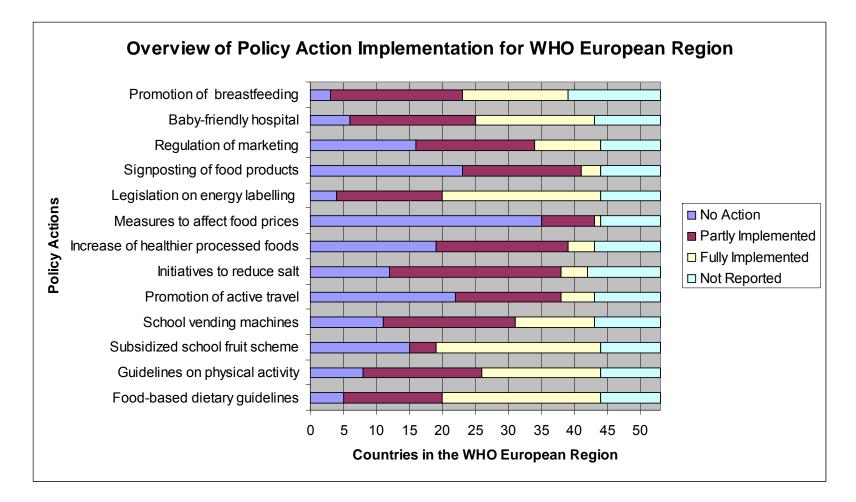
Ethnicity: Germany

Crude odds ratio (OR)	Value
For other nationality	2.23
For other nationality after adjusting for education of mother	1.52
After additional adjustment for watching television on weekdays	1.37
After full adjustment	1.30

Source: Kuepper-Nybelen J et al. Major differences in prevalence of overweight according to nationality in preschool children living in Germany: determinants and public health implications. *Archives of Disease in Childhood*, 2005, 90:359–363 (doi:10.1136/adc.2004.052423).



Overview of policy action in the WHO European Region





Why a school nutrition policy?



- Schools are key environmental setting to promote healthy choices
- Focus on a whole-school approach
- Targeting the wider community
- Need to start interventions early in life
- Schools = opportunity for prevention



Framework for school nutrition policy

- WHO European Ministerial Conference on Counteracting Obesity (2006)
- WHO European Action Plan on Food and Nutrition Policy 2007–2012
- Childhood obesity surveillance initiative
- Schools for Health in Europe Network (involving 43 countries in the European Region)
- Nutrition-friendly schools initiative



Designing a food and nutrition policy for schools

- 1. Core action group
- 2. Baseline assessment
- 3. Policy development
- 4. Action plan development
- 5. Implementation
- 6. Monitoring and evaluation

- 4 elements:
- school curriculum
- school environment
- school nutrition and health services
- school community





School environment

- School meals
- Breakfast clubs
- Vending machines
- Fruit, vegetable and milk subscriptions
- Access to water





Food supply

- ✓ Importance of local partnerships
- ✓ Fruit and vegetable subscription schemes
- ✓ Milk programmes
- ✓ Local retailers





Two examples of policy tools

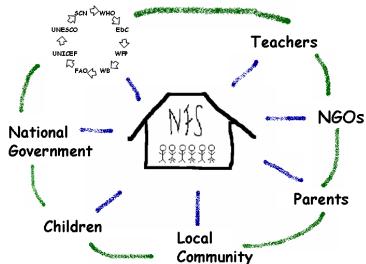


- Nutrition-friendly school initiative (NFSI)
- Childhood obesity surveillance initiative



WHO Regional Office for Europe: NFSI

- 1. Provides a **framework** for school-based programmes that address the double burden of nutrition-related ill health
- 2. Serves as a mechanism for **interconnecting** ongoing schoolbased programmes





WHO Regional Office for Europe: NFSI

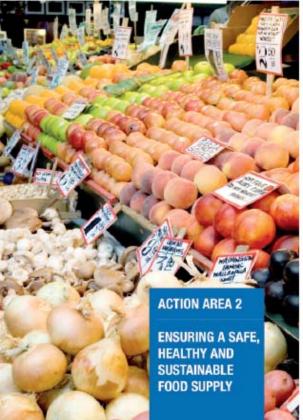
- Pilot-tested in 21 countries during 2006–2007, including 11 Member States in the European Region
- Preparation meeting held and material for implementation developed in 2010–2011, with over 20 European countries interested in participating
- Official roll-out and implementation in 2011–2012
- Countries involved: Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Bulgaria, Croatia, Denmark, Finland, Georgia, Germany, Hungary, Ireland, Malta, Montenegro, Poland, Portugal, the Russian Federation, Serbia, Spain and Uzbekistan



Ensuring a safe, healthy and sustainable food supply

European Union (EU) School Fruit Scheme, 2008

- Provides fruit and vegetables to schoolchildren
- Budget: €90 million per year
- Implemented by 24 EU Member States in the WHO European Region
- WHO Regional Office for Europe is following implementation by monitoring developments in countries





Political response: EU policy framework

The WHO Regional Office for Europe considers the School Fruit Scheme a public health initiative aiming to increase the consumption of fruit and vegetables, with a focus on priority groups such as children.

At the community level, this can play an important role in preventing obesity, which is also included in the action areas of the WHO European Action Plan on Food and Nutrition Policy 2007–2012.

The European Charter on Counteracting Obesity points out the need for action to prevent obesity to include ensuring easy access to fruit and vegetables.



In sum

The comprehensive development, implementation and evaluation of a wellplanned food and nutrition policy for schools offers the best method of ensuring that obesity does not hinder future generations in securing livelihoods ...



