



Fact sheet 05/07  
Belgrade, Copenhagen, 17 September 2007

## **Second WHO European action plan for food and nutrition policy: tackling noncommunicable and acute diseases**

Nutrition and food safety are interdependent components of public health and concern everybody. A well-balanced diet adequate to meet physiological requirements, combined with regular physical activity, is a cornerstone of good health. Food safety aims at ensuring that all food is as safe as possible from a public health perspective. It concerns the entire food chain, from production to consumption.

### **Nutrition-related public health challenges**

Poor nutrition can lead to reduced immunity, impaired physical and mental development and reduced productivity. In recent decades in the WHO European Region, diets have increasingly deviated from recommendations and energy intake has exceeded expenditure, leading to a dramatic increase in obesity and its consequences, such as diabetes, cardiovascular diseases and cancer. At the same time, food insecurity and undernutrition remain important issues to tackle, especially among low-income and vulnerable populations, such as children, pregnant women and elderly people.

- In 2002, poor nutrition accounted for 4.6% of the total disease burden in the WHO European Region.
- Acute undernutrition is still documented in areas facing food insecurity. Chronic undernutrition extensively affects vulnerable populations, including people who are elderly, chronically ill and/or disabled.
- Deficiencies in micronutrients (especially iron, iodine, Vitamin A and folate) are also a concern, and the rate of exclusive breastfeeding at six months is low (1–46%).
- Obesity has reached epidemic proportions, accounting for 7–8% of the total disease burden. More than two thirds of the population does not engage in sufficient physical activity, accounting for a further 3.3% of the burden.

### **Food-related public health challenges**

Foodborne diseases, both acute and noncommunicable, are a widespread public health problem throughout Europe. They are typically either infectious (from, for example, *Salmonella* and *Campylobacter* spp.) or toxic (from, for example, dioxins or acrylamide). Food and waterborne diarrhoea is a major cause of death in eastern countries in the Region, especially among children. Unsafe food is often a result of poor hygienic practices during production and handling, and lack of efficient systems to prevent and control hazards. New challenges arise from the globalization of trade in food, changes in lifestyles and eating patterns, international travel, environmental pollution and climate change, deliberate contamination, natural and manmade disasters, non-human use of antimicrobial agents and food from new technologies.

- Foodborne diseases, particularly zoonoses, represent a heavy public health burden across the Region. In industrialized countries, up to 30% of people suffer from foodborne diseases and up to 20 per million die every year.
- Reported cases of salmonellosis and campylobacteriosis, the most commonly notified foodborne diseases, amount to 400 000 per year in the European Union alone.
- Antimicrobial resistance is an increasing public health problem, partly related to non-human usage of antimicrobial agents. Resistant *Salmonella* and *Campylobacter* spp. increase people's risks of more severe illness and even death.
- The presence of chemicals in food represents a risk for public health, and food allergies are increasingly recognized as a concern.

### **Achieving health goals through the action plan**

The proposed second WHO European action plan for food and nutrition policy,<sup>1</sup> submitted for consideration by the fifty-seventh session of the WHO Regional Committee for Europe, provides an integrated approach to nutrition, food safety and food security, aiming to maximize the benefits for public health. This implies simultaneously addressing all the hazards associated with food consumption and weighing the risks and benefits of current and future food products.

The action plan sets goals and targets to reduce the health burden related to nutrition and food safety: diet-related noncommunicable diseases, obesity in children and adolescents, micronutrient deficiencies and foodborne diseases. It calls for:

1. nutrition goals:
  - < 10% of daily energy intake from saturated fat and < 1% from *trans* fatty acids;
  - < 10% of daily energy intake from free sugars;
  - > 400 g fruits and vegetables a day;
  - < 5 g salt per day;
2. exclusive breastfeeding for the first 6 months of life and continuous breastfeeding until at least 12 months for at least 50% of infants;
3. food safety goals that are risk based and tailored to individual countries (in view of their current incidence of foodborne diseases, prevalence of microbiological and chemical contamination and occurrence of antimicrobial resistance), giving priority to reducing *Campylobacter* and *Salmonella* contamination in the food chain and eradicating brucellosis; and
4. a food security goal in line with Millennium Development Goal 1, to reduce by 50% the proportion of people who suffer from hunger.

### **Key areas for intervention**

The action plan identifies six areas for integrated action and specific priority actions, selected on the basis of their feasibility and effectiveness.

#### **1. Supporting a healthy start**

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<sup>1</sup> *Proposed Second WHO European Action Plan for Food and Nutrition Policy 2007–2012*. Copenhagen, WHO Regional Office for Europe, 2007 (EUR/RC57/10, <http://www.euro.who.int/document/rc57/edoc10.pdf>, accessed 16 September 2007.)

Ensuring good nutrition and safe food during the first few years of life pays dividends throughout life. Key actions should promote proper nutrition and safe food for pregnant women, exclusive breastfeeding for the first six months of life, improved complementary feeding, and safe and balanced meals provided by schools and kindergartens.

## **2. Ensuring safe, healthy and sustainable food supply**

Different sectors influence the safety and healthfulness of the food people eat, including agriculture, trade and the food industry. Actions should address these sectors' responsibility for healthy and safe food from production to consumption, its promotion to the public through public institutions (such as schools), and explore the use of economic tools to ensure the availability and affordability of safe and healthy food.

## **3. Providing comprehensive information and education to consumers**

Communication and information are essential to achieve healthy lifestyles, food safety and a sustainable food supply in the population. For example, public campaigns should inform consumers about healthy nutrition and the importance of proper hygiene throughout the food chain. Appropriate regulation of marketing practices, particularly those aimed at children, is required. Adequate labelling of food products should be established to improve consumers' understanding and support them in making healthy choices.

## **4. Taking integrated actions to address related determinants**

Other risk factors, particularly physical inactivity and alcohol consumption, must be addressed to reduce the burden of nutrition-related noncommunicable diseases. Water quality and safety, and other environmental factors, should be addressed in the prevention of foodborne diseases.

## **5. Strengthening nutrition and food safety in the health sector**

The health sector has crucial responsibilities in reducing the burden of nutrition-related and foodborne diseases. Consistent and professional diet and lifestyle counselling by primary care professionals can influence individuals' choices. Key actions include engaging care providers in monitoring infant and child growth using the new WHO standards, measuring weight and assessing diets in adults, and promoting breastfeeding, a balanced diet, safe food-handling practices and physical activity. In addition, improving the safety and quality of food in hospitals is essential to ensure faster recovery.

## **6. Monitoring, evaluation and research**

Surveillance systems for nutritional status, food availability and consumption, physical-activity patterns and foodborne diseases should be simple and sustainable, tailored to countries' needs but also coordinated at the international level. Monitoring systems for microbial and chemical hazards, including antimicrobial resistance, at different points of the food chain should also be established. The impact of programmes and policies to reduce the burden of food- and nutrition-related diseases should be evaluated.

### **Key actors**

Several actors can play key roles in implementing the action plan.

- Both national and local **governments** should commit themselves to implementing the action plan in the spirit of "health in all policies".
- **Public health policy-makers** should demonstrate stewardship and leadership for health across different government departments and with the public and private sectors.
- The **health sector** should play an important role in health promotion and disease prevention.

- **Other government sectors** – including food, agriculture and fisheries, consumer protection, education, sport, transport, urban planning and housing, environment, labour, social policy and research – should take part in designing policies and programmes.
- **Civil society, professionals’ networks, economic operators and international actors** should also contribute to implementation as key stakeholders.

The WHO Regional Office for Europe will support national action and coordinate international action for implementation.

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