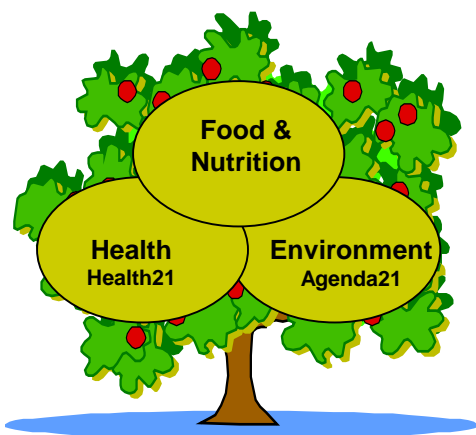


# The First Action Plan for Food and Nutrition Policy

WHO European Region  
2000-2005



Growing, buying and eating the right kinds of foods can reduce the risk of disease and simultaneously promote a sustainable environment

**Nutrition and Food Security Programme**  
**Division of Technical Support and Strategic Development**

**EUROPEAN HEALTH21 TARGET 11  
HEALTHIER LIVING**

By the year 2015, people across society should have adopted healthier patterns of living

*(Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998)*

**Abstract**

Access to a safe and healthy variety of food, as a fundamental human right, was stressed by the International Conference on Nutrition in 1992 and by the World Food Summit in 1996. A supply of nutritious and safe food is a prerequisite for health protection and promotion. In spite of commitments expressed and efforts made at national and international levels, there is still a need for policies which reduce the burden of food-related ill health and its cost to society and health services. This document stresses the need to develop food and nutrition policies which protect and promote health and reduce the burden of food-related disease, while contributing to socio-economic development and a sustainable environment. It insists on the complementary roles played by different sectors in the formulation and implementation of such policies. It provides a framework within which Member States can begin to address the issue. An action plan is proposed for the period 2000–2005, with approaches and activities to support Member States who wish to develop, implement and evaluate their food and nutrition policies.

**Keywords**

NUTRITION POLICY  
REGIONAL HEALTH PLANNING  
PROGRAM EVALUATION  
FOOD HYGIENE  
FOOD CONTAMINATION – prevention and control  
CHILD WELFARE  
MATERNAL WELFARE  
INFANT NUTRITION  
EUROPE

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## CONTENTS

Summary .....	1
Goal and existing political commitments .....	4
Social inequalities and the burden of food-related ill health .....	6
Foodborne diseases.....	6
Malnutrition.....	8
Obesity and noncommunicable diseases .....	8
Food and nutrition strategies.....	10
A food safety strategy.....	11
A nutrition strategy.....	11
A sustainable food supply strategy (food security) .....	14
Proposed Action Plan.....	16
Approaches.....	16
Planned activities.....	21
A Food and Nutrition Task Force for the European Region of WHO .....	23
References.....	25
Annex 1 Policy agreements over the past ten years.....	28
Annex 2 Definitions of selected terms.....	32
Annex 3 WHA Resolution on Food Safety.....	34
Annex 4 WHO Regional Committee for Europe Resolution.....	40

## SUMMARY

Access to a safe and healthy variety of food, as a fundamental human right, was stressed by the International Conference on Nutrition in 1992 and by the World Food Summit in 1996. A supply of nutritious and safe food is a prerequisite for health protection and promotion. In spite of commitments expressed and efforts made at national and international levels, there is still a need for policies which reduce the burden of food-related ill health and its cost to society and health services.

It is estimated that each year around 130 million Europeans are affected by episodes of foodborne diseases. Diarrhoea, a major cause of death and growth retardation in young children, is the most common symptom of foodborne illness. New pathogens are emerging, such as the agent of bovine spongiform encephalopathy. The use of antibiotics in animal husbandry and the possible transfer of antibiotic resistance to human pathogens are a major public health concern.

Low breastfeeding rates and poor weaning practices result in malnutrition and disorders such as growth retardation, poor cognitive development, and digestive and respiratory infections in young children. Iodine deficiency disorders affect around 16% of the European population and are a major cause of mental retardation. Iron deficiency anaemia affects millions of people and impairs cognitive development in children and, during pregnancy, increases the risk to women.

The prevalence of obesity is up to 20–30% in adults, with escalating rates in children, increasing the risk of cardiovascular diseases, certain cancers and diabetes. Obesity is estimated to cost some health services about 7% of their total health care budget. Around one third of cardiovascular disease, the first cause of death in the Region, is related to unbalanced nutrition, and 30–40% of cancers could be prevented through better diet.

In countries of the European Union, a preliminary analysis from the Swedish Institute of Public Health suggests that 4.5% of disability-adjusted life-years (DALYs) are lost due to poor nutrition, with an additional 3.7% and 1.4% due to obesity and physical inactivity. The total percentage of DALYs lost related to poor nutrition and physical inactivity is therefore 9.6%, compared with 9% due to smoking.

This document stresses the need to develop food and nutrition policies which protect and promote health and reduce the burden of food-related disease, while contributing to socioeconomic development and a sustainable environment. It insists on the complementary roles played by different sectors in the formulation and implementation of such policies. It provides a framework within which Member States can begin to address the issue. The framework consists of three interrelated strategies:

- A food safety strategy, highlighting the need to prevent contamination, both chemical and biological, at all stages of the food chain. The potential impact of unsafe food on human health is of great concern, and new food safety systems which take a “farm to fork” perspective are being developed.
- A nutrition strategy geared to ensure optimal health, especially in low-income groups and during critical periods throughout life, such as infancy, childhood, pregnancy and lactation, and older age.
- A sustainable food supply (food security) strategy to ensure enough food of good quality, while helping to stimulate rural economies and to promote the social and environmental aspects of sustainable development.

An action plan is proposed for the period 2000–2005, with approaches and activities to support Member States who wish to develop, implement and evaluate their food and nutrition policies.

The need for coordination between sectors and organizations will increase as ethics and human rights, in addition to science and economics, play a greater role in decision-making. Countries can consider which mechanisms are needed to facilitate better

coordination between sectors and ensure that health and environmental concerns are considered when food and nutrition policies are made.

It is proposed to set up a food and nutrition task force, to facilitate coordination between the European Union, the Council of Europe, United Nations agencies (especially UNICEF and FAO) and environmental and other international, intergovernmental and nongovernmental organizations. The Regional Office is ready to ensure the secretariat of the task force.

## **GOAL AND EXISTING POLITICAL COMMITMENTS**

The goal of food and nutrition policy is to protect and promote health and to reduce the burden of food-related disease, while contributing to socioeconomic development and a sustainable environment. A major objective of the health sector is to promote health through a well balanced diet, the avoidance of nutritional deficiencies and the control of foodborne diseases. A multisectoral approach, including agriculture, the environment, the food industry, transport, advertising and commerce, is therefore essential to help place food and nutrition policy high on the political agenda. Health should be an expected outcome from food and nutrition policies and contribute to the success and profitability of the relevant commercial sectors.

Intersectoral action is needed at the international level. Agenda 21 (1), adopted by governments in 1992 at the United Nations Conference on Environment and Development, included the principle that unsustainable patterns of production and consumption should be reduced. During 2000, the United Nations Commission on Sustainable Development is focusing on agriculture and the environment. As part of its responsibility, WHO addressed the question of “The global nutrition transition: policy implications for health and sustainable agriculture in the twenty-first century”, bringing the health, agricultural and environmental aspects of food together.

Other political commitments made over the last ten years (Annex 1) stress the need for comprehensive, intersectoral policies which promote public health. The United Nations Children’s Fund (UNICEF) organized the Convention on the Rights of the Child in 1989 and the World Summit for Children in 1990, both of which highlighted the importance of nutrition. After the International Conference on Nutrition (ICN) in 1992 (jointly organized by WHO and the United Nations Food and Agriculture Organization – FAO), a World Health Assembly resolution called for comprehensive plans of action to address both nutrition and food safety. The Regional

Office issued a progress report on implementation of the ICN Declaration in Member States in 1995 (2).

Within the European Union (EU), the Treaty of Amsterdam states that “a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities”. Elements of food and nutrition policy are included in the European Commission’s white paper on food safety (2000) and the new programme for public health (2001–2006). “Health and nutrition – elements for European action” is a priority for the Commission and the French government during the French presidency (July–December 2000). The Council of Europe is also active in developing aspects of food and nutrition policy.

The Regional Office also works on food and nutrition policy with the Asian Development Bank and the World Bank. It intends to strengthen these partnerships, particularly through the European Food and Nutrition Task Force proposed in this document.

WHO’s commitment is stated in a number of World Health Assembly resolutions on food safety, noncommunicable diseases, infant feeding (notably the International Code of Marketing of Breast-milk Substitutes and subsequent relevant resolutions) and iodine deficiency disorders. HEALTH21 (3), the health policy framework for the European Region adopted by Member States in 1998, highlights the importance of addressing the determinants of health, such as food and nutrition.

In a multisectoral context, the role of WHO in the European Region is to argue for placing health at the centre of all policies and activities which have an impact on people’s health; to search for, assess and disseminate scientific evidence on the relation between food and health; to support efforts to assess the health impact and economic consequences of food policies; to provide information and support to Member States in the field of food and nutrition policies; and to promote and facilitate partnerships with all relevant organizations and sectors.



## **SOCIAL INEQUALITIES AND THE BURDEN OF FOOD-RELATED ILL HEALTH**

The general public, health professionals and national authorities throughout the European Region all express concern at the increasing incidence of foodborne disease. Food-related ill health, notably malnutrition, obesity and related noncommunicable diseases, place an enormous burden on society, particularly the most vulnerable. The diets of low-income groups are likely to be inadequate. Those with a low income and specific groups such as children, adolescents, pregnant and lactating women, and older people, often face problems gaining access to a healthy variety of safe food. There are examples throughout the Region of how food intake is affected by poverty and social inequalities (4).

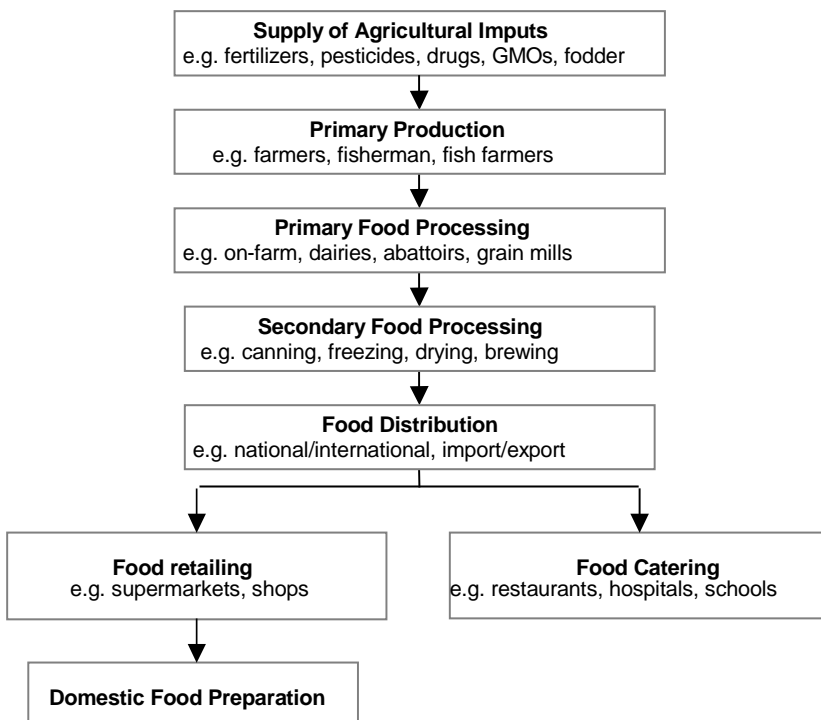
### **Foodborne diseases**

In 1995 it was estimated that each year around 130 million Europeans are affected by episodes of foodborne diseases. Sources of contamination of food, both chemical (pesticides, heavy metals and other contaminants) and biological (e.g. salmonella, *Campylobacter*, *Listeria* and *E. coli*), can be found at any stage of the food chain. Diarrhoea, which is the major cause of death and growth retardation in infants and young children, is the most common symptom of foodborne illness. Kidney failure, brain and nervous disorders, arthritis and paralysis are other serious consequences. New types of pathogen, such as prions causing bovine spongiform encephalopathy, are now considered to be the cause of variant Creutzfeldt-Jakob disease in humans.

Food can be contaminated during the various stages of primary agricultural production, storage, transport, processing, packaging and final preparation. Each link in the chain must be as strong as every other if the health of consumers is to be protected (see Fig. 1). In addition, the increase in global food trade creates the potential for very large amounts of food, from one single source, to be distributed over far greater distances than ever before. While this does allow cheaper and more varied foods to be produced, it also creates an

increased risk of larger and more widespread outbreaks of foodborne illnesses.

**Fig. 1. Principal stages of the food supply chain**



Throughout much of WHO's European Region, the food chain is undergoing substantial changes such as the intensification of agriculture and animal husbandry; increased mass production of food products; increased long-distance food trade; decreased numbers of local shops and street markets; greater difficulty in accessing good quality nutritious food, especially by the poor and disadvantaged groups; and increased consumer concern and lack of consumer confidence, leading to a demand for safe food which is produced in a sustainable way.

In view of the increasing complexity of the food chain and the impact that the food supply has on food safety, there is a need to consider how best to establish effective control mechanisms.

### **Malnutrition**

Low breastfeeding rates and poor weaning practices result in malnutrition and disorders such as growth retardation, poor cognitive development, and digestive and respiratory infections in infants and young children. In 1995, the United Kingdom Department of Health estimated that the savings from reduced incidence of gastroenteritis could amount to £35 million if all infants in the United Kingdom were breastfed (5).

The two major nutrient deficiencies in the European Region are iodine deficiency disorders (IDD) and iron deficiency anaemia (IDA). IDD affect around 16% of the European population and are a major cause of mental retardation. IDA affects millions of people and impairs cognitive development in children and, during pregnancy, increases the risk to women. Other deficiencies, such as those of vitamin A, other antioxidant vitamins and compounds in fruit and vegetables, are linked to increased risks of cancer and cardiovascular disease.

Proven cost-effective public health policies to eliminate IDD are being developed with the support of WHO, UNICEF and the International Council for Control of Iodine Deficiency Disorders (6). Similarly, WHO/UNICEF strategies exist to control IDA (7).

### **Obesity and noncommunicable diseases**

A diet high in saturated fat, energy-dense and low in foods of plant origin, together with a sedentary lifestyle, is the major cause of the pan-European epidemic in obesity and overweight, with increased risks of noncommunicable disease including cardiovascular diseases, certain cancers and diabetes. Other diet-related disorders include dental caries (related to excessive and frequent intake of sugar and

poor dental hygiene) and hypertension (related to excessive salt intake in susceptible population groups).

The prevalence of obesity is up to 20–30% in adults, with escalating rates in children. Cardiovascular diseases and cancer, together with diabetes, account for about 30% of the total disability-adjusted life-years (DALYs) lost every year in WHO's European Region (8). Conservative estimates suggest that around one third of all cardiovascular disease is related to unbalanced nutrition, but more analysis is needed. Cancers kill around one million adults each year in the Region, and 30–40% of cancers worldwide could be prevented through a better diet (9).

Obesity is estimated to cost some health services around 7% of their total health care budget. In the early 1990s, the German Ministry of Health estimated that diet-related disorders cost the country approximately DM 113 billion (10). This amounted to 30% of the total cost of treating disease in Germany. The highest cost was generated by treatment of cardiovascular diseases, followed by dental caries and cancer.

Preliminary analysis from the Institute of Public Health in Sweden (11) suggests that 4.5% of DALYs are lost in EU countries due to poor nutrition, with an additional 3.7% and 1.4% due to obesity and physical inactivity. The total percentage of DALYs lost related to poor nutrition and physical inactivity is therefore 9.6%, compared with 9% due to smoking. Further analysis, initiated by the Regional Office, is under way to assess the total burden of food-related ill health in the Region.

## FOOD AND NUTRITION STRATEGIES

A comprehensive food and nutrition policy comprises three strategies: on nutrition, food safety and a sustainable food supply (food security), based on the principles of HEALTH21 and Agenda 21 (for definitions of selected terms see Annex 2). This framework (see Fig. 2) provides a starting point from which to address the question of how to promote public health through food. The three strategies are interrelated, since the food supply influences both the safety and composition of food. Close collaboration between those responsible for nutrition, food safety and food security is required in order to develop comprehensive, intersectoral policies and concerted action.

**Fig. 2. A Comprehensive Policy contains Nutrition, Food Safety and Sustainable Food Supply Strategies**



The public want good, wholesome products they can enjoy without fear, and many consumers do not distinguish between food safety and nutrition. Therefore coordination is essential, to avoid giving consumers conflicting information about which foods are both

nutritious and safe. Moreover, increased collaboration can result in better use of resources, if activities for surveillance, risk management and health promotion (12) are undertaken jointly by the authorities responsible for food safety and nutrition.

### **A food safety strategy**

A number of government departments or agencies are concerned about the safety of food, including health, agriculture, fisheries, trade, tourism, education, environment, planning and finance. A comprehensive and integrated approach at the national and international levels is required to ensure an effective policy for food control. In 1963, the World Health Assembly approved the establishment of the joint FAO/WHO Codex Alimentarius Commission, which has elaborated many international standards.

In May 2000, the World Health Assembly, recognizing that the health risks from unsafe food are increasing and that these are not being adequately addressed by traditional food hygiene systems, urged Member States (resolution WHA53.15 – Annex 3) to integrate food safety as one of their essential public health functions, and to develop food safety programmes in collaboration with all sectors concerned.

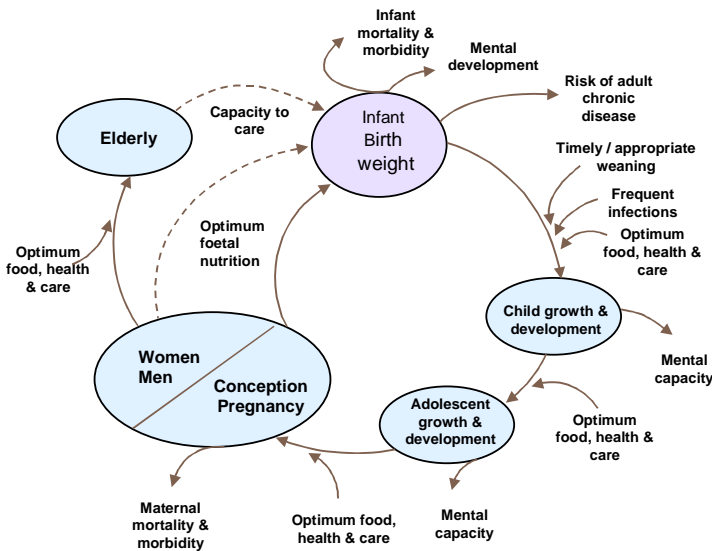
The potential impact of food safety on health is causing increasing public concern and a loss of consumer confidence. A good example is the use of antibiotics in animal husbandry, which is raising fears about the transfer of antibiotic resistance to human pathogens. The application of biotechnology in relation to genetically modified food could dramatically change the food supply. WHO is developing ways to help countries address this dynamic situation and its potential impact on public health.

### **A nutrition strategy**

Nutritional challenges vary as we progress through the life cycle (see Fig. 3). Good nutrition during the first few years pays dividends throughout life (13). This starts with maternal nutrition, because of

its importance to the fetus and the evidence that nutritionally-related low birth weight raises the risk of cardiovascular disease in later life. The failure of pregnant women to obtain a safe and healthy variety of food has long-term social and economic consequences. The Regional Office, with UNICEF, has developed training materials to help health professionals improve the health of women and their children with safe food and good nutrition.

**Fig. 3. Lifecycle: the proposed causal links**



Source: Adapted from *Commission on the Nutrition Challenges of the 21<sup>st</sup> Century (2000) Final Report to the ACC/SCN*.

Analyses demonstrate that exclusive breastfeeding and the introduction of safe and adequate complementary foods from the age of about six months, but not before four, while breastfeeding continues, can reduce the short- and long-term burden of ill health. The Innocenti Declaration on the protection, promotion and support of breastfeeding was adopted as a basis for policy by the World Health Assembly in 1991 (Annex 1), and the Regional Office monitors its implementation in Member States (14). More recently the Office, together with UNICEF and with support from the

governments of the Netherlands and the United Kingdom, has published new feeding guidelines for infants and young children (15).

In adolescence, the health impact of nutrition is pronounced. During their periods of rapid growth, adolescents have increased energy needs. Many of them, especially those in low-income groups, choose relatively cheap sources of energy, such as large amounts of fat and sugar, potentially leading to micronutrient deficiency, obesity and dental caries. Increasingly, there is evidence that poor nutrition due to income inequalities results in health disparities (16). The European Network of Health Promoting Schools, in collaboration with the Regional Office and the EU Commission, has produced a training manual for teachers (17). In addition, an extensive survey, carried out regularly in almost 30 countries, includes results on adolescents' eating habits and their attitudes towards their body image (18).

In adulthood, the main challenge is to avoid premature death from cardiovascular diseases and cancers. To prevent these, the dietary guide issued by WHO's countrywide integrated noncommunicable disease intervention (CINDI) programme, recommends "Twelve steps to healthy eating" including eating at least 400 g of vegetables and fruit daily (19). WHO has also developed guidelines to encourage increased physical activity as part of regular daily living (20). The aim is to make daily physical activity an easy choice and thus to prevent obesity, as well as reduce the risk of diabetes, heart disease and stroke and promote good health and wellbeing.

The issue of healthy aging is also of major concern. With decreasing activity levels energy needs are reduced, so the food eaten by older people should be rich in micronutrients in order to compensate for the reduction in food intake. Again, 400 g of vegetables and fruits is the daily intake for older people recommended by WHO.

Degeneration of eyesight, lower resistance to infection and other micronutrient-related deficiencies can coexist with obesity, making the health management of older people difficult for professionals.



### **A sustainable food supply strategy (food security)**

Food is both an agricultural and an industrial commodity. The contribution of food to global trade has become so great that in 1994 it was included in the World Trade Agreement. Although methods of food production or distribution are not within the expertise or mandate of WHO, the impact of food on public health is a legitimate concern of the health sector. In the United Nations Commission on Sustainable Development, WHO has called for closer links between the agriculture and health sectors. The health sector can stimulate debate on how a sustainable food supply can prevent disease and promote health.

A sustainable food supply should ensure enough food of good quality, while helping to stimulate rural economies and promote social cohesion within rural societies. In Hungary, for example, development of the labour-intensive fruit sector (farming and processing) could provide jobs for 5–10% of the population in areas of high unemployment. Similar developments were carried through in Finland over the past twenty years. With increasing urbanization, there is a need for food and nutrition policies which set out how best to feed large urban populations in a sustainable way. The Regional Office is developing an urban food and nutrition action plan to help local authorities address this (21).

Food policies that promote high levels of meat and dairy products, combined with policies that destroy large quantities of fruit and vegetables, are both environmentally unfriendly and contrary to nutrition goals (22). Nutrition goals, in contrast, emphasize a high consumption of vegetables and fruit, along with a low intake of saturated fats from meat and dairy products. Public health and environmental impact assessments have been carried out by environmentalists within the World Bank, in Sweden (23) and by the EU Commission (24). These assessments provide the evidence that growing the right kind of food for a sustainable environment can also help to promote health. As has already been done in Sweden (25), countries can identify the models of sustainable food supply that are most appropriate for them. WHO will support Member

States by enabling them to exchange information on how best to carry out health impact assessments of different types of food supply.

The Regional Office has developed surveillance methods to assess the level of food and nutrition security during disasters and emergencies (26). Based on the data collected, policies have been developed specifically for the European Region (27). This emergency work started in the former Yugoslavia in 1992 and is now being integrated into food and nutrition policies in south-east Europe (28) thus linking humanitarian and development work.

## **PROPOSED ACTION PLAN**

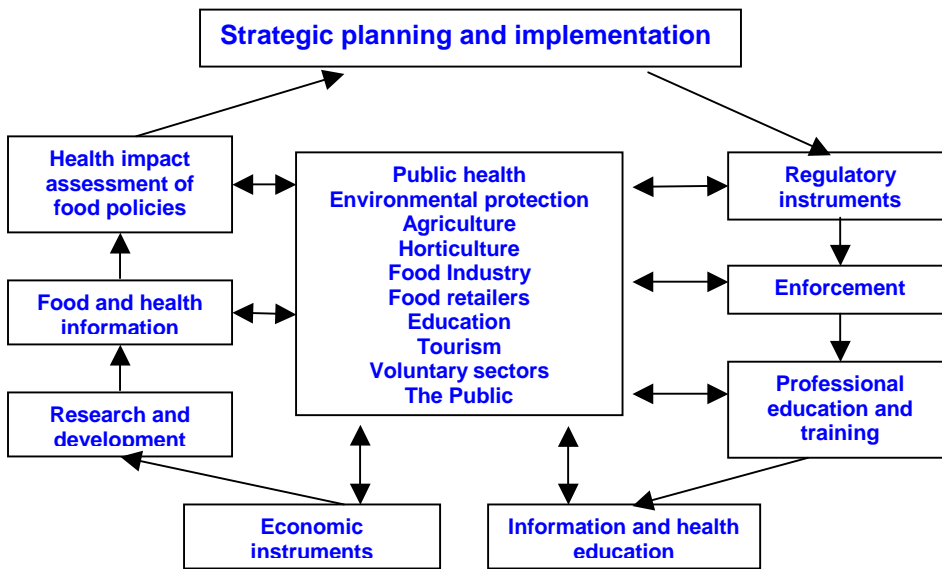
### **Approaches**

#### **Developing a comprehensive approach**

It is recognized that agriculture and other non-health sectors have prime responsibility for the food chain. Contradictory opinions may be held by the various parties involved: food producers and consumers; ministers of the economy and those responsible for social matters; representatives of domestic consumption and export markets; and those advocating traditional food values or modern trends. To be effective, a food and nutrition policy will need to harmonize these opinions as far as possible. Evidence which illustrates the impact of food and nutrition on public health is one way of stimulating harmonization and consensus.

Finding a consensus among potentially conflicting interests is a challenge. Strengthening partnerships between sectors is one way forward (see Fig. 4). To help Member States, and ministries of health in particular, the Regional Office, jointly with WHO headquarters, is developing guidelines on intersectoral policy development for decision-makers, in collaboration with Thames Valley University, London. Intersectoral workshops on policy-making are being carried out for a considerable number of countries in central and south-east Europe and the Baltic region during 2000, with support from the French government. UNICEF and FAO are collaborating with WHO in this initiative.

**Fig. 4. An integrated approach to food and public health**



### Monitoring health information

Only a limited number of countries have a comprehensive system for monitoring food and nutrient intake, nutritional status and the incidence of foodborne diseases. The Regional Office will encourage the development of these systems and propose cost-effective indicators to help countries assess their policies. A good example exists in the Baltic countries, initiated by the Regional Office with assistance from the London School of Hygiene and support from the government of Luxembourg. Also lacking are data on the cost of food-related ill health and the burden this places on society. The Regional Office has initiated research into this new area.

## **Improving knowledge**

One of the most important roles of the health sector and WHO will be to provide scientific evidence of the positive or negative impact of food and food habits on health. There is a need to gather, assess and disseminate existing knowledge, and to identify areas where the links require clarification and further research.

## **Mobilizing partners**

Partnerships at local, national and European levels are the key to reducing food-related ill health. The Regional Office already collaborates with United Nations bodies, notably UNICEF and FAO (as well as the United Nations Development Programme – UNDP – in Kazakhstan), investment banks, the European Commission and other organizations working on food and nutrition policy. The Office will seek to strengthen and expand these partnerships and to share its information, networking capabilities and experience with these and new partners.

Many health professionals do not receive enough training in food hygiene, nutrition and the benefits of physical activity. WHO will support their undergraduate and postgraduate education by providing information and training materials. In addition, policies are needed to clearly define the role and required training of different health specialists in relation to food safety and nutrition, in order to promote health throughout the life cycle. Health professionals, collectively through their organizations, represent a considerable force for change and provide good examples to help promote this. The Regional Office will use its relations with these organizations to increase the involvement of the health sector in all aspects of food and health.

Consumers need consistent and non-conflicting information in order to make the correct choices about what constitutes a safe and healthy diet. Ensuring that children make healthy choices may require counteracting some of the conflicting messages that are presented when high-fat or energy-dense snack food and soft drinks are marketed. Some countries have adopted laws to prevent television

advertisements targeting children under 12 years of age. In others, health promotion campaigns, in collaboration with the media, are organized by health authorities to provide consistent information on healthy food choices. The education sector has an important role to play in ensuring that children have the appropriate skills to promote their health through food.

Nongovernmental organizations have experience in advocating better food and nutrition policies. More specifically, public awareness can be heightened by those organizations concerned with the health of infants and young children, the prevention of cardiovascular disease, cancer and diabetes, the management of food intolerances, and the protection of the environment through a sustainable food supply, as well as (more generally) by public health alliances and consumer organizations.

Food and agriculture industries have formed national and international bodies. Through them, national authorities and international organizations can maintain a dialogue with the sectors producing and selling food. The private sector is probably the major determinant of the food supply – it is thus in the interest of that sector to participate in developing and implementing policies that promote health.

### **Formulating national food and nutrition action plans**

A comparative analysis in WHO's European Member States shows that many countries have developed very effective national action plans (29). Action plans which are firmly based on the national situation, which have a clear timetable for implementation and that are adequately funded are the most successful. The Regional Office is helping a considerable number of Member States, working together in networks, to build on the process launched at the International Conference on Nutrition and to strengthen their plans of action. This started following a consultation in 1999, organized jointly with WHO headquarters and hosted by the Maltese Ministry of Health, that was attended by representatives of 46 European Member States, with UNICEF, FAO, the European Commission, the

World Bank and the World Trade Organization also invited to participate (30).

### **Promoting the establishment of advisory and coordination mechanisms**

Based on a new analysis carried out by the Regional Office, it appears that countries where national coordination mechanisms exist are the most effective in developing and implementing food and nutrition policies. The key role of this mechanism, such as a food and nutrition council, is to advise the government on developing, implementing, monitoring and evaluating comprehensive, intersectoral policies, guidelines and action plans. In addition, such a national body can be responsible for ensuring consistency of the information given to the general public by different agencies; facilitating the creation of a “think-tank” to respond to public concern about food; and advising the government on how to meet its international commitments. Experience from countries, notably the Nordic countries, demonstrates that these mechanisms are effective, particularly where a technical secretariat draws on and coordinates the expertise from the different sectors.

### **Coordinating activities within the WHO Secretariat**

Several WHO programmes, including those on food safety, child health and development, CINDI, national environmental health action plans (NEHAPs), country health, and nutrition policy, infant feeding and food security are working together, and in close collaboration with WHO headquarters, on the development and implementation of food and nutrition policy. This gives added value to countries, by permitting more efficient use of resources to achieve maximum impact through synergistic activities. These in turn stimulate the different specialists, within the health sector, to collaborate more effectively on ensuring the consistency of information at the national level.

## **Planned activities**

In order to promote and support the development and implementation of comprehensive food and nutrition policies, the WHO Regional Office for Europe will act along the lines described above. Some activities are of a general nature and will be carried out throughout the period 2000–2005. More specific activities are also listed mostly for 2000–2001. For the two subsequent biennia, the list is tentative and will be completed on the basis of progress made, emerging needs, requests of Member States and opportunities for collaboration with partners.

Throughout the period 2000–2005, the Regional Office will:

- collate existing knowledge and scientific evidence to support food and nutrition policy development and implementation;
- stimulate research in those areas where the evidence is lacking;
- develop innovative ways to communicate scientific knowledge and information;
- collaborate with countries, at their request, in translating knowledge into action, working with national counterparts and providing information, experience and expertise as required;
- develop cost-effective indicators for surveillance and for reporting on food and nutrition policy;
- regularly produce an updated list of new information, documents and training materials;
- facilitate surveillance and information-sharing, using modern communication tools, and maintain a mechanism for rapid updating.



More specifically the Regional Office will:

in 2000–2001

- develop and promote the case for a food and nutrition policy and action plan for the European Region;
- strengthen, with WHO headquarters, national capacity for intersectoral food and nutrition policy-making using the guidelines on intersectoral policy development for decision-makers, in countries of south-east Europe and the Baltic region;
- present, in 2000, a comparative analysis of the regional situation with regard to food and nutrition policies, so that Member States have a baseline against which to measure their progress over the next five years;
- collaborate with the EU Commission and the French government during its presidency of the EU Council (July–December 2000) on the development of “Health and nutrition – elements for European action”;
- provide dietary guidelines on the feeding and nutrition of infants, young children and adults;
- provide training manuals and tools for primary health care workers and other health professionals (*Healthy food and nutrition for women, Food safety for nutritionists, Skills for dietary change*, etc.);
- publish a book setting out the scientific basis for a food and nutrition policy, provisionally entitled *Food and health in Europe: a basis for action*;
- initiate an analysis on the burden of food-related ill health in the European Region of WHO and present preliminary results;
- establish a food and nutrition task force for the European Region of WHO (see below);

in 2002–2003

- stimulate the development of new methods to assess the impact of food policies on public health;
- publish case studies on the development and implementation of food and nutrition policies in WHO's European Region;
- finalize guidelines for local authorities on regional and urban food and nutrition action plans;
- organize a meeting of government counterparts to carry out a mid-term evaluation of progress in implementing the Action Plan for the European Region of WHO;

in 2004–2005

- evaluate the achievements and impact of the Action Plan for the European Region;
- organize a ministerial conference on food and nutrition policy, to review the evaluation and orient future action.

### **A Food and Nutrition Task Force for the European Region of WHO**

The public health sector has not been involved enough in making food policy. Mechanisms are needed to ensure that public health is not overlooked within an increasingly global economy. To do this, a new task force could facilitate better coordination between bodies or organizations such as the European Union, the Council of Europe, United Nations agencies (especially UNICEF and FAO) and environmental and other international, intergovernmental and nongovernmental agencies. The need for coordination will increase as ethics and human rights, in addition to science and economics, are taken more fully into account in decision-making.

The aims of the Food and Nutrition Task Force for the European Region of WHO would be to:

- facilitate collaboration between international agencies and European organizations working on food and nutrition policy;

- create a forum where countries can voice public health concerns regarding international food policies and identify steps to promote health and prevent crises, such as food scares;
- ensure that development agencies support countries synergistically. During their economic transition, the newly independent states and countries of central and eastern Europe (including those in the process of acceding to membership of the EU) need support to keep food and nutrition policy a priority;
- strengthen political commitment to food and nutrition policy at the European level and recommend how to reduce the burden of food-related ill health in the European Region of WHO.

The Task Force will comprise representatives of the different organizations working in the European Region on food and nutrition policy. Skilled scientists will be called on by the Task Force, depending on the public health concerns raised. The Task Force will be set up by the WHO Regional Office for Europe, which will draw up its terms of reference jointly with all partners.

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## **Annex 1**

### **Policy agreements over the past ten years**

#### **Resolution WHA53.15 – Food safety (2000) – see Annex 3**

The adoption of this resolution by the World Health Assembly is a move towards developing sustainable, integrated food safety systems for the reduction of health risk along the entire food chain, from the primary producer to the consumer.

#### **European Commission White Paper on Food Safety (2000)**

The European Commission has proposed a series of measures to organize food safety in a more coordinated and integrated manner, with a view to achieving the highest possible level of health protection. A number of policy initiatives are described, including the establishment of a European food authority and the development of EU dietary guidelines and an EU nutrition policy. The document also proposes making an EU-wide survey of food consumption patterns.

#### **Resolutions WHA51.18 and WHA53.17 on noncommunicable disease prevention and control (1998 and 2000)**

##### **HEALTH21 (1998)**

In 1998, the WHO Regional Committee for Europe approved HEALTH21, the health for all policy framework for the WHO European Region. At least 12 of the 21 targets call on Member States to increase intersectoral activities. The development and implementation of food and nutrition action plans provide a concrete example of how HEALTH21 should be translated into practice.

##### **Aarhus Convention (1998)**

The signatories to the Aarhus Convention, adopted at the fourth Ministerial Conference “Environment in Europe”, organized by the United Nations Economic Commission for Europe, agree to improve public access to information, public participation in decision-making and access to justice on environmental matters. At WHO’s Third Ministerial Conference on Environment and Health, London, 1999,

ministers of health and the environment jointly reaffirmed their commitment to improving public access to information, securing the role of the public in decision-making, and providing access to social justice for health and environment issues. This includes food policies.

**Amsterdam Treaty (1997)**

The Amsterdam Treaty of the European Union states that health considerations will be considered in all EU policies and that public health should be ensured. The Treaty provides Member States with an opportunity to call for health impact assessments to be made of EU policies relating to food production, distribution and control.

**World Food Summit (1996)**

At the World Food Summit, the international community reaffirmed the commitment it had made at the International Conference on Nutrition to stepping up efforts to eliminate hunger and malnutrition, and to achieve food and nutrition security for all.

**Convention on the Rights of the Child (1989), World Summit for Children (1990) and Fourth World Conference on Women (1995)**

These international conferences dealt among other things with the importance of food and nutrition security, information and education and promoting, protecting and supporting breastfeeding.

**International Conference on Nutrition (1992)**

In 1992, the International Conference on Nutrition adopted the World Declaration and Plan of Action for Nutrition. Since then, action has been supported by over 30 resolutions of the World Health Assembly. A follow-up consultation was held in the European Region in 1996 to review progress, and the Regional Office has issued reports evaluating the progress being made by Member States on policy implementation.



### **Agenda 21 and the United Nations Conference on Environment and Development (1992)**

Sustainable development was defined in 1992 as development that meets the needs of the present without compromising the ability of future generations to meet their own needs. Many food and health policies can be incorporated into Agenda 21 activities in Member States. WHO, as task manager for Chapter 6 of Agenda 21, has been playing a key role in addressing the health objectives of Agenda 21.

### **Innocenti Declaration on Protection, Promotion and Support of Breastfeeding (1990)**

The Innocenti Declaration sets a number of goals for achieving optimal health for infants and mothers in Member States, including:

- Appoint a national breastfeeding coordinator of appropriate authority, and establish a multisectoral national breastfeeding committee composed of representatives from relevant government departments, nongovernmental organizations and health professional associations.
- Ensure that every facility providing maternity services becomes “baby-friendly” and fully practises all ten steps to successful breastfeeding, as set out in the joint WHO/UNICEF statement on “Protecting, promoting and supporting breastfeeding: the special role of maternity services”.
- Enact imaginative legislation protecting the breastfeeding rights of working women and establish means for its enforcement.
- Take action to give effect to the principles and aim of all articles of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions in their entirety (see below).

### **The International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions**

The Code and subsequent Health Assembly resolutions are designed to limit the promotion of commercial baby milks and associated products that could undermine breastfeeding. Provisions include:

- No advertising of any breast-milk substitutes (any product marketed or represented to replace breast milk) or feeding bottles or teats.
- No free samples or free or low-cost supplies to mothers.
- No promotion of products in or through health care facilities.
- No contact between marketing personnel and mothers (mothercraft nurses or nutritionists paid by companies to advise or teach).
- No gifts or personal samples to health workers or their families.
- Product labels should be in an appropriate language, with no words or pictures idealizing artificial feeding.
- Only scientific and factual information to be given to health workers.
- Governments should ensure that objective and consistent information is provided on infant and young child feeding.
- All information on artificial infant feeding, including labels, should clearly explain the benefits of breastfeeding and warn of the costs and hazards associated with artificial feeding.
- Unsuitable products, e.g. sweetened condensed milk, should not be promoted for babies.
- All products should be of a high quality and take account of the climatic and storage conditions of the country where they are used.
- Manufacturers and distributors should comply with the Code [and all the resolutions], independent of any government action to implement it.

## Annex 2

### Definitions of selected terms

**Food policy:** a policy which does not necessarily explicitly incorporate public health concerns.

**Food and nutrition policy:** an umbrella term used to incorporate public health concerns into food policy, in order to lead to more concerted intersectoral action.

**Food and nutrition action plan:** a plan which shows how to develop and implement food and nutrition policy.

**Food and nutrition council (or equivalent mechanism):** a national mechanism which oversees the development, implementation and evaluation of national action plans through an intersectoral approach.

**Food control:** a mandatory regulatory activity of enforcement by national or local authorities to provide consumer protection and ensure that all foods during production, handling, storage, processing and distribution are safe, wholesome and fit for human consumption; conform to quality and safety requirements; and are honestly and accurately labelled as prescribed by law.

**Food safety:** assurance that food will not cause harm to the consumer when it is prepared and/or eaten according to its intended use.

**Food security:**

- All people at all times have both physical and economic access to enough food for an active, healthy life.
- The ways and means by which food is produced and distributed are respectful of the natural processes of the earth and are thus sustainable.

- Both the consumption and production of food are grounded in and governed by social values that are just and equitable, as well as moral and ethical.
- The ability to acquire food is assured.
- The food itself is nutritionally adequate and personally and culturally acceptable.
- The food is obtained in a manner that upholds human dignity.

### **Annex 3**

#### **WHA Resolution on Food Safety**

#### **FIFTY-THIRD WORLD HEALTH ASSEMBLY**

#### **WHA53.15**

**Agenda item 12.3 20 May 2000**

## **Food safety**

The Fifty-third World Health Assembly,

Deeply concerned that foodborne illnesses associated with microbial pathogens, biotoxins and chemical contaminants in food represent a serious threat to the health of millions of people in the world;

Recognizing that foodborne diseases significantly affect people's health and well-being and have economic consequences for individuals, families, communities, businesses, and countries; Acknowledging the importance of all services – including public health services – responsible for food safety, in ensuring the safety of food and in harmonizing the efforts of all stakeholders throughout the food chain;

Aware of the increased concern of consumers about the safety of food, particularly after recent foodborne-disease outbreaks of international and global scope and the emergence of new food products derived from biotechnology; Recognizing the importance of the standards, guidelines and other recommendations of the Codex Alimentarius Commission for protecting the health of consumers and assuring fair trading practices;

Noting the need for surveillance systems for assessment of the burden of foodborne disease and the development of evidence-based national and international control strategies;

Mindful that food safety systems must take account of the trend towards integration of agriculture and the food industry and of ensuing changes in farming, production, and marketing practices and consumer habits in both developed and developing countries;

Mindful of the growing importance of microbiological agents in foodborne-disease outbreaks at international level and of the increasing resistance of some foodborne bacteria to common therapies, particularly because of the widespread use of antimicrobials in agriculture and in clinical practice;

Aware of the improvements in public health protection and in the development of sustainable food and agricultural sectors that could result from the enhancement of WHO's food safety activities;

Recognizing that developing countries rely for their food supply primarily on traditional agriculture and small- and medium-sized food industry, and that in most developing countries, the food safety systems remain weak,

#### 1. URGES Member States:

(1) to integrate food safety as one of their essential public health and public nutrition functions and to provide adequate resources to establish and strengthen their food safety programmes in close collaboration with their applied nutrition and epidemiological surveillance programmes;

(2) to develop and implement systematic and sustainable preventive measures aimed at reducing significantly the occurrence of foodborne illnesses;

(3) to develop and maintain national, and where appropriate, regional means for surveillance of foodborne diseases and for monitoring and controlling relevant microorganisms and chemicals in food; to reinforce the principal responsibility of producers, manufacturers, and traders for food safety; and to

increase the capacity of laboratories, especially in developing countries;

(4) to integrate measures in their food safety policies aimed at preventing the development of microbial agents that are resistant to antibiotics;

(5) to support the development of science in the assessment of risks related to food, including the analysis of risk factors relevant to foodborne disease;

(6) to integrate food safety matters into health and nutrition education and information programmes for consumers, particularly within primary and secondary school curricula, and to initiate culture-specific health and nutrition education programmes for food handlers, consumers, farmers, producers and agro-food industry personnel;

(7) to develop outreach programmes for the private sector that can improve food safety at the consumer level, with emphasis on hazard prevention and orientation for good manufacturing practices, especially in urban food markets, taking into account the specific needs and characteristics of micro- and small-food industries, and to explore opportunities for cooperation with the food industry and consumer associations in order to raise awareness regarding the use of good and ecologically safe farming and good hygienic and manufacturing practices;

(8) to coordinate the food safety activities of all relevant national sectors concerned with food safety matters, particularly those related to the risk assessment of foodborne hazards, including the influence of packaging, storage and handling;

(9) to participate actively in the work of the Codex Alimentarius Commission and its committees, including activities in the emerging area of food-safety risk analysis;

(10) to ensure appropriate, full and accurate disclosure in labelling of food products, including warnings and best-before dates where relevant;

(11) to legislate for control of the reuse of containers for food products and for the prohibition of false claims;

## 2. REQUESTS the Director-General:

(1) to give greater emphasis to food safety, in view of WHO's global leadership in public health, and in collaboration and coordination with other international organizations, notably the

Food and Agriculture Organization of the United Nations (FAO), and within the Codex Alimentarius Commission, and to work towards integrating food safety as one of WHO's essential public health functions, with the goal of developing sustainable, integrated food safety systems for the reduction of health risk along the entire food chain, from the primary producer to the consumer;

(2) to support Member States in the identification of food-related diseases and the assessment of foodborne hazards, and storage, packaging and handling issues;

(2 bis) to provide developing countries with support for the training of their staff, taking into account the technological context of production in these countries;

(3) to focus on emerging problems related to the development of antimicrobial-resistant microorganisms stemming from the use of antimicrobials in food production and clinical practice;

(4) to put in place a global strategy for the surveillance of foodborne diseases and for the efficient gathering and exchange of information in and between countries and regions, taking into account the current revision of the International Health Regulations;



(5) to convene, as soon as practicable, an initial strategic planning meeting of food safety experts from Member States, international organizations, and nongovernmental organizations with an interest in food safety issues;

(6) to provide, in close collaboration with other international organizations active in this area, particularly FAO and the International Office of Epizootics (OIE), technical support to developing countries in assessing the burden on health and prioritizing disease-control strategies through the development of laboratory-based surveillance systems for major foodborne pathogens, including antimicrobial-resistant bacteria, and in monitoring contaminants in food;

(7) in collaboration with FAO and other bodies as appropriate, to strengthen the application of science in the assessment of acute and long-term health risks related to food, and specifically to support the establishment of an expert advisory body on microbiological risk assessment and to strengthen the expert advisory bodies that provide scientific guidance on food safety issues related to chemicals, and to maintain an updated databank of this scientific evidence to support Member States in making health-related decisions in these matters;

(8) to ensure that the procedures for designating experts and preparing scientific opinions are such as to guarantee the transparency, excellence and independence of the opinions delivered;

(9) to encourage research to support evidence-based strategies for the control of foodborne diseases, particularly research on risk factors related to emergence and increase of foodborne diseases and on simple methods for the management and control of health risks related to food;

(10) to examine the current working relationship between WHO and FAO, with a view to increasing the involvement and support of

WHO in the work of the Codex Alimentarius Commission and its committees;

(11) to support Member States in providing the scientific basis for health-related decisions regarding genetically modified foods;

(12) to support the inclusion of health considerations in international trade in food and food donations;

(13) to make the largest possible use of information from developing countries in risk assessment for international standard-setting, and to strengthen technical training in developing countries by providing them with a comprehensive document in WHO working languages, to the extent possible;

(14) to proactively pursue action, on behalf of developing countries, so that the level of technological development in developing countries is taken into account in the adoption and application of international standards on food safety;

(15) to respond immediately to international and national food safety emergencies and to assist countries in crisis management;

(16) to call upon all stakeholders – especially the private sector – to take their responsibility for the quality and safety of food production, including environmental protection awareness throughout the food chain;

(17) to support capacity building in Member States, especially those from the developing world, and facilitate their full participation in the work of the Codex Alimentarius Commission and its different committees, including activities in food safety risk analysis processes.

Eighth plenary meeting, 20 May 2000  
A53/VR/8

## Annex 4

### WHO Regional Committee for Europe Resolution

REGIONAL COMMITTEE FOR EUROPE

*Fiftieth session, Copenhagen, 11 – 14 September 2000*

EUR/RC50/R8 14 September 2000 ORIGINAL: ENGLISH

### RESOLUTION

THE IMPACT OF FOOD AND NUTRITION ON PUBLIC HEALTH  
THE CASE FOR A FOOD AND NUTRITION POLICY AND AN ACTION  
PLAN FOR THE EUROPEAN REGION OF WHO  
2000–2005

The Regional Committee,

Concerned by the threat to public health from the lack of safe and healthy food;

Recognizing the roles of other international organizations and sectors with an interest in food;

Recalling Health Assembly resolution WHA46.7, which called for implementation of comprehensive plans of action on nutrition and which endorsed the goals of the fourth United Nations Development Decade and the World Summit for Children;

Further recalling previous Health Assembly resolutions and particularly WHA49.15 on infant and young child nutrition and WHA52.24 on the prevention and control of iodine deficiency, which demonstrate the need for comprehensive food and nutrition policies;

Having considered document EUR/RC50/8, entitled *The impact of food and nutrition on public health – The case for a food and nutrition policy and action plan for the European Region of WHO 2000–2005*;

1. ENDORSES the Action Plan for the European Region of WHO for 2000–2005;
2. RECOMMENDS that Member States take steps to carry out the Action Plan, taking account of differences in their cultural, social, legal and economic environments;
3. REQUESTS European integrational, intergovernmental and nongovernmental organizations to undertake joint action with Member States and the Regional Office to maximize Region-wide efforts to promote public health through food and nutrition policy;
4. REQUESTS the Regional Director:
  - (a) to ensure appropriate support for the Action Plan from the WHO Regional Office for Europe;
  - (b) to cooperate with and support Member States and other organizations in comprehensive efforts to promote public health through appropriate food and nutrition policies;
  - (c) to examine the possibility of setting up, in collaboration with international agencies, the European Commission and the Council of Europe, a Task Force for Food and Nutrition Policies in the European Region of WHO;
  - (d) to organize a ministerial conference in 2005 to evaluate the implementation of comprehensive food and nutrition policies at regional and country levels;
5. URGES Member States to report on steps taken to promote the health of their population through a food and nutrition policy at the ministerial conference to be held in 2005;
6. REQUESTS the Regional Director to report to the Regional Committee in 2002 on the progress made in implementing the Action Plan.

**Nutrition and Food Security Programme  
Division of Technical Support and Strategic Development  
WHO Regional Office for Europe  
Scherfigsvej 8  
2100 Copenhagen  
Denmark**

Telephone: 45 39 17 13 62 Fax: 45 39 17 18 18  
<http://www.who.dk/Nutrition/main.htm> E-mail: [sal@who.dk](mailto:sal@who.dk)