

**Address by Zsuzanna Jakab, WHO Regional Director for Europe**  
High-level conference on monitoring and evaluation of European Union Member States' strategies on nutrition-, overweight- and obesity-related issues


Brussels, Belgium

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**SLIDE 1**

**WHO progress report on the  
implementation of the European  
Charter on Counteracting Obesity**

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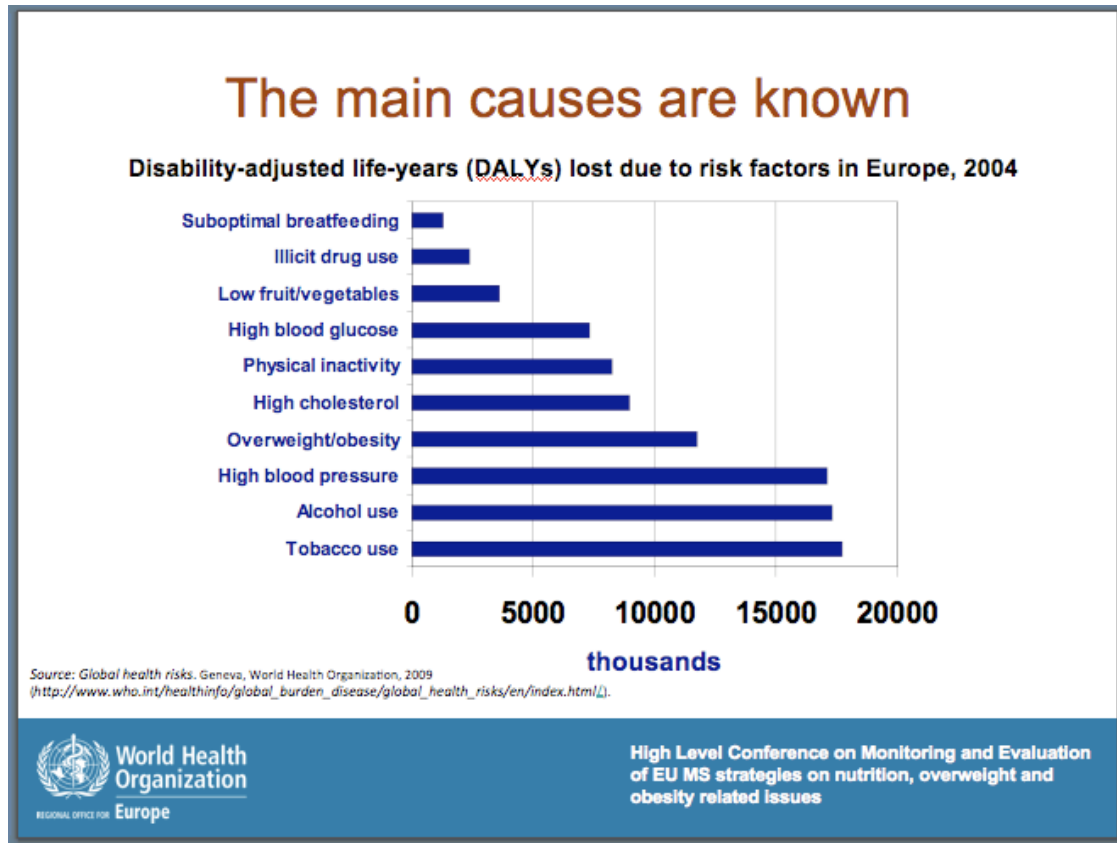
High-level conference on monitoring and evaluation of  
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overweight- and obesity-related issues

Ladies and gentlemen,

Diet- and physical-activity-related diseases are the main killers in the WHO European Region. Region-wide, cardiovascular diseases (CVD) are by far the leading killer, with over 5 million deaths estimated to take place annually from this cause alone.

Today's meeting goes beyond a discussion of the impact of negative effects. Today we are analysing and evaluating the efforts that we have made to promote healthy eating, health-enhancing physical activity and the prevention of obesity.

## SLIDE 2



Promoting comprehensive policies on healthy dietary intake and physical activity in Europe begins by acknowledging that these are the two main determinants of obesity and other noncommunicable diseases (NCDs). Indeed, almost 60% of the disease burden in Europe is attributable to risk factors such as high blood pressure, tobacco use, harmful use of alcohol, high blood cholesterol, overweight and obesity, low fruit and vegetable intake and physical inactivity.

CVD, cancer, chronic respiratory diseases and diabetes mellitus account for 86% of deaths and 77% of the disease burden in the WHO European Region.

The food system is a result of the interaction between economic and social drivers, food supply and food patterns. These drivers are pushing obesity and NCDs especially in low- and middle-income countries.

## SLIDE 3

### Policy framework



The cover of the European Charter on Counteracting Obesity features the WHO Europe logo at the top left, a silhouette of a city skyline, and a stylized figure of a person in motion at the bottom right.

- Not just individual responsibility but also changing the social, economic and physical environment
- Responsibility of government across sectors
- Involvement of all stakeholders
- Portfolio of interventions designed to change the social, economic and physical environment
- Portfolio of policy tools (from legislation to public/private partnerships)
- International coordination
- Special focus on children and disadvantaged socioeconomic population groups

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The European Charter on Counteracting Obesity, which was unanimously approved by the Member States in the WHO European Region in Istanbul, Turkey in 2006, can be considered the inspiration and framework for action on nutrition, physical activity and obesity in Europe. In this Charter, Member States identified a set of possible actions and established several commitments needed to achieve the desired levelling off and decrease of the childhood obesity prevalence in Europe. So far, we have made some good progress but much is still expected, and the truth is that obesity continues to rise in many countries.

Let me highlight that this Charter emphasizes not only children but also, even back in 2006, inequalities in and social determinants of health and their role in obesity.

## SLIDE 4

План действий  
в области  
пищевых продуктов  
и питания для  
Европейского  
региона ВОЗ  
на 2007-2012 гг.

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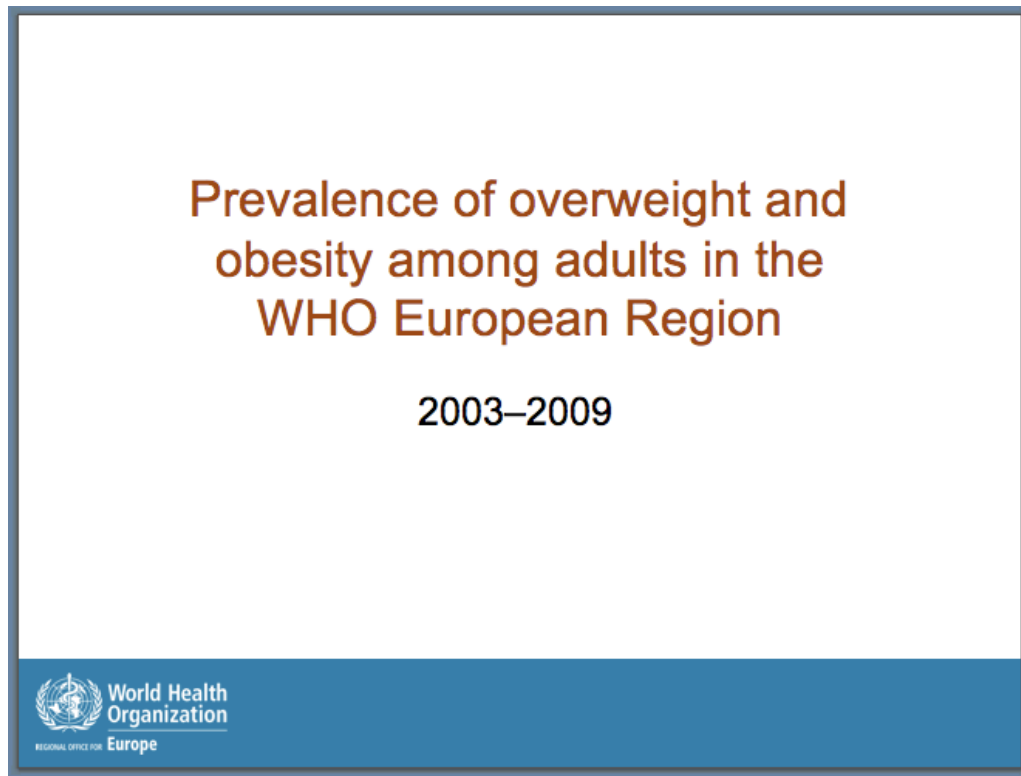
The other important policy document is the WHO European Action Plan for Food and Nutrition Policy 2007–2012. It aims to tackle four main health challenges:

- diet-related NCDs
- obesity in children and adolescents
- micronutrient deficiencies
- foodborne diseases.

And it recommends that we do this by taking six priority actions:

1. supporting a healthy start – dealing with infant and young child nutrition;
2. ensuring safe, healthy and sustainable food supply;
3. providing comprehensive information and education to consumers;
4. implementing integrated actions to promote physical activity, control alcohol, ensure a safe water supply;
5. strengthening nutrition and food safety in the health sector; and
6. monitoring and evaluation.

## SLIDE 5

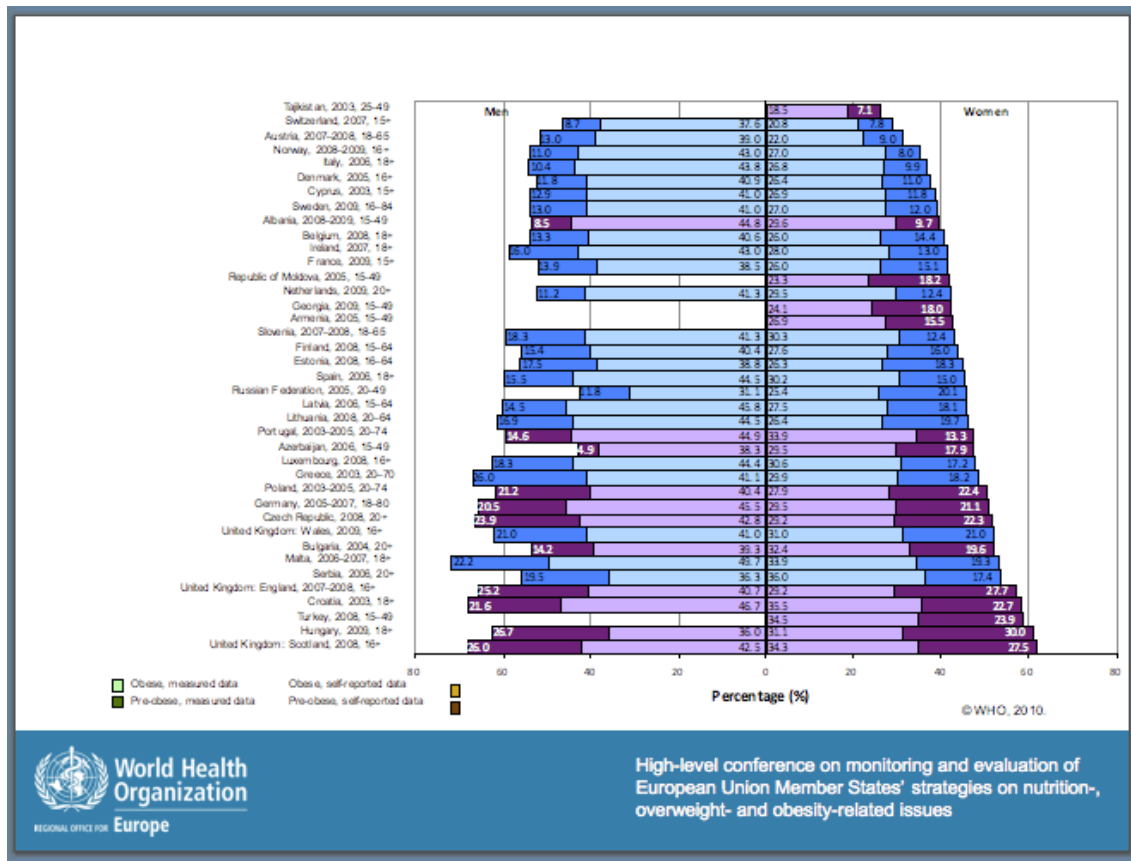


So, how well are we doing with obesity in Europe?

Compared with the data available at the Istanbul Conference, new data were identified for 36 countries since then (two thirds of the countries in the Region). Of these, 23 countries reported data that were collected in 2007 and beyond, after the Istanbul Conference.

Only 16 countries, however, measured body weight and height to estimate obesity prevalence among adult women and even fewer, 11 countries, collected data to estimate prevalence among adult men.

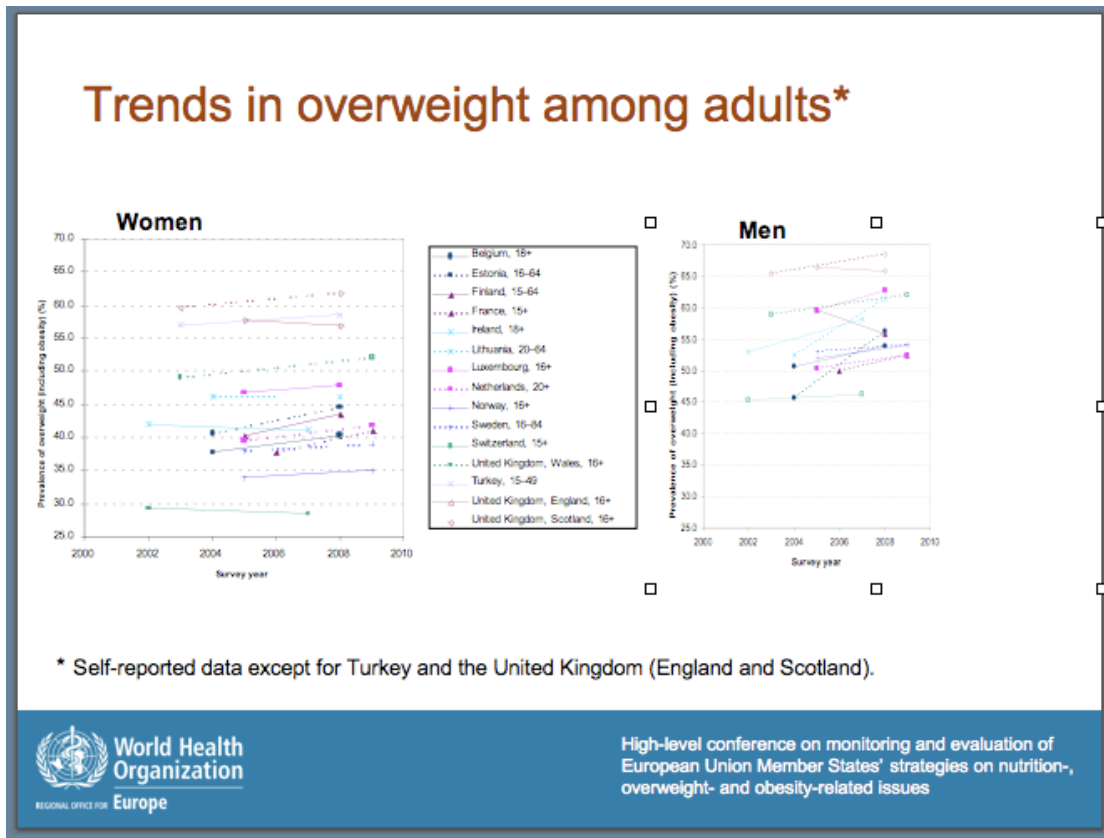
SLIDE 6



These figures show that overweight affects between one quarter to seven tenths of people, depending on the country.

Obesity affects 5–30% of adults in the countries of the WHO European Region. The highest prevalence of overweight for men was found in Malta and the highest prevalence for women, in the United Kingdom.

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To show developments since the Istanbul Conference, these trend figures are based on comparable data within a country and the latest survey was carried out in 2007 or later. Most countries show an upward trend. Exceptions are Finnish men, Irish women, Swiss women and both men and women in the United Kingdom (England). The overweight range seemed to be narrower in men than in women.

## SLIDE 8



WHO European Childhood  
Obesity Surveillance Initiative

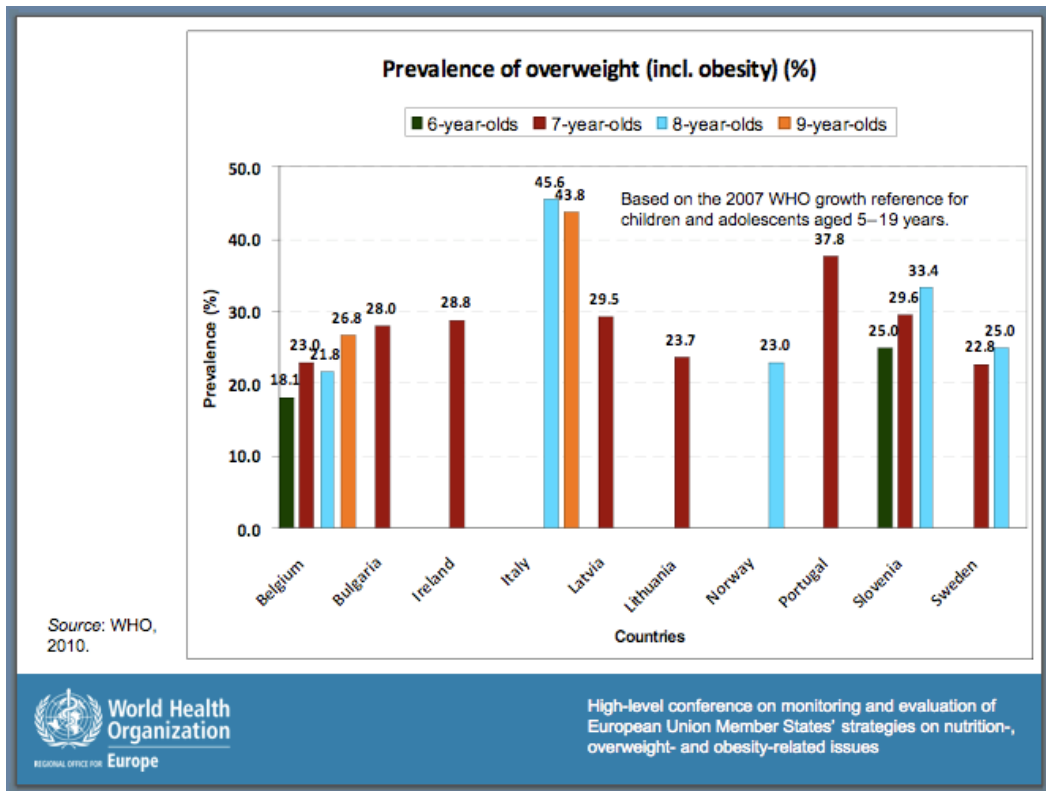
School year 2007/2008 – first round

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The WHO Regional Office for Europe has established the European Childhood Obesity Surveillance Initiative (COSI) in 17 countries in the Region. COSI aims routinely to measure trends in overweight and obesity in primary schoolchildren (aged 6–9 years) in order to understand the progress of the epidemic in this population group and to allow for comparisons between countries in the Region.



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Preliminary results of the first round, which took place during the 2007/2008 school year, indicate that, on average, one in every four children (24%) aged 6–9 is overweight or obese (based on the 2007 WHO growth reference for children and adolescents). These preliminary results show a range of 18–45% among the children.


**SLIDE 10**

**Prevalence of physical inactivity in  
the WHO European Region**


## SLIDE 11

### Inactivity status in European Region

- 1 million deaths related to physical inactivity in the European Region per year
- 41% of adults do not engage in any moderate physical activity in a typical week
- Among 11-year-olds, 22% of girls and 30% of boys report at least 1 hour of moderate-to-vigorous physical activity per day



Eurobarometer 64.3. Special Eurobarometer 246: Health and Food. Health Behaviour in School-aged Children 2005/2006 survey. Global health risk report. World Health Organization, 2009.

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The level of physical inactivity of Europeans is worrisome. It is estimated that around 1 million deaths are attributable to physical inactivity. The Eurobarometer survey on food and health, performed in 2006, shows that 4 out of 10 adults aged 15 and above do not engage in any moderate physical activity in a typical week. For children, the Health Behaviour in School-aged Children survey from 2006 shows that only 22% of 11-year-old girls report engaging moderate-to-vigorous physical activity for at least 60 minutes per day. For boys, the figure is 30%.

## Surveillance: physical activity

**Data availability**


- For most Member States (40), data are available on adults, but less information is available on children/ adolescents

**Measurement methods**

- Mainly subjective assessment methods

**Comparability**

- Lack of comparability due to use of non-standardized instruments, differing definitions of and recommendations on physical activity and inconsistent application of standardized instruments



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The overall picture on monitoring and surveillance of physical activity in European Union (EU) countries is patchy. Different physical activity assessment instruments, including different measurement items, have been used. Where national surveys are in place, different instruments and measurement items of physical activity and/or inactivity were used.

For the majority of WHO European Member States (40), international and national surveys have identified data on physical activity for adults in countries. So far, however, less information seems to be available on children and adolescents.

Surveillance of physical activity can be done either through objective measurements (pedometer, accelerometer) or subjective assessments. Almost all international and national surveys identified in this review used subjective assessments (the international physical activity questionnaire (IPAQ)/global physical activity questionnaire (GPAQ), interviews, questionnaires).

There is still a lack of comparability because of the use of non-standardized instruments and different definitions of and recommendations on physical activity.

**SLIDE 13**

**Policy development related to  
nutrition, physical activity and  
obesity**

## SLIDE 14

### Policy development

- Monitored by defining the indicators raised in International policy frameworks:
  - WHO European Charter on Counteracting Obesity
  - WHO European Action Plan for Food and Nutrition Policy 2007–2012
  - European Union (EU) White Paper – A Strategy for Europe on Nutrition, Overweight and Obesity Related Health Issues



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National policies have been monitored in line with the international policy framework.

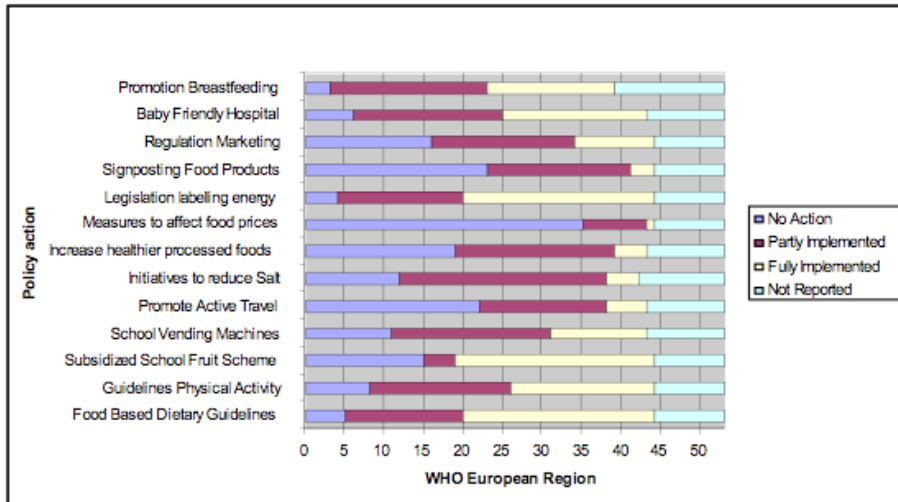
The Regional Office has done with work with the WHO nutrition counterparts, national information focal points and EU representatives involved in the WHO/European Commission (EC) joint monitoring project to identify the measurable indicators for policy development, implementation and monitoring. This collaboration was an excellent opportunity for WHO and the EU to join forces and strengthen each other's expertise to ensure full support for Member States.

One of the deliverables of this collaboration will be the launch of a WHO European database on nutrition, obesity and physical activity (the NOPA database).

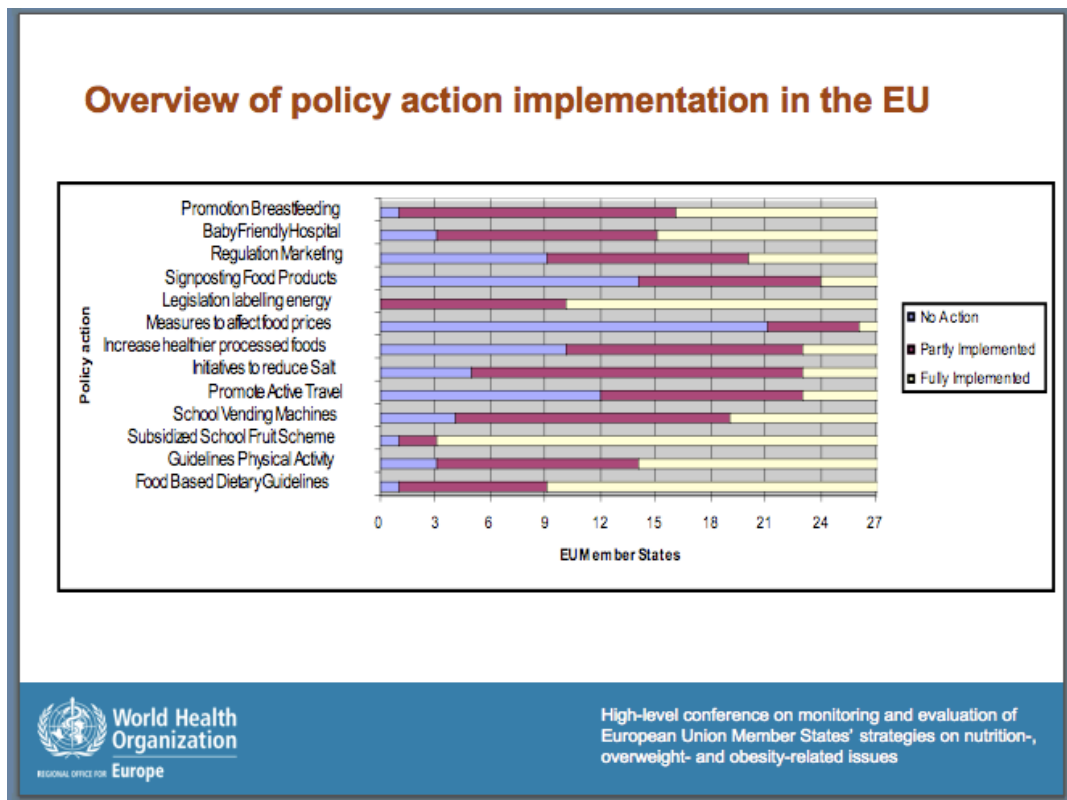
The next two charts give an overview of the same selected policy actions taken by all the Member States in the WHO European Region, and by all 27 EU Member States. Please note that the level 0 is included, as the Regional Office has not validated all the data reported by Member States; 0 therefore indicates that a country did not report any action in a field of activity.

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## Overview of policy action implementation in the WHO European Region



SLIDE 16



These charts show selected policy actions; others that we could suggest would include, for instance:

- providing free or subsidized fruits and vegetables in schools;
- removing energy-dense, nutrient-poor foods and beverages from school vending machines;
- promoting active travel by schoolchildren; and
- reducing the salt content of processed foods.

The provision of free or subsidized fruit and vegetables (in some cases) in schools was mentioned by a large majority of countries, followed by the implementation food-based dietary guidelines. Measures that affect food prices were the least often described as fully implemented.



## SLIDE 17

### Inequalities and obesity

- The prevalence of obesity shows gender-specific inequalities
- In most European countries, social inequalities in obesity are more significant in women
- Obesity seems to reflect gender-specific responses to socioeconomic disadvantage
- Education plays an important role in the social gradient



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From recent in-depth analysis we know that:


- the prevalence of obesity shows gender-specific inequalities as well as inequalities by educational level;
- in most European countries, social inequalities in obesity are more significant in women than in men;
- obesity seems to reflect gender-specific responses to socioeconomic disadvantage;
- education plays an important role in the social gradient of obesity and seems to be a stronger predictor of overweight and obesity, in both adults and children, than other socioeconomic factors (this may be explained by the role of education in developing health-related behaviour);
- when tackling obesity, we have to be more sensitive to its links with inequalities, as I said before.

In fact, most European countries have developed national action plans against poverty and social exclusion. Many also developed national policies and/or action plans against overweight and obesity. Few countries, however, interlink these policies. National policies against overweight and obesity seldom address social exclusion; likewise, policies against social exclusion mostly do not consider obesity as a social problem.

## SLIDE 18

### Common challenges

- Need for more focus on population level initiatives – *creative*
- Need for comprehensive surveillance data and their effective use – *gender sensitive, early nutrition*
- Focus on the most disadvantaged populations – *new technologies' effects across social groups*
- Greater access to services (identifying barriers) – *new technologies, health systems and services*
- Unemployed and demotivated populations
- Need for effective and sustainable action to include improved gender policies and aim to improve the education system – *integration of policies, research (more)*



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Finally, we all have common challenges ahead.

- There is a need of more focus on population level initiatives – we need to be creative.
- Comprehensive surveillance data need to be collected and effectively used; they should be gender sensitive and address early nutrition.
- We should focus on the most disadvantaged populations – consider new technologies' effects across social groups.
- There should be greater access to services (barriers need to be identified), including new technologies, and health systems and services.
- We must facing the challenge of unemployed and demotivated populations.
- Finally, effective and sustainable action must also include improved policies on gender and improve the educational system; this requires the integration of policies, and more research.