

WHO tackles food inequalities: Europe's first comprehensive Food and Nutrition Action Plan debate, 8–10 November 1999, Malta

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Food inequity – the lack of a safe and healthy diet – is likely to be responsible for thousands of deaths annually in the WHO European Region. To address the epidemic of food-related illness and premature death, representatives from almost all 51 Member States of the region gathered in Malta, 8–10 November 1999, to discuss Europe's first comprehensive food and nutrition action plan. The plan aims to:

- improve the availability of, access to and consumption of a safe and healthy variety of nutritious food for all;
- reduce the risk of food-borne and non-communicable diseases;
- prevent micronutrient deficiency;
- provide evidence-based strategies to protect the most vulnerable, including infants, children, pregnant and lactating women, low-income groups and older people.

Dietary habits are an important determinant of the major causes of morbidity and mortality (cardiovascular diseases, hypertension, stroke, non-insulin-dependent diabetes, obesity and some cancers) within the WHO European Region. Estimates suggest that 30–40% of some cancers are preventable by dietary means. In addition in 1995, 130 million Europeans suffered from food-borne illnesses. Recent scares related to bovine spongiform encephalitis (BSE) and dioxins have fuelled the concerns of consumers who no longer have confidence in government and industry to provide safe food.

Access to a safe, healthy diet is one of the most important public health actions that a country can take to improve health and increase economic gain. Well coordinated action between the many players involved can reduce levels of disease, protect and promote health, and provide the added benefit of protecting the environment and stimulating socioeconomic growth and sustainable development.

Growing the right kinds of foods for health can reduce fuel consumption, pollution, transport and packaging costs and promote biodiversity, especially if grown near where it is consumed. This can help create local jobs, improve food and nutrition security and promote a sustainable environment.

The draft Food and Nutrition Action Plan discusses the need for a shift in traditional approaches to food inspection and end-product testing and calls for broader approaches to address changes in the food supply system

(intensive agriculture and animal husbandry, mass production and distribution), in the new health and demographic situation (population growth, mainly urbanized and more vulnerable), and in the social situation, behaviour and lifestyles (increased travel, ethnic foods and increased food trade).

The Plan calls for better and more accessible food and nutrition information systems, improved pricing and advertising policies. Marketing aimed at children, focusing on high-fat and energy-dense snack foods is raised as a concern. The Plan also calls for ministries of health to participate more in Codex committees and to be represented on delegations attending World Trade Organization committees. In addition National Food Control agencies have to consider how best to respond to consumers fears and demands for safer food.

The Plan proposes that each WHO European Member State establish or strengthen intersectoral mechanisms to secure better coordination between different ministries dealing with food and nutrition – seeing to it that public health concerns are taken into account. At present, responsibility for the food system is divided among various ministries and sectors including trade, labour, tourism, education, finance, environment and health. Unless actions are coordinated there is a risk of duplication or – even more likely – the risk that certain public health concerns could be overlooked in efforts to promote economic activity. In addition, global food trade makes it more difficult to contain food-borne diseases within national borders, so effective international and regional health strategies are needed.

To achieve effective action in the WHO European Region, it is proposed that a Food and Nutrition Committee for Europe be set up to support the development and implementation of action plans, and to advise on international aspects of food control and nutrition policy. The draft First Food and Nutrition Action Plan will be presented to the WHO Regional Committee for Europe in September 2000.

General activities of the Programme for Nutrition Policy, Infant Feeding and Food Security

All the activities of the Programme for Nutrition Policy, Infant Feeding and Food Security are designed to support

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ministries of health in the 51 countries that are members of the European Region of WHO. Our main aim is to encourage and support WHO Member States to develop food and nutrition policies. Following the WHO/FAO International Conference on Nutrition (ICN) in Rome, December 1992, and the Member State Consultation in Poland in 1996, we have followed the progress of nutrition policy development carefully in WHO Member States. The latest information can be seen in the document 'Comparative Analysis of Nutrition Policies in WHO Member States'.

Nutrition policy

The wide gap in life expectancy between the countries of the eastern and western part of the region is mainly due to the high prevalence of premature mortality from cardiovascular disease in the east. Mortality in the west, especially in Finland, has decreased dramatically over a 20-year period. This dramatic decrease is attributed partially to dietary change and the Finnish nutrition policy recommends an increase in the consumption of low-fat foods and vegetables. For example, a salad automatically included with meals contributes to doubling vegetable intake. Dietary patterns in Central and Eastern Europe are very different and so food and nutrition policies are needed to help reduce the high level of premature mortality due to non-communicable diseases. WHO is developing dietary guidelines in collaboration with the WHO Countrywide Integrated Noncommunicable Diseases Intervention (CINDI) Programme. The guidelines aim to help health professionals develop local recommendations that help people enjoy their food and at the same time help protect public health and the environment. In addition a healthy lifestyle encompasses a healthy attitude towards eating, exercise, alcohol and smoking. Member states are encouraged to mount campaigns promoting healthy lifestyles; WHO, therefore, has developed one booklet, available both in English or Russian, to provide information on all these.

While the area of food safety is dealt with by agencies responsible for food control, it has an important bearing on nutrition policy. There is an emergence of new pathogens such as *Campylobacter*, *Yersinia*, *Listeria* and BSE and an increase in food-borne diseases in many countries. *Salmonella* outbreaks are one of the main causes, and in some countries the incidence is increasing (e.g. Denmark). In addition, contamination, veterinary drugs and agrochemicals require constant surveillance to prevent new phenomena such as antibiotic resistance. Global food trade makes it difficult to contain food-borne diseases within national borders, so effective structures must be developed to protect health.

Infant feeding

WHO estimates that reversing the decline in breast-feeding could save the lives of some 1.5 million infants

in the world every year. While no equivalent figures exist for Europe, it is clear that exclusive breast-feeding can improve health and reduce the costs associated with ill health in infants and young children throughout Europe. In some areas of Europe, such as the Nordic countries, exclusive breast-feeding is increasing, while in some others fewer than 1% of women are exclusively breast-feeding. The impressive results in the Nordic countries prove that if the political will exists then major improvements can be achieved.

Infant mortality rates in some countries are much higher than the targets set by the WHO European Region office which are outlined in the new Health Policy from WHO called 'Health21'. Exclusive breast-feeding, until around 6 months, and timely introduction of appropriate adapted foods would significantly decrease these high rates. WHO promotes exclusive breast-feeding in Member States through tools such as the Baby-Friendly Hospital Initiative (see below) and the Innocenti Declaration (see below). These should be implemented in all Member States to help reduce levels of infant mortality and morbidity. Moreover the WHO Regional Office for Europe has just developed nutrition and feeding guidelines on optimum complementary feeding of infants and young children. These will be published in 2000.

The Baby-Friendly Hospitals Initiative and the 'Ten Steps to Successful Breastfeeding' show how maternity wards can encourage mothers to breast-feed successfully. In addition the Innocenti Declaration states that breast-feeding is a unique process that provides ideal nutrition for infants and contributes to their healthy growth and development. As a global goal for optimal maternal and child health and nutrition, the Declaration states that all women should be enabled to practise exclusive breast-feeding and all infants should be fed exclusively on breast milk and should continue to be breast-fed, while receiving appropriate and adequate complementary foods, for up to 2 years of age or beyond. The declaration targets governments and international organizations to promote breast-feeding by various actions. The 'Comparative Analysis of the Implementation of the Innocenti Declaration' presents a recent analysis of the progress achieved by different WHO Member States. One of the four issues highlighted in the Innocenti Declaration includes the International Code of Marketing of Breastmilk Substitutes which provides guidance and a legislation framework for the marketing and distribution of infant formula which might interfere with breast-feeding.

Given the growing importance of maternal nutrition during pregnancy and lactation a training manual on healthy nutrition for women and their families provides health workers and policy makers with the tools to change policy and advise women how they and their families can improve their health through better nutrition. A booklet for mothers on healthy eating in pregnancy and lactation is available along with the training manual.

Iodine deficiency disorders

In Europe over 11% of the population suffered from goitre in 1993 and there were only six countries (Finland, Iceland, Norway, Sweden, Switzerland and the United Kingdom) where some degree of endemic iodine deficiency disorder (IDD) did not exist. Babies born to iodine-deficient mothers are especially at risk of mental impairment. Iodine deficiency is the most important cause of preventable mental retardation in the world. Its effects have a negative impact on the entire economies of nations affected by IDDs. These include endemic goitre, cretinism, mental deficiency, decreased fertility rates and increased perinatal deaths and overall infant mortality. Populations suffering from subclinical IDDs will be more susceptible to radiation damage and thyroid cancer in the event of further Chernobyls. There is thus a strong case for the introduction of a European policy on iodine fortification aimed at the early eradication of deficiencies.

Eradication of IDDs can best be achieved by universal salt iodization – including the salt used in agriculture for animals, food industry and household salt. But even though iodized salt is now widely consumed everywhere, iodization schemes can often collapse in troubled times. It is thus especially important in the WHO European Region, with its high number of nuclear installations and areas of deep political instability, for a watchful eye to be kept on the levels of IDD in populations. In 1997, the International Council for Control of Iodine Deficiency Disorders (ICCIDD), in collaboration with WHO and UNICEF, organized a conference in Munich. The meeting reviewed the achievements and pitfalls in the control of IDD in the European region (report available from address below). In addition a recent comparative analysis of the state of implementation of policies to eliminate IDD was carried out in 1999.

Food security

Food security means availability and access to healthy food for everyone. In view of increasing levels of urbanization, WHO is developing an Urban Food and Nutrition Action Plan which aims to promote local production of healthy foods for local consumption. WHO recommends that national production levels be set

for the production of vegetables (in addition to potatoes) and fruit to achieve a daily intake of more than 400 g per person. Vegetables and fruits protect against non-communicable diseases, prevent micronutrient deficiency, promote health and contribute to food security. A diet high in energy and saturated fat and low in vegetables and fruit is a major cause of the pan-European epidemic of non-communicable diseases and risk. In 1995, only 20% of the countries in the region, mostly those in the south, met the 400 g target. Six hundred grams of vegetables and fruit per capita daily (to ensure a possible consumption of 400 g per person per day) were available in 1995 in only 11 countries in the European region (Belgium, France, Greece, Israel, Italy, Luxembourg, Malta, Netherlands, Portugal, Spain and Turkey). All countries are therefore encouraged to increase the sustainable production of vegetables and fruits and increase the number of consumers eating the recommended level every day.

In many cities, gardens are located on old, abandoned landfills and dumping sites. Cities have expanded by filling up spaces around the city with garbage, rubble and earth. The places where old landfills were have often become gardens where citizens get away and enjoy the open air away from the noise and racket of cities. Normal garbage and rubble in landfills do not present a problem, however industrial and chemical waste can present a health hazard, especially when concentrations of contaminants are above acceptable limits. Some of these issues are discussed in the draft Urban Food and Nutrition Action Plan which is available on request; and a few special precautions are proposed in a booklet called 'Contaminated Soil in Gardens' so that the potential ill effects of contaminated soil can be avoided.

Many of the documents mentioned above, as well as more information on the work of the Programme for Nutrition Policy, Infant Feeding and Food Security, are available on the WHO Web site. A Programme Presentation Leaflet and list of current documents and publications are also available on the WHO Web site. For more information and access to documents highlighted in this report, contact the WHO Office for Europe either directly or through the Web site (<http://www.who.dk/Nutrition/main.htm>).