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ENHIS
EUROPEAN ENVIRONMENT AND HEALTH INFORMATION SYSTEM

Policies to reduce and prevent excess body weight and obesity in children and adolescents

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Policies to reduce childhood obesity

This summary presents a snapshot picture of the implementation of a set of policies aimed at reducing and preventing childhood excess body weight and obesity. Data were drawn from an Environment and Health Information System (ENHIS-2) project survey of national experts covering 16 countries in the WHO European Region in 2005–2006. They were analysed taking into account the environmental and policy context, and are followed by an assessment of the situation in the Region. Nine other countries also volunteered data (see below under Geographical coverage).

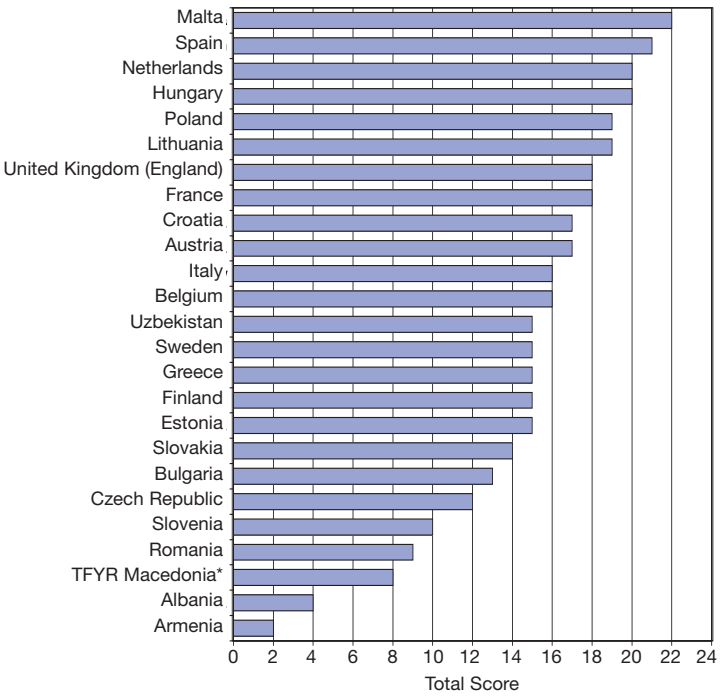
KEY MESSAGE

Countries reported a reasonably high level of implementation of policies to reduce obesity. Many policies are, however, only being partially implemented, and further efforts are needed to ensure more stringent implementation and enforcement. The wide variations between countries underlines that a multisectoral approach is required with policies spanning areas including diet, physical activity, marketing, education and the environment.

RATIONALE

The indicator measures the degree of implementation of 12 specific policies in 5 broad policy areas aimed at preventing excess body weight and obesity in children. The policies were selected in accordance with the WHO Global Strategy on Diet, Physical Activity and Health *(1)* and the WHO Food and Nutrition Action Plan for the European Region 2000–2005 *(2)*.

Fig. 1. Degree of implementation of 12 policies aimed at reducing excess body weight and obesity in children, 25 selected countries, 2005–2006



Note. The total score for degree of implementation is the sum of the scores for each policy:
0 = no policy;
1 = partly implemented or enforced;
2 = substantially implemented or enforced.

**TFYR Macedonia = The former Yugoslav Republic of Macedonia*

Source: ENHIS-2 project countries and countries volunteering data.

Table 1. Proportion of the 25 surveyed countries implementing and enforcing key policies for preventing and reducing obesity and excess body weight in children, 2005-2006

Policy topic	Key policies to reduce and prevent obesity	Proportion of countries implementing the policy* (%)
1. Marketing/labelling	Legislation requiring labelling of foods with nutritional information such as ingredients and the corresponding energy intake	High
	Legislation to practise responsible advertising and marketing of food, particularly with regard to promotion and marketing aimed at children of foods high in saturated fats, trans-fatty acids, free sugars and salt	Low
2. Healthy diet and nutrition	National strategy to promote and increase the consumption of fruit, vegetables and legumes and to reduce the consumption of saturated fats, sugars and the elimination of trans-fatty acids	Medium
	Written policy document, adopted by a political body, explicitly concerned with nutrition	Medium
	Set of recommended nutrient reference values	High
3. Physical activity	Legislation requiring a minimum of 30 minutes of physical activity per day in schools	Low
4. Education/awareness/ research	Health and nutrition education and awareness programmes in schools	Medium
	National health survey or participation in an international health survey that allows the monitoring of the prevalence of obesity, eating habits, physical activity and health in children	Medium
5. Implementation structures/collaboration	Special administrative structure with responsibility for implementation of the policy	Medium
	Nutrition council or other advisory structure responsible for providing scientific advice to national policy-makers	Medium
	Any form of regular government-initiated collaboration between the various parties responsible for food production, manufacture and sale, control and legislation and nutrition education	Medium
	Any form of regular consultation between the ministries of health and of agriculture on matters related to nutrition	Low

** The percentage of countries was calculated for those scoring 2 for a given policy. The percentages are grouped as: low = <50% of countries, medium = 50–69% of countries, high ≥70 % of countries.*
Source: ENHIS-2 project countries and countries volunteering data.

PRESENTATION OF DATA

Figure 1 shows the degree to which countries are implementing policies to reduce childhood obesity through a score of 0, 1 or 2. The total score expresses the level of implementation of the 12 policy options listed in Table 1. Higher values indicate greater efforts to implement policies.

Table 1 shows the proportion of countries implementing the policies to a high, medium or low degree. Only two policy elements were found to be widely enforced, although most were being at least partially implemented.

HEALTH – ENVIRONMENT CONTEXT

Obesity poses one of the greatest public health challenges for the 21st century; in the Region the prevalence of obesity has tripled in the last two decades – a particularly alarming trend. If no action is taken and it continues to increase at the same rate as in the 1990s, an estimated 150 million adults and 15 million children and adolescents in the Region will be obese by 2010 *(3)*. Assuming the trends observed in 2006 continue on a linear basis, they would give a projection of approximately 41% of children in the eastern Mediterranean region and 38% of children in the Region as a whole being overweight *(4)*.

Unhealthy diets and physical inactivity are the main contributors to excess body weight and obesity, which are among the leading risk factors accounting for the burden of noncommunicable diseases. Excess body weight is responsible for more than 1 million deaths and the loss of 12 million disability-adjusted life-years (DALYs) in the Region every year. This and obesity are responsible for about 80% of adult cases of type 2 diabetes, 35% of cases of ischaemic heart disease and 55% of cases of hypertensive disease among adults in the Region. Excess body weight (BMI exceeding 21 kg/m^2) is also a risk factor for colon cancer, breast cancer, endometrial cancer and osteoarthritis. Obesity also has a negative effect on psychosocial health and personal quality of life *(5)*.

The health consequences of being overweight during childhood are less clear, but a systematic review shows that childhood obesity is strongly associated with risk factors for cardiovascular disease and diabetes, orthopaedic problems and mental disorders. Children are now more frequently subject to many obesity-related health conditions once confined to adults *(6)*.

Effective obesity management requires the existence of an integrated multisectoral approach including comprehensive long-term policy measures. Nutritional interventions in the school, workplace and community have proved moderately effective in the prevention of obesity. The combination of healthy eating and physical activity of at least a moderate intensity (such as brisk walking and other activities that make you breathe harder and feel warmer) in daily life for approximately 30 minutes per day is effective in reducing obesity.

The promotion of physical activity through health education is, therefore, essential for weight reduction strategies to succeed. Increasingly, the evidence suggests that policies and practices intended to enable people to be physically active are more likely to be successful if they modify both the physical and social environments *(7)*. Policy changes at the local level may be particularly effective at encouraging increased physical activity over the long term by making it an easier choice. For example, a reduction in the speed of vehicular traffic and provision of safe cycling and walking routes can lead to increased physical activity. People are also more likely to walk when land use is mixed (locating shops, schools, workplaces and other destinations close to dwellings).

POLICY RELEVANCE AND CONTEXT

In 2004, the World Health Assembly in resolution WHA57.17 adopted the global strategy on diet, physical activity and health *(8)*. The strategy contains recommendations for WHO and its Member States, international partners, non-governmental organizations and the private sector to develop, implement and evaluate activities to combat the rise in noncommunicable diseases through a healthier diet and increased physical activity. The results of the implementation of the global strategy were presented at the World Health Assembly in 2006.

In 2004, the Fourth Ministerial Conference on Environment and Health adopted the Children's Health and Environment Action Plan for Europe (CEHAPE), which includes four regional priority goals to reduce the burden of environmental-related diseases in children *(9)*. One of the goals (RPGII) aims to reduce the prevalence of excess body weight and obesity by implementing health promotion activities in accordance with the global strategy on diet, physical activity and health.

The European Charter on Counteracting Obesity was adopted in November 2006 at the WHO European Ministerial Conference on Counteracting Obesity *(10)*. The Charter sets the goal of reversing the trend in childhood obesity by 2015 at the latest, which will require specific targeted action across many sectors. The Charter identifies as key areas of action: reducing marketing pressure, particularly towards children; promoting breastfeeding; reducing free (particularly added) sugars, fat and salt in manufactured products; adequate labelling of the nutritional content of food; and promoting walking, cycling and active living through better urban design and transport policies. The document Promoting physical activity for health – a framework for action in the WHO European Region, also presented at the Conference, provides guidance to Member States, experts and policy-makers on designing and implementing policies and activities which, through multisectoral cooperation, promote physical activity as part of the national public health agenda *(7)*.

The Regional Office will also present the Second Action Plan on Food and Nutrition Policy to the WHO Regional Committee in September 2007 *(11)*. This will address obesity and nutrition-related chronic diseases, micronutrient deficiencies, food insecurity and malnutrition and foodborne diseases.

In 2005, the European Union (EU) launched the Green Paper Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases *(12)*. The purpose of the paper was to consult stakeholders with the aim of identifying a possible contribution at EU level of promoting healthy diets and physical activity. The paper also gave an overview of food labelling legislation. In the same year, the EU also launched the EU platform on diet, physical activity and health *(13)*. Under the leadership of the European Commission, the platform brings together stakeholders from commercial, professional, consumer and other civil organizations to take voluntary action to halt and, hopefully, reverse the rise in obesity, particularly among children. The spirit of the platform is to work under the leadership of the European Commission and to provide an example, which others will choose to follow across Europe, of coordinated but autonomous action by different parts of society to deal with the many aspects of the problem. In the European's Commission White Paper on Food Safety (2000) and the Programme of Community action in the field of public health (2001–2006), there are elements of food, nutrition and physical activity policy.

ASSESSMENT

Overall, there is a reasonably high degree of implementation of policies to reduce childhood obesity, with a considerable number of countries scoring above 12, the mid-point of the scoring scale. The wide range of scores suggests differences in policy efforts and commitment between countries.

The most widely enforced policies are those requiring: (i) a set of recommended nutrient reference values; (ii) labelling of foods with nutritional information; and (iii) national, or participation in an international, health survey to monitor the prevalence of obesity, eating habits, physical activity, lifestyle and health in children. Close collaboration between the parties involved and those responsible for nutrition also indicates successful nutrition-related policy activities. In general terms, responses to this question were positive. Sixteen of the twenty-five participating countries reported that their governments had initiated some form of collaboration between the various parties responsible for the production, manufacture, sales, control and legislation of food and nutrition education.

The health promotion component of the obesity and excess body weight section of CEHAPE RPGII is relatively well addressed in participating countries, although only through nutritional awareness and education. Thirteen of the participating countries have clearly stated policies on health and nutrition education and awareness programmes in schools and strategies to promote and increase the consumption of fruit and vegetables. A further five and nine countries, respectively, implemented these two policies to some degree.

Only a small proportion of countries have clearly stated policies requiring a minimum of 30 minutes of physical activity per day at schools, and 60% of the participating countries have no legislation in this connection. According to the international inventory of documents on physical activity promotion *(14)*, most of the policies to encourage physical activity focus on cycling as well as walking.

Policies addressing the responsible advertising and marketing of food products for children are poorly implemented. This is a particularly important area, as evidence clearly shows the link between the promotion of unhealthy food and drink to children and poor diets (increasing the risk of obesity and excess body weight).

DATA UNDERLYING THE INDICATOR

Data source

The 25 participating countries with the consultation of experts, public health professionals and policy-makers.

Description of data

Data were collected using a questionnaire. A score of 0, 1 or 2 was given to each of the 12 policies based on the three options: 0 = no policy; 1 = partly implemented or enforced; 2 = substantially implemented or enforced. Countries also supplied the titles of the legal measures and the year of their implementation.

Method of calculating the indicator

The indicator is presented as a composite index (sum of scores for each item of the policy questionnaire).

Geographical coverage

ENHIS-2 project countries: Austria, Bulgaria, the Czech Republic, Estonia, Finland, France, Greece, Hungary, Italy, Lithuania, the Netherlands, Poland, Romania, Slovakia, Slovenia, Spain. Volunteering countries: Albania, Armenia, Belgium, Croatia, Malta, Sweden, The former Yugoslav Republic of Macedonia, the United Kingdom (England), Uzbekistan.

Period of coverage

2005–2006.

Data quality

The indicator does not yet cover the full range of available policy options. The strength of the data obtained lies in the fact that countries reported a high level of understanding and applicability of the 12 policy options and confirmed the existence and availability of the information needed to respond to the questionnaire. Generally, the countries that participated in the earlier ENHIS project considered the indicator to be highly relevant in terms of policy-making *(15)*.

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