

International Policy overview: Obesity prevention

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This policy overview is based on the EUphact 'overweight', which was published in EUPHIX in March 2007. See http://www.euphix.org/object_class/euph_body_measures.html. The EUphact has been updated and restructured.

This policy overview is linked to the following topic in the National Public Health Compass [in Dutch] (National Kompas Volksgezondheid): > [Preventie gericht op lichaamsgewicht](#) (prevention aimed at body weight), especially to the subtopic:

- [Wat is het bereik en wat zijn de effecten?](#) (What is the reach and what are the effects of intervention?)
 - [Zijn er verschillen tussen Nederland en andere landen?](#) (Are there differences between the Netherlands and other countries?)
-

This policy overview is linked to the following European Community Health Indicators (ECHI):

- [42. Body Mass Index](#)
- [52. Physical Activity](#)
- [86. Policies on Healthy Nutrition](#)

Currently no data for the last two indicators are available yet in the European Health Indicators database/[data presentation tool](#) at the website of the European Commission.

1a. Summary

Obesity prevention policies: evidence for effective policy measures and interventions

Interventions for obesity prevention mainly focus on nutrition, physical activity or both aspects in several settings. Multi-faceted interventions at schools are proven to be effective. Nutrition-based interventions at schools seem to be effective as well. Economic instruments may have an effect, although there is insufficient evidence. Community-based interventions may be effective.

Obesity prevention policies in international perspective: EU policies and strategies

In May 2007, the European Commission launched the White Paper on a Strategy for Europe on Nutrition, Overweight and Obesity Related Health Issues. The White Paper builds on the Green Paper Promoting Healthy Diets and Physical Activity. The purpose of the White Paper is to set out an integrated EU approach to contribute to reducing ill health due to poor nutrition, overweight and obesity. The paper underlines the following four principles for action:

1. Actions should aim to address the root causes of the health related risks;
2. The actions are intended to work across government policy areas and at different levels of government;
3. The strategy will require action from a wide range of private actors and actors at local level;
4. Monitoring will be essential.

The White Paper defines several topics as a guideline for the actions, which are the following:

- Developing partnerships for action at European level;
- Strengthening local networks for action;
- Better informed consumers;
- Making the healthy option available;
- Encouraging physical activity;
- Priority groups and settings;
- Developing the evidence base to support policy making;
- Developing monitoring systems.

In 2010, a [mid-term evaluation](#) of the Strategy was carried out.

Obesity prevention policies in international perspective: the role of WHO

The WHO Global Strategy on Diet, Physical Activity and Health, launched in May 2004, is the most important document of the WHO in the field of obesity prevention. The content of the Strategy was established after regional consultations with Member States and consultations with UN organizations, other intergovernmental bodies, and representatives of civil society and the private sector. As the title suggests, the Strategy addresses diet and physical activity, two of the main risk factors for noncommunicable diseases and the leading risk factors for obesity. The overall goal of the Global Strategy on Diet, Physical Activity and Health is to promote and protect health by guiding the development of an enabling environment for sustainable actions at individual, community, national and global levels that will lead to reduced disease and death rates related to unhealthy diet and physical inactivity. The Strategy recommends several principles of action for the development of national and regional strategies and action plans. Furthermore, the Strategy describes the responsibilities

of the involved parties (Member States, WHO, international partners, civil society and NGOs, and the private sector) and provides recommendations.

On the European level, the European Charter on Counteracting Obesity is the main policy document for obesity prevention. It is signed by the Ministers of health and delegates attending the WHO European Ministerial Conference in November 2006 as a declaration of their commitment to strengthen action on counteracting obesity and to place the issue of obesity high on the political agenda of their governments. The ultimate goal of action is to curb the obesity epidemic and reverse the trend. Principles for action and a framework, linking the main actors, policy tools and settings, are set out in the Charter. European action plans on nutrition and physical activity are developed to translate the principles and framework into specific action packages and monitoring mechanisms.

National obesity prevention policies and strategies

Several European countries have specific national obesity prevention policy documents, such as obesity action plans or obesity prevention strategies, in place. Up to 2007, these were identified in Croatia, Czech Republic, Denmark, Ireland, Netherlands, Poland, Portugal, Slovakia, and Spain. In some countries in Europe, an institution is established to tackle obesity. Most national interventions take place at the school setting and a lot of campaigns aimed at obesity, diet or physical activity are identified.

1b. Nederlandse samenvatting (summary in Dutch)

Beleid rond obesitaspreventie: bewijs voor doeltreffende maatregelen en interventies

Interventies op het gebied van obesitaspreventie richten zich voornamelijk op voeding, lichamelijke beweging of beide aspecten in verschillende settings. Veelzijdige interventies op scholen zijn effectief gebleken. Ook op voeding gebaseerde interventies op scholen lijken effectief te zijn. Economische instrumenten zouden effectief kunnen zijn, maar er is onvoldoende bewijs. Interventies in de buurt kunnen effectief zijn.

Obesitaspreventie in internationaal perspectief: EU beleid en strategieën

De Europese Commissie heeft in mei 2007 de 'White Paper on a Strategy for Europe on Nutrition, Overweight and Obesity Related Health Issues' gepubliceerd. Deze is gebaseerd op de 'Green Paper Promoting Healthy Diets and Physical Activity'. Het doel van de White Paper is om een geïntegreerde Europese benadering in te zetten, gericht op het reduceren van ongezondheid door slechte voeding, overgewicht en obesitas. De paper onderstreept vier doelen, namelijk:

- Acties moeten proberen de kernoorzaken van gezondheidsgerelateerde risico's aan te pakken;
- De acties zijn bedoeld om verspreid over verschillende beleidsvelden en verschillende beleidsniveaus te werken;
- De Strategie vereist actie van een breed spectrum aan spelers op zowel privé als lokaal niveau;
- Monitoren is essentieel.

De White Paper definieert verschillende onderwerpen als richtlijn voor de acties:

- Het ontwikkelen van samenwerkingsverbanden voor acties op Europees niveau;
- Lokale netwerken voor acties versterken;
- Beter geïnformeerde consumenten;
- De gezonde optie beschikbaar maken;
- Lichamelijke beweging aanmoedigen;
- Doelgroepen en settings;
- Bewijslast (evidence) verzamelen en ontwikkelen om beleidsmakers te ondersteunen;
- Monitoring systemen ontwikkelen.

In 2010 werd er een [evaluatie](#) van de Strategy uitgevoerd.

Obesitaspreventie in internationaal perspectief: de rol van de WHO?

De in mei 2004 gelanceerde WHO Global Strategy on Diet, Physical Activity and Health is het belangrijkste document van de WHO op het gebied van obesitaspreventie. De inhoud van de Strategy werd bepaald na regionale raadplegingen met lidstaten en overleg met UN organisaties, andere intergouvernementele organen en vertegenwoordigers van de burgersamenleving en privésector. Zoals de titel al suggereert, richt de Strategy zich op dieet en lichamelijke beweging, twee van de belangrijkste risicofactoren voor niet-overdraagbare aandoeningen en de belangrijkste risicofactoren voor obesitas. Het hoofddoel van de Strategy is het promoten en beschermen van de gezondheid door de ontwikkeling te begeleiden van een stimulerende omgeving voor duurzame acties op individueel, lokaal, nationaal en mondiaal niveau, welke zullen leiden tot een vermindering van de ziekte- en sterftcijfers gerelateerd aan een ongezond dieet en onvoldoende lichamelijke beweging. De Strategy adviseert verschillende actieprincipes voor het ontwikkelen van nationale en

regionale strategieën en actieplannen. Verder beschrijft de Strategy de verantwoordelijkheden van de betrokken partijen (lidstaten, WHO, internationale partners, burgers, NGO's en de privésector) en worden er adviezen gegeven.

Op Europees niveau is de European Charter on Counteracting Obesity het belangrijkste beleidsdocument voor de preventie van obesitas. Het document is getekend door de gezondheidsministers en afgevaardigden die de WHO European Ministerial Conference in november 2006 bijwoonden, als een verklaring van hun belofte om acties gericht op het tegengaan van obesitas te versterken en om obesitas hoger op de politieke agenda van hun overheid te plaatsen. Het ultieme actiedoel is om de obesitasepidemie te stoppen en de trend te keren. Actieprincipes en een raamwerk dat de hoofdspelers, beleidsinstrumenten en settings koppelt worden uiteengezet in de Charter. Europese actieplannen op het gebied van voeding en lichamelijke beweging worden ontwikkeld om de principes en het raamwerk in specifieke actiegroepen en monitoring mechanismen om te zetten.

Beleid en strategieën op het gebied van obesitaspreventie op nationaal niveau

Meerdere Europese landen hebben specifieke beleidsdocumenten gericht op obesitaspreventie, zoals actieplannen of preventiestrategieën voor obesitas. Deze werden tot en met 2007 geïdentificeerd in Tsjechië, Denemarken, Ierland, Nederland, Polen, Portugal, Slowakije en Spanje. Sommige landen in Europa hebben een organisatie opgericht om obesitas aan te pakken. De meeste nationale interventies vinden plaats op schoolniveau en veel campagnes gericht op obesitas, dieet of lichamelijke beweging zijn geïdentificeerd.

2. Definition and Scope

2.1. Description of the problem that needs to be addressed

Overweight and obesity are defined as abnormal or excessive body fat accumulation that may impair health. During the last decades the prevalence of overweight and obesity has been increasing, leading to a growing concern in the public health field. This is not surprising, since obesity is a risk factor for many diseases, such as diabetes, ischemic heart disease, ischemic stroke, hypertension, colon cancer, breast cancer, endometrial cancer and osteoarthritis. The fundamental cause of overweight and obesity is an energy imbalance between the calories consumed and the calories expended. The global increase in overweight and obesity can be attributed to, among other factors, the global shift in diet towards an increased intake of energy-dense foods, high in fat and sugars but low in micronutrients, and the trend towards decreased physical activity due to an increase in sedentary work and urbanization, and changing modes of transportation (WHO, 2007).

2.2. Which types of policies are described in this overview?

In this overview a range of policies to prevent and reduce overweight and/or obesity is described. Obesity policies may consist of both actions to promote the demand for and supply of healthier food and actions to promote physical activity in the population. These include price regulations, advertising regulations, changes in the environment to stimulate physical activity, education and many others. Policies in other areas that relate to obesity may also be addressed. This policy overview aims to provide brief information on the range and effectiveness of such strategies, which may range from national law to local preventive interventions. Obviously the (potential) role of the government differs depending on the type of strategy discussed. Information on obesity prevention in this policy overview is described at a rather general level, as to provide a quick overview of what is known about the effectiveness of different types of strategies, the international (policy) frameworks, and what kind of strategies are being applied in other European countries. More details can be found in the literature and resources used for compiling this policy overview.

2.3. Are there relevant subgroups to address?

During the last three decades the levels of overweight and obesity in the EU population have risen dramatically, particularly among children. [Data on childhood overweight](#) are provided by [International Association for the Study of Obesity](#) (IASO). Overweight and obese children are likely to stay obese in their adulthood and are more likely to develop noncommunicable diseases such as diabetes and cardiovascular diseases at a younger age. Therefore, many interventions to prevent obesity are aimed at children. Furthermore, evidence indicates that obesity disproportionately affects those with low socioeconomic status (SES) in developed countries.

2.4. Limitations related to mapping policies

When describing policies, one is mostly limited to official documents, e.g. laws or national strategy papers. This implies that often it is not clear to what extent rules and regulations are being enforced in practice, or to what extent plans have actually been put into action. This limitation should be taken into account while reading this policy overview. An additional

limitation comes from the fact that only information available in English and/or Dutch has been used for compiling this overview.

2.5. Geographical scope

The focus in this overview mainly is on the European Union. This is firstly because within Europe countries generally are more or less comparable regarding certain background factors that play a role in the development of obesity compared to other regions, although large differences exist within and between Member States. Secondly, a lot of information has been compiled for the European Union Member States/broader European region under the regulatory obesity prevention frameworks provided by the European Union and WHO.

2.6. Terminology applied in international context

Several methods to determine the extent of overweight are used. The most commonly used method is by Body Mass Index (BMI), a measure relating a person's weight and height. The WHO defines a BMI between 25 and 30 as overweight and a BMI equal to or higher than 30 as obese. BMI is considered to be the most appropriate measure of overweight and obesity prevalence at a population level. There are other methods to determine obesity as well, such as abdominal skinfold measures, waist-to-hip ratio, waist circumference, and water tank submersion, but these are costly and impractical to use for population surveys. This policy overview uses the BMI to describe overweight and obesity.

3. Obesity prevention policies: evidence for effective policy measures and interventions

Interventions mainly focus on nutrition, physical activity or both

There is, in general, consensus about the most important risk factors for obesity, namely an unhealthy diet and insufficient physical activity, or more specifically a distorted balance between these two factors. Therefore, most interventions and policy measures aimed at obesity prevention focus on nutrition, physical activity, or both. These measures take place in various settings and with various intervention components. A description of the effectiveness of the most commonly used interventions in the prevention of obesity follows below.

Multi-faceted interventions at schools are effective

Many interventions focus on children, which makes sense because childhood obesity often develops into obesity at adult age. Multi-faceted interventions at schools, taking all aspects into account, are shown to be effective in one review, particularly in girls. These interventions include nutrition education, physical activity promotion, reduction in sedentary behaviour, behavioural therapy, teacher training, curricular material, and modification of school meals and food retailers (Mulvihill and Quigley, 2003). However, a review of educational, health promotion, therapy, counseling and management strategies mainly found that the involved interventions did not have an impact on children's weight. Not even the most recent, comprehensive, intervention, a multifactorial behaviour change intervention conducted over three years, was able to demonstrate a change of weight status in children, although it did show a significant improvement in knowledge and behaviour (Summerbell et al, 2009). The limited evidence for most interventions aimed at children

shows the complexity of the obesity problem and the need to address obesity from several angles.

Nutrition-based interventions at schools seem effective

An increasing amount of attention is paid to the role of schools in preventing obesity in children. Evidence suggests that nutrition guidelines and price interventions focused on healthier foods are effective in improving the school food intake and students' dietary intake, although not much evaluation is done with regard to the impact on BMI (Jaime and Lock, 2008). Multi-component school-based environmental interventions targeting fruit and vegetable intake are mostly found to be slightly effective in increasing the fruit intake, but hardly affected the vegetable intake. Results of school-based environmental interventions targeting lower fat foods suggest that increasing the availability, reducing prices, and providing point of purchase promotions are feasible and probably effective strategies to increase choice of targeted, healthy, foods (French & Stables, 2003; Goodman & Anise, 2006).

Economic instruments may have effect, although there is insufficient evidence

It is suggested that a modest tax on sugar-sweetened beverages could both raise significant revenues and reduce sugar-sweetened beverages consumption, which could lead to an obesity reduction through a decrease in body weight (Andreyeva et al, 2009). Small taxes on soda, whether at school or other places, are unlikely to have measurable effects on soda consumption or obesity among children overall, although more noticeable effects may occur in population subgroups at higher risk for obesity, such as those with low SES (Powell and Chaloupka, 2009). A causal relationship between policy-related economic instruments on a macro-environmental level, such as taxes, price changes or subsidies, and a lower consumption of saturated fats and energy-dense foods has not been scientifically proven, although indirect evidence suggests that such a causal relationship is plausible. At the moment, however, there appears to be insufficient evidence to support widespread implementation of policy-related economic instruments intended to reduce consumption of foods high in saturated fats for preventing or reducing obesity levels in the general population (Goodman and Anise, 2006).

Community-based interventions may be effective

The well-known [Fleurbaix Laventie Ville Santé \(FLVS\) study](#) in France has triggered the interest in interventions within the community. This community-based intervention was the beginning of the EPODE methodology (*see Textbox 1*) and led to a significant decrease in mean BMI and the prevalence of overweight tended to decrease, being significantly lower than nearby comparison towns (Romon et al, 2009). Another review found community-based interventions to be effective as well. The average results of the involved interventions were small, but wide-spread (Bemelmans et al, 2004). However, several reviews did not find consistent or conclusive evidence to support the effectiveness of multi-component community wide interventions, both for the prevention of obesity and to increase population levels of physical activity (Mulvihill and Quigley, 2003; Baker et al, 2011).

Textbox 1: the EPODE methodology: Together Let's Prevent Childhood Obesity

In 1992 the University of Lille started an obesity prevention programme aimed at children in two cities, Fleurbaix and Laventie (FLVS). This long-term intervention took place for 12 years and could be distinguished in two periods. The first period was about nutrition education at school and the second covered the whole community in order to deliver the same diet and physical activity related messages to the families. The FLVS study has shown that food education combined with effective involvement of all local stakeholders influences the eating habits of the whole family. The success of the study led to the development of an innovative methodology, EPODE, which is consistent with the French guidelines on diet, nutrition and physical activity. The behaviour-centered methodology encourages individuals and families to adopt healthier lifestyles in a sustainable way. Today, 226 towns in France are enrolled in the EPODE programme. The EPODE methodology has also been transferred to Belgium, Spain and Greece.

4. Obesity prevention policies in an international perspective

European countries work on their obesity prevention policies within different supra- and international settings. They are Member States of the supranational European Union (EU) and have to work under EU rules, regulations and agreements. Further, they collaborate under the umbrella of intergovernmental organizations such as the World Health Organization (WHO). Both perspectives will be addressed here.

4.1. EU policies and strategies

The White Paper on a Strategy for Europe on Nutrition, Overweight and Obesity Related Health Issues is an important EU document for obesity prevention

In May 2007, the European Commission launched the [White Paper on a Strategy for Europe on Nutrition, Overweight and Obesity Related Health Issues](#). The White Paper builds on the [Green Paper Promoting Healthy Diets and Physical Activity](#). The purpose of the White Paper is to set out an integrated EU approach to contribute to reducing ill health due to poor nutrition, overweight and obesity. The paper underlines four principles for action:

1. Actions should aim to address the root causes of the health related risks;
2. The actions are intended to work across government policy areas and at different levels of government;
3. The strategy will require action from a wide range of private actors and actors at local level;
4. Monitoring will be essential.

The White Paper defines the following topics as a guideline for the actions:

- Developing partnerships for action at European level;
- Strengthening local networks for action;
- Better informed consumers;
- Making the healthy option available;
- Encouraging physical activity;
- Priority groups and settings;

- Developing the evidence base to support policy making;
- Developing monitoring systems.

In December 2010, [implementation progress report](#) was released, containing results of the Strategy so far.

The Platform for Action on Diet, Physical Activity and Health is one of the tools used to implement the Strategy

The [EU platform for Action on Diet, Physical Activity and Health](#) started in 2005 and is pointed out as a useful tool to implement the strategy set out in the White Paper, especially for the topics ‘developing partnerships for action at European level’ and ‘strengthening local networks for action’. This platform is a forum for European-level organizations willing to commit to tackling current trends in diet and physical activity operating under the leadership of the European Commission. Actors can explain their plans to actually contribute to the pursuit of healthy nutrition, physical activity and the fight against obesity, and outcomes and experience from actors’ performance can be reported and reviewed to assemble evidence of what works and to clearly define ‘best practice’. In 2010, an [evaluation of the the European platform for action on diet, physical activity and health](#) was published to assess the extent to which it has been effective.

High Level Group on Nutrition and Physical Activity works together with the Platform
[The High Level Group on Nutrition and Physical Activity](#) consists of government representatives of the 27 EU Member States plus Norway and Switzerland. It seeks European solutions to obesity-related health issues by providing an overview of all government policies on nutrition and physical activity, helping governments share policy ideas and practice, and improving liaison between governments and the Platform to quickly identify and agree on public-private partnerships.

Policies in other areas may contribute to obesity prevention as well

Some policy documents do not have the prevention of obesity as a primary goal, but can contribute to it as well. An example is the [Action Plan on Urban Mobility](#), launched in 2009 by the European Commission. The Action Plan for example highlights the need to respond to health problems. Moreover, action 3 is directly related to health: ‘transport for healthy urban environments’. It states that ‘*The Commission supports the development of partnerships towards healthy environments and will explore, in the context of its work on public health, notably in the implementation of the strategies on nutrition, overweight and obesity, environment and health, injury prevention and cancer, further synergies between public health and transport policy.*’ A healthy environment may stimulate exercise and thus have a role in the prevention of obesity among the population. The [White Paper on Sport \(2007\)](#) contributes to a higher level of exercise as well. The paper explicitly highlights the enhancement of public health through physical activity. The White Paper on Sport and the White Paper on a Strategy for Europe on Nutrition, Overweight and Obesity Related Health Issues will complement each other in actions to reverse the decline in physical activity.

Several legal documents may contribute to obesity prevention

The European Union has several legally binding documents in power that may contribute to the prevention of obesity as well. [Regulation \(EC\) no. 1924/2006 on Nutrition and Health Claims Made on Foods](#) deals with, as the name suggests, nutrition and health claims and aims to provide a higher level of consumer protection and to harmonize legislation across the EU. [The Audiovisual Media Services Directive](#) addresses food advertising linked to children’s programs.

4.2. Impact of WHO and other intergovernmental organizations

WHO initiatives at global level

WHO Global Strategy on Diet, Physical Activity and Health is an important global document
[The WHO Global Strategy on Diet, Physical Activity and Health](#), launched in May 2004, is WHO's most important document in the field of obesity prevention. The content of the Strategy was established after regional consultations with Member States and consultations with UN organizations, other intergovernmental bodies, and representatives of civil society and the private sector. As the title suggests, the Strategy addresses diet and physical activity, two of the main risk factors for noncommunicable diseases and the leading risk factors for obesity. The overall goal of the Global Strategy on Diet, Physical Activity and Health is to promote and protect health by guiding the development of an enabling environment for sustainable actions at individual, community, national and global levels that will lead to reduced disease and death rates related to unhealthy diet and physical inactivity. The four main objectives are:

- to reduce the risk factors for noncommunicable diseases that stem from unhealthy diets and physical activity through public health action and health-promoting and disease-preventing measures;
- to increase the awareness and understanding of the influences of diet and physical activity on health and of the positive impact of preventive interventions;
- to encourage the development, strengthening and implementation of sustainable and comprehensive policies and action plans to improve diets and increase physical activity on all levels;
- and to monitor scientific data and key influences on diet and physical activity, support research and strengthen human resources needed in the field to enhance and sustain health.

The Strategy recommends several principles of action for the development of national and regional strategies and action plans. These principles include, among others, strategies being based on the best available scientific research and evidence, a life-course perspective and prioritization of actions focused on the poorest population groups. Furthermore, the Strategy describes the responsibilities of the involved parties (Member States, WHO, international partners, civil society and NGOs, and the private sector) and provides recommendations.

Other WHO policy documents may contribute to obesity prevention as well

In May 2008 WHO launched the [Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases](#), based on the vision of the Global Strategy for the Prevention and Control of Noncommunicable Diseases from 2000. One of the objectives of the 2008-2013 Action Plan for the Global Strategy for the Prevention and control of Noncommunicable diseases is to reduce the level of exposure of individuals and populations to the common risk factors for noncommunicable diseases, which are tobacco consumption, unhealthy diet and physical activity. Subsequently, the Action Plan addresses obesity as well, as unhealthy diet and physical activity are the leading risk factors for obesity as well. The [Global Recommendations on Physical Activity for Health](#) indirectly target obesity in the same manner.

WHO initiatives at European level

The European Charter on Counteracting Obesity is the leading policy document for obesity prevention for the WHO-Euro

On a European level, [the European Charter on Counteracting Obesity](#) is the main policy document for obesity prevention. It is signed by the ministers of health and delegates attending the WHO European Ministerial Conference in November 2006 as a declaration of their commitment to strengthen action on counteracting obesity and to place the issue of obesity high on the political agenda of their governments. The ultimate goal of action is to curb the obesity epidemic and reverse the trend. Principles for action and a framework, linking the main actors, policy tools and settings, are set out in the Charter. European action plans on nutrition and physical activity are developed to translate the principles and framework into specific action packages and monitoring mechanisms.

Action plans and frameworks focusing on nutrition and physical activity may have an effect on obesity

The [European Action Plan for Food and Nutrition Policy 2007-2012](#) is the second action plan for food and nutrition policy, following the 2000-2005 edition. It addresses the main public health challenges in the area of nutrition, food safety and food security. The aim of the Action Plan is to harmonize activities and to promote synergy in the use of resources at national level. The Action Plan identifies several health challenges, among which obesity in children and adolescents. Therefore, one of the goals is to reverse the obesity trend in children and adolescents. The [European Framework to Promote Physical Activity for Health](#) recognizes the importance of physical activity as a cause of obesity as well. One of the objectives of the document is therefore to call for national awareness of and attention to a lack of physical activity and sedentary lifestyles as determinants that can lead to obesity. The [European Strategy for Child and Adolescent Health and Development](#) has nutrition as one of the priority areas for action and recognizes obesity as one of the most worrying emerging health concerns.

WHO Networks

The WHO Euro has established several networks related to obesity prevention. One of them is the [European Childhood Obesity Surveillance Initiative](#) (COSI). This surveillance system is implemented in fifteen countries in the European Region and aims to routinely measure trends in overweight and obesity in primary school children to understand the progress of the epidemic and to make international comparisons. The [Nutrition-Friendly Schools Initiative](#) (NFSI) aims to provide a framework for designing school-based intervention programs which address the double burden of nutrition-related ill health. The NFSI builds on and interconnects several agencies and networks dealing with the subject. The [European action network on reducing market pressure](#) to children focuses on the youth as well. Nineteen countries aim to protect children's health by sharing experiences and best practices in order to identify and implement specific actions that will substantially reduce the extent and impact of all marketing to children of high salt, energy-dense, micronutrient-poor foods and beverages. The most recently established network is the [Obesity and Health Inequalities Network](#) (2010), in which 8 countries will work together to find ways to address inequalities and socioeconomic gaps in relation to nutrition, food safety and physical activity.

WHO/Europe has established a database for policies on nutrition, physical activity and obesity

Recently, WHO/Europe has mapped policies on nutrition, physical activity and obesity throughout the European Region in a database. The [WHO European database on nutrition, obesity and physical activity \(NOPA\)](#) has been created in close collaboration with health ministries and with support from the European Commission. It includes details on more than 300 national and subnational policies in the WHO European Region that address nutrition, physical activity or obesity.

Other Intergovernmental organizations contributing to obesity prevention

A few other intergovernmental organizations focus on obesity

The [European Association for the Study of Obesity \(EASO\)](#) is an individual membership association established in 1986. EASO aims to promote research into obesity, facilitate contact between individuals and organisations, and promote action that tackles the epidemic of obesity. It has networks in 30 countries, plays a major role in EU/WHO projects, has several active Task Forces, organises educational activities throughout the region and hosts an annual congress. The [International Association for the Study of Obesity \(IASO\)](#) is a non-profit umbrella organization linking regional and national associations with professional members in scientific, medical and research organisations. 56 Countries are represented in IASO. Its mission is to improve global health by promoting the understanding of obesity and weight-related diseases through scientific research and dialogue, whilst encouraging the development of effective policies for their prevention and management.

5. National obesity prevention policies and strategies

Some countries have specific obesity policies

Most countries in the European Union have developed action plans or public health strategies directly or indirectly related to obesity. Some European countries have specific national obesity prevention policy documents, such as obesity action plans or obesity prevention strategies, in place. Up to 2007, these were identified in Czech Republic, Denmark, Ireland, the Netherlands, Poland, Portugal, Slovakia, and Spain (WHO, 2007). Denmark was the first country in the European Union to launch a specific action plan to prevent the development of obesity and reduce its prevalence in 2003, with the [National Action Plan against Obesity](#). The overall objectives of the Action Plan are to prevent more persons from developing a BMI equal to or over 30 and to reduce body weight among persons with a BMI equal to or over 30. In the Action Plan, 66 recommendations are given, aimed at different target groups and areas. These include the development of policies on key areas in different settings; the education and qualifications of professionals with respect to the prevention of overweight and treatment of obesity; information activities; and research on and development of prevention and treatment methodologies. Countries without a specific obesity policy address obesity in policies aimed at food and nutrition, physical activity or noncommunicable diseases, or in general health strategies (WHO, 2007). See Table 1 for more information.

Table 1: Overview of policy documents in place that contribute to obesity prevention, up to 2007*

Country	National policy documents in which obesity is addressed			
	Obesity	Diet/Nutrition	Physical Activity	Other
Austria				•
Belgium		•		
Bulgaria		•		
Cyprus		•		
Czech Republic	•	•	•	
Denmark	•			•
Estonia		•		•
Finland		•		
France		•		
Germany		•	•	
Greece		•		
Hungary		•		•
Ireland	•		•	•
Italy				•
Latvia		•		•
Lithuania		•	•	
Luxembourg		•	•	
Malta		•		•
Netherlands	•		•	•
Poland	•	•	•	
Portugal	•			•
Romania		•		•
Slovakia	•	•	•	•
Slovenia		•		
Spain	•	•		
Sweden		•	•	
United Kingdom		•	•	

Source: WHO, 2007

* For up-to-date information about prevention policies, see WHO European database on nutrition, obesity and physical activity ([NOPA](#)).

Few countries have established an obesity institution

In some countries in Europe, an institution has been established to tackle obesity. The Czech National Council for Obesity, for example, has the task to design and implement the National action plan against obesity, based on the WHO Global Strategy on Diet, Physical Activity and Health. The Council comprises representatives of several ministries, specialist institutions, health insurance companies, non-profit organizations and universities. Other examples are the Danish Association for the Study of Obesity and the Portuguese Society for the Study of Obesity.

The Netherlands wants to create an integrated, evidence- and practice based national approach towards overweight and obesity

In the Netherlands, three complementary initiatives are facilitated by the Ministry of Health. First of all, the [Knowledge Center Overweight \(KCO\)](#) was established in 2002 to enhance knowledge about the etiology, prevention, treatment options and consequences of

overweight and obesity. Its goal is to provide professionals with access to this knowledge and to encourage research. It also serves as an information desk for professionals and the media, and it supports the Ministry of Health in the development of policy in the field of obesity. Secondly, the former Covenant on Overweight and Obesity, now [Covenant on Healthy Weight](#), was established in 2005 as a public-private partnership, with 20 partners from the (local) government, private sector and other relevant organisations. They work on a joint action plan called 'Striking the Right Balance' and try to make the healthy choice the easiest choice. They carry out various activities in different key areas, namely home, school, work, recreation and knowledge and information. Lastly, the [Partnership Overweight Netherlands \(PON\)](#) was initiated by the Ministry of Health in 2008. It is a collaboration between 18 partners from national organizations of health care providers, health insurance companies, and patient organisations. PON's objective was to facilitate the development and implementation of a chronic disease management model for overweight and obesity. This model involves strategies for diagnosis and early detection of high-risk individuals as well as appropriate integrated lifestyle interventions for those who are overweight and obese and, when appropriate, additional medical therapies. In 2010, the model was launched and is now available for use to optimize health care. The ambition of the collaboration between the three complementary initiatives is to make this the first integrated, evidence based and practice based, national approach for tackling the problem of obesity and overweight (Renders et al, 2010).

Physical activity is stimulated by urban planning policies

Many countries pay attention to a healthy lifestyle, with more physical activity, in urban planning policies. Czech Republic, Denmark, Finland, France, Germany, Norway and the United Kingdom all have national cycling strategies. In Italy, Malta and the United Kingdom, initiatives to discourage parents to drive their children to school by car and to encourage them to go by foot have been promoted. Sweden has introduced housing policy measures in an effort to create environments that support a physically-active lifestyle (WHO, 2007).

Different approaches to the marketing of food and beverages are identified

In Europe, a lot of attention is paid to the marketing of food and beverages to children. Bans on unhealthy product advertising may help to prevent obesity. Some countries have introduced statutory regulations banning the advertising of food and beverages to children, such as Norway and Sweden. Other countries have imposed some limitations or rely on self-regulation by the advertising and media industries, such as the Netherlands, Portugal and Spain. In France, a health warning must be given at all forms of marketing for processed foods and food or drink containing added fats, sweeteners or salt. Otherwise, the advertiser must contribute a tax of 1.5% of the annual expenditure on the advertisement to the funding of nutritional information and education campaigns (WHO, 2007).

A lot of campaigns directed at obesity, nutrition or physical activity have been launched

In almost all countries campaigns to prevent obesity, improve dietary habits or increase the levels of physical activity have been launched. In Austria, the Ministry of Health and Women, for example, launched the health campaign 'Don't forget – eat vegetables!' in collaboration with the food industry and public television. It is an annual initiative with a nationwide 'vegetable day' and educational packages for primary schools. In the Netherlands, many national campaigns are launched by the [Nutrition Centre](#) ('Voedingscentrum'). An example is the introduction of the 'Balance Day', a mass media campaign that promotes a day eating less and taking more exercise after a day of overeating. The Nutrition Centre gives advice on healthy recipes and how to get more exercise.

Most national interventions take place in the school setting

Most national interventions helping to prevent obesity take place in the school setting, with the common goal to change the school environment by providing a good framework for physical activity and for strengthening health education. For instance, Norway ran a pilot project in 2006 with the aim of disseminating models of good practice and advising local school authorities on key success factors. In France, the Public Health Act from 2004 led to a ban on food vending machines in schools. Several countries have made an attempt to provide fruit free of charge in schools or to make it easily accessible, such as France, Latvia, the Netherlands, Norway and the United Kingdom (WHO, 2007).

New media are used in campaigns and interventions

The use of eHealth, such as social media, can improve the reach and effectiveness of campaigns and interventions, especially those aimed at children. Although the United States are far more advanced in using new media in campaigns, an interesting example in Europe is the Change4Life project in the United Kingdom. This public health campaign targets both individuals and families to create a healthier lifestyle by a better diet and improved physical activity. The campaign aims to involve everyone who has an interest in preventing obesity. The [website](#) is full of tips, tools, games and recipes to make easy but helpful changes in lifestyle. It uses Facebook and Twitter as well to help people get more involved.

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- WHO
 - European childhood obesity surveillance initiative:
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 - European action network on reducing food-market pressure on children :
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 - Obesity and health inequalities network :
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