



Overweight and obesity in the WHO European Region

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ISA Conference
Brussels, April 2 2014



World Health Organization

REGIONAL OFFICE FOR

Europe



Organisation mondiale de la Santé

BUREAU RÉGIONAL DE L'

Europe



Weltgesundheitsorganisation

REGIONALBÜRO FÜR

Europa



Всемирная организация здравоохранения

Европейское региональное бюро

Overview

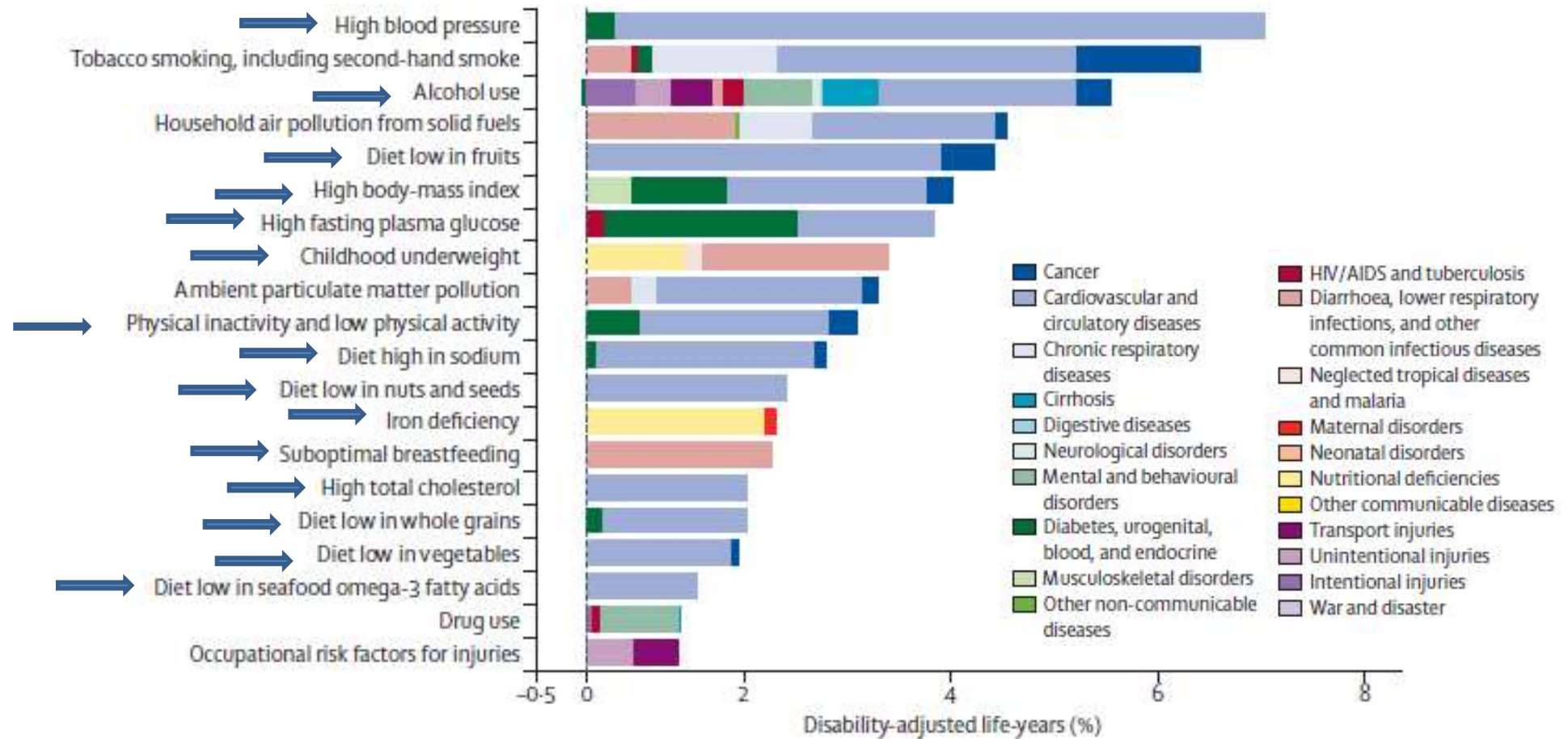
- Brief summary of the situation in the WHO European region as concerns diet, physical activity and obesity
- Summary of current state of play with respect to policies to address nutrition and physical activity
- Update on current WHO Europe health policy
- Policy priorities, role of health systems and health professionals

Diet and physical activity emerging as one of most important risk factors for disease and disability

Nutrition & PA related burden: summary

- Dietary factors are number 1 determinants of DALYs in all countries (GBD 2012)
- 15 of 20 most important risk factors in Global Burden of Disease are related to nutrition and PA
- Physical inactivity in adolescents very high
- In several countries: 3-5 in every 10 children overweight/obese
- 46 countries: over half the population is Overweight or Obese
- All countries way above the WHO salt recommendation
- Countries with 30% stunting!
- Breastfeeding rates are unsatisfactory

GBD – attributable for 20 RF 2010 as % DALY



15 out of 20 RF linked with nutrition and PA

Lim & al. 2012

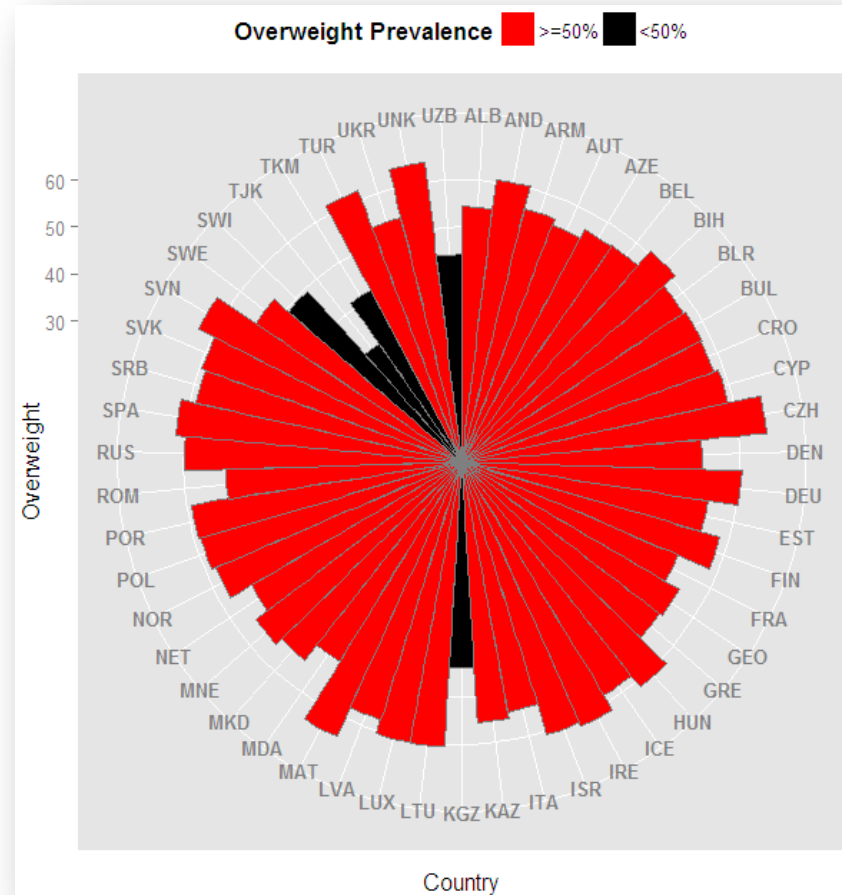
In 46 countries in the European Region



over **50%** of the population is **overweight**



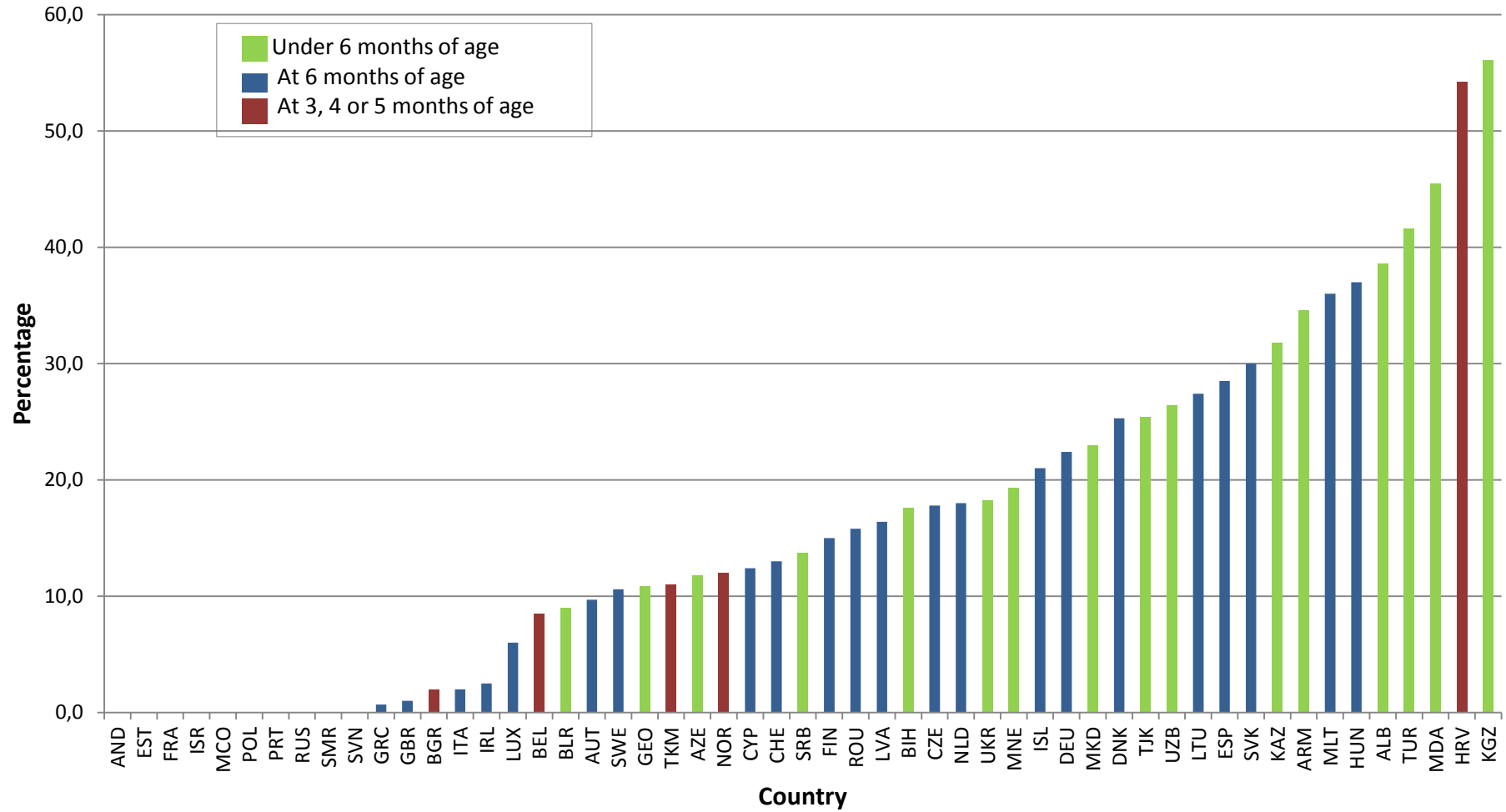
over **20%** the population is **obese**



Inactivity status in the WHO European Region

- WHO estimates that in adults :
 - 63% are not reaching the minimum recommended level of physical activity
 - 20% of those are rated as “inactive”
 - 38% are sufficiently/highly active
- 41% of adults does not engage in any moderate physical activity in a typical week
- Only 22% of 11-year old girls and 30% of boys report at least one hour of daily moderately vigorous physical activity

Prevalence of exclusive breastfeeding (%) under or at 6 months of age from individual country-based surveys, various years



Trends show that unhealthy diet, physical inactivity and overweight/obesity are increasing and/or remain at high levels affecting more the most disadvantaged

WHO European Childhood Obesity Surveillance Initiative 2008: weight, height and body mass index in 6–9-year-old children

T. M. A. Wijnhoven¹, J. M. A. van Raaij^{2,3}, A. Spinelli⁴, A. I. Rito⁵, R. Hovengen⁶, M. Kunesova⁷, G. Starc⁸, H. Rutter^{9*}, A. Sjöberg^{10,11}, A. Petrauskienė¹², U. O'Dwyer¹³, S. Petrova¹⁴, V. Farrugia Sant'Angelo¹⁵, M. Wauters¹⁶, A. Yngve^{17†}, I.-M. Rubana^{18†} and J. Breda¹

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What is already known about this subject

- Overweight and obesity prevalence estimates among children based on International Obesity Task Force definitions are substantially lower than estimates based on World Health Organization definitions.
- Presence of a north–south gradient with the highest level of overweight found in southern European countries.
- Intercountry comparisons of overweight and obesity in primary-school children in Europe based on measured data lack a similar data collection protocol.

What this study adds

- Unique dataset on overweight and obesity based on measured weights and heights in 6–9-year-old children from 12 European countries using a harmonized surveillance methodology.
- Because of the use of a consistent data collection protocol, it is possible to perform valid multiple comparisons between countries.
- It demonstrates wide variations in overweight and obesity prevalence estimates among primary-school children between European countries and regions.

WHO COSI, round (2010):

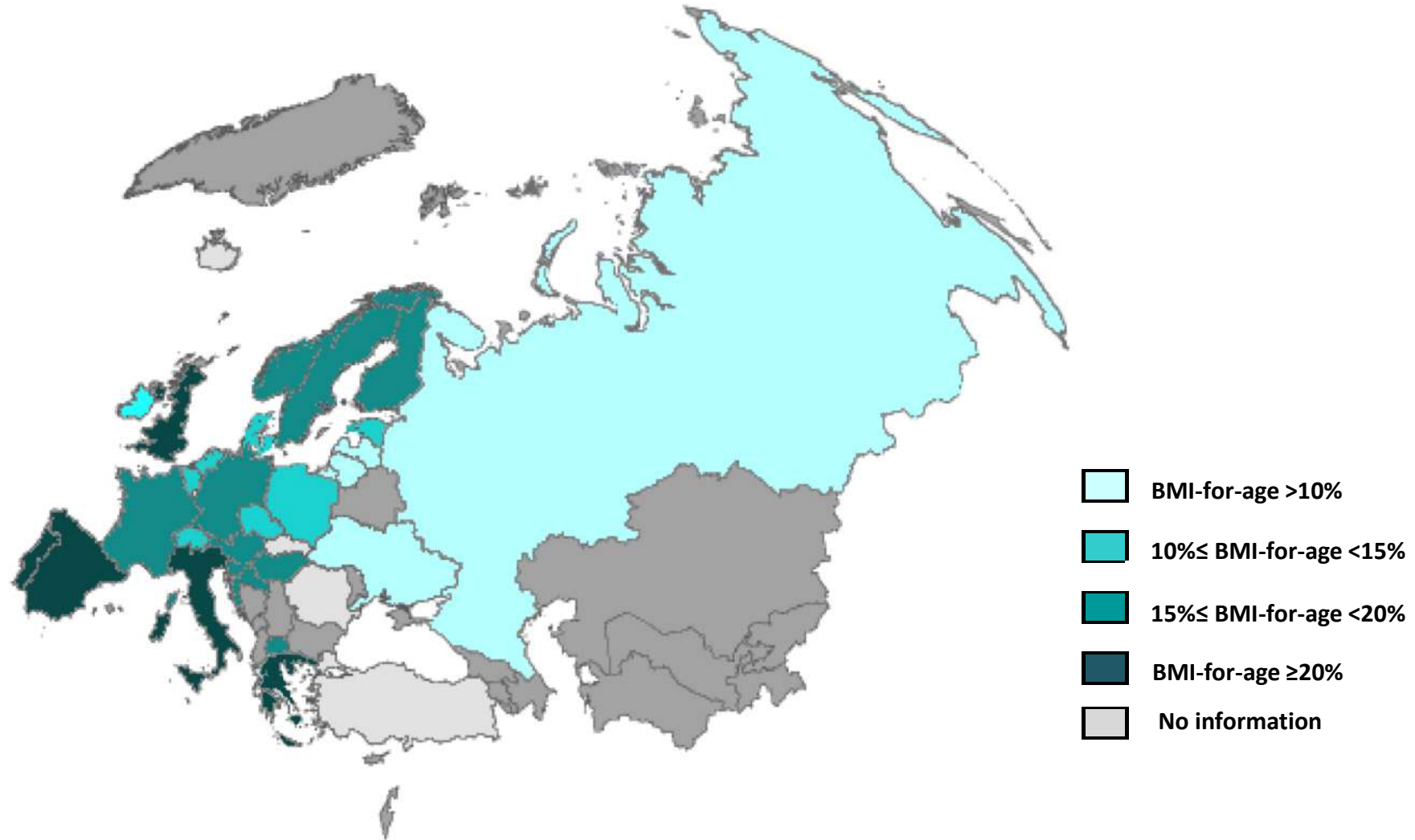
1 in every 3 children aged 6-9 years was overweight or obese

The prevalence of overweight (including obesity) ranged from 24% to 57% among boys and from 21% to 50% among girls.

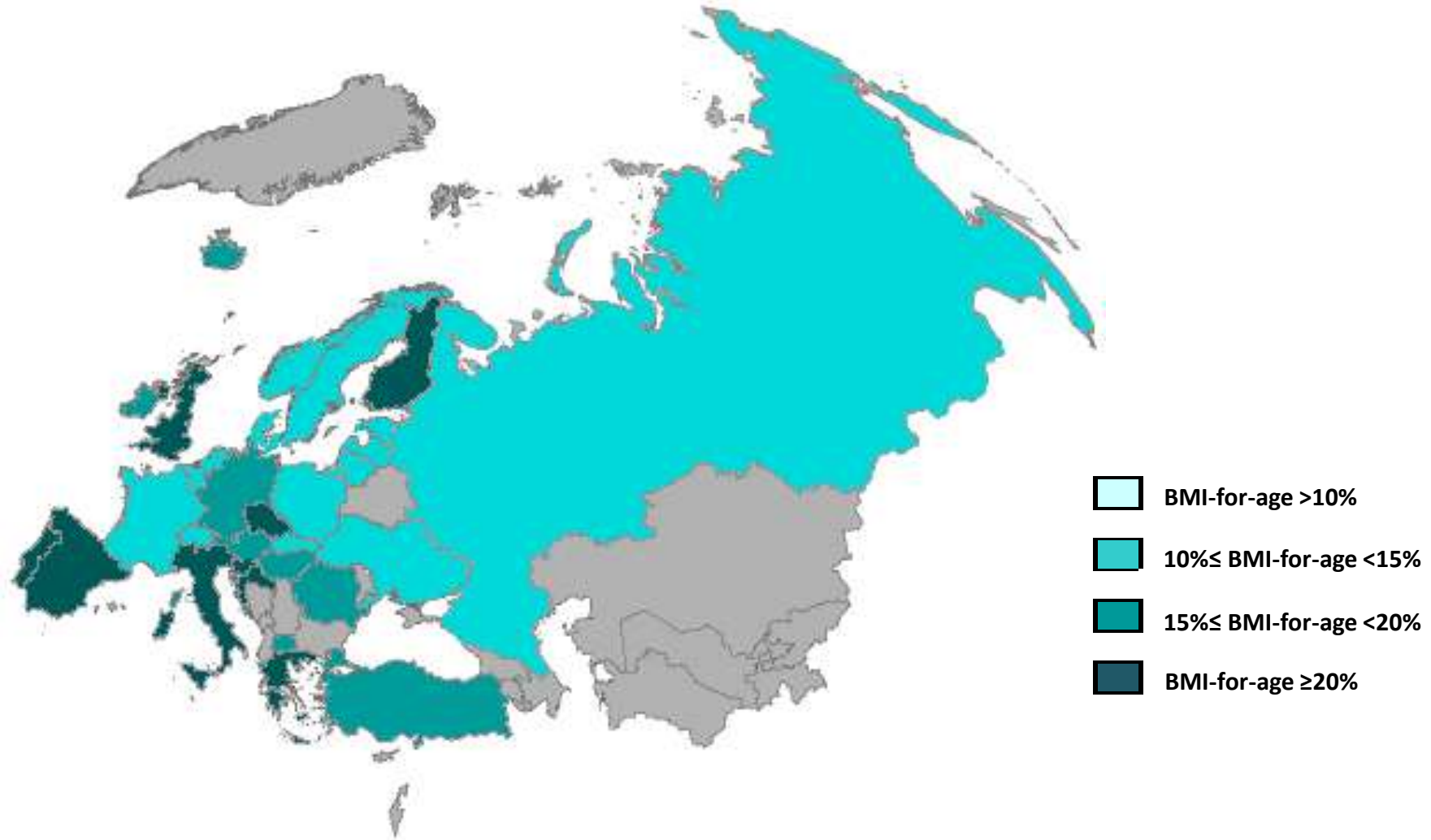
Simultaneously, 9–31% of boys and 6–21% of girls were obese

1/4 in 2008 to 1/3 in 2010

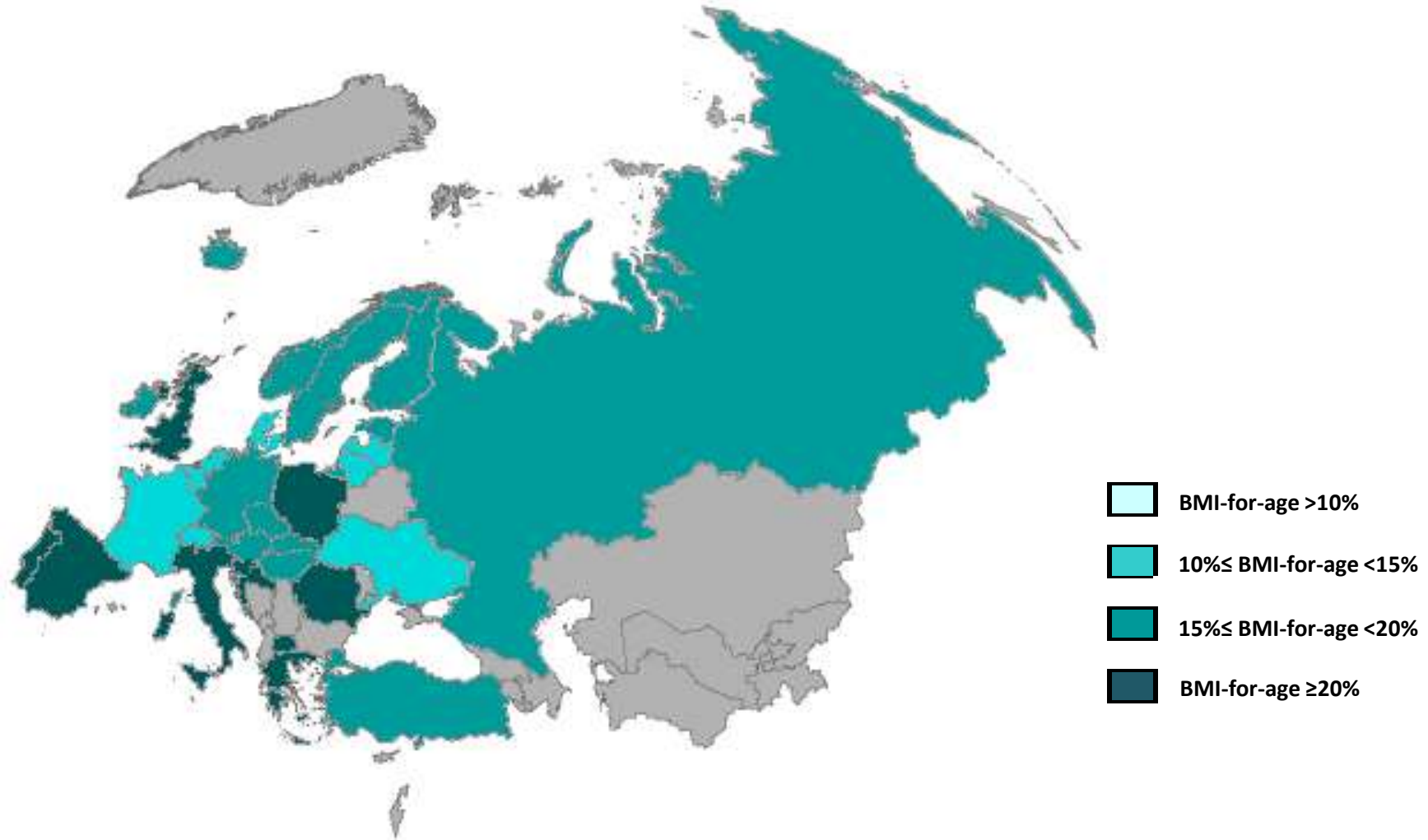
**Prevalence of overweight (BMI-for-age +1SD)
among European adolescents (11, 13 and 15 years old boys and girls) in 2002**



**Prevalence of overweight (BMI -for-age +1SD)
among European adolescents (11, 13 and 15 years old boys and girls) in 2006**



**Prevalence of overweight (BMI -for-age +1SD)
among European adolescents (11, 13 and 15 years old boys and girls) in 2010**





hbosc

HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN
WORLD HEALTH ORGANIZATION COLLABORATIVE CROSS-NATIONAL STUDY



Nutrition, PA and Obesity

International highlights from the HBSC 2009/2010
International Report

Health behaviors: all worsen

Overweight and obesity: all increase

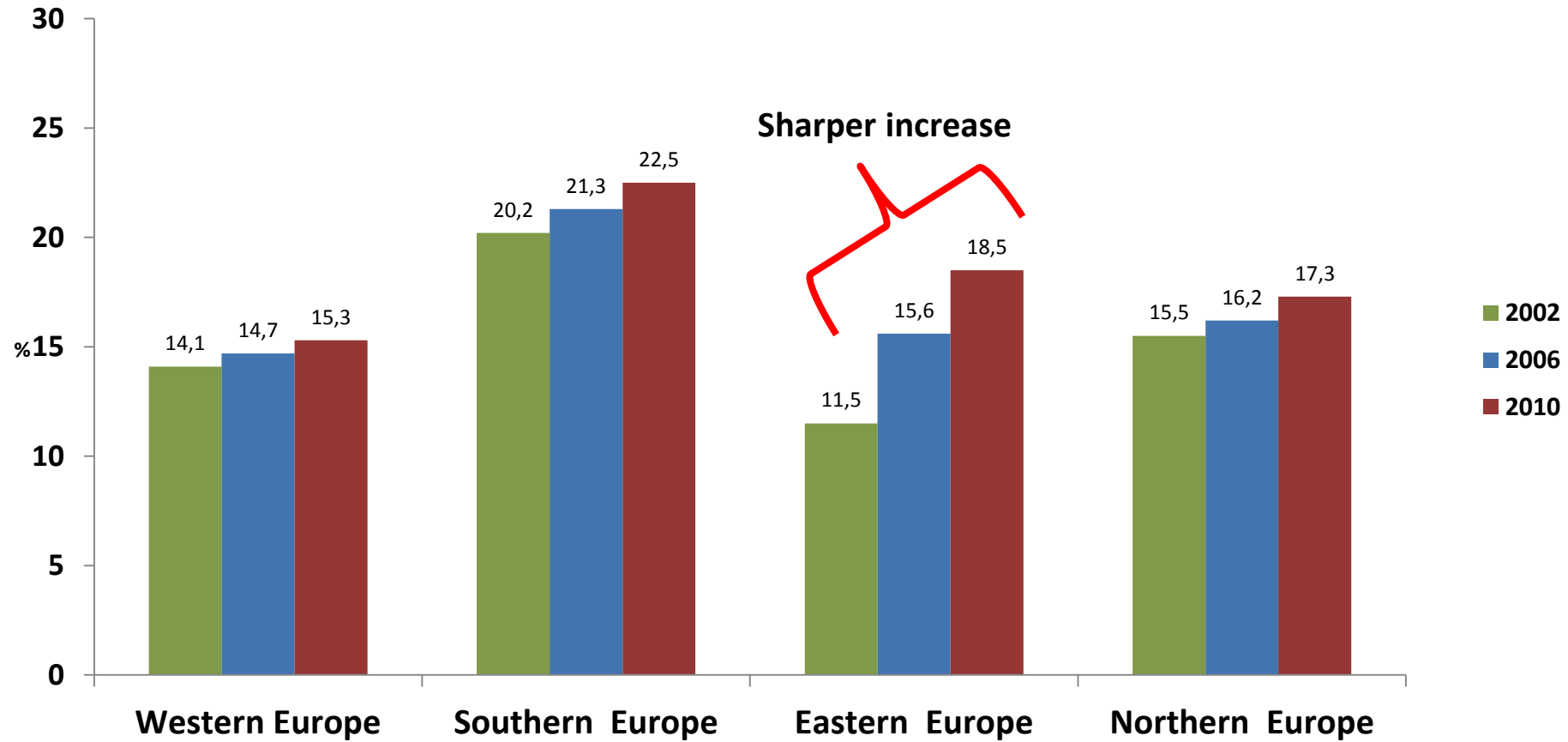
Breakfast: decreases in both boys and girls

Fruit: decreases in both boys and girls

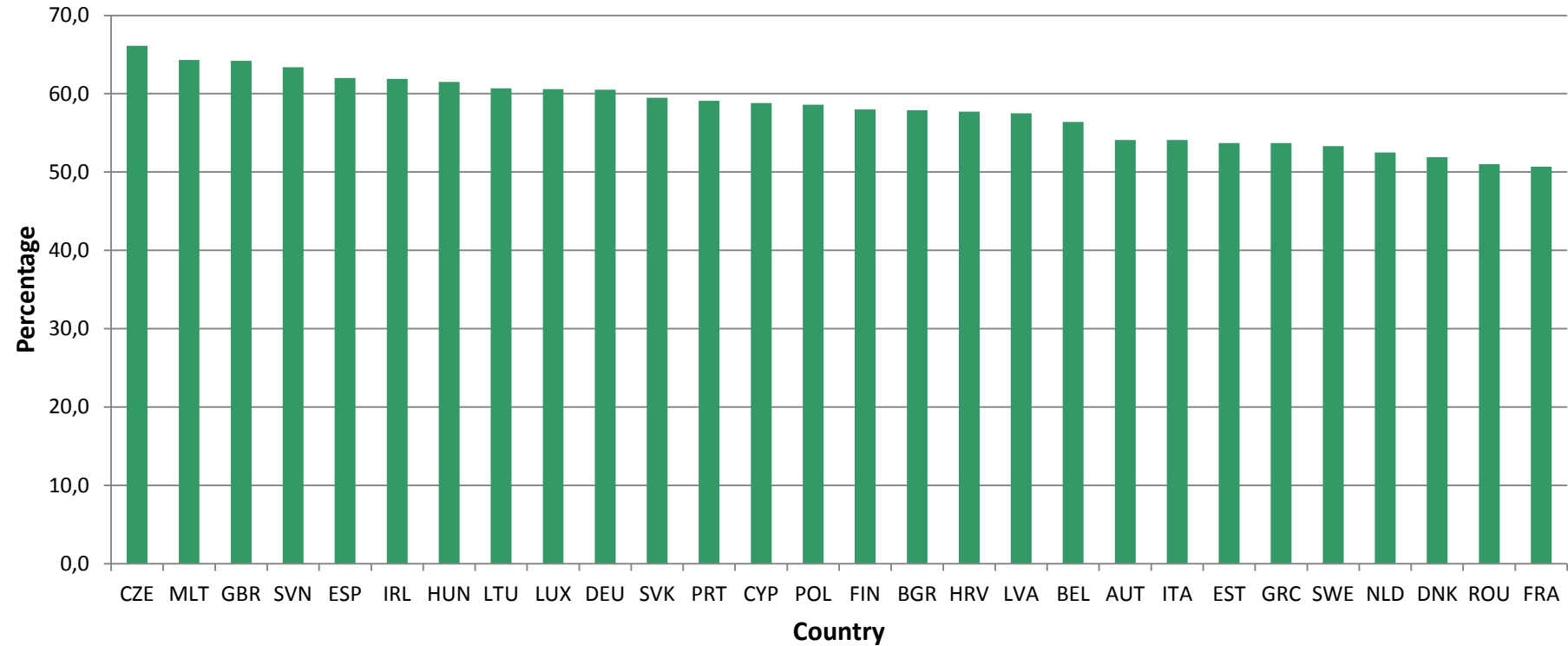
Physical activity: decreases in both boys and girls



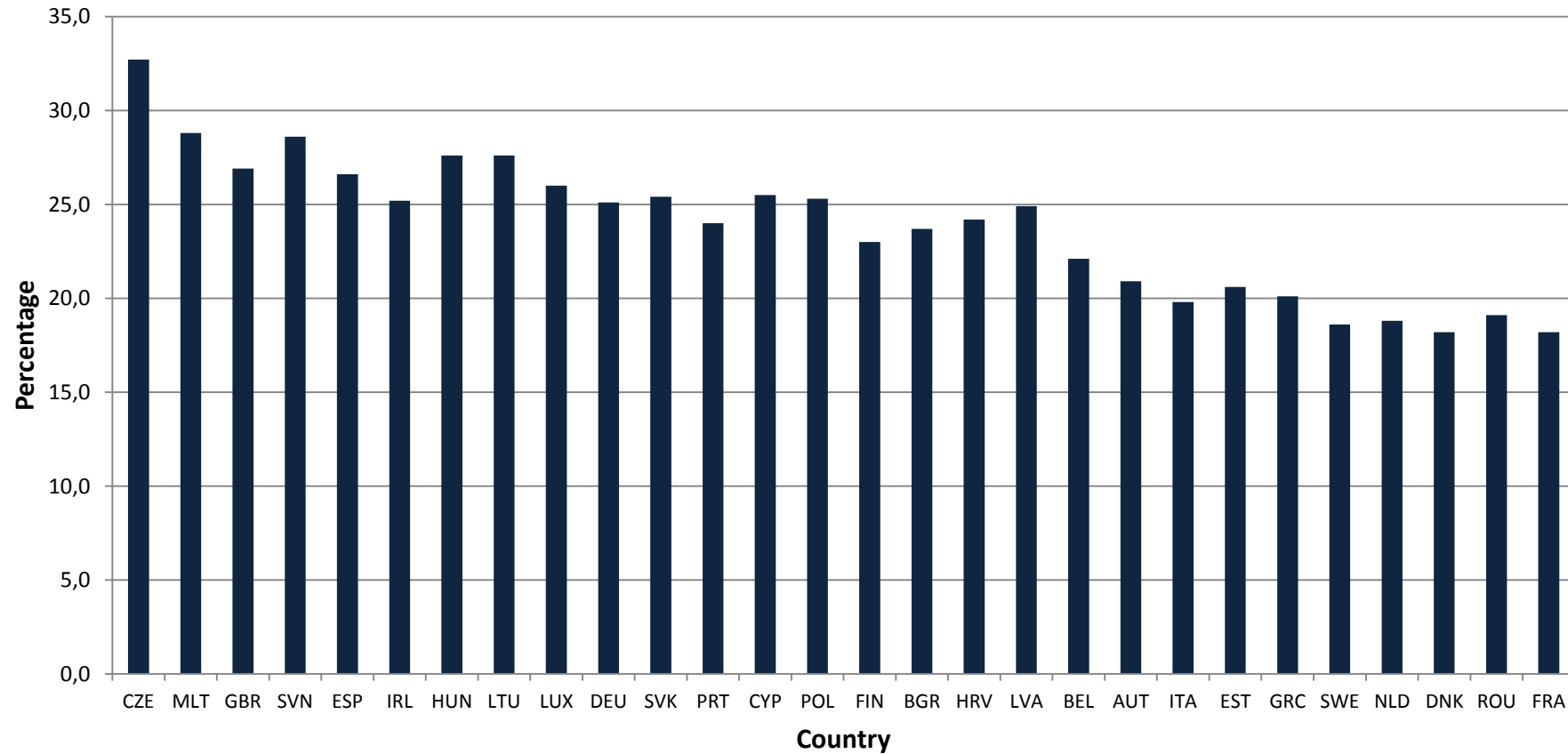
Adolescents - overweight (including obesity) prevalence in youth according to “sub-region”



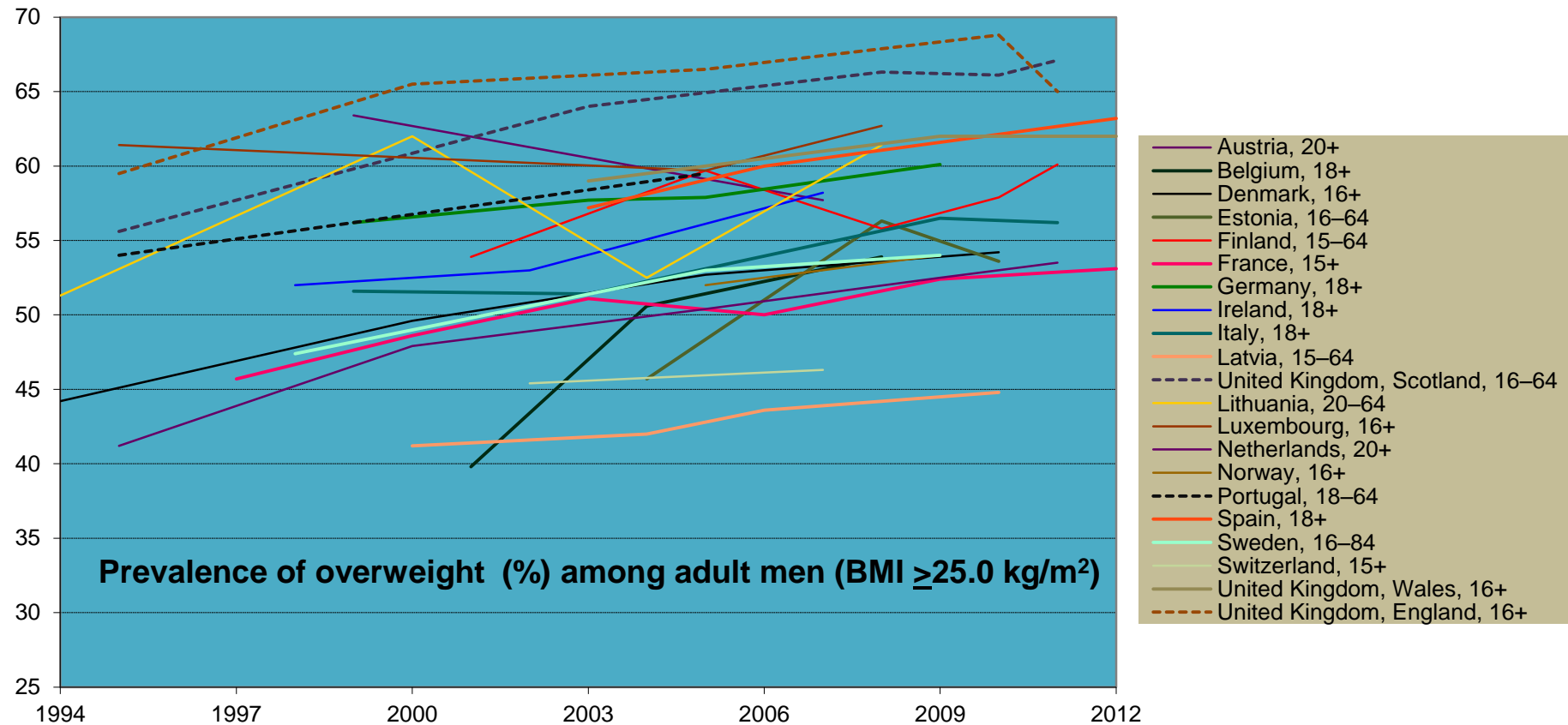
Prevalence of overweight (%) (BMI ≥ 25.0 kg/m²) among adults in the EU based on WHO 2008 estimates



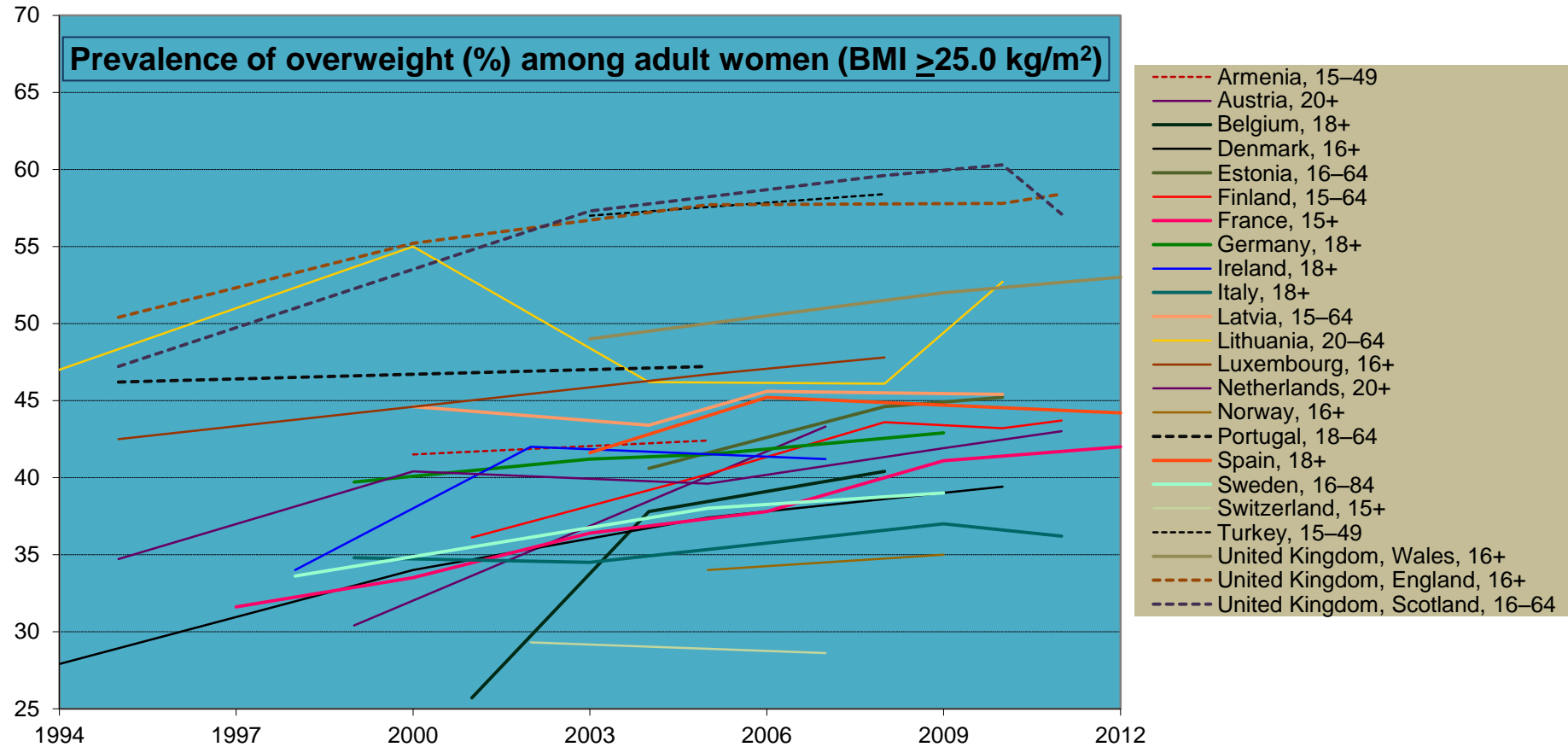
Prevalence of obesity (%) (BMI ≥ 30.0 kg/m²) among adults in the EU based on WHO 2008 estimates

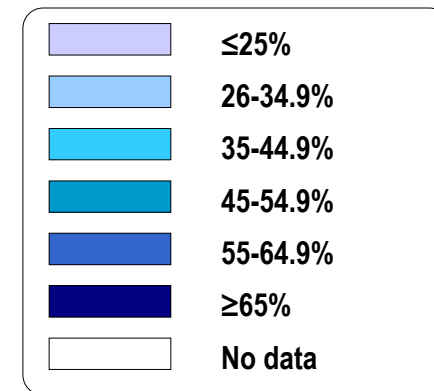
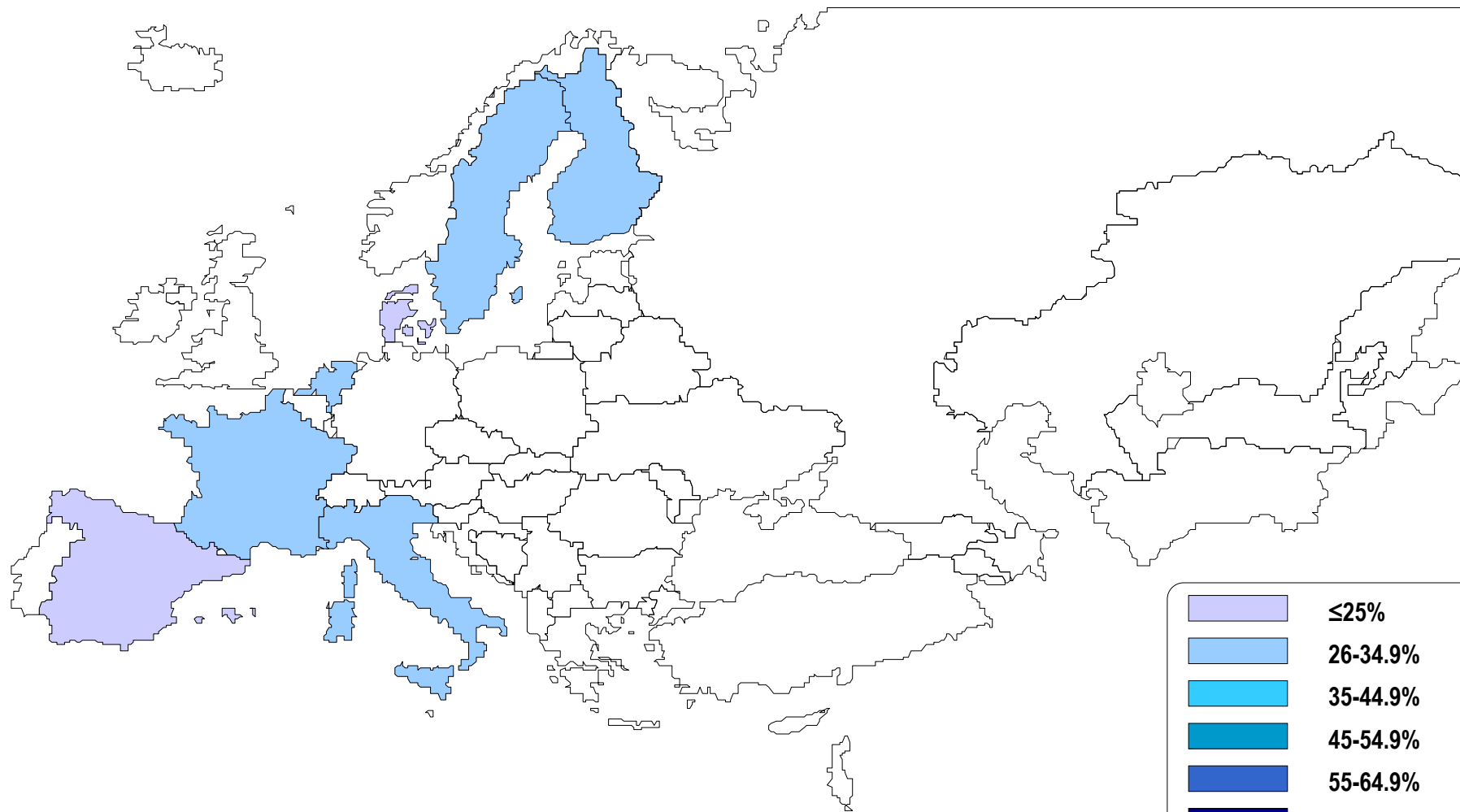


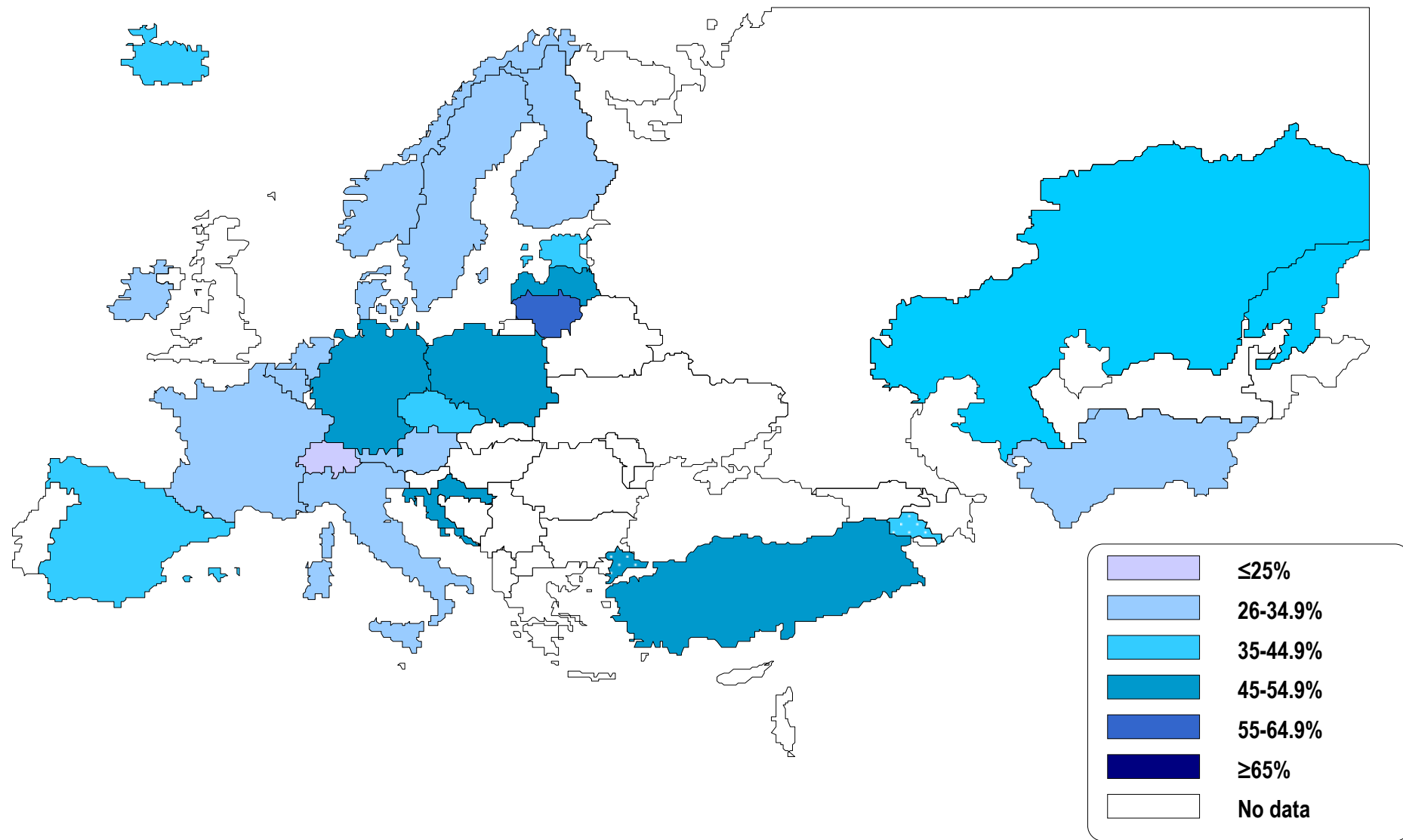
Prevalence of overweight (%) among adult men (BMI ≥ 25.0 kg/m²)

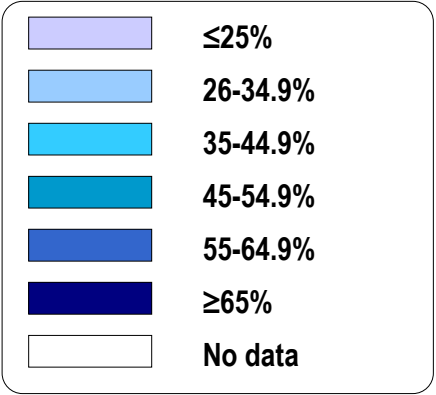
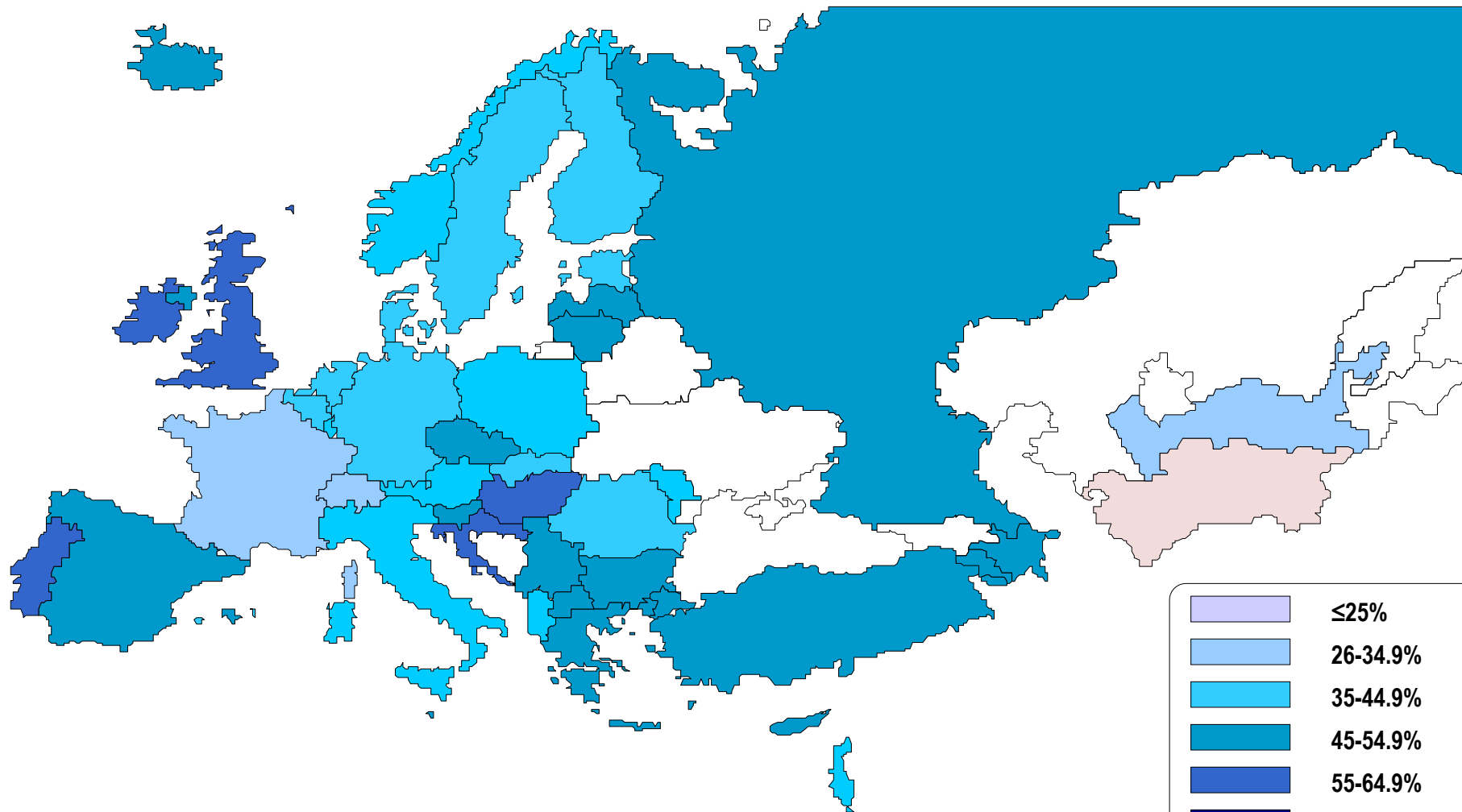


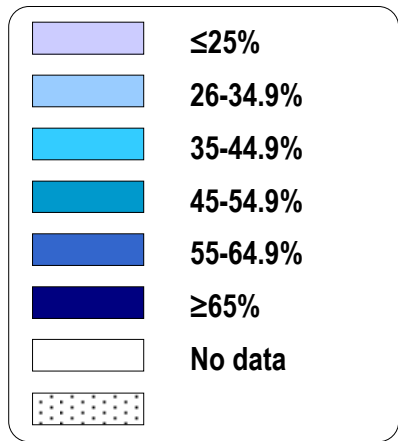
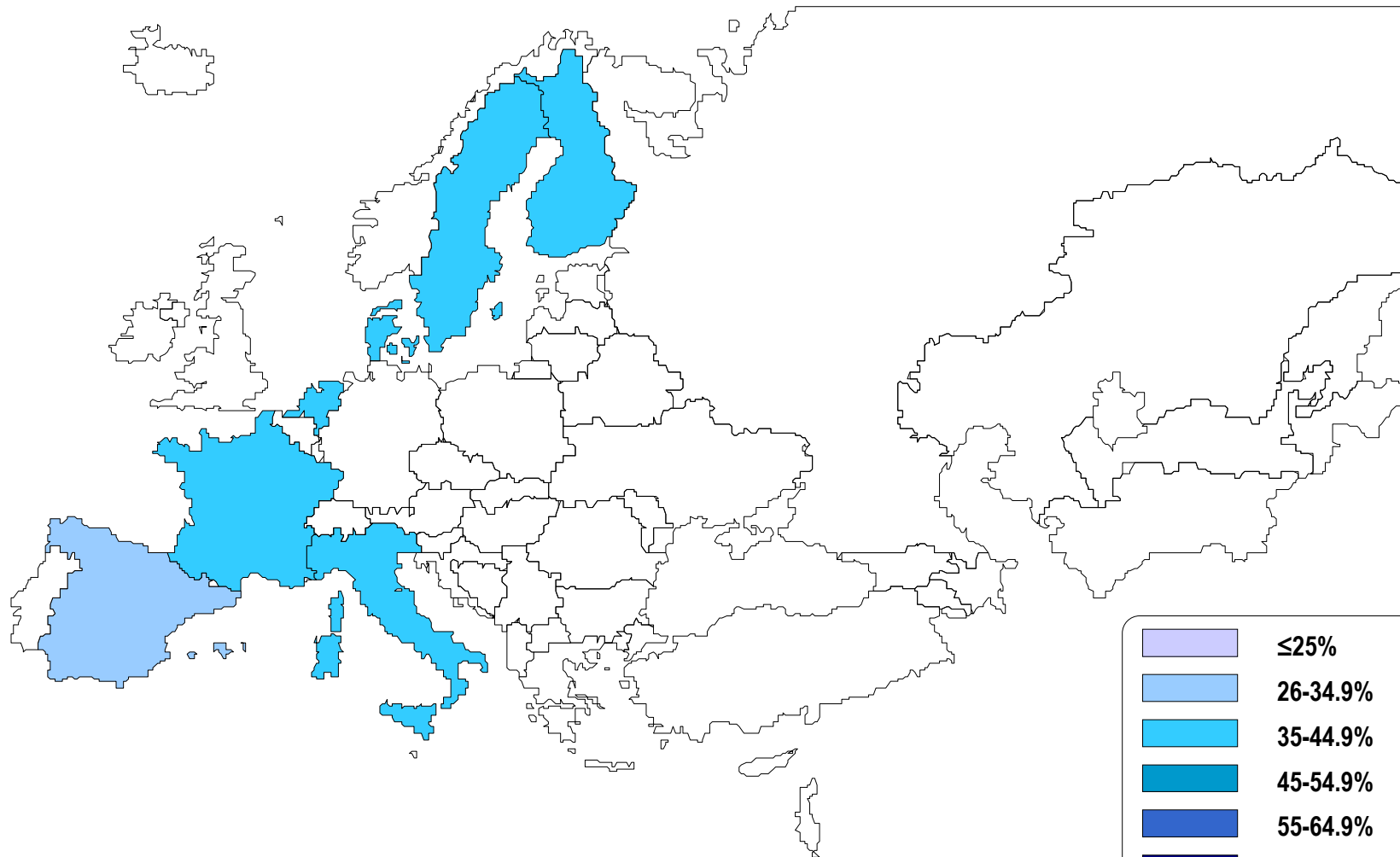
Prevalence of overweight (%) among adult women (BMI ≥ 25.0 kg/m²)

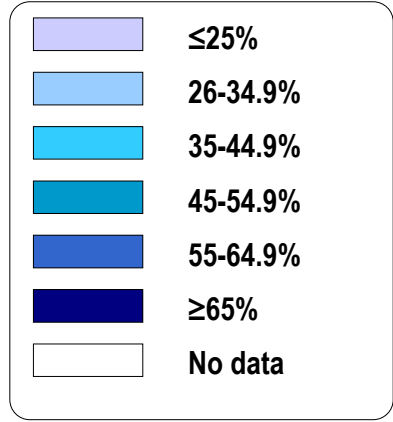
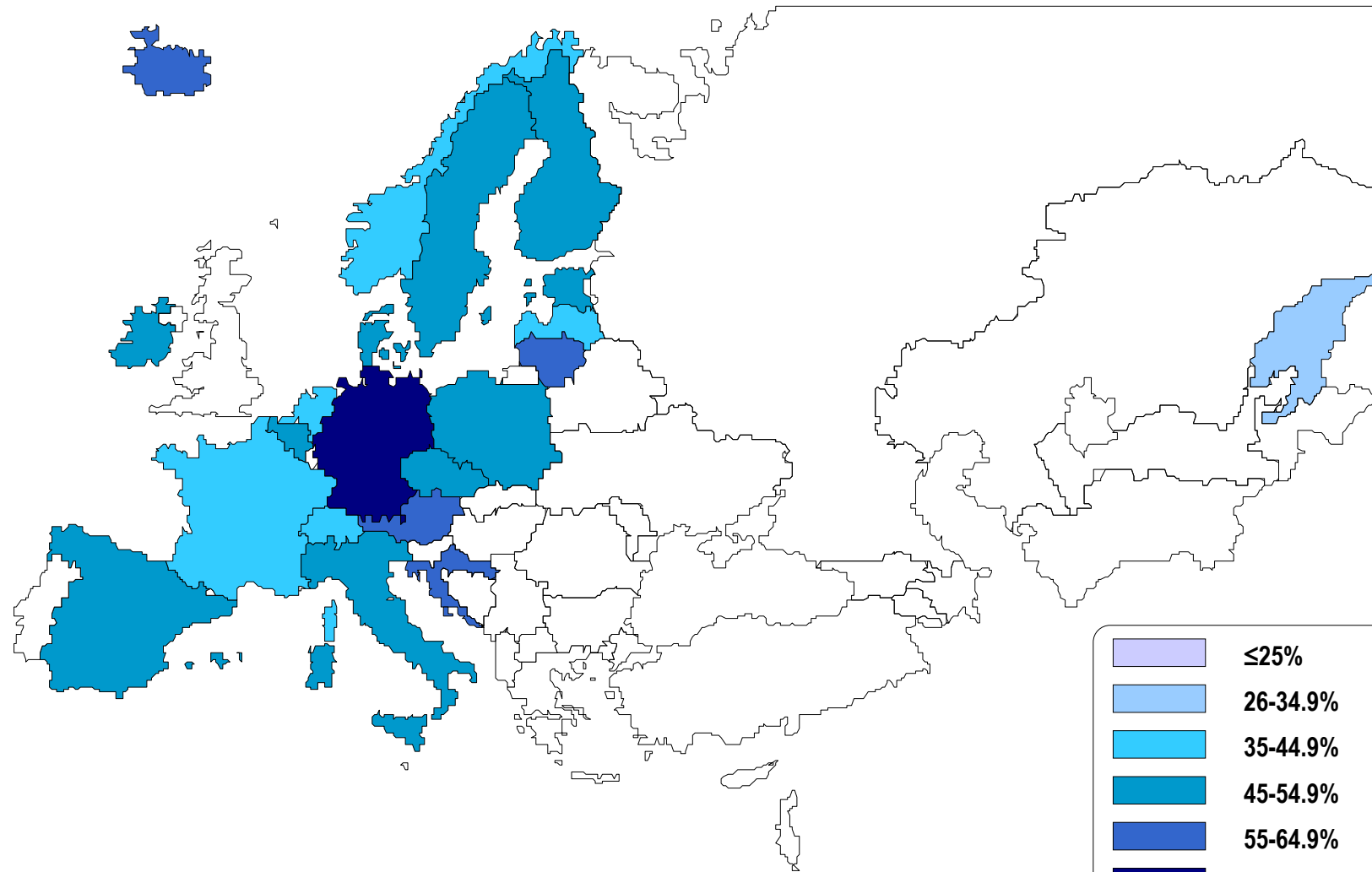


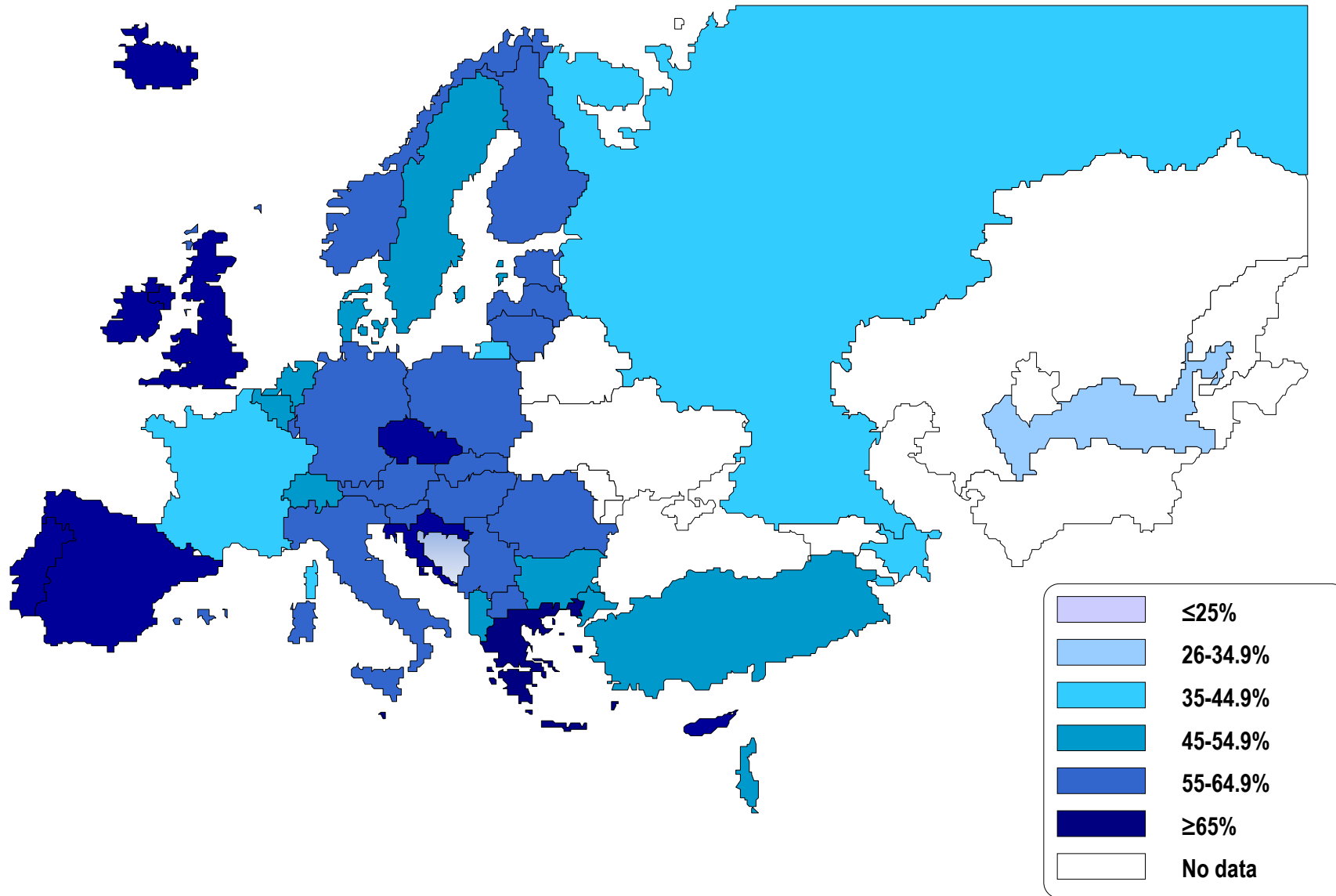




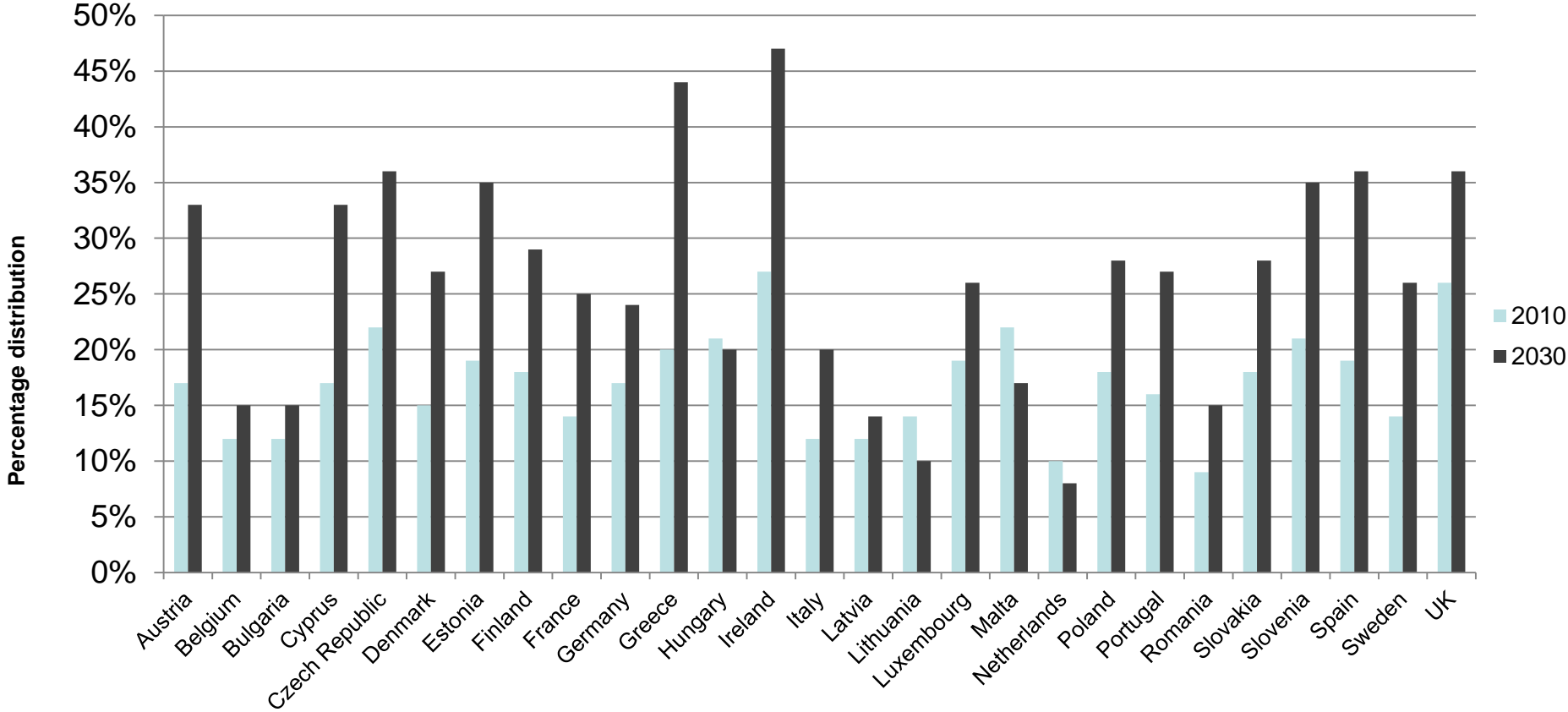






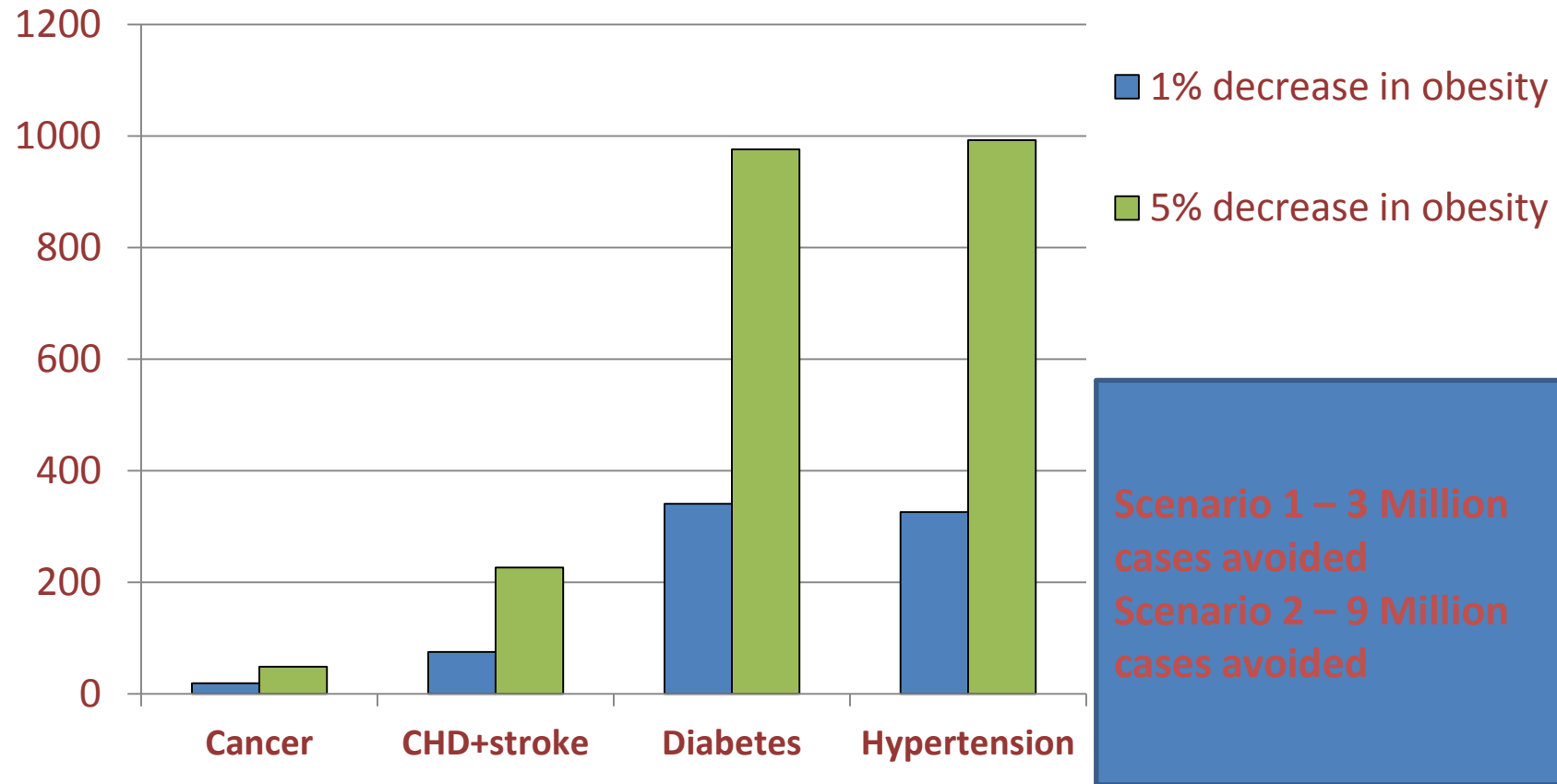


The European obese model: the shape of things to come

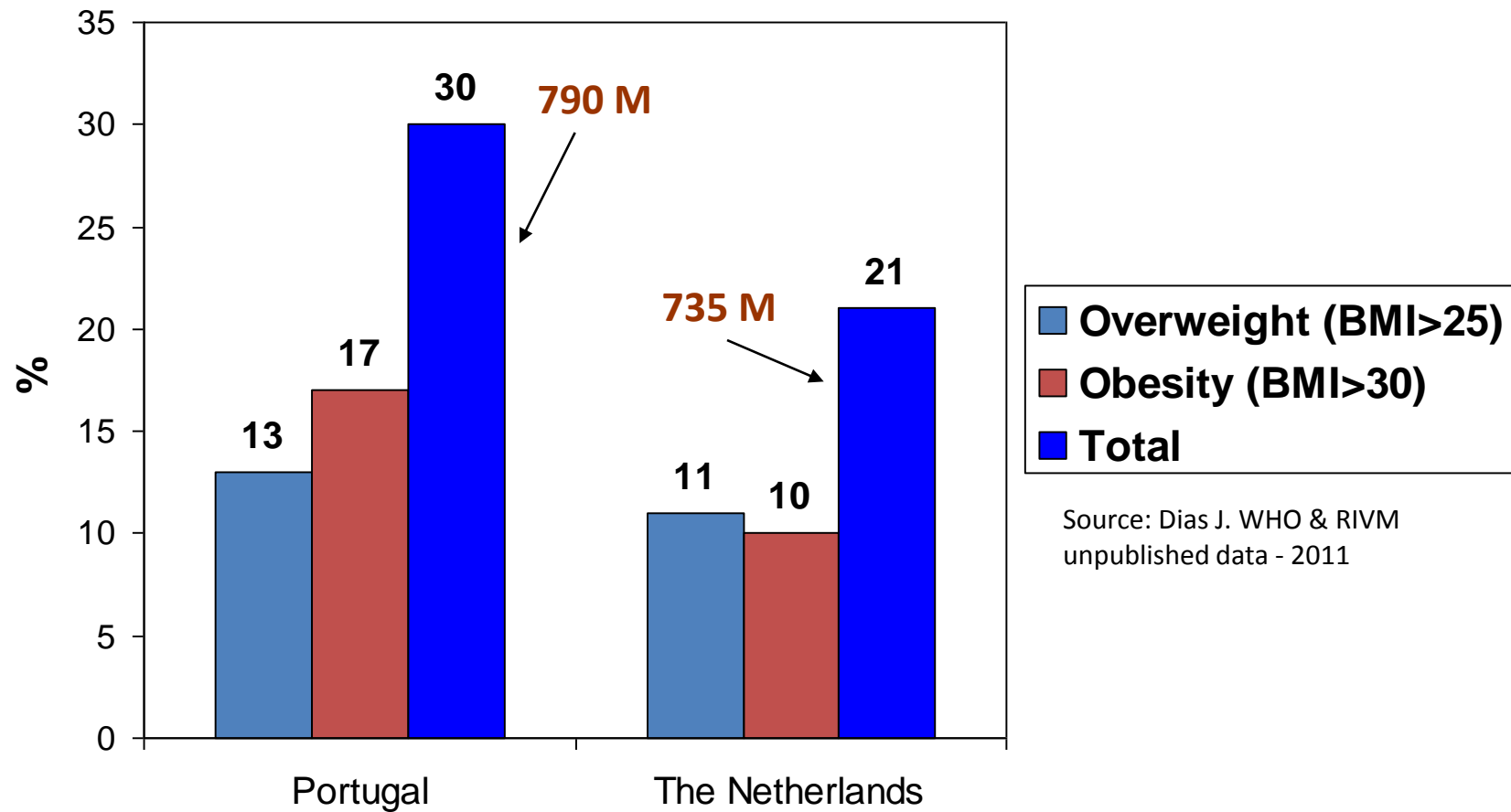


Prevalence gains per 100,000 of the EU population in 2030 based on 2 scenarios

WHO Modelling obesity Project 2013 together with UK Health Forum – NOPA II



Percentage of the costs due to obesity and overweight related to the total costs of diseases



Obesity and inequalities

Curr Obes Rep (2014) 3:1–15

DOI 10.1007/s13679-013-0087-2

ETIOLOGY OF OBESITY (MS WESTERTERP-PLANTENGA, SECTION EDITOR)

Social Inequalities in Obesity Persist in the Nordic Region Despite Its Relative Affluence and Equity

Maria Magnusson • Thorkild I. A. Sørensen • Steingerdur Olafsdottir •
Susanna Lehtinen-Jacks • Turid Lingaas Holmen •
Berit Lilienthal Heitmann • Lauren Lissner

THE PARADOXAL LINK BETWEEN FOOD INSECURITY AND OBESITY IN PORTUGUESE ADULTS

M J. Gregório¹, P. Graça^{1,2}, C A. Santos², S. Gomes², P J. Nogueira^{2,3}

¹Faculty of Nutrition and Food Sciences of University of Porto, Porto, Portugal

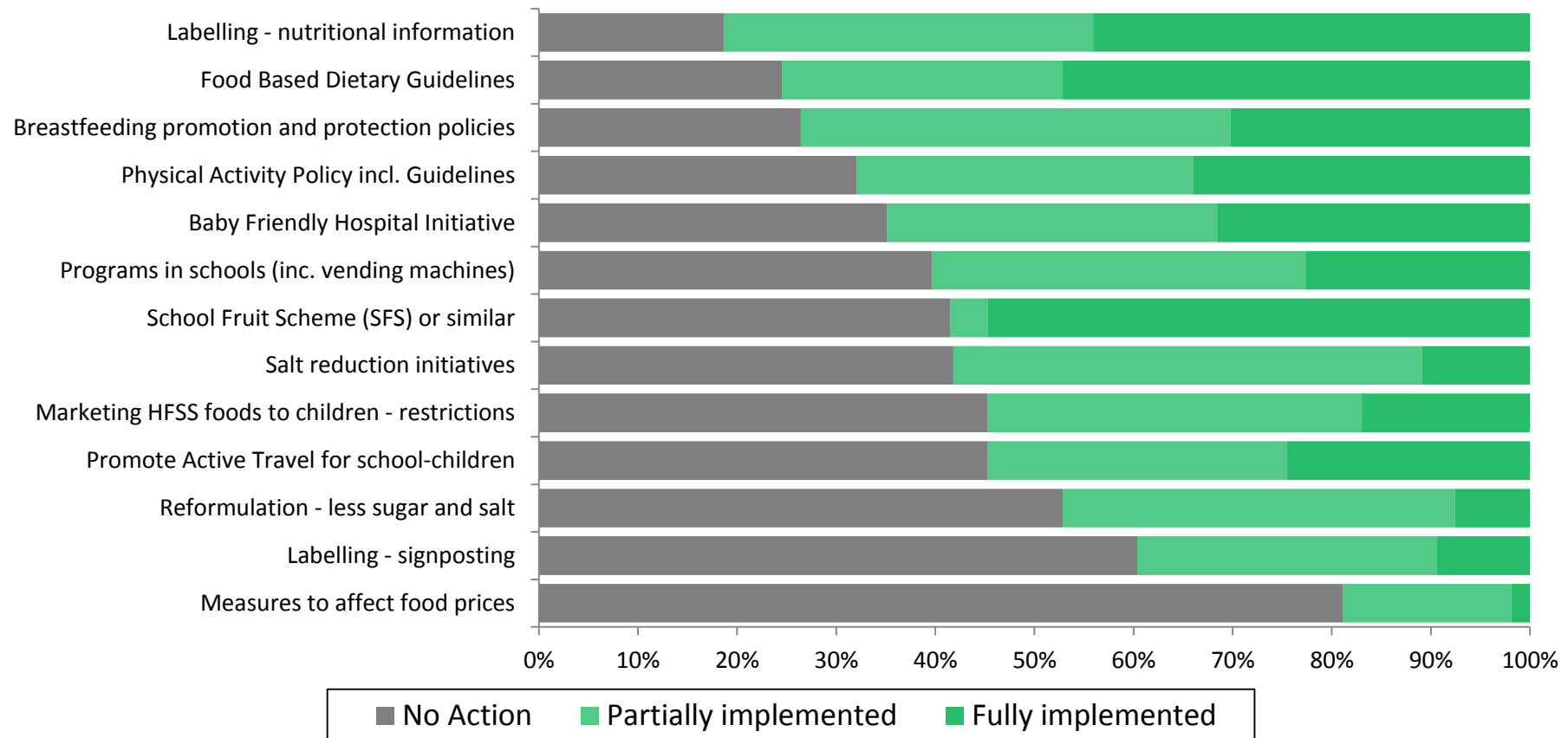
²Directorate-General of Health, Lisbon, Portugal

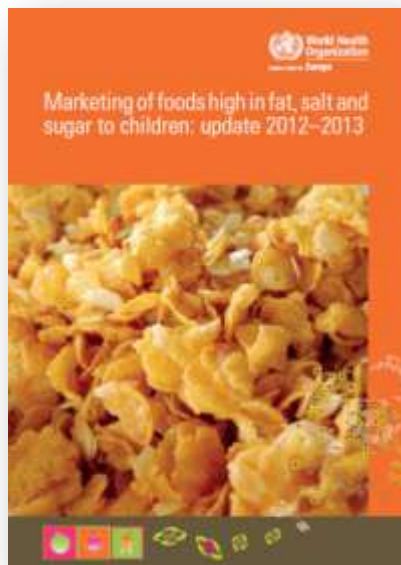
³Institute of Preventive Medicine - Faculty of Medicine – University of Lisbon, Lisbon, Portugal

Ann Nutr Metab 2013;63(suppl 1):1–1960

Many Member States in the region have been taking action *in some areas*, but further development and implementation needed

Overview Policy Actions Implementation 53 WHO/Europe Member States – 2012/13

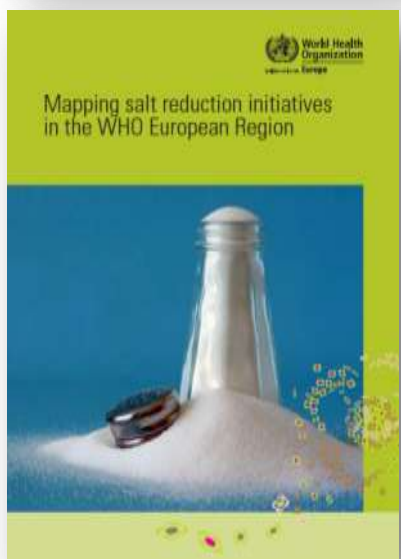




Progress in certain areas

Marketing of HFSS foods to children

	No action reported	Partially or fully implemented
Countries (N)	20	33



Salt reduction policies

	No action reported	Partially or fully implemented
Countries (N)	23	30

Policy and Social Innovation:

- **School based programmes/policies**
- **6 countries with bans on “trans” fat and several others with effective self-regulatory approaches;**
- **Social innovation – use of taxes for PH: several countries but Hungary and Denmark most recent prominent examples:**
 - **Estimated revenue was accomplished**
 - **No differences in social class**
 - **6% reduction in saturated fat**
- **Marketing food to children**
- **Mainstream food reformulation – i.e. salt**

https://intranet.euro.who ... artificial sweeteners obesit ... WHO | Nutrition

www.who.int/nutrition/en/

Apps Breda, Joao (DNP-N... Google Inbox - joobreda@... M CRESAP - Entrada WHO-Europe Home V Homepage - TAP Vi... f Frontiers | Peer Revi... Missão — ICNF Other bookmarks

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Call for public comment - draft Guideline: Sugars intake for adults and children



5 March 2014 -- The draft *Guideline: Sugars intake for adults and children* is now available on the World Health Organization website for public comment. The guideline was developed in accordance with WHO's procedures for evidence-informed guideline development. WHO Member States and all relevant stakeholders are invited to take part in the public consultation which is open until **31 March 2014**.

[Read for more on the sugars intake guideline](#)

[Note for media](#)

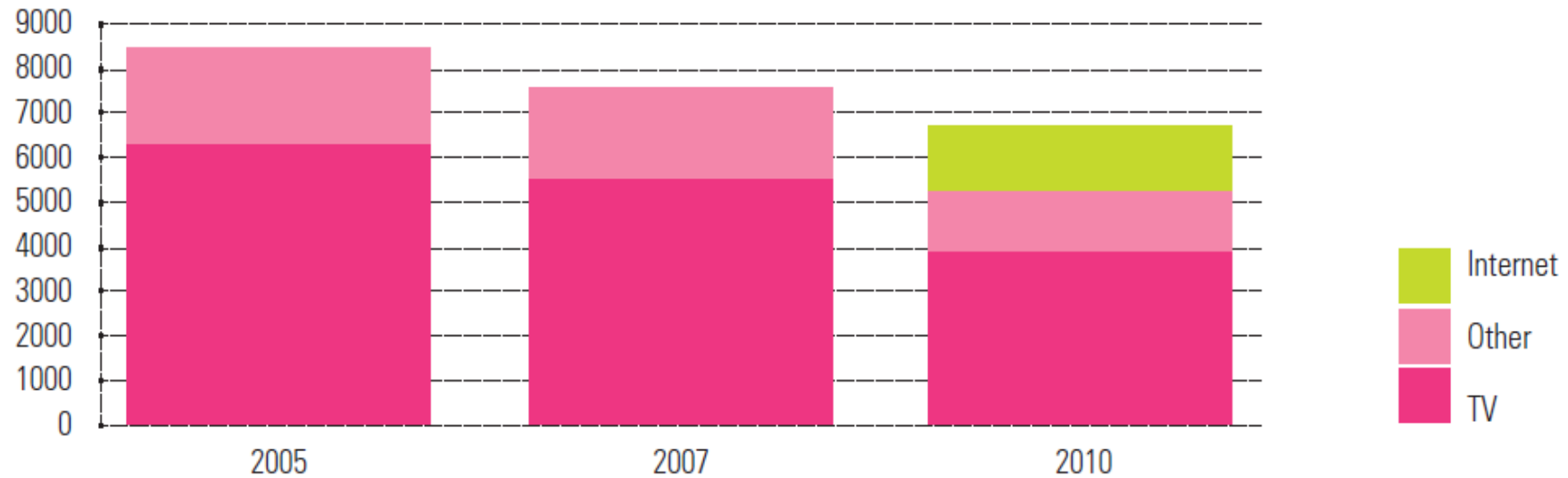
WHO/Christopher Black

Highlights

- Call for public comment - draft Guideline: Sugars intake for adults and children
- Updates to eLENA and GINA
- Global targets 2025 to improve maternal, infant and young child nutrition

EN 11:55 AM 3/27/2014

**Fig. 1. Changing spending patterns in food and non-alcoholic drink advertising in western Europe
€ (million)**



Note. Data are for nine leading markets: Belgium, France, Germany, Italy, the Netherlands, Spain, Sweden, Switzerland and the United Kingdom. "Other" comprises print, radio, cinema and outdoor media.

Source: European Association of Communications Agencies (23).

In context of Health 2020 and global targets, WHO Europe is currently developing a new European Food and Nutrition Action Plan (2014) and a new PA strategy (2015)

HEALTH 2020



- **Widening health gaps**
- **Life-course approach**
- **Governance**


Health 2020

Strategic objectives

1. Improving health for all and reducing health inequalities
2. Improving leadership and participatory governance for health

Priority areas


Life-course approach
Invest in health through life-course approach and empower citizens



Strategic objectives
Reducing Inequalities
Better governance

WHO European policy framework
for health and well-being
HEALTH 2020

Burden of disease
Tackle Europe's major disease burdens of noncommunicable and communicable diseases



Strategic objectives
Reducing Inequalities
Better governance

WHO European policy framework
for health and well-being
HEALTH 2020


Health systems
Strengthen people-centred health systems and public health capacity



Strategic objectives
Reducing Inequalities
Better governance

WHO European policy framework
for health and well-being
HEALTH 2020

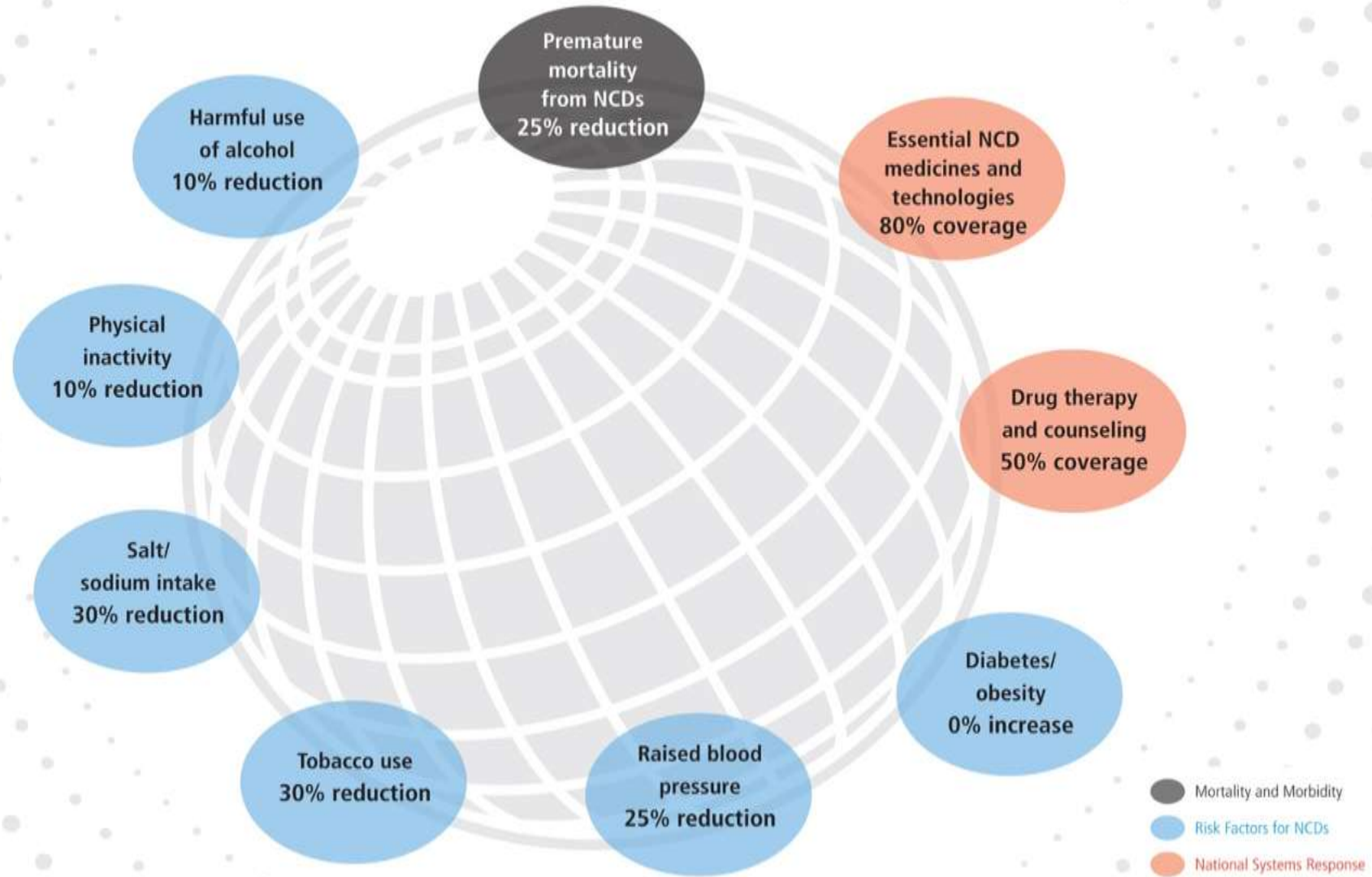
Resilient communities
Create supportive environments and resilient communities



Strategic objectives
Reducing Inequalities
Better governance

WHO European policy framework
for health and well-being
HEALTH 2020

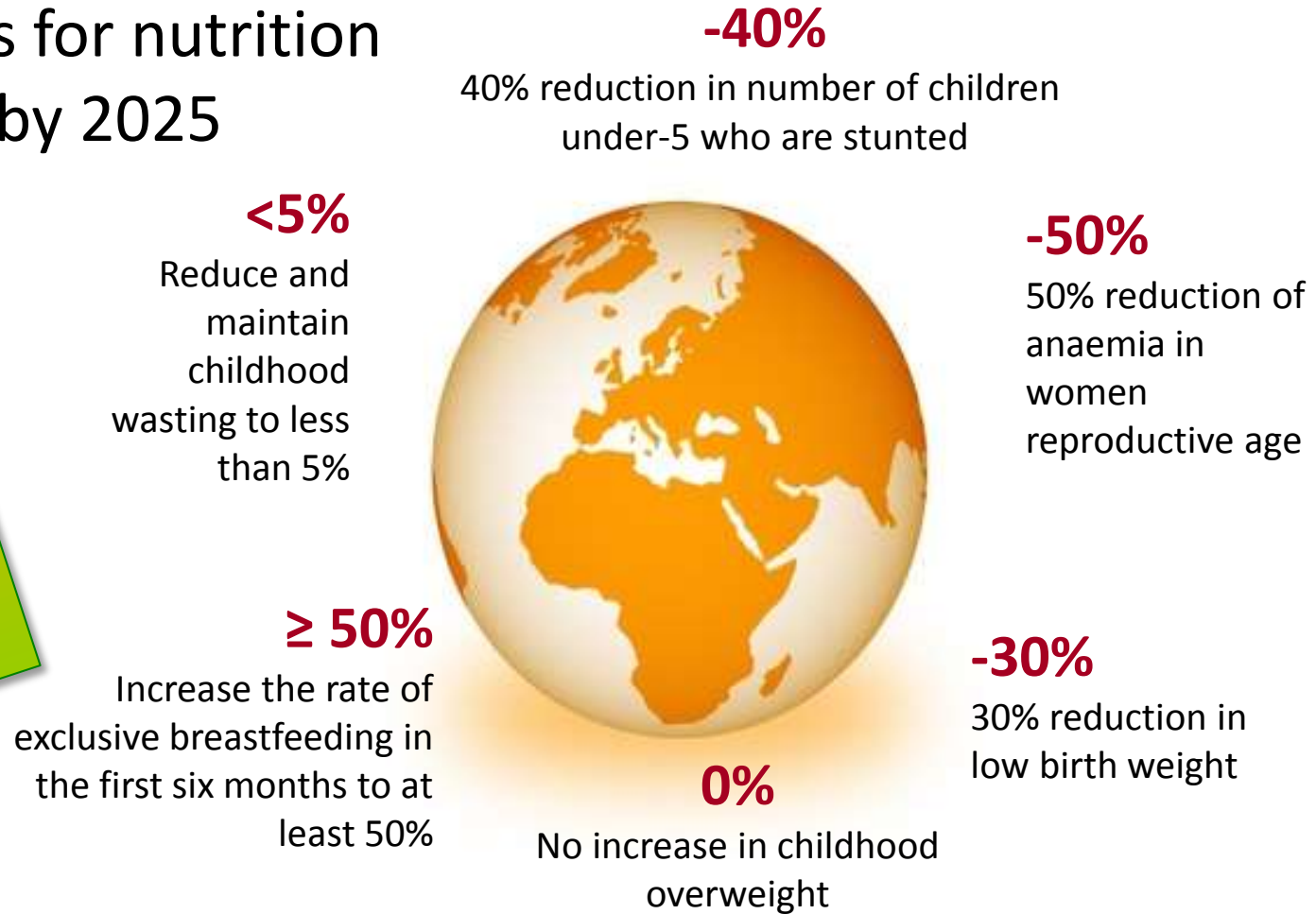
Set of 9 voluntary global NCD targets for 2025



How can we support national efforts?
WHO provides upstream policy advice to set national targets

6 global targets for nutrition
to be attained by 2025

WHO
Comprehensive
implementation
plan on maternal,
infant and young
child nutrition
2012-2025



What to do?

- **Monitoring and surveillance**
 - Sustainability and enlargement
- **School food and nutrition programmes**
 - Vulnerable groups
- **Marketing food to children - NP**
- **Prices policies**
- **Reformulation**
- **Early nutrition and life-course**
- **Health sector response**
- **Physical inactivity and sedentary behavior (i.e. sitting time)**

ENABLING ENVIRONMENT

Венская декларация о питании и
неинфекционных заболеваниях в
контексте политики Здоровье-2020



Министерская конференция ВОЗ по вопросам
питания и неинфекционных заболеваний в
контексте политики Здоровье-2020

Вена, Австрия
4-5 июля 2013 г.

Vienna Declaration on Nutrition
and Noncommunicable Diseases
in the Context of Health 2020



WHO Ministerial Conference on Nutrition
and Noncommunicable Diseases
in the Context of Health 2020

Vienna, Austria
4-5 July 2013



“...contribute significantly to the reduction of NCDs by addressingexcessive intake of energy, saturated fats and trans fats, free sugars and salt, as well as low consumption of vegetables and fruit..”

“Development of a new food and nutrition action plan”

“Development of a physical activity strategy, alongside the new food and nutrition action plan”

Way forward for nutrition and PA....

Vienna Declaration calls for:

- **Development, implementation and evaluation** of policies across a range of areas to influence the **production, promotion (marketing), price and availability** of food to encourage healthy diets and limit consumption of HFSS foods
- A focus on **creating healthy environments** at the population level
- Innovative policies, including subsidies, pricing and taxation, that will require **inter-sectoral work within government**
- Investment in nutrition and PA across **life-course**, particularly for vulnerable groups
- Reinforce **health systems** to promote health
- **Monitoring and surveillance** of population's nutrition status and inactivity status

Way forward.... Cont'd

WHO will support Member States implement the Action Plan through:

- Clear policy recommendations
- Development of specific tools, toolkits and technical guidance to assist countries
- Region wide work plans and country cooperation strategies
- Supporting strengthened governance, alliances and networks across region
- WHO Europe Action Networks to share country experience
- Continued collaboration with European Union
- Timely data from surveillance programmes, with supporting analyses, interpretations

THANK YOU

