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Draft Elements for the European Charter on Counteracting Obesity

1. THE CHALLENGE

1.0 We acknowledge that:

1.1 Overweight and obesity pose one of the most serious public health challenges of the 21st century for the WHO European Region. They have reached epidemic proportions as a result of a changing social and economic environment that triggered energy imbalance in the population, through a dramatic reduction in physical activity, excess availability of high-energy foods and beverages, and shifts in eating behaviour and lifestyles. A genetic predisposition, which exists in some part if the population, would not lead to an epidemic without such changes in societal factors.

1.2 The prevalence of obesity has risen up to threefold in the last two decades; more than half of the adult population in most countries in the WHO European Region is overweight and a quarter already obese. The trend is particularly alarming in children and adolescents; they carry the epidemic into adulthood and this creates a growing health burden for the next generation.

1.3 Overweight, obesity and related diseases are no longer a syndrome of wealthy societies and have become equally dominant in developing and transitional countries, particularly in the light of globalization. In addition, they affect lower socioeconomic groups most, and are responsible for an increase in socioeconomic inequalities.

1.4 The impact of overweight and obesity on health and disability in the Region is mounting; they are already responsible for more three quarters of type-2 diabetes, a considerable proportion of cases of cardiovascular and other diseases, up to 8% of the overall burden of disease and more than 1 million deaths annually in the Region. Obesity has a strong negative impact on life expectancy and the quality of life, including mental well-being. If the trends remain the same, there will be 150 million obese adults in the Region in 2010 and the gap in life expectancy due to obesity may rise from 2 years to up to 6 years by 2050, according to available national data.

1.5 Overweight and obesity strongly affect economic and social development. Adult obesity alone is already responsible for up to 8% of national health care expenses. The indirect cost, due to loss of income, is at least twice as high, according to available national data.

1.6 Countries have made progress in raising awareness and launched policies and action plans in recent years, but no country has yet managed to control the epidemic. Many key measures have a cross-border character and implications; thus, establishing strong international coordination is both a challenge and opportunity to increase the effectiveness of countries' actions.

2. VISION AND GOALS

2.1 The root of the problem lies in the rapidly changing social and economic determinants of lifestyle; comprehensive action should therefore be able to reverse the trend and bring the epidemic under control. The vision is also to create societies that promote new norms for and balance between diet and physical activity and health, and make healthy choices easy for individuals to make.

2.2 In the medium term, the public health goal in the WHO European Region is to reduce the incidence of obesity in children and stabilize the rates in adults. Goals for the long term are to decrease obesity prevalence and the related disease burden, resulting in increased length and quality of life and social and economic gains.

2.3 If effective action is taken, it should be possible to curb the epidemic by 2015. This would contribute to and take advantage of the process to achieve the Millennium Development Goals, particularly in relation to reducing socioeconomic inequalities. In the mean time, visible progress in most countries should be achievable in the next 4–5 years.

3. GUIDING PRINCIPLES

3.1 Blaming individuals alone for their obesity should not be acceptable. Peoples' lives are shaped by a complex interplay of factors inherent to the structure and functioning of modern society, which influences them in different ways. A balance must be struck between the responsibilities of individuals and those of government and society.

3.2 Sufficient evidence exists to justify immediate action. At the same time, innovative approaches, adjustment to local circumstances and more research can further improve the effectiveness of action.

3.3 Long-lasting comprehensive action addressing the socioeconomic determinants of lifestyle should be used to prevent overweight and obesity. Healthy choices for improving diets and physical activity should become more accessible and financially affordable.

3.4 High-level political will and commitment are needed to tackle the challenge. The use of legislative measures as part of an overall regulatory framework is important to ensure continuity and sustainability of government policies.

3.5 All relevant sectors of government should be involved in solving the problem. Health ministries need to inspire and act as a driving force for multisectoral action. Leadership and direction at the highest possible political level are key to mobilizing and creating synergies across sectors.

3.6 Population-based primary prevention should be the focus and further strengthened. Targeting the overweight and obese population, including secondary prevention and evidence-based treatment, is equally important.

3.7 Action to change the social and economic environment is particularly important for children, who in most cases are not responsible for their lifestyle choices and thus are particularly vulnerable. Children's right to a healthy environment should be emphasized.

3.8 Regulatory measures should be synergized and synchronized across the Region and globally, to avoid the shift of market pressure towards the provision of unhealthy choices to countries with less regulated policy frameworks, particularly in the light of globalization. Region-wide action and collaboration from this early stage of the epidemic are instrumental.

3.9 Partnership between all stakeholders, such as governments, civil society, the mass media and international organizations, is essential. The private sector should also become part of action and solutions.

4. FRAMEWORK FOR ACTION

4.0 A framework for action – linking the main actors, policy tools and settings – is needed to translate these principles into action.

4.1 Players/Actors

4.1.1 National governments have a central role in action against obesity and need to place it high on the political agenda.

4.1.1.1 Health ministries should inspire and coordinate the development and implementation of comprehensive policies and legislation as part of overall public health strategies. The role of the health sector is instrumental, particularly when dealing with populations at high risk and overweight and obese individuals, to providing early diagnosis, screening and treatment.

4.1.1.2 Ministries such as those for agriculture, trade, transport, urban planning, education, sport, culture and labour have an essential role in the development of preventive action.

4.1.1.3 Local governments have a primary role in creating environments and opportunities for physical activity, active living and a healthy diet.

4.1.2. The active involvement of civil society is important to facilitate the public's awareness and demand for action, and as a source of innovative approaches. Nongovernmental organizations and trades unions may provide necessary support to government policies. Health care providers' professional organizations should ensure that their members are fully engaged in preventive action.

4.1.3. The private sector (including the entire chain from primary producers to retailers, sport, leisure and construction companies, advertisers, the mass media, etc.) should play an important role in building a healthier environment. It is important that private-sector partners' action focus on the main domain of their activities, such as manufacturing and advertising, complemented by information and education work by other sectors. The commercial sector should not be the leading actor in educational activities.

4.1.4 The mass media, including television programmers, have an important responsibility in providing information and education, raising awareness and supporting public health policies in this area. In particular, refraining from messages promoting unhealthy food and beverages that might harm children's health and development is a key element of comprehensive action.

4.1.5 Individual behaviour is an important factor in achieving the right energy balance. It is particularly important to make parents more aware the need for educating their children about healthy lifestyles and to support them in the task.

4.1.6 The role of international organizations is important. WHO should inspire and lead the international action. Other international organizations such as the Food and Agriculture Organization of the United Nations (FAO), The World Bank, the International Labour Organization (ILO), the Council of Europe and networks of European nongovernmental organizations (NGOs) can also contribute in supporting governments and international collaboration. The European Union has a principal role to play through the EU legislation, public health and research programmes, and activities such as the European Platform for Action on Diet, Physical Activity and Health

4.1.7 While each of these actors has a distinct role, the coordination of action is essential. Governments need to create mechanisms for effective and sustained multisectoral collaboration.

4.2 Settings and target groups

4.2.1 Action should be taken at both micro and macro levels, including such settings as the household, community, school and workplace, and the local, country and international levels.

4.2.2 Policies should be tailored to different groups – based on age, gender, socioeconomic status, cultural and geographic differences – and to the specific needs of different countries and regions. Specific attention should be given to people with low socioeconomic status or limited education, those who are distressed, chronically ill or disabled, and members of ethnic minority groups and immigrants.

4.2.3 Action should be taken in every age group, but emphasis should be given to the early stages of life: infancy, childhood and adolescence.

4.3 Policy tools

4.3.1 Action should be comprehensive, covering all effective means. It is important that the core actions cover both the supply of and demand for healthier food, eating patterns and physical activity, and action to improve the treatment of overweight and obese individuals, to tackle social determinants and to improve professional competence and research.

4.3.2 Legislation should be considered as a principal tool for government action. Other important tools include information, capacity building and partnership, research, planning and monitoring.

4.3.3 Action should seek to ensure an optimal energy balance by stimulating healthier diets and physical activity. Increasing access to and the affordability of healthy choices should be a key objective. Action needs to be taken in the following directions.

4.3.3.1 Action to promote the demand for and supply of healthier food would include: developing/improving national food-based dietary guidelines; price-regulation measures and support for socially disadvantaged groups to gain access to healthy foods; reducing the market pressure on children via regulation of advertising and cooperation from the mass media; giving nutrition education and improving labelling schemes; promoting breastfeeding; improving the nutrition profile by reducing the sugar, salt and saturated-fat content of food and promoting the production of fruit and vegetables; providing healthy food in schools; and improving catering, including in the workplace.

4.3.3.2 Action to promote physical activity in the population would include: enhancing the affordability of and access to sites and facilities for physical activity; promoting “active transport”, especially for commuting to schools and workplaces; adapting workplaces and stimulating changes in the urban environment to promote physical activity; communicating with the public; improving school physical activity programmes; and providing individual counselling via health professionals.

4.3.3.3 To promote secondary prevention and treatment of overweight and obesity: The specific

action would include: introducing routine measurements and counselling in primary health care system; provision of training for health professionals on the prevention of obesity; clinical recommendations for screening and treatment etc.

4.3.4 Interventions demonstrated to be effective in promoting healthy food consumption and increased physical activity can be used in designing and implementing national and local policies. Such successful interventions, particularly in children, workers and disadvantaged populations, include providing free fruit in the workplace, pricing of healthy foods, introducing supermarkets in areas of socioeconomic deprivation, giving priority to cycling routes, promoting walking to school, street lighting and stair use, and reducing television viewing. The WHO Regional Office for Europe will provide examples of good practices and case studies for decision-makers.

4.3.5 Detailed action plans should be developed, possibly as part of national food and nutrition action plans or as part of public health plans to tackle noncommunicable diseases.

4.3.6 Research needs to be promoted on both determinants and interventions, such as measures for health promotion and disease prevention, sustainable diets and organic foods, eating habits, indicators of diet-and-physical-activity-related health and disease, social and cultural factors in obesity, food labelling and the influence of fiscal and economic regulations.

5. IMPLEMENTATION AND MONITORING

5.1 This Charter is to serve as political guidance in strengthening action against obesity throughout the WHO European Region. It is expected that national policies, legislation and action plans will reflect the provisions of the Charter. The next European action plan on nutrition, which will be submitted to the WHO Regional Committee for Europe in September 2007, should translate the guiding principles and framework of the Charter into specific action packages and monitoring mechanisms to be taken into account in developing national policies.

5.2 Internationally comparable indicators need to be included in national health surveillance systems. The data gathered could then be used for advocacy, monitoring, evaluation of policies, outcome and new evidence.

5.3 Regular monitoring of progress on a long-term basis is essential, as reductions in obesity and the related disease burden will take time to appear. Triennial progress reports should be prepared for the WHO European Region. The first progress report is due in 2009.