

## **Abstract for the workshop organised jointly by WHO Regional Office for Europe and EUPHA Section on Food and Nutrition**

**Workshop title:** "Public Health Nutrition: Major Policy Areas in Need of Decisions".

**Organisers:** WHO Regional Office for Europe and EUPHA Section on Food and Nutrition.

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### **Workshop abstract:**

In the context of worldwide discussion of the need for an international convention on healthy nutrition, similar to that agreed for tobacco, the joint organisers have arranged workshops at the last two European conferences on matters relating to any such future convention. This year the organisers agreed to plan a workshop designed to explore some of the key nutrition policy areas where governments will have to make clear decisions, in the context of any meaningful convention. Accordingly, the objectives for this workshop are:

- **to identify some policy areas in need of government-level clear decisions on future action to improve the public's nutritional health;**
- **to explore in depth the science which must provide the basis for logical determination of future policy in these areas;**
- **to identify appropriate policy directions in these areas;**
- **to discuss how best consistency in public health nutrition policy might be achieved.**

Only a limited number of policy areas can be considered within the timescale of a 90 minute workshop, and accordingly three have been selected for discussion: **trans and saturated fats, sugar, and salt**. After an initial setting of the scene by **Martin O'Flaherty**, there will follow brief presentations, by experts in the relevant fields, of both the current state of science in relation to each of these nutritional issues, and of the implications of this for public policy designed to improve nutritional health (**Torben Jørgensen**, on fats, **Eva Martos** on sugar, and **Sirpa Sarlio-Lahteenkorva** on salt). Following these presentations there will be a final one on "**Achieving consistency in public health nutrition policy**"; this presentation (by **Tim Lang**), indicating some necessary directions for future policy development, will lead directly on to a discussion with encouragement for the maximum of audience participation.

### **Main messages:**

1. The science is clear on which to base policy decisions to improve nutritional health;

2. We can learn from certain countries where governments have implemented effective nutrition policies.

**Abstract 1:**

- a. **Title:** Setting the scene: barriers and facilitators of healthy nutrition policy.
- b. **Presenting author:** Martin O’Flaherty
- c. **Presenting author’s e-mail:** [moflaher@liverpool.ac.uk](mailto:moflaher@liverpool.ac.uk) .
- d. **Affiliations:** Senior Lecturer, Department of Public Health and Policy, University of Liverpool.
- e. **Abstract:**

**Problem:** the lack of any international consensus on how best to promote the consumption of healthy nutrition.

**Description of the problem:**

Public health can celebrate two centuries of successfully overcoming barriers to implement effective policies for safe drinking water, clear air, safe motorcars, seatbelts, immunisations, smoke-free public spaces and minimal food contamination. However, today high middle and low income countries all now face major challenges from an NCD epidemic, particularly reflecting poor diet (also tobacco, alcohol and physical inactivity). Globally we have an increasing number of success stories around public health. Historical exemplars such as Finland and Denmark are now being followed by countries such as South Africa & Argentina (salt), Mexico & Hungary (sugar), Iceland and the USA (transfats). The majority of these successes represent the effective plod down a long policy path summarised by the mnemonic SUPPORT: scientific evidence followed by Professional Understanding, Public support, Overcoming Opposition from vested Interests Regulation and Taxation.

**Policy development needed:**

These early successes mirror the experience of tobacco control, which was built on the “3As” model: addressing Affordability, Availability and Acceptability. This model has worked well when applied to sugar and saturated fat. What we now need is to match the other great achievement of FCTC with an similar international convention on healthy nutrition.

**Lessons learned:**

We must work to achieve the wide international consensus needed to achieve such a convention on healthy nutrition.

**Abstract 2:**

- a. **Title:** Update on trans and saturated fats; what might taxes and regulations have to offer?
- b. **Presenting author:** Torben Jørgensen.
- c. **Presenting author’s e-mail:** [torben.joergensen@regionh.dk](mailto:torben.joergensen@regionh.dk) .
- d. **Affiliations:** Research Centre for Prevention and Health, Copenhagen
- e. **Abstract:**  
**Problem:** Are policy interventions a useful tool in dietary modification?

**Description of the problem:**

There have been various attempts to regulate intake of fat by policy interventions as taxation (saturated fat) or regulation (trans-fat). The few existing studies vary from experimental settings in smaller groups, through assessment of fat intake during a fat tax, to modelling studies simulating the effect of various levels of taxation. The interventional studies all show only a small effect on intake, and simulation studies indicate that a substantial taxation (more than 20 %) is needed. A problem with taxation of one food item is the possibility of substitution replacement, which may include other unhealthy products.

**Possible policy changes:**

Maybe a saturated fat tax should not stand alone, but should be combined with subsidies on healthy foods, regulation of advertisements and focussed information. Food industries oppose taxation using common industrial tactics including lobbying and legal action. Regulation of trans-fat is a question of availability; when trans-fat are removed from food, intake will automatically drop, and this has been documented. A few countries have introduced regulation of trans-fat, but so far no objective assessment of the effects on occurrence of cardiovascular diseases (CVD) have been made.

**Lessons learned:**

We need to assess any effects the regulation of trans-fat has had on CVD mortality, and we need more comprehensive implementation studies to assess the effects of various policy interventions on intake of saturated fat.

**Abstract 3:**

- a. **Title:** The Hungarian policies to reduce population sugar intake.
- b. **Presenting author:** Éva Martos.
- c. **Presenting author's e-mail:** [martos.eva@oeti.antsz.hu](mailto:martos.eva@oeti.antsz.hu) .
- d. **Affiliations:** Deputy Director, National Institute of Pharmacy and Nutrition, Directorate of National Institute for Food and Nutrition Science
- e. **Abstract:**

**Problem:**

The prevalence of obesity is increasing in European adults and children, creating substantial health and economic burdens, in spite of various policy approaches targeting the problem.

**Description of the problem:**

One of the most important risk factors obesity-associated is excessive intake of sugar, particularly in sugar-sweetened beverages and sweets. The latest Hungarian Diet and Nutritional Status Survey shows that two-thirds of the adult population is overweight or obese. The mean consumption of sugar-sweetened beverages is 0.3 L/day, in young men reaching 7 % of the daily total energy intake. Almost half of 7-year-old children consume sugar-sweetened beverages daily, and overweight prevalence is 20% and 25% in these boys and girls respectively.

**Policy development:**

Governmental legislative initiatives have been introduced to tackle the situation. In 2011 the Public Health Product Tax (PHPT) Act was applied to non-staple foods including sugar-sweetened beverages and pre-packaged sweets. Beyond encouraging reformulation and generating the expected revenue, 26% of consumers decreased their intake of these products. A separate decree bans sale of the products subject to PHPT in schools. In 2015 regulation of healthy public catering was established, with provisions aiming to reduce sugar intake, by prohibiting sugar-sweetened soft drinks and setting a maximum sugar content.

**Lessons learned:**

Diverse policy measures are needed in order to have overall population impact, while respecting the needs of vulnerable groups. To assess both the scale of the problem and impact of legislative measures, surveys and monitoring are essential.

**Abstract 4:**

- a. **Title:** “Reducing salt intake requires national and international efforts”.
- b. **Presenting author:** Sirpa Sarlio-Lahteenkorva
- c. **Presenting author’s e-mail:** [sirpa.sarlio-lahteenkorva@stm.fi](mailto:sirpa.sarlio-lahteenkorva@stm.fi)
- d. **Affiliations:** Ministry of Health, Finland
- e. **Abstract**

**Problem**

High dietary salt intake is a risk factor for conditions such as high blood pressure and stroke. WHO, UN and EU have initiated action to reduce salt intake.

**Description of the problem**

Currently, intake of salt is above recommendations in all European countries where data is available, and about a quarter of Europe’s population suffers from high blood pressure. About 70-75% of salt intake comes in processed foods, so involving industry, catering and other stakeholders is crucial. Finland had in the 1970’s one of the highest cardiovascular death rates in the world, and was among first countries to decrease salt intake with multi-sectoral policy actions. Various approaches such as dietary guidelines and standards, cooperation with industry, health education at schools, national legislation on salt labelling, and warning labels for highly salted foods, have been utilised with regular monitoring of salt intake and health outcomes.

**Results**

Between 1981 and 2007 the salt intake in Finland reduced gradually in men from 13g to 9g and in women from 11g to 7g, and prevalence of high blood pressure dropped significantly. This favourable development has now ceased, with even a slight increase in salt intake reported in a 2012 survey. Increasing cross-border trade of salt-enriched foods, harmonisation of legislation in the EU, and diversification of messages relating to healthy diets, explain this untoward development - despite recent global and European initiatives to reduce salt intake.

**Lessons learned:**

Reducing salt intake and content in foods requires integrated multi-sectoral action that includes global trade and marketing. National efforts have only limited value if not supported by global action.

**Abstract 5:**

- a. **Title:** “Achieving consistency in public health nutrition policy”.
- b. **Presenting author:** Tim Lang.
- c. **Presenting author`s e-mail:** [T.lang@city.ac.uk](mailto:T.lang@city.ac.uk)
- d. **Affiliations:** Professor of Food Policy, Centre for Food Policy, Department of Sociology, School of Arts & Social Sciences, City University London.

**e. Abstract:****Problem:**

Dietary guidelines ignore food’s environmental impact. Efforts to create sustainable dietary guidelines are fiercely resisted by commercial and other interests. This symbolises the fragmented state of nutrition science and the weak impact of public health nutrition evidence on EU food policy

**Description of the problem:**

The evidence of diet’s role and impact in NCDs and on the environment has strengthened over 40 years yet national and EU dietary guidelines ignore food’s environmental impacts. EU official food policy is dominated by the legacy of the 1930s and 40s, but the food economy has changed radically since then. Economic power shifted off the land. An infrastructure now exists which spreads ultra-processed foods: marketing, motorways, and the pursuit of cheap food in the name of consumer choice. Consumers, policy-makers and progressive industry have no guidance as to what a good diet is. Sustainable dietary guidelines are needed to provide broad ‘direction of travel’ for the 21<sup>st</sup> century European food system. Attempts to do this have generally met fierce commercial opposition.

**Possible policy changes:**

(1) new National and EU-wide dietary guidelines; (2) modelling of what a good food system and its infrastructure could be; (3) organisational coalitions which champion ‘ecological public health nutrition’ to the public and monitor efforts in this direction.

**Lessons learned:**

Dietary guidelines are useful benchmarks to evaluate reality and provide public focus. Given the immense environmental and health burdens from food, the public health movement should press Europe’s food policy to take a more sustainable direction.