



WHO European  
Ministerial Conference on  
Counteracting Obesity  
Conference Report

## ABSTRACT

The WHO European Ministerial Conference on Counteracting Obesity, 15–17 November 2006, Istanbul, Turkey was organized by the WHO Regional Office for Europe in collaboration with the European Commission and hosted by the Turkish Government. The Conference aimed:

- to place obesity high on the public health and political agendas
- to foster greater awareness and high-level political commitment to action
- to promote international and intersectoral partnerships.

Nearly 600 participants attended, including delegates from the 53 Member States of the WHO European Region, experts, observers and representatives of international and nongovernmental organizations and the mass media.

Member States unanimously adopted the European Charter on Counteracting Obesity at the Conference, which will provide political guidance to strengthen action in the Region.

For more information about the Conference and the European Charter on Counteracting Obesity, as well as an overview of obesity in the European Region, please visit the Regional Office web site:  
[www.euro.who.int/obesity](http://www.euro.who.int/obesity).

Contact us:  
Dr Francesco Branca, Regional Adviser for Nutrition and Food Security  
E-mail: [obesity@euro.who.int](mailto:obesity@euro.who.int)

### Keywords

OBESITY – prevention and control  
TREATIES  
CONGRESSES  
EUROPE

EUR/07/5062742  
ISBN 978 92 890 7281 6

Address requests about publications of the WHO Regional Office for Europe to:

Publications  
WHO Regional Office for Europe  
Scherfigsvej 8  
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office web site (<http://www.euro.who.int/pubrequest>).

### © World Health Organization 2007

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities, or areas. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

The World Health Organization does not warrant that the information contained in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use. The views expressed by authors or editors do not necessarily represent the decisions or the stated policy of the World Health Organization.

Report prepared by Shubhada Watson.  
Printed in Denmark

## CONTENTS

	<i>Page</i>
<i>Foreword</i> .....	1
Executive summary .....	3
Introduction .....	3
Aims .....	3
Highlights.....	3
Achievements .....	3
Representation .....	3
Organization.....	4
Conference report .....	5
Introduction: Setting the tone.....	5
The challenge posed by obesity.....	6
The public health challenge and socioeconomic output .....	6
Priority focus – children and people of lower socioeconomic status .....	7
Evidence of effective action: best practices .....	8
National experiences.....	8
Subnational and local experiences.....	9
Shaping multi-stakeholder action.....	9
The role of international actors .....	10
The European Charter on Counteracting Obesity.....	11
Translating commitments into action .....	12
Ministerial roundtable discussion .....	12
The way forward .....	12
Developing a European action plan .....	13
Tools for the action plans .....	14
Conference events .....	14
Recognition and awards .....	14
Satellite events.....	14
Rapporteur’s summary .....	17
Conference closure .....	17
Annex 1. European Charter on Counteracting Obesity.....	19
Annex 2. Conference sessions .....	25
Annex 3. Conference participation.....	30



## **Foreword**

*We are all aware that obesity is one of the most serious public health challenges facing the WHO European Region today. It is a particular danger for the young and socially disadvantaged. Evidence proves that obesity is just as much about the environment in which we live, as it is about the choices we are able to make as individuals. Not only is obesity itself a health risk, it also contributes to so many other serious medical conditions.*

*It is increasing with such tenacity that we must act now and act fast. International coordination is essential, as the epidemic affects all countries and many solutions cross national boundaries. Forty-six countries were represented at the WHO European Ministerial Conference on Counteracting Obesity. Different government sectors, both local and national, as well as international organizations, nongovernmental organizations and the private sector all played a part.*

*The Conference was a milestone, focusing attention on obesity and fostering commitment at the highest political level, as well as providing the impetus for adoption of the European Charter on Counteracting Obesity. The WHO European Region is at the forefront of global developments against obesity. WHO has a lead role in this process and will continue to play it in the future.*

*This report presents the essence of the Conference, what was discussed, and the outcomes agreed, all of which will contribute to addressing the issue of obesity throughout the WHO European Region.*

Marc Danzon  
WHO Regional Director for Europe



## **Executive summary**

### **Introduction**

To address the growing problem of obesity and facilitate Region-wide action, the WHO Regional Office for Europe organized a ministerial conference on counteracting obesity, hosted by the Government of Turkey in Istanbul on 15–17 November 2006. The Conference was organized in close collaboration with the European Commission and with the involvement of other international partners.

### **Aims**

The main aims of the Conference were to raise awareness of, and high-level commitment to, action against obesity; to place the issue of obesity high on the health agenda of the WHO European Region; and to create a favourable political climate for addressing the challenge.

### **Highlights**

The main highlight of the Conference was that WHO's Member States adopted the European Charter on Counteracting Obesity, which provides political guidance and a strategic framework for strengthening action against obesity throughout the Region. The discussion that followed adoption of the Charter focused on how to translate that political commitment into action, and included a review of policy tools and partnership arrangements, and ways of strengthening them.

### **Achievements**

If the enthusiasm and commitment demonstrated at the Conference by ministerial delegations from around Europe is taken as an indicator, it would be safe to say that the Conference itself, as well as the process followed by the WHO Regional Office leading up to it, will go a long way towards strengthening and consolidating evidence-based, multisectoral policies and promoting national action as well as international collaboration.

The flood of editorials and articles in leading medical journals in Europe that followed in the immediate wake of the Conference, as well as the front-page press coverage in major newspapers around the world, not to mention television and radio coverage, were proofs that the Conference and its agenda caught the attention not only of policy-makers but also of the general public.

### **Representation**

The Conference was attended by high-level delegations from 46 Member States in the WHO European Region. In consultation with and through ministries of health, there was also widespread representation of related ministries and by senior decision-makers in other sectors such as trade, economy, finance, agriculture, sport, transport, labour, urban planning, education and local government. Representatives of international and nongovernmental organizations, expert bodies and the media were also a visible presence.

## **Organization**

The Conference ran over two and a half days and was organized mainly in the form of plenary sessions, in order to give political weight to the discussions. Parallel sessions were also held, focusing on specific pre-defined topics. Satellite events were organized in connection with the Conference by the WHO Regional Office, as well as by many of the participating organizations and countries. The topics of these satellite events ranged from public-private partnerships and a demonstration of best national practices to a review of the latest publications on diet, physical activity and health launched by the Regional Office on the occasion of the Conference. Judging by the popularity of the satellite events, which were heavily attended in spite of being scheduled during breakfast and lunch breaks, Conference delegates considered the topics discussed to be highly relevant.

With simultaneous interpretation provided in all four official working languages of WHO in the European Region – English, French, German and Russian – the Conference provided a lively and vibrant setting for high-level discussions by Member States' delegates from all over the Region on the challenge posed by obesity. It also offered a forum in which to discuss ideas about action plans, national interventions and guidelines for policy formulation to help in the fight against obesity.

## Conference report

### Introduction: Setting the tone

Professor Recep Akdağ, Minister of Health of Turkey was elected as Chair of the Conference and Ms Bodil Blaker, Senior Adviser, Ministry of Health and Care Services, Norway, as Rapporteur.

In his opening address, Professor Recep Akdağ set the tone by identifying obesity as one of the major public health challenges of the 21st century. The holistic approach that he advocated would address all the dimensions of the challenge – malnutrition, physical activity, as well as socioeconomic policies and developments – placing them in the perspective of an epidemic that was transcending temporal and national borders. In particular, the alarming increase in the epidemic among children and adolescents was a threat to the health and wealth of future generations. To halt the epidemic would require coordination across ministries, sectors and stakeholders, ranging from local to national governments and international bodies.

Dr Marc Danzon, the WHO Regional Director Europe, welcomed delegations on behalf of the Director-General elect of WHO, Dr Margaret Chan. He noted that the present Conference followed previous WHO ministerial conferences on tobacco, alcohol, the environment and mental health, and was the final conference to be held on a specific health topic before the ministerial conference on health systems to be held in 2008. It came at a particularly opportune moment for a number of reasons.

Firstly, the obesity epidemic is having a huge impact on both individual and collective health. The second reason is the need for real, sustainable policies to address the problem. These are the responsibility of ministries and ministers. WHO's experience with tobacco and alcohol shows that it is only through sustained policies and political commitment that progress can be made in the face of such complex risk factors. The third reason is the need for comprehensive policies that can mobilize other sectors too, as WHO has long been advocating. The policies need to be wide-ranging and comprehensive, and they should be intersectoral.

It was hoped that the Conference would lead to greater awareness of the problem of obesity and stronger political will to tackle it as well as to tools, notably the Charter, that would address the different aspects of the problem and help countries design actions to deal with them.

Dr Danzon emphasized, in conclusion, that WHO will continue to support countries in fighting this scourge of the 21st century – a danger that is increasingly taking the form of an epidemic.

Mr Recep Tayyip Erdogan, Prime Minister of Turkey, delivered a keynote address and drew attention to the heavy burden that obesity places both on health systems and on national economies. In particular, he was concerned about the effects of obesity on children and the incidence of premature death due to obesity. He did not believe in simplistic approaches such as merely urging people to “eat more healthily and exercise more”.

Her Royal Highness Crown Princess Mary of Denmark gave a short address in the form of a video recording that emphasized her support, as a patron of WHO, for work to combat obesity. She referred to “Move for Health” day, celebrated on 10 May each year, and expressed the hope

that the Conference would take a strong stance in this area and focus attention on physical activity. She believed that small changes made continuously would be more sustainable in the long run and provide long-term gains.

Dr Marcos Kyprianou, European Commissioner for Health and Consumer Protection, gave the final opening address. He noted that the 25 Member States of the European Union (EU) have some of the highest rates of obesity in the European Region of WHO. For this reason, the European Commission has made the fight against obesity a priority issue in its public health policy. In 2007, the Commission plans to adopt a “white paper” on nutrition and physical activity that will bring together plans and proposals for Community action. The European Charter on Counteracting Obesity will provide inspiration for such action. As evidence of the Commission’s wholehearted support for the Charter, he intended to issue a formal statement to that effect.

The health impacts due to the increasing prevalence of diabetes, cardiovascular disease and various cancers are imposing an additional and unnecessary burden on European social security systems. The EU has recognized the long-term repercussions on productivity and economic performance, and “healthy life years” is thus one of the key indicators of progress towards the economic goals in the Lisbon Action Plan. The increasing prevalence of obesity is simply the most tangible and visible sign that something is wrong with people’s lifestyles. He endorsed the Turkish Minister of Health’s advocacy of a holistic approach to the problem.

The Commission has also been working on developing partnerships with other stakeholders. The EU Platform on Diet, Physical Activity and Health was launched in March 2005, as an innovation to allow stakeholders from different parts of society at European level to explore common approaches to tackling the issues of obesity, diet and physical activity. The initiative involves the private sector, the European Parliament, the EU Member States, WHO and other countries facing similar challenges (such as the United States and Canada). Over 140 commitments have been made to date by members of the Platform – the challenge now is to monitor fulfilment of these commitments.

## **The challenge posed by obesity**

### ***The public health challenge and socioeconomic output***

This session highlighted the social and economic aspects of obesity. The growing disease burden, mainly in the form of diabetes, should be seen in the context of the increasing importance attached to countries’ health systems, with particular challenges being faced by children and people in lower socioeconomic groups. Obesity was also identified as a life-cycle issue: obese mothers are more likely to have bigger babies, and an overweight child is more likely to become an overweight adult.

An “obesogenic environment” can be characterized as comprising the ready availability and consequent high consumption of high-energy foods in a globalized economy, coupled with increasingly sedentary lifestyles. The concept of “the dual burden of malnutrition” includes both under-nutrition and overweight. Although few data are available on the costs of obesity or on the cost-effectiveness of obesity prevention interventions, it is clear that the relationship between malnutrition, expressed in terms of the body mass index, and productivity is a U-shaped curve. It is also apparent that economic growth is unlikely to lower the prevalence of obesity.

In summary, addressing obesity is key to continued economic growth in the Region and a stronger evidence base must be built up on which to base policy options.

During the session, the challenges posed by obesity were repeatedly described in many different ways. The key messages were that obesity is a growing epidemic, the disease burden is increasing and obesity is a major contributor to the leading causes of morbidity in Europe. Obesity and overweight are in fact social phenomena linked with lifestyle issues (pleasure, comfort and success) that transcend national borders and thus necessitate international cooperation.

There is increasing pressure on health systems and they should be geared towards prevention, especially in primary health care and at the level of service delivery; however, one challenge is to avoid medicalizing obesity and not to blame obese and overweight people. Counteracting obesity entails rethinking concepts of urban planning, the licensing of fast food outlets, the provision of school meals, the advertising and labelling of food products, the need to engage in dialogue with citizens, and the provision of easy access to fruit and vegetables.

People who are better off tend to be in better shape thanks to better information, better food and more exercise, but it is important to be sensitive to the needs of all citizens, especially children and adolescents and those who are socially and economically disadvantaged. The greatest challenge in dealing with obesity is the need to sensitize and mobilize all sectors of society and to involve all levels of government in joint efforts with ministries of health. No country can effectively tackle the challenge without recognizing the important role of local governments.

### ***Priority focus – children and people of lower socioeconomic status***

The likelihood of developing obesity is influenced, from birth, by both genetic and environmental factors. Breastfeeding in the early stages of life and dietary patterns in infancy are interlinked with later sedentary behaviour and food intake patterns in causing obesity. The obesity trend is especially alarming in children and adolescents and this creates a growing health challenge for the next generation. Children should be protected from early life through exclusive breastfeeding and adequate complementary feeding, as well as through the reduction of obesogenic influences in the environment. Families and schools, including kindergartens, have a special role to play in providing an environment supportive of establishing high-quality eating and physical activity habits, as well as in teaching children about healthy behaviour. Children are particularly vulnerable to commercial food marketing, including a wide range of methods in addition to television advertising that can bypass parental control.

At the same time, socioeconomic determinants and the social gradient are important in influencing the development of obesity. The role of the social gradient in stratifying the prevalence and spread of obesity was highlighted by several national examples, one of which focused on differences in access to a healthy diet in terms of the quality, quantity, balance and frequency of intake of various types of food (the food pyramid). In rich countries, life expectancy is predicted not by gross domestic product but by income equality.

In summary, overweight and obesity are not issues for the health sector alone; they need to be tackled at a multisectoral level. The Commission on Social Determinants of Health, set up by WHO in March 2005, focuses on improving health through action on the socially determined causes of health inequities. These inequities and inequalities should be at the forefront of governments' concerns and it is important to involve all ministries, departments and other bodies

at all levels of policy intervention. On the other hand, the role of the state is debatable, since freedom can be defined as having the capacity to lead a life one can value. Ensuring the conditions for individual freedom can help people play an active role in fighting obesity.

Proposed action plans in this area were presented by representatives of Bulgaria and Sweden.

## **Evidence of effective action: best practices**

### ***National experiences***

Experiences from seven countries (Hungary, Iceland, Ireland, Latvia, Norway, Portugal and The former Yugoslav Republic of Macedonia), as well as from four nongovernmental organizations (NGOs) revealed evidence of effective action and highlighted best practices. Each country is at a different stage of implementation or renewal of action plans against obesity and all have identified a number of important issues for the future. Action plans and programmes on nutrition have a longer tradition than those on physical activity, which were less commonly described and, where present, were more recent.

All the national programmes of the seven countries include a component tackling the challenge of obesity; key areas and approaches mentioned by all of them comprise measures to remedy social inequity, multisectoral action, early prevention, action on the marketing of foods, the role of local government, crucially important settings (schools, workplaces and primary care), and the special role of physicians in all three high-priority settings, in order to foster action through civil society.

In summary, all countries have been working on nutrition for years and on physical activity more recently, but overweight and obesity have become increasingly heavy burdens on health services, and the problem has now moved to the forefront. All governments advocate a multisectoral approach, with the lead taken by the health sector, with the most commonly mentioned partner being the ministry of education. Many countries also prioritize target groups, with a special focus on children and adolescents, teachers and parents, socially vulnerable groups and health care staff. All governments advocate making better use of the media.

More specifically, a platform modelled on the EU platform and involving other ministries has been developed in Hungary. A recent cabinet regulation in Latvia restricting the sale of certain foods in schools has received considerable public support. Most countries are working with data on the prevalence of overweight and obesity based on national or subnational surveys. In at least one country, Iceland, routine surveillance of the height and weight of schoolchildren within the school system is allowing long-term monitoring of trends. In Norway, clear links have been established between policy on obesity and that on social inequalities in health, and delegates from other countries drew attention to forthcoming policies on this issue. Other speakers described national experiences in the areas of health promotion, disease prevention and treatment.

Representatives of four NGOs active in the areas of diabetes, breastfeeding, physicians and obesity addressed the Conference. Attention was drawn to the imbalance in WHO's programme budget, whereby greater emphasis seems to be placed on communicable rather than noncommunicable diseases (NCDs), despite the latter being responsible for the greater disease burden.

### ***Subnational and local experiences***

Representatives of the Czech Republic, Norway, Poland and Uzbekistan all emphasized the need to measure both obesity, as it is manifested in different age and social groups, as well the related dietary and physical activity patterns in the population. The importance of the local level in addressing obesity is clearly recognized. Local efforts can be particularly effective in creating environments conducive to physical activity, and mechanisms to involve and work with local governments on such initiatives should be vigorously explored. The active involvement of local politicians and political leadership are essential preconditions for the success of such subnational and local efforts.

### **Shaping multi-stakeholder action**

Different experiences of intersectoral work in Finland, Germany, Lithuania, Turkey and the United Kingdom were reviewed.

Obesity results from the effects of sectors outside health, so joint responsibility for fighting the problems caused should be a natural conclusion. Physical and social environments are major determinants of individual choices, but the promotion of physical activity has until recently received comparatively less attention. It is therefore important for the health sector to show leadership in engaging other sectors, through the development of partnerships based on “win-win” approaches and shared goals. One example in Finland is the collaboration with the food industry overseen by the National Nutrition Council and the promotion of health-enhancing physical activity (HEPA).

Holistic approaches involve a variety of actors and stakeholders in addressing a given problem. One example of such an approach is campaigns to raise people’s awareness in Germany. The importance of working through ministries of agriculture and consumer protection was particularly stressed here. Germany has also developed a platform for diet and physical activity, concentrating on children and involving different social actors including parents, the education system, industry and the media. The strategy adopted by the platform is to identify and disseminate best practices. It was noted that society as a whole has a responsibility for supporting healthier individual behaviours.

The sports sector can promote activities among schoolchildren, in partnership with other ministries and civil society organizations. Examples in Lithuania include the children’s Olympic festival and “Sports for All” events. Paradoxically, there is a mismatch between the widespread knowledge that physical activity is important for health and the low level of participation in sports activities reported by schoolchildren.

Urban life isolates individuals and promotes unhealthy diets. In Turkey, the fast food culture is reported to have replaced the traditional and healthier “kitchen culture”. Initiatives to promote physical activity in the country were being taken through the Healthy Cities network.

In the United Kingdom, the setting of an over-arching, shared national target of halting obesity in children by 2010 is catalysing action by different government sectors at national and local levels, with special emphasis on addressing inequalities. The initiative for “cross-government action” is jointly owned by three departments (health, education and sport), in recognition of the fact that delivery will depend on concerted, joint efforts across government. The other departments involved include transport, communities and local government, work and pensions, the

environment, farming and rural affairs. This cross-government work needs to be mirrored by “joined-up action” at regional and local levels, involving a range of stakeholders. Children and young people, particularly from deprived groups, are the main focus of a comprehensive set of interventions at different levels.

The representative of the United Kingdom also highlighted the importance of communication campaigns to raise the general public’s awareness of opportunities to leverage important results from relatively small changes – the “small changes–big differences” campaign. Sports events are used as vehicles to take this message out to the community level.

All countries stressed the importance of continuous critical appraisal of existing regulatory frameworks. In particular, steps should be taken to ensure that self-regulation by the industry is effective in improving the quality of people’s diets; if it is not, then consideration should be given to introducing legally binding regulations.

It was generally agreed that behaviour change programmes have to be enhanced by multi-agency local work. Such programmes have to combine large-scale, universal interventions with smaller, targeted interventions aimed at prevention, treatment and support. This should be coupled with a comprehensive communications strategy, as well as the provision of support, guidance and advice down the delivery chain.

Representatives of several NGOs called for the development of clear guidelines on public-private partnerships. They also highlighted the need for WHO and Member States to allocate more resources to address NCDs and obesity, and urged countries to become more effective in engaging other relevant sectors and developing national plans for obesity prevention.

## **The role of international actors**

International organizations represented at the Conference included the Council of Europe, the European Commission, FAO, the International Labour Organization, the Nordic Council of Ministers, UNICEF and the World Bank. International NGO networks were also represented.

FAO was collaborating with WHO in the area of NCDs, with particular emphasis on diet and obesity. It was awaiting guidance from WHO to proceed with an alliance on malnutrition established in 2006.

Drawing attention to the high prevalence of obesity and overweight in the 22 central Asian and transition countries, the representative of UNICEF confirmed his organization’s strong interest in contributing to healthy diets and the fight against obesity in children.

The Nordic Council of Ministers had endorsed an action plan in July 2006. This builds on the long history in the Nordic countries of government intervention in the social field and of moves to reduce social inequalities through comprehensive welfare policy. Advertising and marketing to children is a priority area where the Nordic countries will act together to lower the commercial pressures on children.

Consumers International, speaking on behalf of several NGO groups, issued a statement welcoming the proposed Charter. The association is devoted to protecting public health and

promoting consumers' interests, and in this respect it welcomes legislation, especially on marketing to children.

The representative of the World Bank suggested that integrated policy options could include fiscal policies, to influence food availability and food choices; agriculture policies, to improve diets; transport and environmental policies, to promote physical activity; school policies, to improve knowledge; and trade and marketing policies and practices.

The European Commission had issued a "green paper" to identify stakeholders' views across the EU. The results of this exercise, published in September 2006, have been taken into account when drawing up the white paper on nutrition and physical activity, which the Commission plans to adopt next year. The Commission is also supporting a number of nutrition- and physical-activity-related actions through its Public Health Action and Research programmes.

In summary, the international organizations stressed the importance of a global strategy on diet and physical activity, the need for multisectoral action, bringing together the health and agriculture sectors, and the benefits of establishing public-private partnerships and identifying the conditions for collaboration and criteria for success.

## **The European Charter on Counteracting Obesity**

An extensive process had been followed in drawing up the European Charter, including several meetings with stakeholders. Belgium, Denmark, Finland, Italy, the Netherlands, Norway, the Russian Federation, Slovenia and Turkey had participated actively in the drafting process. Delegates from France, Germany, Luxembourg, Switzerland and the United Kingdom joined in the final stages of the process in Istanbul. The European Commission was present throughout the process in the capacity of an observer. Following agreement by the drafting committee, the Charter was finalized in the four official working languages of WHO in the European Region (English, French, German and Russian) and presented to the Conference for final discussion and adoption.

Representatives of France, Georgia, Israel, Italy, Kyrgyzstan, the Netherlands, Portugal, the Russian Federation, Serbia, Slovakia and Uzbekistan made interventions during the session. In the course of the discussion, they noted that the Charter is a policy document and not a legally binding instrument. They believed it is important for WHO to play a leadership role in giving effect to the Charter and that further research will continue to be needed, in order to improve the action taken. The right balance should be struck between actions aimed at the public and those targeting individuals, and private-public partnerships should be encouraged. The diversity and synergy of strategies will be critical, as will continuous evaluation of the effectiveness of interventions.

Participants expressed universal support for the Charter, agreeing that it is time to move from words to action, especially in setting the framework for international action. The Charter was also welcomed as an instrument that promotes an integrated approach, which can then be adapted by Member States to their specific needs and priorities and used as a means to introduce or update guidelines in a country – exemplifying the motto to "think globally, act locally".

The European Charter on Counteracting Obesity was signed by Professor Recep Akdağ, Minister of Health of Turkey, and Dr Marc Danzon, WHO Regional Director Europe, on behalf of the Member States of WHO in the European Region.

## **Translating commitments into action**

### ***Ministerial roundtable discussion***

A ministerial roundtable discussion was held during the Conference, to enable representatives of the European Commission, WHO, and health and agriculture ministries to give and exchange their views.

Questions addressed to ministers were about their plans for immediate action, how they would use the Charter in support of those plans, what role they saw the ministry playing, and what specific targets they would set on reducing obesity. Their answers included reviewing individual country action plans against the Charter, launching joint action across several ministries, introducing obesity components in NCD action plans, and drawing up appropriately sized budgets in order to secure public health actions. Targets to be set would include reducing health inequalities by bridging the gaps between the richest and poorest sections of the population.

The WHO Regional Director for Europe was asked about plans for follow-up action after the Conference and about how he saw WHO's role in helping to evaluate the effectiveness and cost-efficiency of resulting public health programmes. In response, he stressed the need to move beyond the Charter to specific actions. WHO's plan would involve, among other things, reporting on the outcomes of the Conference to the WHO Regional Committee for Europe, accompanied by an action plan containing implementation tools and evaluation mechanisms.

The European Commissioner was also asked about follow-up to adoption of the Charter and how the Commission would ensure that all the relevant sectors cooperate and implement the right policies. In reply, the Commissioner again drew attention to the forthcoming adoption of a white paper, which would take the Charter into account. Other measures would include several consumer information initiatives, seeking commitments from stakeholder organizations, ensuring restrictions on marketing to children, and resorting to legislation when voluntary measures are not effective.

### ***The way forward***

In this section of the Conference programme, discussion focused on how to move from theory to action, and specifically how to translate the Charter into action. Delegates from Albania, Austria, Belgium, Cyprus, Georgia, Slovenia, Switzerland and the Russian Federation took the floor, as did representatives of two NGOs.

The Charter was welcomed as an important reference framework. Obesity is no longer a silent epidemic thanks to the process of drawing up and adopting the Charter and organizing the Conference itself. Both are expected to influence policies and to make obesity one of the main health priorities of countries. The Charter will be the starting point for some countries to translate their commitment into action and it will provide an important framework within which others (who have already taken some initiatives) can pursue further action. It was stressed that it is important to engage in intersectoral action at both local and national levels. Again, some areas

(such as advertising of foods) may require concerted international action, since countries cannot effectively take isolated action here.

The fact that the Charter also gives appropriate emphasis to physical activity as an important determinant of obesity, along with nutrition, can now be built on and will make it easier to give effect to the Charter. It offers an especially important framework for countries in transition that are facing the double burden of under- and over-nutrition, which makes carrying on the fight against obesity an even bigger challenge.

It should be recognized that it will not always be easy to develop the legal framework for implementation of the Charter, nor will it be easy to strike the right balance in assigning responsibilities between the state, industry and the individual. Consequently, it may be difficult to develop effective communication plans supporting implementation of the Charter.

Looking forward, it will also be important to ensure continuous monitoring and evaluation and to distribute feedback on implementation to countries through regular progress reports.

In summary, there was a real call to translate theory into action using the Charter as a practical instrument. There was a need to understand the realities of the double burden of malnutrition and the challenges of major socioeconomic differences. Countries welcomed the fact that the European Commission was working on a strategy. There was universal demand for help in monitoring progress and creating sustainable systems for collecting evidence.

### ***Developing a European action plan***

The European strategy for the prevention and control of NCDs provides a broad and comprehensive framework for action, including on the different NCD risk factors. It serves as a checklist that countries can use to see what is in place and what is needed. Two important pillars of this strategy are physical activity and nutrition.

The draft physical activity framework document includes an action plan designed to heighten national awareness, offer guidance and tools for use in programme implementation and underline the importance of acting at the local level, as well as of monitoring progress. The nutrition component covers drawing up a second European action plan for food and nutrition policy, the aim of which is to develop quantifiable goals and action packages that address specific issues where European action is needed. There was unanimous support from the floor for continued development of these action plans.

### ***Tools for the action plans***

Three tools were presented for use in implementation of the action plans.

- A proper obesity surveillance system and a database enabling intercountry comparisons would meet the need for standard criteria and a standard approach in order to compare data on obesity.
- A simple tool for calculating the cost of obesity would estimate, for each country, the health care costs attributable to overweight and obesity. It would be possible to use the tool to compare countries and regions, as well as to compare different subgroups within a population and to check time trends. The tool, which will be operational in 2007, will be available to every Member State.
- A tool to support school-based interventions aimed at counteracting obesity would address the double burden of nutrition-related ill health using a holistic approach that interconnects various ongoing school-based programmes.

Participants agreed that work on these three tools should be integrated with other initiatives and that their use should be fostered by making them as easily accessible and understandable as possible.

## **Conference events**

### ***Recognition and awards***

Good practices in counteracting obesity from across the WHO European Region were recognized, celebrated and shared during an award ceremony at the Conference. A total of 16 winners from Belgium, Denmark, Finland (two winners), France, Iceland, Ireland, Italy, Kazakhstan, Latvia, the Russian Federation, Slovenia, Spain, Turkey and the United Kingdom (two winners) received an award for their activities in areas including promoting healthy food, physical activity, intersectoral cooperation and/or action in non-health sectors, counteracting obesity in children and in high-risk and vulnerable groups. The awards were presented by Professor Recep Akdağ, Minister of Health of Turkey, Dr Marc Danzon, WHO Regional Director for Europe and Dr Markos Kyprianou, European Commissioner for Health and Consumer Protection.

### ***Satellite events***

Several satellite events were organized in connection with the Conference, both by the WHO Regional Office and by many of the participating organizations and countries. All the satellite events were very well attended, attesting to the fact that Conference delegates found the topics discussed to be relevant and of high priority.

## **Public-private partnership forum**

### ***Organized by the European Commission***

This session reported on progress with developing partnerships and engaging stakeholders through the EU Platform on Diet, Nutrition and Physical Activity. The perspectives explored were those of the European Commission, industry and the public health community, and as well as of a national platform.

A senior official in the European Commission gave an introduction and overview of the Platform commitments, followed by a review of experiences from the public health perspective and a review of experiences from the food and drink industry.

Two independent perspectives were also provided on the topic in relation to the monitoring of industry health initiatives and recommendations suggested for how companies can develop their mechanisms for this.

The presentations were followed by a discussion.

## **Presentation of selected research and technical development and public health projects**

### *Organized by the European Commission*

This satellite event presented information on progress made with obesity-related issues in the framework of selected projects co-funded by the European Community. Two projects co-funded by the European Community's Framework Programme for Research and Technological Development were presented: "PorGrow – Policy options for responding to the growing challenge of obesity" and "CHOP – Childhood Obesity: Early Programming by Infant Nutrition, and EARNEST – the Early Nutrition Programming Project". These presentations were followed by a discussion.

In the second part of the workshop, two projects funded under the European Community's Public Health Action Programme were presented: "Children and obesity and associated avoidable chronic diseases" and "ShapeUp – A school-community approach to influence the determinants of childhood obesity". A discussion concluded this session.

## **Marketing of unhealthy foods to children**

### *Organized by the European Consumers' Organisation (BEUC) and the European Public Health Alliance (EPHA)*

The key message from this event was "In so far as we can be certain of anything in this uncertain world, food marketing does affect children's food behaviour". Comprehensive action will be needed to counter the vast array of promotional techniques that are now used to target young children and adolescents.

## **Launch of new publications**

### *Organized by the WHO Regional Office for Europe*

Regarding physical activity and health in Europe, a new Regional Office publication sets out the facts and makes the case for concerted action across the whole European Region. Another publication highlights the role of local governments in promoting physical activity and active living in urban environments; the discussion at the satellite event brought out the need to communicate with decision-makers at local as well as national levels. A third book addressed the socioeconomic determinants of healthy eating habits and physical activity levels among adolescents. It revealed marked differences in nutrition, physical activity patterns and body mass index between different socioeconomic groups.

## Keep your balance: how to communicate about healthy food and daily exercise to prevent obesity

*Organized by the Netherlands National Nutrition Centre*

The focus of this satellite event was on maintaining the energy balance as a means of preventing obesity and on communicating with consumers about that energy balance. People are well aware of the need to live according to the energy balance, but there is a gap between knowing and acting. This satellite event focused on how to close that gap.

## Promoting fruit and vegetables: experiences from eastern Europe

*Organized by the WHO Regional Office for Europe, in collaboration with Bulgaria and Hungary*

The workshop focused on showing how fruit and vegetables are important components of a healthy diet and on how sufficient daily consumption can help prevent major diseases, such as cardiovascular diseases and certain cancers. Participants emphasized the fact that the level of consumption of fruit and vegetable in countries of the European Region is still not reaching the goals.

## Nordic models for better lifestyle: Nordic and national action plans on diet, physical activity and health

*Organized by Denmark and the Nordic Council of Ministers*

Presentations were made of the Danish National Action Plan against Obesity, followed by the Norwegian National Action Plan on Physical Activity. The Nordic Plan of Action on better health and quality of life through diet and physical activity, presented by the Nordic Council of Ministers, outlined a vehicle to support national plans and create synergy. Answers to questions from delegates showed that the Danish and the Nordic action plans should be seen more as visions than as concrete action plans at the present stage. Specific goals and monitoring and evaluation mechanisms are still to be formulated.

## Cultural aspects of eating

*Organized by France*

Most approaches to improving diet have been based on what is eaten, instead of on how it is consumed. Recent data suggest that highly individualized societies are more susceptible to obesity than other cultures in which food consumption is regulated by a framework of collective, ritualized and relatively stable cultural rules and norms. It might thus prove more beneficial to support and encourage socially and culturally regulated eating patterns. This aspect should be a larger part of the overall approach to counteracting obesity in the future.

## Healthy eating at schools: policy, evidence and practice

*Organized by the Council of Europe*

In recent policy documents, the school has been highlighted as the primary arena for promoting healthy lifestyles, including healthy eating strategies. It is recognized as an important setting when public health nutritionists discuss healthy eating interventions and strategies. At the same time, innovative and integrative approaches to school meals and health promotion are being developed by practitioners in the education field. This satellite event brought together the three levels of policy, science and practice regarding healthy eating at school.

## **Rapporteur's summary**

The Rapporteur summed up the outcome of the Conference. It had acknowledged and given prominence to the increasing problem of obesity, as well as to the dual burden of malnutrition and obesity. The countries represented at the Conference were committed to placing overweight and obesity high on the political agenda of their governments.

The Charter adopted by the Member States offered clear guidance and formed an excellent strategic framework for future action. Many organizations across several sectors would need to take that action, from international and nongovernmental organizations to national, regional and local governments, with the involvement of public-private partnerships. A multisectoral approach was required, with the leading role played by the health sector, and a balance would need to be struck between collective and individual responsibilities. The Charter also called on WHO to step up its coordinating role and to monitor progress in implementation on a long-term basis.

In addition to the plenary sessions, at which the discussions had focused on political considerations, a number of technical satellite events had been organized to share experiences and information about ongoing national activities. It was striking, however, that there were many more national plans and policies on nutrition than on physical activity.

Lastly, the Conference had been enlivened by a ceremony to honour the 16 recipients of the WHO Counteracting Obesity Award. The winners all exemplified the determined action that would need to be taken in the years ahead.

## **Conference closure**

In his closing remarks, Dr Gudjón Magnússon, Director, Division of Health Programmes, WHO Regional Office for Europe extended warm thanks to the Ministry of Health and the Government of Turkey for hosting the Conference. He commended the Member States and partner organizations for the considerable and varied support they had given in preparing for the Conference. Through its involvement in the EU Platform on Diet, Physical Activity and Health, WHO had gained a valuable insight into how the food industry was working on the problem of obesity.

The success of the Conference would be measured by the extent to which the guidance given in the Charter was acted upon. In that context, a second WHO European action plan on food and nutrition would be drawn up and submitted to the WHO Regional Committee for Europe for approval in 2007, and discussions would be held with the European Commission on jointly developing good monitoring mechanisms.

Professor Sabahattin Aydin, Deputy Undersecretary, Ministry of Health of Turkey, expressed his belief that sustainable, solid and effective cooperation on counteracting obesity would create synergies that would lead to a healthier present and future.

The Deputy Minister of Health of Kyrgyzstan indicated that the Conference had offered an opportunity for participants to share experiences and learn from each other, and that the Counteracting Obesity Award was a strong moral incentive to achieve better results. All Member States would now be stimulated to develop appropriate implementation mechanisms, adapting

the approaches set out in the Charter to the real conditions in each country. A representative of Slovenia endorsed the need for tools to monitor the action being taken and, recognizing that such action was also required at international level in a globalized world, called for them to be developed at that level, too.

A representative of the International Obesity Task Force, speaking on behalf of the vast range of NGOs attending the Conference, reiterated the need for rapid and radical action and suggested that NGOs would have a crucial role to play in fostering intersectoral work under the leadership of ministries of health.

A representative of a national association against obesity in young people, from Lithuania, proposed that government officials should meet more often with civil society organizations to coordinate their work and that information centres should be set up to provide people with good, substantiated advice about diet and physical activity.

A delegate from Albania felt that the Charter was one of WHO's best products: it combined technical and political approaches, it was addressed to both the east and the west of the European Region, and it was expressed in clear language. A representative of the Russian Federation acknowledged that the Charter would help countries to develop their own policies to counteract obesity.

Representatives who took the floor also acknowledged the smooth and respectful preparatory process for the Conference, which had included a large number of Member States and a broad range of stakeholders.

## *Annex 1*

# EUROPEAN CHARTER ON COUNTERACTING OBESITY

To address the growing challenge posed by the epidemic of obesity to health, economies and development, we, the Ministers and delegates attending the WHO European Ministerial Conference on Counteracting Obesity (Istanbul, Turkey, 15–17 November 2006), together with the WHO Regional Director for Europe, in the presence of the European Commissioner for Health and Consumer Protection, hereby adopt the following European Charter on Counteracting Obesity. The process of developing the present Charter has involved different government sectors, international organizations, experts, civil society and the private sector through dialogue and consultations.

We declare our commitment to strengthen action on counteracting obesity in line with this Charter and to place this issue high on the political agenda of our governments. We also call on all partners and stakeholders to take stronger action against obesity.

Sufficient evidence exists for immediate action; at the same time, the search for innovation, adjustments to local circumstances and new research on certain aspects can improve the effectiveness of policies.

Obesity is a global public health problem; we acknowledge the role that European action can play in setting an example and thereby mobilizing global efforts.

## **1. THE CHALLENGE**

We acknowledge that:

- 1.1 The epidemic of obesity poses one of the most serious public health challenges in the WHO European Region.** The prevalence of obesity has risen up to three-fold in the last two decades. Half of all adults and one in five children in the WHO European Region are overweight. Of these, one third are already obese and numbers are increasing fast. Overweight and obesity contribute to a large proportion of noncommunicable diseases, shortening life expectancy and adversely affecting the quality of life. More than one million deaths in the Region annually are due to diseases related to excess body weight.
- 1.2 The trend is particularly alarming in children and adolescents,** thus passing the epidemic into adulthood and creating a growing health burden for the next generation. The annual rate of increase in the prevalence of childhood obesity has been rising steadily and is currently up to ten times higher than it was in 1970.
- 1.3 Obesity also strongly affects economic and social development.** Adult obesity and overweight are responsible for up to 6% of health care expenditure in the European Region; in addition, they impose indirect costs (due to the loss of lives, productivity and related income) that are at least two times higher. Overweight and obesity most affect people in lower socioeconomic groups, and this in turn contributes to a widening of health and other inequalities.

- 1.4 The epidemic has built up in recent decades as a result of the changing social, economic, cultural and physical environment.** An energy imbalance in the population has been triggered by a dramatic reduction of physical activity and changing dietary patterns, including increased consumption of energy-dense nutrient-poor food and beverages (containing high proportions of saturated as well as total fat, salt and sugars) in combination with insufficient consumption of fruit and vegetables. According to available data two thirds of the adult population in most countries in the WHO European Region are not physically active enough to secure and maintain health gains, and only in a few countries does the consumption of fruit and vegetables achieve the recommended levels. Genetic predisposition alone can not explain the epidemic of obesity without such changes in the social, economic, cultural and physical environment.
- 1.5 International action is essential to support national policies.** Obesity is no longer a syndrome of wealthy societies; it is becoming just as dominant in developing countries and countries with economies in transition, particularly in the context of globalization. Taking intersectoral action remains a challenge and no country has yet effectively managed to bring the epidemic under control. Establishing strong internationally coordinated action to counteract obesity is both a challenge and an opportunity, as many key measures are cross-border both in character and in their implications.

## **2. WHAT CAN BE DONE: the goals, principles and framework for action**

- 2.1 The obesity epidemic is reversible.** We believe that it is possible to reverse the trend and bring the epidemic under control. This can only be done by comprehensive action, since the root of the problem lies in the rapidly changing social, economic and environmental determinants of people's lifestyles. The vision is to shape societies where healthy lifestyles related to diet and physical activity are the norm, where health goals are aligned with those related to the economy, society and culture and where healthy choices are made easy for individuals.
- 2.2 Curbing the epidemic and reversing the trend is the ultimate goal of action in the Region.** Visible progress, especially relating to children and adolescents, should be achievable in most countries in the next 4–5 years and it should be possible to reverse the trend by 2015 at the latest.
- 2.3 The following principles need to guide action in the WHO European Region:**
- 2.3.1 High-level political will and leadership and whole-government commitment are required to achieve mobilization and synergies across different sectors.
  - 2.3.2 Action against obesity should be linked to overall strategies to address noncommunicable diseases and health promotion activities [as well as to the broader context of sustainable development]. Improved diet and physical activity will have a substantial and often rapid impact on public health, beyond the benefits related to reducing overweight and obesity.
  - 2.3.3 A balance must be struck between the responsibility of individuals and that of government and society. Holding individuals alone accountable for their obesity should not be acceptable.

- 2.3.4 It is essential to set the action taken within the cultural context of each country or region and to acknowledge the pleasure afforded by a healthy diet and physical activity.
- 2.3.5 It will be essential to build partnerships between all stakeholders such as government, civil society, the private sector, professional networks, the media and international organizations, across all levels (national, sub-national and local).
- 2.3.6 Policy measures should be coordinated in the different parts of the Region, in particular to avoid shifting the market pressure for energy-dense food and beverages to countries with less regulated environments. WHO can play a role in facilitating and supporting intergovernmental coordination.
- 2.3.7 Special attention needs to be focused on vulnerable groups such as children and adolescents, whose credulity should not be exploited by commercial activities.
- 2.3.8 It is also a high priority to support lower socioeconomic population groups, who face more constraints and limitations on making healthy choices. Increasing the access to and affordability of healthy choices should therefore be a key objective.
- 2.3.9 Impact on public health objectives should have priority consideration when developing economic policy, as well as policies in the areas of trade, agriculture, transport and urban planning.

## **2.4 A framework, linking the main actors, policy tools and settings, is needed to translate these principles into action.**

- 2.4.1 **All relevant government sectors and levels should play a role.** Appropriate institutional mechanisms need to be in place to enable this collaboration.
  - Health ministries should play a leading role by advocating, inspiring and guiding multisectoral action. They should set the example when facilitating healthy choices among employees in the health sector and health service users. The role of the health system is also important when dealing with people at high risk and those already overweight and obese, by designing and promoting prevention measures and by providing diagnosis, screening and treatment.
  - Ministries and agencies such as those for agriculture, food, finance, trade and economy, transport, urban planning, education and research, social welfare, labour, sport, culture and tourism have an essential role to play in developing health promoting policies and actions. This will also lead to benefits in their own domain.
  - Local authorities have great potential and a major role to play in creating the environment and opportunities for physical activity, active living and a healthy diet, and they should be supported in doing this.

- 2.4.2 **Civil society can support the policy response.** The active involvement of civil society is important, to foster the public's awareness and demand for action and as a source of innovative approaches. Nongovernmental organizations can support strategies to counteract obesity. Employers', consumers', parents', youth, sport and other associations and trade unions can each play a specific role. Health professionals' organizations should ensure that their members are fully engaged in preventive action.
- 2.4.3 **The private sector should play an important role and have responsibility in building a healthier environment, as well as for promoting healthy choices in their own workplace.** This includes enterprises in the entire food chain from primary producers to retailers. Action should be focused on the main domain of their activities, such as manufacturing, marketing and product information, while consumer education could also play a role, under guidance from public health authorities. There is also an important role for sectors such as sports clubs, leisure and construction companies, advertisers, public transportation, active tourism, etc. The private sector could be involved in win-win solutions by highlighting the economic opportunities of investing in healthier options.
- 2.4.4 **The media have an important responsibility** to provide information and education, raise awareness and support public health policies in this area.
- 2.4.5 **Intersectoral collaboration is essential not only at national but also at international level.** WHO should inspire, coordinate and lead the international action. International organizations such as the United Nations Food and Agriculture Organization (FAO), the United Nations Children's Fund (UNICEF), the World Bank, the Council of Europe, the International Labour Organization (ILO), and the Organisation for Economic Co-operation and Development (OECD) can create effective partnerships and thus stimulate multisectoral collaboration at national and international levels. The European Union (EU) has a principal role to play through EU legislation, public health policy and programmes, research and activities such as the European Platform for Action on Diet, Physical Activity and Health.

Existing international commitments such as the Global Strategy on Diet, Physical Activity and Health, the European Food and Nutrition Action Plan and the European Strategy for the Prevention and Control of Noncommunicable Diseases should be used for guidance and to create synergies. In addition, policy commitments such as the Children's Environment and Health Action Programme for Europe (CEHAPE), the Transport, Health and Environment Pan-European Programme (THE PEP), and the Codex Alimentarius within the limits of its remit, can be used to achieve coherence and consistency in international action and to maximize efficient use of resources.

- 2.4.6 **Policy tools range from legislation to public/private partnerships, with particular importance attached to regulatory measures.** Government should ensure consistency and sustainability through regulatory action, including legislation. Other important tools include policy reformulation, fiscal and public investment policies, health impact assessment, campaigns to raise awareness and provide consumer information, capacity-building and partnership, research, planning and monitoring. Public/private partnerships with a public health

rationale and shared specified public health objectives should be encouraged. Specific regulatory measures should include: the adoption of regulations to substantially reduce the extent and impact of commercial promotion of energy-dense foods and beverages, particularly to children, with the development of international approaches, such as a code on marketing to children in this area; and the adoption of regulations for safer roads to promote cycling and walking.

- 2.4.7 **Action should be taken at both micro and macro levels, and in different settings.** Particular importance is attached to settings such as the home and families, communities, kindergartens, schools, workplaces, means of transport, the urban environment, housing, health and social services, and leisure facilities. Action should also cover the local, country and international levels. Through this, individuals should be supported and encouraged to take responsibility by actively using the possibilities offered.
- 2.4.8 **Action should be aimed at ensuring an optimal energy balance by stimulating a healthier diet and physical activity.** While information and education will remain important, the focus should shift to a portfolio of interventions designed to change the social, economic and physical environment.
- 2.4.9 **A package of essential preventive action should be promoted as key; countries may further prioritize interventions from this package, depending on their national circumstances and the level of policy development.** The package of essential action would include: reduction of marketing pressure, particularly to children; promotion of breastfeeding; improvement of supply of healthier food, including fruit and vegetables; economic measures that facilitate healthier food choices; offers of affordable recreational/exercise facilities, including support for socially disadvantaged groups; reduction of fat, free (particularly added) sugars and salt in manufactured products; promotion of cycling and walking by better urban design and transport policies; creation of opportunities in local environments that motivate people to engage in leisure time physical activity; provision of healthier foods, opportunities for daily physical activity, and nutrition and physical education in schools; facilitating and motivating people to adopt better diets and physical activity in the workplace; developing/improving national food-based dietary guidelines and guidelines for physical activity; and individually adapted health behaviour change.
- 2.4.10 **Attention should also continue to be focused on preventing obesity in people who are already overweight and thus at high risk, and on treating the disease of obesity.** Specific actions in this area would include: introducing routine anthropometric measurements and counselling in primary health care system; providing training for health professionals in the prevention of obesity; and issuing clinical recommendations for screening and treatment.
- 2.4.11 **When designing and implementing policies, successful interventions with demonstrated effectiveness need to be used.** They include projects with proven impact on the consumption of healthier foods and levels of physical activity such as: schemes to offer people free fruit at school and work; affordable pricing for healthier foods; increasing access to healthier foods in areas of socioeconomic deprivation; establishing bicycle priority routes; encouraging children to walk to school; improving street lighting; promoting stair use; and reducing television

viewing. There is also evidence that many interventions against obesity, such as school programmes and active transport, are highly cost-effective. The WHO Regional Office for Europe will provide decision-makers with examples of good practice and case studies.

### **3. PROGRESS AND MONITORING**

- 3.1** The present Charter aims to strengthen action against obesity throughout the WHO European Region. It will stimulate and influence national policies, regulatory action including legislation and action plans. A European action plan, covering nutrition and physical activity, will translate the principles and framework provided by the Charter into specific action packages and monitoring mechanisms.
- 3.2** A process needs to be put together to develop internationally comparable core indicators for inclusion in national health surveillance systems. These data could then be used for advocacy, policy-making and monitoring purposes. This would also allow for regular evaluation and review of policies and actions and for the dissemination of findings to a wide audience.
- 3.3** Monitoring progress on a long-term basis is essential, as the outcomes in terms of reduced obesity and the related disease burden will take time to manifest themselves. Three-year progress reports should be prepared at the WHO European level, with the first due in 2010.

## *Annex 2*

### CONFERENCE SESSIONS

**Wednesday, 15 November 2006**

#### **Session 1: Opening of the Conference**

##### **Welcome addresses:**

- Professor Recep Akdağ, Minister of Health of Turkey
- Dr Marc Danzon, WHO Regional Director for Europe
- Dr Markos Kyprianou, EU Commissioner for Health and Consumer Protection, European Commission

##### **Election of officers**

##### **Adoption of agenda and programme**

##### **Introduction to the programme**

*(Dr Haik Nikogosian, WHO Regional Office for Europe)*

##### **Introduction to the draft European Charter on Counteracting Obesity**

*(Dr Jens Kristian Gøtrik, Denmark, Chair of the Drafting Committee)*

#### **Session 2: The challenge posed by obesity**

##### **Introduction**

##### **Keynote presentations:**

- **The public health challenge**  
*(Dr Gudjón Magnússon, WHO Regional Office for Europe)*
- **Economic challenges of obesity**  
*(Dr Meera Shekar, World Bank)*

##### **Discussion**

##### **Summary**

#### **Session 3: Priority focus: children and people of lower socioeconomic status**

##### **Introduction**

##### **Keynote presentations:**

- **Overweight and obesity in children**  
*(Dr Marie-Laure Frelut, scientific council of the Institut français pour la nutrition and European Childhood Obesity Group)*
- **Inequalities and obesity**  
*(Professor Sir Michael Marmot, Chair, WHO Commission on Social Determinants of Health)*

##### **Discussion**

##### **Summary**

**Session 4: Evidence for effective action**

**Parallel session 1: Nationwide policies and the role of health systems**

- **Introduction**
- **Discussion**
- **Summary**

**Parallel session 2: Action at the subnational and local level**

- **Introduction**
- **Discussion**
- **Summary**

**Thursday, 16 November 2006**

**Session 5: The role of and support from different government sectors**

**Introduction**

**Keynote presentation:**

*- Ms Liisa Hyssälä, Minister of Health and Social Services, Finland*

**Discussion**

**Summary**

**Session 6: Call for political commitment and action – the European Charter on Counteracting Obesity**

**Introduction**

**Presentation of the draft Charter for adoption**

*(Dr Jens Kristian Gøtrik, Denmark, Chair of the Drafting Committee)*

**Discussion**

**Summary**

**Session 7: The role of international actors**

**Introduction**

**Presentations:**

- Food and Agriculture Organization of the United Nations (FAO)
- United Nations Children's Fund (UNICEF)
- Nordic Council of Ministers
- International alliance of nongovernmental organizations

**Discussion**

**Summary**

**The European Charter on Counteracting Obesity – signing ceremony**

**Session 8: Ministerial round-table discussion: the challenges of and opportunities ahead for strengthening action against obesity**

**Counteracting Obesity Award ceremony**

Friday, 17 November 2006

**Session 9: Translating commitment into action**

**A. Plenary discussion: The way forward**

**Introduction**

**Discussion**

**Summary**

**B. Parallel sessions**

**Parallel session 1: Developing a European plan of action**

**Introduction**

**Presentations:**

- Framework provided by the European strategy on the prevention and control of noncommunicable diseases (*Dr Jill Farrington, WHO Regional Office for Europe*)
- Physical activity perspective: a framework for action in the WHO European Region (*Mr Roar Blom, WHO Regional Office for Europe*)
- Proposed outline for a second European action plan on food and nutrition policy (*Dr Francesco Branca, WHO Regional Office for Europe*)

**Discussion**

**Summary**

**Parallel session 2: Tools for policies and action**

**Introduction**

**Presentations:**

- Obesity surveillance and databases (*Ms Trudy Wijnhoven, WHO Regional Office for Europe*)
- Cost calculation for obesity: a simple tool (*Professor Jaap Seidell, Free University of Amsterdam, Netherlands*)
- School-based intervention in counteracting childhood obesity (*Dr Chizuru Nishida, WHO headquarters*)

**Discussion**

**Summary**

**Satellite events and bilateral meetings** (*See Addendum*)

**Session 10: Closure of the Conference**

## **Addendum**

### **Preparatory meetings**

**Tuesday, 14 November 2006**

**Meeting of representatives of nongovernmental organizations**

**Briefing for focal points of Member States' delegations**

### **Satellite events**

**Wednesday, 15 November 2006**

#### **Seminars**

**Launch of recent publications** (*Organized by the WHO Regional Office for Europe*)

- *Physical activity and health in Europe: evidence for action.*
- *Addressing the socioeconomic determinants of healthy eating habits and physical activity levels among adolescents.*
- *Promoting physical activity and active living in urban environments. The role of local governments. The solid facts.*

**Marketing food and non-alcoholic beverages to children** (*Organized by the European Consumers' Organisation/European Public Health Alliance*)

**Thursday, 16 November 2006**

#### **Seminars**

**Fruit and vegetables – Experiences from eastern Europe** (*Organized by the WHO Regional Office for Europe in collaboration with Member States' delegations*)

**Keep your Balance – How to communicate about healthy food and daily exercise to prevent obesity** (*Organized by the National Nutrition Centre, Netherlands*)

**EU research projects on obesity** (*Organized by the European Commission*)

**Friday, 17 November 2006**

**Public-private partnership forum** *(Organized by the European Commission)*

**Seminars**

**Nordic models for better life – Nordic and national action plans on health, diet and physical activity** *(Organized by Denmark/the Nordic Council of Ministers)*

**Healthy eating and school policy, evidence and practice** *(Organized by the Council of Europe)*

**Cultural aspects of food and obesity** *(Organized by France)*

### *Annex 3*

## CONFERENCE PARTICIPATION

### **COUNTRY REPRESENTATION**

Albania	Latvia
Armenia	Lithuania
Austria	Luxembourg
Belarus	Malta
Belgium	Netherlands
Bosnia and Herzegovina	Norway
Bulgaria	Poland
Croatia	Portugal
Cyprus	Republic of Moldova
Czech Republic	Russian Federation
Denmark	Serbia
Estonia	Slovakia
Finland	Slovenia
France	Spain
Georgia	Sweden
Germany	Switzerland
Greece	Tajikistan
Hungary	The former Yugoslav Republic of Macedonia
Iceland	Turkey
Ireland	Ukraine
Israel	United Kingdom of Great Britain and Northern Ireland
Italy	
Kazakhstan	Uzbekistan
Kyrgyzstan	

## **OBSERVERS**

Canada

United States of America

## **INTERNATIONAL ORGANIZATIONS**

Council of Europe

European Commission

Food and Agriculture Organization

International Labour Organization

Nordic Council of Ministers

United Nations Children's Fund

World Bank

World Health Organization

## **NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH WHO**

Consumers International

European Association for the Study of Obesity

Federation of European Nutrition Societies

International Association for Child and Adolescent Psychiatry and Allied Professions

International Baby Food Action

International Diabetes Federation

International Union of Nutritional Sciences

World Heart Federation

World Organization of Family Doctors

## **OBSERVERS**

EU Platform on Diet, Physical Activity and Health

Nongovernmental organizations:

Association of Schools of Public Health in the European Region

European Childhood Obesity Group

European Federation of the Associations of Dietitians

European Forum of Medical Associations and WHO

European Heart Network

European League against Rheumatism

European Medical Association

European Public Health Alliance

European Society of Endocrinology

International Federation for Surgery of Obesity

International Society for Behavioural Nutrition and Physical Activity

International Sport and Culture Association

Quebec Coalition on Weight-related Problems

Transatlantic Consumer Dialogue

Union of National European Paediatric Societies and Associations

Observers from the host country

Individual observers

Experts on nutrition, physical activity and obesity