

## PANORAMA PEOPLE

### Interview with Antonia Trichopoulou

By Lasse Hemmingsen

*Antonia Trichopoulou is President of the Hellenic Health Foundation, Director of the WHO Collaborating Centre for Nutrition and Health in Athens and Professor Emeritus of the School of Medicine at the University of Athens, Greece. Her scientific work has focused on public health nutrition and nutritional epidemiology, with an emphasis on the health effects of the Mediterranean diet and traditional foods.*



**When it comes to the field of nutrition, what do you see as WHO's biggest successes?**

Talking about the successes of WHO in relation to nutrition, one must draw attention to its work in developing a system for advocating restrictions on food marketing to children. The steps taken by WHO, at the international and regional levels, to develop recommendations for countries and practical tools such as nutrient profiling has been crucial. If you want nutrition to be improved in the next generation, changing the way in which food is promoted and targeted to children is the way to go. Furthermore, the guidelines and policy guidance to reduce salt and sugar intake among the population, which has been initiated and driven by WHO, are extremely important.

When it comes to implementation within the European Union, there also has been more policy dialogue in the last 10 years between WHO as a normative body and the European Commission, which has powers to regulate in areas such as nutrition labelling. This is a positive approach because WHO is only in a position to come up with recommendations when discussing with governments directly, whereas with the involvement of the European Commission, the aspect of legislation is available. The Commission has also established dialogue with the industry: this is bilateral, sometimes even trilateral, such that industry and the Commission are talking to each other and WHO can provide strategic technical input. This has resulted in some voluntary changes to the promotion and composition of foods across the European Union, and this is important.

I also want to mention the elderly population. In the last two to three years WHO has started working on the topic of healthy ageing and nutrition among older people, and this is very important. This group of the population has not received great attention, but now WHO focuses not only on elderly but also on very elderly population groups. Indeed, the proportion of the population aged over 90 years is increasing, especially in Europe. Further, the rate of dementia incidence is very high in this age group, so I am very pleased that WHO has been more active in trying to address problems of nutrition in this age group in the last few years, both by taking a targeted approach and by increasing awareness of the importance of the full life-course in influencing health outcomes.

**In your view, what should WHO's role be in the coming years: what should WHO focus on to improve nutrition?**

There is probably room for improvement in how WHO considers the role of sustainable food systems and where it sees its role in helping to foster healthy and sustainable diets. What we are eating or cultivating has an impact on the nutritional value of our diet but also has a substantial impact on the environment and climate, and I hope that in the future WHO will be much more involved in this.

The overconsumption of food of animal origins is detrimental both to our health and to the environment and climate. When you follow an animal-based diet the carbon dioxide footprint is very high, and we have to put emphasis on that and encourage greater shifts to more plant-based diets.

We also have to promote the idea of local production and local consumption: in this way we can help biodiversity and support the local economy. It is about biodiversity, climate, health and economy.

Traditional food, by definition, is more sustainable and healthier than most people think. Of course, we cannot turn our backs on progress, but I think that sometimes we overlook the past. For example, according to current evidence the old grains for making bread have higher nutritional value than the ones we use today.

This does not mean that all traditional food is healthy. For example, some of the salty dishes in the Mediterranean region were not healthy, and the same can be said about the overconsumption of lard, butter and meat in northern European countries. Thus, when we talk about tradition in a sustainability context, we also have to look at what is healthy and what is not. Re-enforcing or reinvigorating the healthy aspects of traditional diets will be really important in the years to come, both via policy measures and through increasing public awareness.

I also want to come back to the problem with the increasing number of elderly people in the population. It is a time-bomb which will explode in many ways, both in relation to future health needs and from the societal and economic points of view.

First of all, we have to foster societies where older people live with their families: we cannot afford to have them live on their own or in care institutions. We have to fight ageism, which separates old people from others. We have to live together. It is a societal problem, where we need a different set of values.

Our role as WHO or as health professionals is to focus on nutrition and physical activity for the elderly, just as we do for children and adolescents. We have seen a lot of important research showing that even if you are over 65 years and stop smoking, start walking more or change your diet, it will benefit you. It is never too late to improve your quality of life. So, even if you start at a late age, it is beneficial to eat more healthily and be more physically active. It is therefore worth focusing on changing behaviours in this group.

### **Where can change come from, and how can WHO help necessary change grow?**

As former WHO Director-General, Dr Margaret Chan, said in one of her speeches, few governments prioritize health over big business. I think that change has to come from the grass roots,

from consumers being aware of the problems, and especially from the younger generation.

It can come from governments, of course: some are very active and efficient. They are there, but they are few. An important role for our new Director-General, Dr Tedros Ghebreyesus, will be to foster and support these “first movers” so that governments in other countries can be inspired and learn from their experience.

WHO has a big role to play both in challenging countries and in pushing for action. WHO has been our lighthouse. It has stimulated action and encouraged research, and is an invaluable source of comparable and good data. If you are alone as a researcher or health professional in a small country and you can add in your argumentation that WHO also supports your view, you cannot imagine how important that is.

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