



WHO European Ministerial Conference on Counteracting Obesity

Diet and physical activity for health

Istanbul, Turkey, 15–17 November 2006



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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), in the presence of the European Commissioner for Health and Consumer Protection, hereby adopt, as a matter of policy, 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 and we recognize the leadership on this issue being provided by the WHO Regional Office for Europe.

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. 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 more accessible and 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 inexperience or 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.
 - All relevant ministries and agencies such as those for agriculture, food, finance, trade and economy, consumer affairs, development, 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, within the framework set by public health policy. 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 and national parliaments 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 to favour healthy lifestyles.

2.4.9 A package of essential preventive actions should be promoted as key measures; 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; ensuring access to and availability 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; adequate nutrition labelling; 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 timely identification and management of overweight and obesity in primary care, provision of training for health professionals in the prevention of obesity; and issuing clinical guidance for screening and treatment. Any stigmatization or overvaluation of obese people should be avoided at any age.

2.4.11 When designing and implementing policies, successful interventions with demonstrated effectiveness need to be used.

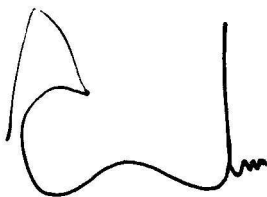
These include projects with proven impact on the consumption of healthier foods and levels of physical activity such as: schemes to offer people free fruit at school; affordable pricing for healthier foods; increasing access to healthier foods at workplaces and in areas of socioeconomic deprivation; 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.



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