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The challenge of obesity in the WHO European Region

Obesity poses one of the greatest public health challenges for the 21st century, with particularly alarming trends in several parts of the world, including the WHO European Region.

More than 75% of all deaths in the European Region are caused by noncommunicable diseases, the highest proportion in the world. Coronary heart disease is the most common cause of premature death, alone accounting for 16% and 12% of all premature deaths in men and women, respectively.

Unhealthy diets and physical inactivity are the main contributors to overweight and obesity, which are among the leading risk factors for the major noncommunicable diseases. The most significant consequences for health of overweight and obesity include hypertension and hyperlipidaemia (major risk factors), coronary heart disease, ischaemic stroke, type 2 diabetes, certain types of cancer, osteoporosis and psychosocial problems.

The risk of disease in all populations increases progressively from a body mass index (BMI) of 20–22. According to *The world health report 2002*, a BMI above 21 accounts for 10–13% of deaths and 8–15% of DALYs¹ in the European Region, a rate that is in general higher than that in other parts of the world.

Adult obesity

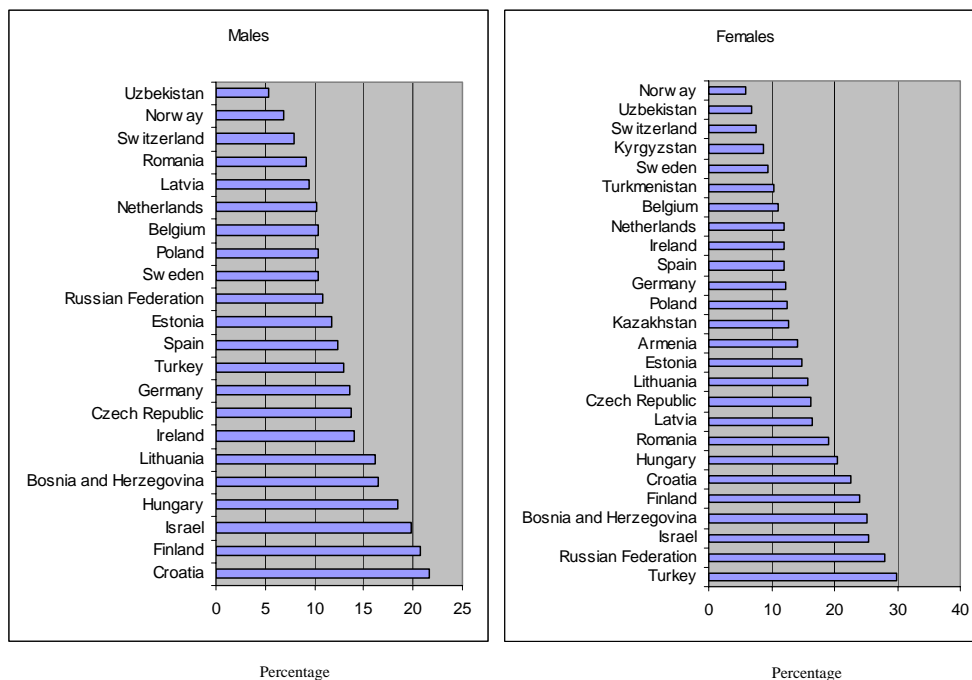
Although the numbers of those overweight (BMI over 25) and obese (BMI over 30) are rising everywhere, *The world health report 2002* revealed that Europe now has one of the highest average BMI of all WHO regions – nearly 26.5.

Overweight affects some 25–75% of the adult population in countries of the Region. In many countries now, well over half the adult population is overweight although the lack of nationally representative data in many countries is still a major obstacle to a more accurate assessment of the scale and trends of the epidemic.

According to the most recent data on nationally representative samples from different countries in the Region, the prevalence of obesity ranges from 5% to 20% in men and up to 30% in women (Fig. 1). The figures also show a rapid closing of the gap in prevalence between the western and eastern parts of the Region. Currently almost 400 million adults in the Region are estimated to be overweight and about 130 million to be obese.

¹ The disability-adjusted life-year (DALY) is an indicator of time lived with a disability and time lost due to premature mortality.

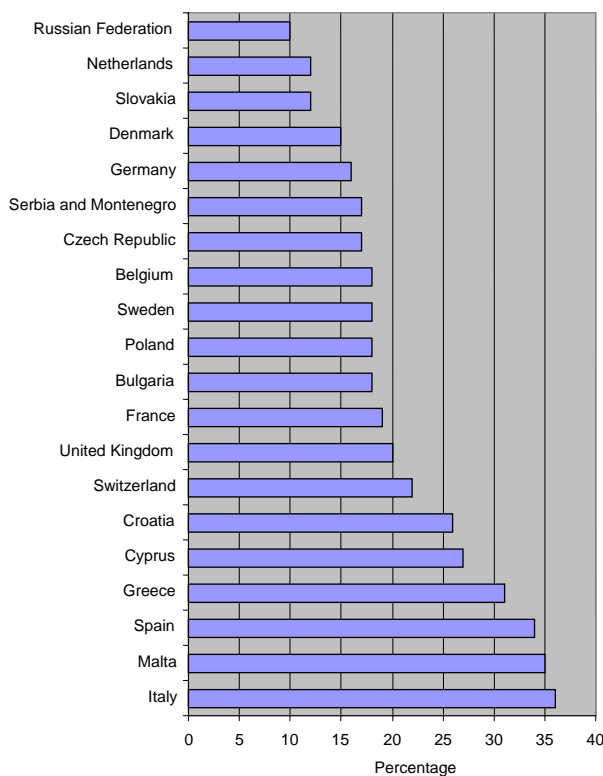
Fig. 1. Prevalence of obesity in adults (15 years and older) in selected countries in the WHO European Region



Childhood obesity

Childhood obesity is an acute health crisis. Various studies estimate that 10–30% of European children aged 7–11 years and 8–25% of adolescents (14–17 years) carry excess body fat (Fig. 2).

Fig. 2. Prevalence of overweight and obesity in children 7–11 years from selected countries in the WHO European Region



Source: data from Lobstein T, Frelut M-L, Prevalence of overweight among children in Europe. *Obesity Reviews*, 2003, 4(4):195–200.

The Health Behaviour in School-aged Children study conducted in 2001–2002 (http://www.euro.who.int/youthhealth/hbsc/20030130_2), which gathered self-reported data on the weight and height of more than 100 000 children in 35 countries in Europe and North America, indicated that 11.7% of 13-year-olds and 11.4% of 15-year-olds were overweight. About one quarter of overweight children are obese and are likely to develop type 2 diabetes, heart disease and other chronic diseases before or during early adulthood.

Obesity is increasing rapidly

The prevalence of obesity has risen three-fold or more in many European countries since the 1980s. If prevalence continues to increase at the same rate as in the 1990s, it is estimated that about 150 million adults in the Region will be obese by 2010. This means that in just five years there will be 20 million more obese people, a striking four million more per year. The figures show a clear upward trend, even in countries with traditionally low rates of overweight and obesity such as France, the Netherlands and Norway. Further, while the prevalence in the European Region is expected to rise by an average of 2.4% in women and 2.2% in men over five years, some countries might show a faster increase, such as Finland, Germany, Greece, Sweden and the United Kingdom for men and Georgia, the Republic of Moldova, Slovakia and Tajikistan for women.

The epidemic is spreading at particularly alarming rates in children. In France, for example, the prevalence of childhood overweight and obesity increased from 3% in 1960 to 16% in 2000. In Poland the prevalence increased from 8% to 18% between 1994 and 2000, while Hungary reports that 20% of children aged 11–14 years are obese and that 6% of obese children suffer from hypertension. The increase has accelerated in recent years: according to the International Obesity Task Force, the annual increase in prevalence of around 0.2% during the 1970s rose to 0.6% during the 1980s and to 0.8% in the early 1990s, and in some cases reached as high as 2.0% by the 2000s.

Economic costs and inequalities in obesity

Obesity also creates a major economic burden through loss of productivity and income, and consumes some 2–8% of overall health care budgets. Spain, for example, recently reported that nearly 7% of health care costs were directly or indirectly associated with obesity, representing €2500 million per year. In eastern Europe and the countries formerly constituting the USSR the estimate is up to 5% of total health care costs. In addition, substantial indirect financial costs and intangible social costs, such as underachievement in school and discrimination at work, have to be borne.

Obesity and related diseases are among the most unevenly distributed health conditions, and there is a trend towards an increase in differences between social classes. Mortality from cardiovascular disease is 1.5 times higher among the working classes and the poorly educated than in the rest of the population. People with lower incomes tend to eat more meat, fat and sugar, while the better educated tend to consume more fruit and vegetables. A sedentary lifestyle is more common in poorly educated and low-income groups.

Policy response

It should no longer be acceptable to blame individuals alone for their obesity. The causes of the rapidly growing epidemic are societal and will require substantial changes of strategy. There will

need to be a better balance between individual and population-wide approaches and between education-based and multisectoral and environmental interventions.

It is obvious that obesity is an acute and rapidly growing threat to public health, to which governments and relevant international organizations need to respond without delay. Region-wide action and collaboration, with adequate coverage of both the west and the east of the Region, will be required to counteract the new epidemic.

Science and evidence have shown that two groups of objectives are essential for combating the epidemic:

- optimizing the diet (balancing and in some cases limiting food intake, with particular focus on limiting intake of fat, “free” sugars and salt, as well as ensuring a shift towards unsaturated fats and iodized salt and increasing consumption of fruit and vegetables); and
- increasing physical activity (at least 30 minutes of regular, moderate-intensity physical activity on most days of the week).

A strategy based on creating a supportive environment and then promoting healthy choices has the greatest potential for changing behaviour in a way that is sustainable.

Actions are needed at different levels, corresponding to the different layers of influence on the individual: regional and international frameworks; social policies and national legislation; organizational and commercial practices; planning controls and regional strategies; community and cultural traditions; school and work practices and peer influence; family customs and choices; and individual action.

Key settings in which such a strategy can be implemented are: the school (health education, school meals, leisure activities); the local environment (food supply, transport, housing environments, outdoor recreation, sport); the health and medical services (maternal and child health care); and the workplace (healthy dietary habits and physical activity during the working day).

Recent developments in setting up a policy framework

There have been a number of public health commitments, endorsed at global and/or regional level, that can help pave the way for accelerated action on counteracting obesity in the European Region.

In May 2004, the Fifty-seventh World Health Assembly adopted the Global Strategy on Diet, Physical Activity and Health. The Strategy contains recommendations for WHO and its Member States, international partners, nongovernmental organizations and the private sector in combating the rise of noncommunicable diseases through a healthier diet and increased physical activity. It addresses the role of health systems; food and agricultural policies; fiscal and regulatory policies; surveillance systems; consumer education and communication (including marketing, health claims and labelling); and school, transport and urban policies that are relevant to improving choice concerning nutrition and physical activity.

At the European level, the WHO Regional Committee for Europe endorsed in 2000 the First Action Plan for Food and Nutrition Policy, covering the period 2000–2005. The Action Plan makes the case for combining nutrition, food safety and food security, and sustainable development into an overarching, intersectoral policy and offers support to governments to

develop, implement and evaluate such policies. A relatively new and important initiative is the launch of the European Union's Platform for Action on Diet, Physical Activity and Health. Under the leadership of the European Commission, the Platform brings together industrial associations, consumer groups, nongovernmental organizations in the field of health and political leaders to take voluntary action to halt and hopefully reverse the rise in obesity, particularly among children.

There is also an increase in policy responses at the national level. France launched a national healthy nutrition programme in 2001, covering a wide range of measures at the intersectoral level. The Netherlands adopted a national health care prevention policy in 2004, identifying obesity as one of the three priorities along with smoking and diabetes. Action in this increasingly important area of public health has also been highlighted in the United Kingdom's White Paper *Choosing health: making healthier choices easier*, released in November 2004. Spain adopted a national strategy for nutrition, physical activity and prevention of obesity in early 2005, paving the way for coordinated intersectoral action. In March 2005 the Slovenian Parliament approved a National Nutrition Policy Programme for 2005–2010, one of the first examples of high-level political support for nutrition policy in central and eastern Europe. Sweden has put forward for adoption an action plan for healthy dietary habits and increased physical activity "in order to contribute to the overall public health aim of creating societal conditions that ensure good health, on equal terms, for the entire population".

Accelerating action in the European Region: Regional Office activities

The Regional Office will facilitate prompt action and coordination in the Region to address the growing challenge.

As an important milestone in the process, the Regional Office plans to organize, in November 2006, a ministerial conference on counteracting obesity, hosted by the Turkish Government in Istanbul. The conference would aim to raise awareness, to promote an overall political climate and international collaboration for the fight against obesity, and to place obesity high on the public health and political agendas in the Region. The conference and the process leading to it would also serve as an important mechanism for strengthening and consolidating evidence-based and multisectoral policies in this increasingly important area, including those on physical activity and health, which have not been adequately covered in recent years. For this reason, the Regional Office intends to invite not only health ministers but also high-level representatives of other sectors such as trade, agriculture, transport, urban planning and education. Finally, the conference would strengthen national action and collaboration between Member States and international partners for counteracting obesity. The organization of the conference is supported by the European Commission and will be carried out in collaboration with several other international organizations.

A series of consultations with Member States, on both political and technical issues, will precede the conference. These will include a consultation in October 2005 to commence preparations, co-hosted by the Regional Office and the Danish Government, and a pre-conference meeting in June 2006 that the Dutch Government has kindly offered to host. A series of expert consultations will also be an essential part of the process.

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Press materials can be found on the Regional Office
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