



## Unhealthy diets are the leading factor affecting health and well-being in every European country

Excessive consumption of saturated fats, *trans* fatty acids, sugar and salt increase the risk of overweight and obesity, cardiovascular diseases, diabetes and several types of cancer. These conditions are the main cause of illness and disability across the Region. Of the six WHO regions, the European Region is the most severely affected by noncommunicable diseases (NCDs). The four major NCDs – cardiovascular disease, diabetes, cancer and respiratory diseases – account for 77% of death and disability and almost 86% of premature deaths in the Region.

### Why are NCDs so common in the European Region?

- Consumption of salt exceeds WHO recommendations (less than 5 g per day) in every European country where data are available. Many countries show double digit consumption.
- Only five countries report per capita consumption of saturated fat within recommended limits.
- Consumption of soda and other sugar-sweetened beverages among children and adolescents is very high, and in many countries they are the single biggest source of free sugars for young people. Many sodas contain 20–30 g of sugar, which can be as much as 9 teaspoons in a standard serving (330 ml). WHO currently recommends that free sugars contribute no more than 10% of total energy, but has issued draft guidelines suggesting a further reduction to below 5% of total energy. For many children, one serving of soda could contribute over half of this.
- While consumption of *trans* fatty acids has declined in some countries, it remains a concern in many parts of the Region where no policy or ban is in place. Some food categories, such as bakery products, margarines and spreads, contain large amounts of *trans* fatty acids, and specific population groups, particularly poorer communities, can consume very high levels.

Overweight and obesity rates are extremely high in many countries in the Region:

- More than 50% of adults are overweight or obese in 46 of the 53 countries in the Region.
- On average, one in three children aged 6–9 years are overweight or obese.<sup>1</sup>
- Overweight and obesity are most common among poor and disadvantaged groups in the vast majority of countries and, in some, the gap is widening.

### What can policy makers do?

In order to respond to this situation, policy-makers may consider certain actions that:

#### Create healthy food and drink environments

- restrict the marketing of food and non-alcoholic beverages to children
- promote easy-to-understand front of pack labelling
- improve nutritional content of food products, such as through salt, saturated fat and sugar reduction
- ban the use of *trans* fat in all foods and processes

#### Promote healthy diets throughout life

- promote, protect and support exclusive breastfeeding in the first 6 months
- introduce healthy school meals and school fruit schemes as standard

#### Reinforce health systems to promote healthy diets

- nutrition counselling and obesity management should be freely available through health systems

#### Engage everyone in making change

- ensure affordability and availability of healthy foods by engaging government departments outside of the health sector and identifying joint goals and actions

### In the WHO European Region



**over 50%**  
of people are  
overweight  
or obese



**over 20%**  
of people are  
obese

<sup>1</sup> In countries participating in the WHO Europe Childhood Obesity Surveillance Initiative (COSI)

- Fruit and vegetables are not available in sufficient quantities in many countries making it hard to meet the recommended availability of more than 600 g per capita per day.
- Less than 40% of mothers exclusively breastfeed their babies for the first 6 months.

## What is driving this trend towards more unhealthy diets?

Changes to how food is processed and delivered and our eating habits have had a huge effect.

- Globally, calories and nutrients obtained from meat, sugars, oils and fats have increased and have become relatively more affordable, while calories from foods that should form the largest part of the diet such as whole grains, pulses and root vegetables have been declining. There are many reasons for this shift, but **changes to trade and agricultural policies** are key factors.
- **Modern processing, distribution and retail** mean that highly-processed convenience foods, often high in saturated fats, *trans* fats, sugar or salt, are increasingly available and affordable in many countries. In many cases, consumers struggle to identify healthy options.
- The **marketing and promotion** of food on television and billboards, online and via social media tend to be for foods high in saturated fats, *trans* fats, sugar or salt, and often target children.
- Increased portion sizes, eating outside the home, take-away foods, snacking, and consuming sugar-sweetened beverages instead of water have changed **the way we consume food**.

## Key landmarks for food and nutrition policy

- 1 WHO Global Strategy on Diet, Physical Activity and Health (2004)
- 2 United Nations Political Declaration on the Prevention and Control of NCDs (2011)
- 3 Global targets on maternal, infant and young child nutrition (2012), focusing on promoting exclusive breastfeeding in the first 6 months, and halting the increase in overweight among children under the age of 5
- 4 Vienna Declaration on Nutrition and NCD in the Context of Health 2020 (2013) from the WHO European Ministerial Conference on Nutrition and NCDs in the Context of Health 2020
- 5 Global action plan for the prevention and control of NCDs 2013–2020 (2013)
- 6 Set of 9 voluntary global NCD targets for 2025, part of the NCD Global Monitoring Framework (2013), including a 0% increase in obesity among adults by 2025.

## WHO response

WHO has highlighted the need to promote healthy diets, increase physical activity and prevent obesity both at global and European levels for more than a decade. Highlights of this ongoing work at Regional level include:

- establishing the world-leading Childhood Obesity Surveillance Initiative (COSI), which collects nationally-represented, measured and internationally comparable data on overweight and obesity among primary schoolchildren;
- engaging with Member States via the WHO Europe Action Networks, notably in the areas of food marketing to children and salt reduction; and
- providing innovative technical advice to Member States in the full range of policy areas, including recent work on nutrient profile models for the purposes of restrictions on food marketing to children.

## Useful links:

**Draft European Food and Nutrition Action Plan 2015–2020** – <http://www.euro.who.int/food-and-nutrition-action-plan>

**WHO/Europe website on nutrition** – <http://www.euro.who.int/nutrition>

**WHO/Europe country profiles on nutrition, physical activity and obesity**

<http://www.euro.who.int/en/country-profiles-on-nutrition,-physical-activity-and-obesity>

**Nutrition, obesity and physical activity (NOPA) database** – <http://data.euro.who.int/nopa/>



## Methodology and summary

**Country profiles on nutrition, physical activity and obesity in the 53 WHO European Region Member States**

