



WHO

REGIONAL OFFICE FOR EUROPE

EUR/ICP/EXCC 01 03 01(A)
ENGLISH ONLY
UNEDITED
E58547

*FOOD AND
AGRICULTURE
ASPECTS OF THE
DRAFT HEALTH
POLICY FOR THE
EUROPEAN
REGION*

Report on a WHO Consultation

Copenhagen
9-10 March 1998

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1998

EUR/HFA target 0

ABSTRACT

Following the recommendations of a consultation on multisectoral issues and comments by Member States and others on the draft health policy for the WHO European Region, the WHO Regional Office for Europe convened a consultation on the food and agriculture aspects of the draft. The participants were experienced or involved with the food and agriculture sectors, food industry, local and national governments, private and public sectors, United Nations and European Union. They discussed how food and agriculture policies can contribute to health, and recommended both an updating of the situation analysis to reflect the implications of a rapidly changing food economy and a more equal balance between food safety and nutrition issues, stressing the need for an integrated approach at the local, regional and national levels. In addition, they identified the main stakeholders and drafted a list of main policy messages in the fields of food and agriculture. The participants concluded that the Regional Office should consider convening similar meetings, and that issue-specific or sector-specific policies should be developed as soon as the health for all policy has been approved by the European Member States.

Keywords

FOOD INDUSTRY – standards
AGRICULTURE – standards
INTERSECTORAL COOPERATION
HEALTH POLICY
HEALTH FOR ALL
EUROPE

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Purpose of meeting

For some time now there has been concern within WHO at all levels as to how best to sustain commitment to health for all beyond the year 2000 considering the changing geopolitical, economic and social environments. The issue was effectively resolved when the World Health Assembly adopted a plan of HFA renewal, involving all levels of the Organization and leading up to the adoption of a new global policy and strategy in May 1998.

The Regional Organizations of WHO have been preparing their own proposals for action beyond the year 2000 which will be seen to fit within the global strategy. The Regional Office for Europe started this work in 1995 and has had extensive contacts with Member States, expert advisers and others.

A consultation draft *Health for all for the twenty-first century: the health policy for Europe* was sent to individual Member States in the summer of 1997, with a proposal that there should be wide consultations within countries on the document, and requesting their written comments by the end of 1997. Parallel to this, a preliminary discussion on the draft was held at the Regional Committee session in September 1997 leading to resolution EUR/RC 47/R6 which points the way for further development of the policy.

In the light of that resolution and the formal comments on the document received from Member States and others, the Secretariat has started work on the final draft which will be submitted for adoption by the Regional Committee in September 1998. The Consultation on food and agriculture aspects of the health policy is the second in a series of meetings convened as part of that process.

A central concern has been to stress that the protection and promotion of a population's health depends on much more than the health sector's efforts. The active protection and promotion of health depends on the policies, decisions, investments and actions of many other sectors of the country and society. HFA advocates have been making the case for multi- and intersectoral action for health for many years, but now with a growing awareness that the argument has not always been heard in the other sectors.

Introduction and orientation

Herbert Zöllner, the Regional Office Focal Point for the HFA Policy Renewal, welcomed the participants and briefly outlined the background and process of the HFA policy renewal, highlighted the values and principles of the new regional policy, and referred to the new global health policy and World Health Declaration, which had been endorsed by WHO's Executive Board in January 1998 and would most likely be approved by the World Health Assembly at its meeting in May.

Keith Barnard was asked to chair and facilitate the meeting, and May Hansen to act as Rapporteur (see Annex 1 for list of participants). The participants were asked to introduce themselves, identifying their experience and responsibilities. Their presentations made clear that a broad collection of expertise had been brought together, including representatives of various actors in the food chain.

Aileen Robertson, the WHO Regional Adviser for Nutrition Policy, Infant Feeding and Food Security, gave a brief overview of the past, present and future situation in the Region, highlighting the differences and inequalities between the eastern and western parts. One concern was the possible increase in unemployment if EU farming practices were adopted by the rest of Europe – on average, 22% of the population in the countries of central and eastern Europe (CCEE) today work in agriculture. To highlight the broad areas covered by the term food and agriculture, Aileen Robertson showed an overview of the food cycle from production to the consumer, extracted from a recent report of a Swedish initiative based on Agenda 21 entitled *Sustainable food production*. She also referred to the goals set at the 1992 World Declaration on Nutrition, and ended by showing a list of six future WHO objectives for food and nutrition policy:

- healthy food for everyone, not just those with adequate funds
- security of supply for an increasingly urban population
- promotion of environmentally friendly food production
- safe, good quality, health-enhancing food supply
- stable employment from food production and distribution
- reduction in the gap between rich and poor – within and between countries.

Patsy Harrington, who has been responsible within the Regional Office for analysing comments received from countries, agencies, organizations, networks and experts, gave a short presentation on the results so far. Twenty-five countries had responded (half of them CCEE and newly independent states (NIS)), in addition to 29 organizations, networks, etc. There were various proposals but a general consensus that the policy must be future-oriented and propose strategies and targets supported by evidence. As regards identifying common agendas among sectors, one country emphasized the difficulty in finding satisfactory trade-offs, i.e. the danger of a strategy which encourages people to eat more fish leading to ecological problems from over-fishing.

Plenary discussions

General comments

In response to the presentations, participants reviewed broad aspects of the **food cycle**, including the rapidly changing **food economy**. Reference was made to possible changes resulting from the EU Amsterdam Treaty, a revised EU Common Agriculture Policy, new standards by the World Trade Organization (WTO), the Codex Alimentarius, and the increasingly active nongovernmental organizations (NGOs).

The Codex was highlighted as a model for multisectoral collaboration – one reason for its success is that it has allowed all stakeholders and actors to participate. There was general consensus that **the work of international bodies needed to be harmonized**.

The food and agriculture industry is **consumer-driven**. Any product marketing must involve the consumer. Producers who have to adhere to specific rules about preparation, labelling, packaging or production standards add the cost to the product itself and healthy products therefore may cost more.

Europe has a very diverse food preparation and cuisine culture. **The dietary habits** of local populations are changing as a result of immigration.

Consumers are often confused about food safety aspects and may easily be misled. For example, the addition of flavours may be more a matter of taste than a safety factor. There is a lack of consumer confidence in scientific information.

Specific EU rules apply to **food labelling** and wholesalers/retailers may add information as long as it does not go against the rules. In some countries, products not allowed for sale because of national legislation are exported.

Risk analysis should be used as a basis for decision-making and should be integrated into the strategies for development of a food safety policy.

Too little emphasis is put on **risk communication**.

Mass catering is a fast-growing industry. Consumers include hospitals, prisons, schools, elderly people (meals on wheels), canteens and working people who take lunches or dinners outside the home. Many of these consumers (e.g. patients and prisoners) have no choice and the food is of poor quality. The growth of this industry will have an enormous impact on food production and add to the risk of foodborne diseases. The health sector does especially poorly in this area – in European countries, hospital-related outbreaks represent 1–10% of recorded outbreaks of foodborne illnesses. Self-control mechanisms in the private and public sectors are being tested (for example in Denmark) but food handlers are still lacking formal education in food safety aspects. Finland has had positive experience with guidelines for mass caterers which recommend models for healthy diets and help kitchen staff plan their menus.

One participant also pointed to the possible future implications of **climate change** for global markets in primary products.

WHO's definition of health was queried as not being sufficiently broad – i.e. what is health if you have no job and no access to food? It was noted that the definition is presently under review with the following *highlighted* revisions being proposed: "Health is a *dynamic* state of complete physical, mental, *spiritual* and social wellbeing and not merely the absence of disease or infirmity".

Specific comments on the draft policy and targets

The draft text is out of date, too negative and includes little mention of what has been achieved so far. It does not sufficiently reflect the situation in CCEE/NIS. Several of the proposed recommendations are no longer valid. The terminology and concepts used should be corrected; for example, it is not a question of good and bad products but of good and bad dietary habits.

The situation in the Region differs and there are at least three major groupings of countries: the EU, CCEE and NIS. The document should address the problems in and propose strategies for each of these groupings. The western parts of the Region can learn important lessons from the agricultural practices in CCEE/NIS.

The proposed WHO targets should reflect the realities of the world today. One participant suggested that the levels of responsibility for the individual targets should be clearly identified, possibly by the addition of a responsibility column. Monitoring of health status should be based on both morbidity and mortality data.

The **role of the agriculture sector** in contributing to health and safety, *inter alia* by promoting the use of good agricultural practices which have been scientifically proved safe, should be highlighted, for example the reduction in the use of agro-chemicals, which is in the interests of energy, agriculture and health. The major purposes of **agriculture** (food production, animal husbandry), which are not at present mentioned anywhere in the text, should be explained. It should be noted that no scientific evidence exists to prove that **ecological products** are healthier than other products.

The increasingly important role of **retailers/wholesalers** in the food chain should be underlined. In the United Kingdom, for example, US \$600 million are spent on advertising alone as compared to US \$2 million on health education. It should also be pointed out that opportunities for working with the **food industry** are at present not well explored;

The role of the **media** in informing and educating the public about the whole production cycle, including its environment, should be emphasized. With regard to the **public health sector**, and especially health professionals, the policy should indicate that they unfortunately do not yet appear to see food safety and nutrition as a problem.

The advantages of **national committees** on food safety and on nutrition working together should be emphasized, with information on nutrition and food safety aspects communicated in an integrated fashion to avoid confusing or misleading the consumer. (Practical examples can be found in Finland and Kazakhstan.)

Mention should be made of the possibilities – and potential problems – of **transferring technology** (food preservation technology, modern food processing, etc.) between the western and eastern parts of the Region, and the possible implications of the **globalization of diet**.

Rather than a blanket approach, the document should promote **country-specific food and nutrition policies** adapted to the cultural and economic situation of the country concerned, making clear what the policy aims to achieve and the various options for achieving it.

Examples of multisectoral collaboration

Several examples of multisectoral collaboration were mentioned by the participants, including:

- (a) the Finnish Karelia project, and Heartbeat Wales: both successful intervention studies to reduce risks for cardiovascular disease, carried out in partnership with the food industry and agricultural sector, private and institutional caterers, and others;
- (b) the establishment of a national nutrition council with actors from several sectors (Denmark, Finland and Kazakhstan);
- (c) joint research and development efforts between researchers and the food industry, for example as successfully carried out in Finland in respect of low cholesterol margarine, chewing gum and rye bread;
- (d) a domestic vegetable centre (Finland) aiming to promote healthy eating habits;
- (e) a food control system to ensure consistency in food laws involving industry, retailers, personnel and consumers (as at present being tested in Denmark).

Integration of food safety and nutrition is already taking place, for example in Denmark and the United Kingdom agriculture, fisheries and foods are under the same ministry. Experience has shown that multisectoral collaboration is possible and gives added value once a common agenda has been identified. No specific guidance can be given as any efforts would need to adapt to the country's cultural and economic situation. However, social marketing is necessary, and close collaboration with the media to create the readiness for change and allow sharing of experiences. Participants were invited to provide the Secretariat with further illustrative examples of collaboration between sectors.

Consultation process

The participants regretted that the meeting had not taken place at an earlier stage in the drafting process.

It was recommended that once the health policy has been approved by the Regional Committee, similar meetings or consultations should take place to develop issue-specific/sector-specific policies and strategies and consideration be given to the establishment of a multisectoral forum with regular meetings.

One participant suggested that a separate paper be prepared on an integrated European policy on food and agriculture.

Main conclusions of two working groups

On the second day of the meeting, the participants were split into two working groups and each asked to list the major stakeholders to be addressed, the main messages and some examples of good practice. In addition they were asked to comment on how best to establish collaboration with food and agriculture interests. Each group reported to plenary and a very brief summary of their conclusions is listed below.

Major stakeholders in the area of food and agriculture

The two working groups identified broadly similar stakeholders, with the following considered as most important:

- consumers/households (the variety, safety and quality of products respond to their needs)
- private sector
- agriculture and food sector (e.g. primary producers, the food-processing industry)
- wholesale/retail (help to influence/educate/inform consumers)
- catering (both public and private)
- suppliers, transport (import and export)
- regulators/administrators (especially those working with food safety laws, but also others involved in information, recommendations, regulations down to the local level)
- politicians (who provide the funds for the administrative sector)
- information providers (play a major role e.g. media, advertisers, research, education)

- staff in food and agriculture businesses (for whom food safety education is important, especially for food handlers)
- medical health professionals (efforts should be made to increase their awareness of the role of food and agriculture).

Main health policy messages

Time did not permit an extensive discussion but a few messages were identified. Policy-makers must develop guiding principles which stress the interests of both the individual and the sector concerned and ensure that the needs of consumers and the environment are satisfied. Promoting the assessment of the impact of all decisions on food safety and nutrition would help to ensure safe products and safe and effective management practices. Better use should also be made of experience gained from local projects.

Policy guidance should emphasize that access to safe and nutritious foods produced in a sustainable way is the right of every individual. It should highlight the possibilities for economic and ecological benefits when meeting the needs and wishes of consumers (safe, good quality foods sell better). For example, primary producers can use proven, safe farming practices in water management, growth procedures and the use of pesticides, and apply good ethics in animal husbandry. Wholesalers and retailers can support public health nutrition by ensuring safe handling and storage of food, easy access to it, and provision of relevant information on it.

It will be necessary to develop integrated strategies to support sustainable agricultural policies and basic nutritional requirements to address current and future health environments, and consumer needs. To ensure integrated food safety and nutrition guidance, a forum involving all stakeholders is recommended, for example a national advisory food council (this has worked in several countries).

The Codex Alimentarius plays an important role in international liaison between governments on food standards, and could be more inclusive of other bodies such as NGOs and agencies. Alternatively, a similar Codex model could be adopted for international collaboration among governments, voluntary bodies, agencies and the private sector.

Some form of monitoring and evaluation mechanism is necessary at all levels. The use of benchmarking and a database of good practice is recommended, with some form of mechanism to facilitate information exchange, for example, by making data accessible via the Internet.

WHO could have a clearing-house role, pointing out both good and bad policies and practices (the EU has already started doing this).

Close of meeting

At the end of the meeting, there was general agreement that the discussions had been very interesting, both for the participants and for the secretariat. The secretariat agreed to explore the possibilities for convening similar multisectoral meetings in the future.

Annex I

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