

THE ROLE OF PUBLIC HEALTH ORGANISATIONS IN ADDRESSING OBESITY IN EUROPE

By: Cristina Hernández-Quevedo and Bernd Rechel

Summary: This article reviews the role of public health organisations in addressing obesity in nine European countries (England, France, Germany, Italy, the Netherlands, Poland, Republic of Moldova, Slovenia and Sweden). It finds that public health organisations contribute to issue recognition and the monitoring of obesity prevalence, but that recognition of obesity as a pressing public health challenge varies widely across countries. This is partly due to the influence of the food industry that works to undermine meaningful public health action, such as through public-private partnerships or more covert methods. Public health organisations should aim to address this interference.

Keywords: Public Health Organisations, Obesity, Overweight

Introduction

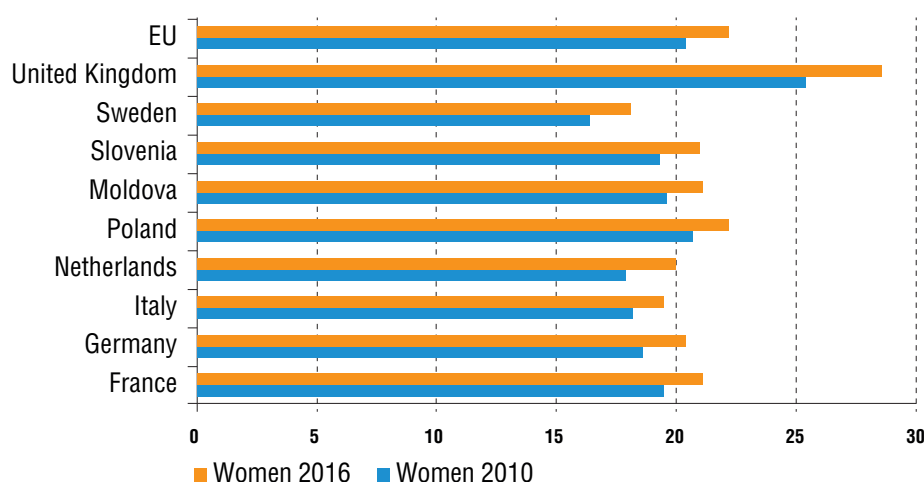
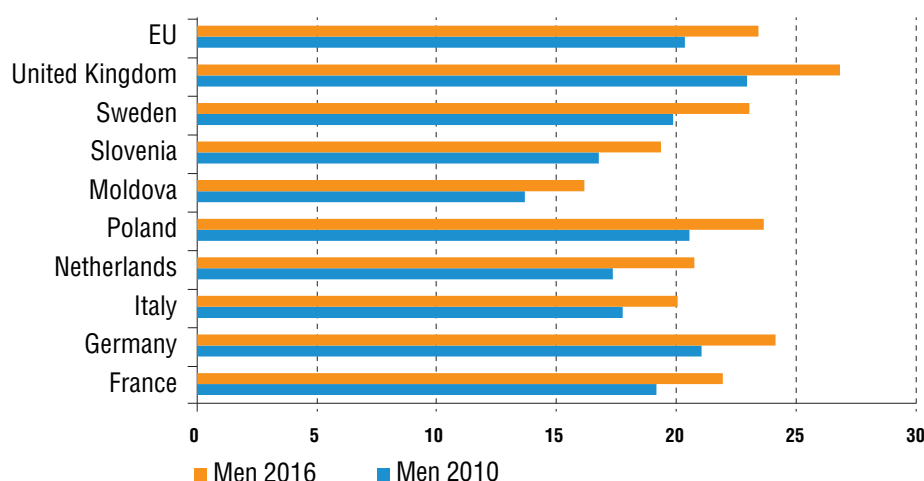
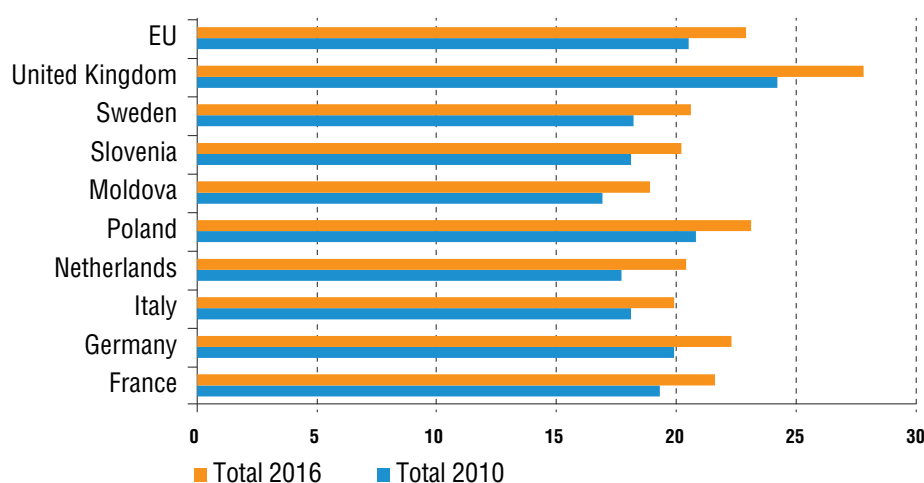
Obesity and overweight are among the greatest public health challenges in the WHO European Region; they are among the main risk factors associated with the rise of noncommunicable diseases (NCDs). Prevalence rates of obesity have more than doubled in Europe in the last decade. This article reviews the involvement of public health organisations in policies aiming to address the challenge of obesity in nine selected European countries (England, France, Germany, Italy, the Netherlands, Poland, Republic of Moldova, Slovenia and Sweden), based on detailed country reports that describe the policy response and the involvement of public health organisations in different stages of the policy cycle.¹

Scale of the problem

Obesity, “the epidemic of the 21st century”,² has been recognised as a core challenge for health systems worldwide. It is on the political agenda of many countries and international organisations, as evidenced by an increasing number of national and international strategies and action plans.^{3,4,5} Yet, despite these initiatives, the prevalence of obesity in adults has increased in all nine countries between 2010 and 2016 (see Figure 1). Within most countries, obesity rates tend to be higher in lower socioeconomic groups and disadvantaged areas.⁶ The prevalence of overweight and obesity among children is another major concern, as discussed in our second contribution to this issue.

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Figure 1: Age-standardised prevalence of obesity (defined as BMI ≥ 30 kg/m²) in people aged 18 years and over, WHO estimates, 2010 and 2016 (%) (selected countries)



Source: ⁷

Health care costs associated with obesity are substantial. Treating obesity and its consequences is estimated to cost the English National Health Service (NHS) £6.1 billion (approximately €7 billion) per year, with the wider costs of obesity to society from lower productivity and higher absenteeism estimated to be around three times this amount.⁸ In Germany, the economic costs of obesity (including treatment, medications, surgery, rehabilitation and sick pay) are estimated to amount to up to €27 billion per year.⁹ In the Netherlands, the total direct costs to the health system of those who are overweight are estimated at 2.2% of total health expenditure.¹⁰

National action plans and strategies

At the national level, many policies and programmes have been adopted in recent years in Europe, focusing on both the prevention of obesity and its treatment and management. Almost all of the nine countries considered in our study have adopted national strategies or programmes in this area.¹¹ All plans define the physical and food environment as a crucial factor in the development of obesity.

Prevalence rates of obesity have more than doubled in Europe

Problem identification and issue recognition

While obesity is generally perceived as a public health problem, the level of recognition differs between and within countries, with obesity hardly appearing in public policy debates in some of the countries (e.g. Moldova and Poland), but recognised as a public health priority in others.

At the national level, the Ministry of Health or its subordinated agencies (including public health agencies such as Public Health England, *Santé publique* in France or the National Centre for Disease Prevention and Control in Italy) are in charge of identifying problems that require government attention. In some countries, advisory bodies to the Ministry of Health were specifically created to tackle obesity, such as the Council for Diet, Physical Activity and Health in Poland.

Other government departments have key roles to play in obesity policy in some of the countries. In England, for example, the Department for Education, the Department of Culture, Media and Sport (physical activity and control of advertising/marketing standards), the Department for Communities and Local Government, and the Department for Environment, Food and Rural Affairs are involved. This is not the case in other countries such as Moldova, where a lack of intersectoral collaboration has been highlighted (see the article by Obreja and Ciobanu in this issue).

At regional or local level, local authorities tend to be responsible for assessing the health needs of the population, including with regard to obesity, and for organising and funding effective local interventions (e.g. regional and local self-governments in Poland, municipalities in Sweden, and regional health agencies in France).

While in some countries (such as England), non-governmental organisations (NGOs) play a strong role in lobbying, policy advocacy and services on food, fitness and healthy environments, in others (such as Poland), they have little impact on problem identification and issue recognition. Other important actors are international organisations and scientific or professional associations. International commitments have been crucial for some countries to develop their strategies to deal with obesity, such as for Moldova. Furthermore, a number of institutions are part of WHO's European network for the promotion of health-enhancing physical activity (HEPA).^[1]

Policy formulation

In all nine countries, the Ministry of Health is responsible for the formulation of national health policies as well as for defining priority areas for national programmes. In all nine countries, public health organisations provide information to support policy formulation. The European Union (EU) contributes to national policy formulation to tackle obesity. Its Action Plan on Childhood Obesity 2014–2020 serves as a guidance document for many EU member states.

Policy formulation can be intersectoral. For example, in Slovenia, an intersectoral working group for developing the national programme was established under the Ministry of Health, comprising representatives from the National Institute of Public Health and other ministries (Ministry of Agriculture and Food Industry, Ministry of Education and Sport, Ministry of Labour, Family and Social Affairs, Ministry of Economy, Ministry of Transport, Ministry of Environment, and Ministry of Defence).

The regional or local level is responsible for the formulation of regional or local policies and for the implementation of national policies on obesity. In Italy, for example, the central government sets the main policy direction, while the regions are responsible for the formulation of their respective regional policies and for the organisation of regional public health services and health care.

Decision-making

Decision-making on obesity-related policies and programmes takes place both at the national and regional level, involving different levels of government. As a rule, public health organisations are not involved in the decision-making process. In England, for example, local authorities are free to determine local policies, based on local needs. In Slovenia, the municipalities are the local authorities responsible for decision-making at the local level and can approve regional programmes on food and nutrition, addressing specifically obesity. In France, the regional health agencies have considerable autonomy in public health,

setting priorities and implementing activities according to the needs of their local population.

“the food industry is one of the most influential lobby groups

One of the key actors involved in decision-making on obesity policies is the food industry. In Moldova, for example, the food industry is powerful and intervenes at different levels of policymaking, either directly or through public authorities such as the Ministry of Economy and the Ministry of Agriculture and Food Industry. For instance, the food industry tried to prevent legislation banning the sale of unhealthy foods within and around schools; it also intervenes every time new initiatives emerge that may affect their commercial interests. In Poland, the food industry is one of the most influential lobby groups, with well-organised representation and significant financial resources.

Policy implementation

Responsibility for the implementation of obesity policies can lie at the national or regional level. Public health organisations are often given a leading role in either overseeing implementation or directly implementing policies themselves.

In some countries, the Ministry of Health and the regions (e.g. France, Italy), county councils or municipalities (e.g. Sweden) share responsibility for policy implementation. In other countries, responsibility for implementation of national health policies rests with the local level, such as in the Netherlands and Poland. However, responsibilities are not always clearly delineated or coordinated across different levels.

A large range of other actors are involved in the implementation of obesity policies, including other public authorities, NGOs, the media, but also the food industry. In Italy, for example, formal mechanisms for collaboration are established with the National Institute of Health (ISS), AGENAS, the National Medicines Agency (*Agenzia Italiana del Farmaco*), the Ministry of Education, University and Research (e.g. Keep an Eye on Health, HBSC), the European Network for the Promotion of Health-enhancing Physical Activity – HEPA, the Department of Youth Affairs, the Ministry of Agriculture (e.g. for the development of dietary guidelines), the food industry, trade and food chain associations, and the National Committee for Dietetics and Nutrition. In some other countries, the food industry is also heavily involved in the implementation of obesity-related policies. In Poland, for example, the food industry closely cooperates with the Ministry of Health, as well as with the National Food and Nutrition Institute and the Chief Sanitary Inspectorate.

Monitoring and evaluation

Monitoring and evaluation are most commonly done with regard to obesity prevalence and most of the countries analysed (except Sweden and Poland) have mechanisms in place for monitoring national obesity levels. Public health agencies tend to play a leading role in monitoring obesity prevalence, but other actors are also important, such as national statistical institutes or NGOs. The monitoring and evaluation of national public health policies on obesity is less well developed, but in those countries where it exists, public health agencies also tend to have a leading role. In France, for example, this role falls in part to the French Institute for Prevention and Health Education (*Institut national de prévention et d'éducation pour la santé*, INPES), now part of *Santé publique France*. Since the early 1990s, INPES, in cooperation with many institutions, has been conducting a series of surveys which examine health behaviours and attitudes.

Conclusion and outlook

Countries vary considerably with regard to whether and how public health organisations are involved in addressing the burden of obesity. Not all nine countries have relevant national health policies in place, with Sweden being a notable exception. A challenge, pointed out in Italy and Poland, is that the problem of obesity is still poorly recognised by health professionals and policymakers. In some countries, obesity is mainly seen as an individual lifestyle problem and not as a population health problem – a stance that is strongly promoted by the food industry. In some cases, the industry and the private sector prevent problem identification and issue recognition. One of the main challenges to implementation of obesity policies is funding. In Moldova, for example, during the period of 2014–2015, no funds were allocated for implementing the National Food and Nutrition Programme.

“obesity is mainly seen as an individual lifestyle problem”

Worryingly, the food industry seems to have a major influence on obesity policies in several countries in Europe and this might counteract any influence public health organisations have. The use of public-private partnerships in countries such as England, Germany and the Netherlands can pose a challenge to enacting and implementing effective obesity policies and public health organisations need to be wary of overt and covert interference from industry in public health policies.

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