

CHILDHOOD OBESITY IN EUROPE

AND POLICIES TO ADDRESS IT

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Summary: Childhood overweight and obesity in Europe have taken on dramatic dimensions, with one in three 11-year-olds in the WHO European Region estimated to be overweight or obese in 2014. Boys are at higher risk than girls and there is a pronounced social gradient, with higher rates among the most disadvantaged groups. A range of policies at national and international level have been instigated to address this challenge. This article describes some promising examples, as well as some of the obstacles that will need to be overcome.

Keywords: Obesity, Overweight, Childhood, Intersectorality, Food Industry

Introduction

Increasing childhood obesity has been recognised as an important public health issue in Europe, as overweight or obese children are likely to become overweight or obese adults. They are more likely to suffer serious health and social consequences, including a higher risk of premature death and disability in adulthood. Moreover, higher obesity rates are usually found in children from lower socioeconomic groups and disadvantaged areas, illustrating the equity dimension of obesity.¹

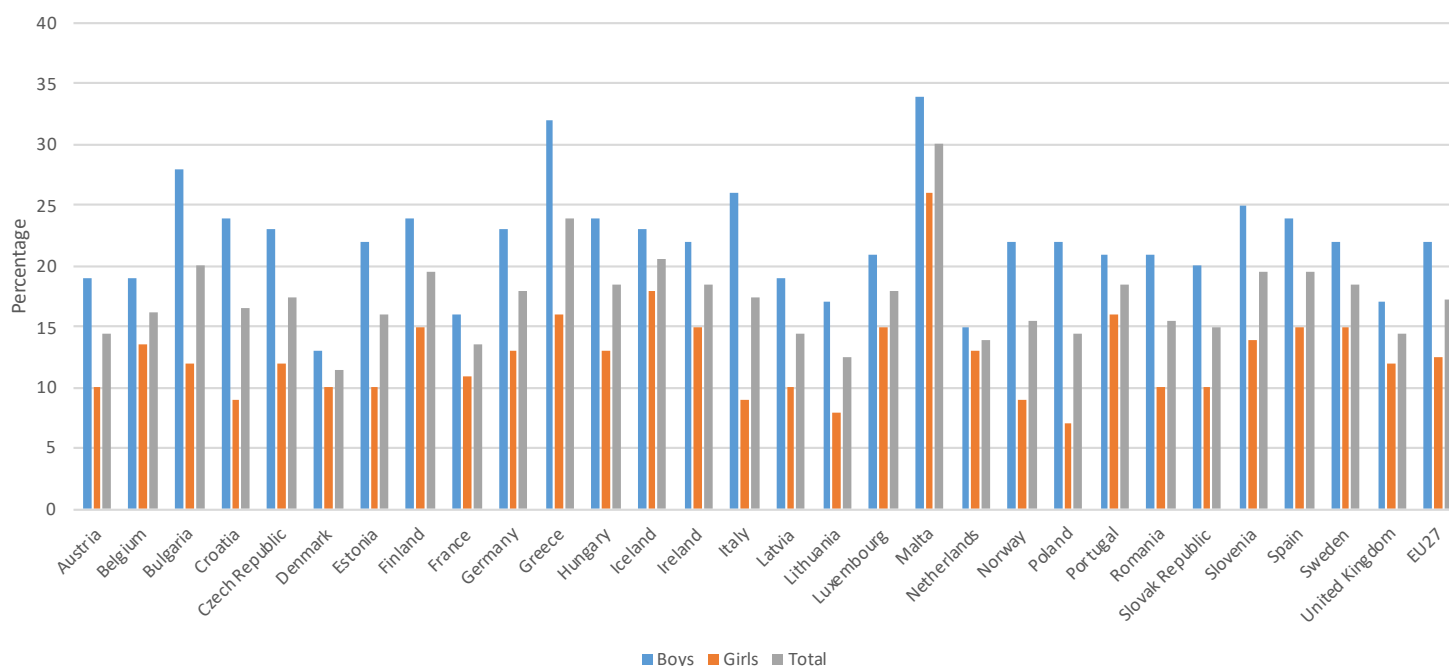
Scope of the challenge

Data from the 2013/2014 cross-national survey on Health Behaviour in School-aged Children (HBSC) indicate worryingly high obesity rates in 15-year-old boys and girls in a number of countries (see Figure 1). They also show gender differences, with 15-year old boys more likely to be overweight or obese.² The latest data (2015–2017) from the WHO Childhood Obesity Surveillance Initiative

(COSI) confirm the gender gap in obesity, but also show that southern European countries have the highest rates of childhood obesity for six to nine year-olds in Europe. Cyprus, Greece, Italy, Malta, and Spain have the highest obesity rates for both boys (rates from 18% to 21%) and girls (from 14% to 19%), while rates are much lower in Denmark, France, Ireland, Latvia and Norway (from 5% to 9% for both boys and girls).³

Country-specific evidence included in Rechel et al. (2018)⁴ suggests that childhood obesity is unequally distributed within countries. For example, the prevalence of childhood obesity is twice as high in the most deprived areas in England and Germany, compared to the least deprived areas. In Sweden, growing social inequalities are a key contributor to rising overweight and obesity rates, given that unhealthy nutrition and low levels of physical activity are more prevalent among lower educated groups. Even countries with low levels of obesity, such as France, have high social inequalities, with an

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Figure 1: Self-reported overweight (including obesity) among 15-year-olds, boys and girls, 2013–2014

Source: ² Note: No data available for Cyprus.

obesity prevalence of 1.3% in children from the upper class and 5.8% in children from working class families.¹

International responses

A range of international and national responses have been developed to tackle childhood obesity. In 2013, the WHO World Health Assembly adopted the *Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020*, to tackle preventable chronic diseases, by stopping the increase in obesity (including among children) and diabetes. In September 2015, the countries of the WHO European Region adopted the *Physical Activity Strategy for the WHO European Region 2016–2025*, oriented towards both children and adults, with a specific focus on multisectoral collaboration.² The WHO's *European Food and Nutrition Action Plan 2015–2020* aims to reduce the burden of overweight, obesity and malnutrition and to halt the increase in overweight among children under five years of age.³ Other international responses include the high-level Commission on Ending Childhood Obesity established by the former WHO Director-General to better inform a comprehensive response, meeting for the first time in 2014. Its latest policy recommendations to address childhood

obesity from the 2016 report include: promoting intake of healthy foods; promoting physical activity; preconception and pregnancy care; improving early childhood diet; and promoting physical activity and healthy nutrition for school-aged children.⁴

At the European Union (EU) level, a Plan of Action against childhood obesity was adopted in 2014 for the period 2014–2020, which covered eight focal areas, including family, environment and research. The Plan recognised the increase in obesity and overweight in adults, children and young people in the EU and aims to: demonstrate the shared commitment of EU member states to addressing childhood obesity; set out priority areas for action; develop a possible toolbox of measures for consideration; and propose ways of collectively keeping track of progress. The Action Plan recognises and respects member states' roles and freedom of action.⁵

National responses

At the national level, many policies and programmes have been adopted in recent years in Europe, aiming to prevent obesity and improve its treatment and management. A review of nine European countries (England, France, Germany,

Italy, Poland, the Republic of Moldova, Slovenia, Sweden, the Netherlands)⁶ found that almost all of them had adopted national strategies or programmes in this area. This also applies to Malta, which had placed childhood obesity as a priority area during its European Presidency in the first half of 2017.⁷

In the Republic of Moldova, for example, the National Health Policy (2007–2021) was the first policy document that addressed obesity as one of the main health determinants and called for intersectoral, whole-of-government and whole-of-society actions to prevent it. In 2014, the Moldovan Government endorsed the first National Food and Nutrition Programme for 2014–2020 and the Action Plan for 2014–2016. One specific objective of this programme is to halt the increase in obesity prevalence among children and adults.

In England, an action plan on childhood obesity was published in 2016, but largely shied away from regulatory measures. However, in recognition of the fact that teenagers in England are the biggest consumers of sugar-sweetened drinks in Europe, an introduction of a tax on sugary drinks was announced in March 2016 and came into force in April 2018. The levy is applied to manufacturers, with

Box 1: Tackling children obesity in Malta

The increasing prevalence of overweight and obesity especially in children is a major public health issue in Malta. It has been estimated that 40% of school-aged children in Malta are overweight or obese. Various actions have been put in place to tackle this problem.

A. Use of legislative instruments for noncommunicable diseases

Considering the fact that children spend a lot of time in school, the school setting was a particular focus. In 2016, the government of Malta enacted the “The Healthy Lifestyle Promotion and Care of Non-Communicable Diseases Act” which aimed to establish and ensure an inter-ministerial lifecourse approach favouring physical activity and healthy balanced diets to achieve healthy lifestyles and reduce noncommunicable diseases in all age groups.⁸ An intersectoral Advisory Council was set up that recommended various measures. One of the initiatives the Advisory Council developed was outlining a legislative tool for schools. A situation analysis was carried out on school environments, showing that there was a need for strengthening the school environment to help the whole school community to adopt healthier patterns of living by encouraging consumption of healthy foods and limiting the availability of products high in salt, sugar and fats.

In August 2018, the Maltese government issued subsidiary legislation to regulate the food being sold and provided by schools, implement programmes for healthy eating, ban advertising or sponsorship of unhealthy foods, and ensure provision of drinking water in schools. The Advisory Council developed criteria for healthy foods which were based on the WHO nutrient profiling model. Random inspections are carried out by specifically trained environmental health practitioners.

B. Public Procurement of Food for Health – technical report on the school setting

The Maltese Presidency of the Council of the EU selected childhood obesity as one of its priority areas. One of the gaps identified across EU member states was in outlining food procurement tenders for schools that promoted healthy eating. The major obstacle was in the translation of school food standards into adequate procurement contract language. To ensure the smooth implementation of public procurement of healthy food, it is important to set clear specifications of the foods and food services to be procured.

A technical report on public procurement guidelines for healthy food within school settings was developed with support from the Joint Research Centre and experts from EU member states. It is intended as a practical tool for those who purchase food and food-related services for schools at national, regional or local level, as well as for health and nutrition awareness and capacity building. The report details a range of options and considerations that EU member states may wish to use and adapt for their specific context. Adaptation to the national and local context through consultations with all relevant stakeholders ensures that the legal, cultural and economic context are taken into consideration.⁹

drinks with more than 8g per 100ml facing a tax rate equivalent to 24p (€0.28) per litre while those containing 5–8g of sugar per 100ml, a slightly lower rate of tax, of 18p (€0.21) per litre. Furthermore, the United Kingdom was one of the first countries to restrict marketing to children

via legislation and to introduce a front-of-pack traffic light label, although this has remained a voluntary scheme.

In Poland, a 2016 Regulation by the Minister of Health addressed groups of food intended for sale to children and adolescents in the education system. In addition, the School Programme

Strategy 2017/18–2022/23 has, as one of its goals, the promotion of a healthy, balanced diet among children and parents. In particular, it aims to change the eating habits of children by increasing the share of fruit and vegetables and the intake of milk.

“growing social inequalities are a key contributor to rising overweight and obesity rates

A multisectoral approach to tackle childhood obesity

In some countries, reducing childhood obesity is a task shared by the Ministry of Health with the Ministry of Finance (responsible for taxes for food high in saturated fat and sugary soft drinks), the Ministry of Education (for school curricula, healthy nutrition education and physical activity), the Ministry of Agriculture and Food Industry (for free school fruit and vegetable schemes and sustainable healthy food supplies), and the sports sector, among others. For example, in England, government departments other than health have key roles to play in obesity policy, including 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. This is not the case in other countries, such as the Republic of Moldova, where a lack of intersectoral collaboration has been identified.

The media

In some countries, television, radio, telecommunications and wireless communication services are regulated, setting standards for advertising to protect children from the overconsumption of foods high in fat, salt and sugar. For

example, in the United Kingdom, the national Office of Communications (Ofcom) is the independent regulator of television, radio, telecommunications and wireless communications services and sets standards for television advertising. Its regulatory objectives include the protection of children under the age of 16 from the overconsumption of foods high in fat, salt and sugar. Since 2006, Ofcom does not allow TV advertisements for such foods to be shown in or around programmes specifically made for children (which includes preschool children) or in or around programmes of particular appeal to children under 16. The United Kingdom's statutory ban on television advertising of foods high in fat, sugar and salt during children's programming was a world first. It broke new ground for imposing more stringent conditions on the food and drink industries.

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The role of the food industry

In some of the countries of the WHO European Region, the food industry has considerable influence, both formal and informal, into policies aimed to tackle childhood obesity. In the Republic of Moldova, for example, the food industry exerts influence through the Ministry of Economy and the Ministry of Agriculture and Food Industry. It attempted to block legislation banning the sale of unhealthy foods within and around schools and intervenes every time new initiatives emerge that may affect its commercial interests. In Poland, the food industry is one of the most influential lobby groups, with well-organised representation and significant financial resources. Poland is also one of the participating countries in the Choices Programme, an initiative introduced in the Netherlands in 2006

in response to WHO's call for the food industry to take an active voluntary role in tackling obesity. The programme has since been expanded to the Czech Republic and Poland.¹⁰

In the United Kingdom, as mentioned above, *Childhood obesity: a plan for action*, was adopted in August 2016, covering the period 2016–2026. Its key anticipated actions include the introduction of a levy on the soft drinks industry and the encouragement of the foods and drinks industry to voluntarily reduce the sugar content of their products. The overall emphasis on voluntary action and the failure to include further restrictions to advertising aimed at children in the action plan, however, were criticised by public health experts and attributed to sustained lobbying by industry against regulatory measures.

Future challenges

Tackling childhood obesity is a very complex issue. The most progress has been made on topics such as issuing nutritional guidance, encouraging breastfeeding, banning vending machines and encouraging physical activity in schools. EU member states are waiting for the revision of the audio-visual media services directive (AMSD), which also regulates advertising. Advertising, not only on TV, but also through tablets and mobile phones, has a significant impact on children.

What is worrying is that, despite increases in prevalence, there are still countries in Europe in which childhood obesity has not entered public health debates. Among the many areas of potential action, in some countries there is a lack of resources for the implementation of publicly financed education programmes for children and young people dedicated to obesity. Constructively engaging with the food industry, including through regulation, taxation and market mechanisms, is another challenge.

The case of Malta highlights some of the areas where progress can be made through multiple approaches. The development of healthy food procurement guidelines for schools can be used to initiate change across EU member states in schools

and which can be extended to other sectors. Progressive and targeted public procurement of healthy food can reward companies that provide nutritionally balanced meals and food products, prompting innovation, food reformulation and social responsibility to achieve better diets and positively impact public health.

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