Editorials

Pandemic obesity in Europe

A new charter from WHO promises concerted action to prevent and treat obesity

The threats to public health from widespread obesity are well known. So are the main solutions—we all need to move more and eat less. Evidence is still sparse, however, on the effectiveness, and, importantly, the cost effectiveness of large scale public health interventions to prevent and treat obesity. But a fifth of Europe’s population is already obese, and obesity in adults accounts for up to 6% of direct health costs and more than 12% in indirect costs of shortened lives, reduced productivity, and lowered incomes.1 Can Europe afford to wait for better evidence? The World Health Organization does not think so.

This month in Istanbul, WHO brought together from all corners of Europe ministers of health; ministers from other sectors such as education, sport, environment, transport, and agriculture; the food industry; public-private partners; and non-governmental organisations with the aim of taking real and immediate action on obesity. The meeting was more than a high level talking shop. The immediate and most obvious outcome was that all 53 states in the WHO European region adopted a new action plan into government policy. The plan, the European Charter on Counteracting Obesity, sets out what the region’s states could and should do to halt and eventually reverse the pandemic.2

The charter calls for preventive actions including promoting breastfeeding; cutting salt, sugar, and fat in foods; promoting physical activity and better nutrition in schools; and designing urban areas for people and bicycles rather than cars. This is familiar advice on what to do, but the charter goes further by suggesting how to do it. And, while the proposals do not comprise what a management consultant would call truly SMART objectives—specific, measurable, achievable, realistic, and time specific—they do spell out important priorities and mechanisms for action (box). The WHO European regional office is following up the Istanbul conference with a detailed action plan and will report on progress across the region every three years from 2010.

How will WHO know if European member states are making progress and, importantly, if any fall in the prevalence and burden of obesity can be attributed to actions prompted by the charter? At present WHO cannot even reliably monitor Europe wide trends related to obesity, because national health surveillance systems do not routinely use internationally comparable measures. According to the charter, this evidence gap will soon be plugged through the development and widespread use of a set of core performance indicators.

Research on effectiveness of large scale public health programmes is much harder to do than surveillance, and cannot prove cause and effect. But this does not mean that epidemiological, time series, and cost-benefit studies should not be done, and the usual exhortation that more research is needed clearly holds true for tackling obesity. New and authoritative reviews on obesity from the US Institute of Medicine3 and WHO4 list important outstanding research questions, and next month’s extensive guidance from the UK’s National Institute for Health and Clinical Excellence (NICE) will give—along with guidelines for good practice—detailed recommendations on the aims and design of future research.5

Who will pay for research on what works in tackling obesity? The European Union’s programme for health research from 2007-13 favours biotechnology studies over those on public health and health services,6 and industry has little incentive to fund such work. Moreover, the overall EU budget for health was virtually halved earlier this year. One participant at the Istanbul conference said that we will not beat obesity until we seduce people into living healthier lives. To make the new WHO charter achievable and realistic as well as specific and measurable, the first people to seduce are Europe’s finance ministers.

Competing interests: None declared.

References

European Charter on Counteracting Obesity

Declared on 17 November 2006 that, “Visible progress, especially relating to children and adolescents, should be achievable in most countries in the next four to five years, and it should be possible to reverse the trend by 2015 at the latest.”

It spells out clearly what European states will need to achieve this:
• High level political will and commitment to develop health promoting policies in all relevant ministries and agencies
• Consideration of impact on public health when making economic policy and other relevant decisions; for example, on trade, agriculture, transport, and urban planning
• Collaboration among ministries and agencies, led by health ministries
• Support for local authorities in creating opportunities for healthy lifestyles and diets; for example, in schools
• Linkage of actions against obesity to strategies for sustainable development and for reducing non-communicable (chronic) diseases
• Balance between individuals’ responsibility for their own health and the social responsibility of governments and societies
• Regional coordination of policy measures so that market pressures will not shift the sale of energy dense foods and drinks from states with strict regulation or legislation to those with less regulation
• Protection of children and adolescents from commercial exploitation that leads to obesity
• Easier ways for people to make healthy choices, particularly those on low incomes
• Increased public awareness of and greater demand for actions to prevent obesity
• “Win win” solutions for the private sector, so that companies promoting healthier lifestyles gain market advantage

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