

EDITOR'S CHOICE

Food matters

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The idea that what we eat affects our health is almost too obvious to state. And yet, apart from advising patients to eat more healthily, many doctors will feel they have little to contribute to improving the public's diet. As the World Health Assembly prepares to debate its action on non-communicable diseases, I hope that two articles in this week's *BMJ* will encourage you to take a view on food and to act where you can.

In her exploration of the impact of food policy on health, Corinna Hawkes explains how shifts in the global food economy have failed both the producers and consumers of food (doi:10.1136/bmj.e2801). As last year's UN summit on non-communicable diseases acknowledged, changes to food policy could prevent millions of premature deaths from obesity, diabetes, cancer, and heart disease. But meanwhile we are living with the results of market failure. As Hawkes says, "While consumers were being encouraged to buy more, they were not provided with the tools they needed to consume well." And "it is far easier to build markets to consume more than to consume less."

Hawkes explains how, over the past few decades, responsibility for the food economy has passed from the state through the private sector to the consumer. And yet most consumers are not in a position to assume such responsibilities. They need education and information but also governance mechanisms for pricing, marketing, promotion, and the availability of healthy foods.

Countries around the world are experimenting with various combinations of such policies, and Hawkes sounds optimistic about the direction of travel, provided that the approach is "multicomponent."

Food taxes are one piece of the "intricate climbing frame" she conjures. Oliver Mytton and colleagues ask whether these work. They conclude that taxes can help, provided they are sufficiently widely applied (not just for sugary drinks), substantial (set at around 20%), and combined with subsidies for healthy foods such as fruit and vegetables (doi:10.1136/bmj.e2931).

It should be no real surprise to find the food industry acting in its own rather than the public interest. This week's news sees reports of delaying tactics to prevent publication of new guidance in the United States on limits to the marketing of unhealthy food to children (doi:10.1136/bmj.e3340). And in Europe, legislation on food labelling acknowledges the failure of voluntary agreements (doi:10.1136/bmj.e3422).

WHO has a good track record for standing up to industry in the public interest: the code on the marketing of breast milk substitutes and the creation of the essential medicines list during the 1970s, for example, and its enquiry into its own relations with the tobacco industry in 2000 (*BMJ* 2000;321:314). Food is the new and even more complicated battle ground, and WHO cannot act alone. It needs commitment from all sectors. As Susan Jebb says in her editorial, "Food policy is a matter for everyone and needs partnerships and alliances at all levels to drive change—individuals making choices for themselves and their families, communities and local government taking action, businesses acting responsibly, and government leading and coordinating action across departments and sectors." (doi:10.1136/bmj.e3414) What will you be doing?

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