

World Health Organisation
Nutrition for Health and
Development
Diet and Health
20, avenue Appia
CH-1211 Geneva

07/06/2002

Dear Madam, Sir,

Conc : Comments on the Joint WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases

Foodaware: the Consumers' Food Group has been set up to coordinate the broad UK consumer movement's work on food safety, nutrition and standards. Our mission is to give UK consumers a strong voice on food policy by bringing together the organisations that represent them. We will also seek to consult and support the UK consumer representatives on food related committees, and to further the public understanding of science

Foodaware has the benefit of a contract from the UK Food Standards Agency and a Secretariat provided by European Research into Consumer Affairs, a European consumer organisation with UK charitable status. Foodaware has developed from the Food and Agriculture Working Party of Consumers in Europe Group. Our members are consumer, women's and enforcement organisations, which also contribute time and expertise to our representations. For more information visit Foodaware.org.uk

Foodaware welcomes WHO and FAO commitment to update the existing recommendations on diet, nutrition and the prevention of chronic diseases and to encourage governments to adopt comprehensive nutrition policies.

Foodaware has recently published a position paper calling on the UK government, the EU and EU governments to adopt as priority comprehensive and global nutrition policies. As underlined in the WHO draft report, the importance of diet and nutrition to overall health is substantial. They are particularly important in the development of major chronic diseases such as heart disease and stroke, obesity, diabetes, hypertension, osteoporosis, many cancers, and dental caries.

Foodaware has never believed that it is the job of the EU or governments - or consumer organisations - to tell people what to eat or what not to eat. That is a matter of individual consumer choice and responsibility. Nevertheless, Foodaware believes that governments and the EU do have a role to play, role that is entirely consistent with - and indeed essential for - the principle of individual consumer choice and responsibility.

Governments and the EU, as appropriate, should have a duty to ensure that consumers have ready access to independent, objective information on diet, nutrition and health; that consumers have access to a wide range of foods at reasonable prices; that consumers are able, through adequate food labelling, to make informed choices about foods at the point of purchase; that appropriate provision is made for those (for example young children) who are unable to make free and/or informed choices; and that agricultural and other policies do not

actively discourage a healthy diet - indeed that these policies do whatever is possible to improve the nutritional quality of the foods available to consumers.

Governments also need to take into account a wider societal interest, which is that the cost of medical care for those who suffer illnesses as the result of poor diet and nutrition falls on all citizens, as taxpayers and as contributors to national and private health insurance.

For Foodaware, a comprehensive nutrition policy should address a number of specific issues and concerns : low income/health inequalities; reform of the EU Common Agricultural Policy; developing the role of national and EU Food Agencies; setting up nutritional targets; health promoting schools/information and education; advertising and marketing to children; allergies and food intolerances; composition of processed foods; and obesity. A summary of Foodaware's recommendations is included in this letter, and the full paper is attached. Many of these recommendations are very similar, and address similar concerns as the ones proposed in Chapter 5 of the WHO draft report. Foodaware very much welcomes this and therefore fully supports WHO proposed recommendations and calls on governments to adopt the report and implement its recommendations as a priority.

Nevertheless, there is one issue which, in Foodaware's view, is too little considered in the WHO draft report and could be expanded, the problem of health inequalities/low income consumers.

Research shows that nutritional risk factors for disease and higher rates of diseases related to nutrition occur most frequently in disadvantaged groups. For example certain types of cancer are more common in people with low income, and this is likely to be linked to low intake of fruit and vegetable. High blood pressure, linked with consumption of high sodium and low magnesium, is also common in people with low income.¹

The issues raised by the relationship between low income, food and health go well beyond the remit of a single sector policy. Measures are needed in the health area, the social area, the labour and employment area, the education area, etc.

Foodaware's specific recommendations concerning health inequalities and low income consumers are detailed below.

Another issue that is not addressed in the WHO draft report, and that should be considered in the framework of a comprehensive nutrition policy is the issue of allergies and food intolerances.

The prevalence of food allergies and food intolerances is increasing in European countries. Food allergies are a serious public health problem for many reasons. It is a pathology that can be severe, even fatal, and there is no treatment, strict avoidance of the allergy causing food is the only way to avoid a reaction. Currently it is estimated that 8% of children and 3% of adults are affected.

According to studies, the increased prevalence of allergies and food intolerances could be explained by some modifications of social behaviour: the early exposure of newborn babies to a greater range of allergens (no or short period of breastfeeding, early diversification of food) and the possible sensitisation of the foetus during pregnancy. Another hypothesis is the changes in the allergenicity of foods during industrial transformation. These modifications could partly explain the increased prevalence of allergies and food intolerances.

¹ Acheson D. Independent Inquiry into Inequalities in Health. London. The Stationery Office. 1998

There are also adverse reactions to food additives, largely used in processed food products, consumption of which has increased.

Therefore, labelling is a major response to the problem. There is also a need to develop public information and education on allergies and food intolerances. Foodaware's recommendations are detailed below.

With regard to Chapter 6, as Foodaware's position paper demonstrates, UK consumer NGOs have a serious interests in the issues raised by the WHO draft report, and are committed to the goal of achieving good-quality active life, healthy weight, and lifelong health, through effective health and nutrition promotion across populations. They are considering this goal as a priority at national, European and international level and mobilise all resources available to promote these views to national and international bodies and governments.

Foodaware fully supports WHO proposed integrated strategic directions and responds positively to its call to action (6.5).

We hope that these comments and recommendations will be useful and be taken into account in the elaboration of the final report.

Yours sincerely,

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FOODAWARE PROPOSALS FOR AN EU NUTRITION POLICY

Summary of recommendations

1. Low income consumers/health inequalities

- Advice on diet needs to be made available in plain language. Government-sponsored literacy materials should include nutritional issues.
- At both national and European level, it is necessary to assess the impact on public health of policy from all sectors, so as to act coherently and effectively.
- At the national level government policies that influence poverty directly can work in harmony with indirect measures that affect food and health. This is particularly important for mothers, children and the elderly. National policies will differ but positive action by some to reduce child poverty in particular is welcome and should be extended.
- Assess the impact of CAP reform on diet and health inequalities, and incorporate this into action.
- Increase support to community actions aimed at reducing health inequalities.
- Improve awareness of nutrition, diet and lifestyle among the most disadvantaged.
- Ensure that nutrition, diet and lifestyle education is given proper prominence within the curriculum of young people, and with special emphasis on the particular needs of less academic and less well-off children.
- Ensure that information and education material is translated into minority languages.

2. *Reform of the Common Agricultural Policy (CAP) and Common Fisheries Policy*

- The EU should review all current agricultural priorities and reform the CAP to become a European food policy which will as far as possible embrace sometimes conflicting agricultural, health, consumer, environmental and ethical aims.
- EU food and agricultural policy should place more emphasis on nutritional value, for example by promoting crop diversity and the production of foods containing higher levels of anti-oxidants.
- Greater consumption of fruit, vegetables and complex carbohydrates which would bring substantial reductions in the incidence of a number of serious diseases should be a priority.
- The consumption of fish and fish oil can play an important part in a healthy diet for EU consumers. However, this can only be justified if a sustainable fisheries policy is put in place promptly. The Common Fisheries policy should be reviewed accordingly. Until then, the EU should proceed with caution with measures to promote fish consumption within the EU.
- Olive oil and seed oils, as unsaturated oils, are recommended dietary alternatives to animal fats which contain a higher proportion of saturated fats. However, there is a need to reduce consumption of all fats and oils. Within this context, measures to encourage a shift in consumption from animal fat to vegetable oils should be supported by the EU.
- The EU should study the social and land use implications of making changes to EU agricultural policy in order better to reflect consumer demand and nutritional targets.
- The CAP should not (with the exception of fruit and, vegetables) strive to promote the consumption of particular products. It should on the whole be neutral.
- Given the paucity of data in this area, EU support for research into the links between soil fertility and nutritional quality would be very welcome.

3. Developing the role of national and EU Food Agencies

- Extend European Food Safety Authority (EFSA) remit to include consumer information and education on diet and nutrition.
- EFSA should help the European Union to establish targets for a healthy nutritional intake.

4. Setting up EU nutritional targets

- European Union targets for a healthy nutritional intake could and should be set.
- A pan-European study of food production and consumption measures, extended from those already monitored by the Food and Agriculture Organisation (FAO), and pan-European sample surveys of actual dietary patterns (possibly an extension of the EU Scientific Co-operation [SCOOP] project) could allow monitoring of the progress towards those targets.

5. Health promoting schools/information and education

- Increase support to the European Network of Health promoting schools, with particular emphasis on nutrition.
- Make use of existing programmes such as net@days, schoolnet.
- Support the promotion of best practice and exchange of experience on successful projects and initiatives.
- Draw up a school fruit purchasing incentive scheme that includes a wide range of produce (not just those being withdrawn from the market) in addition to the EU-subsidised school milk purchasing schemes.
- Support free school meals schemes.
- Ensure that school meals are balanced, varied and provide adequate nutritional intake.
- Ensure that the promotion and availability of foods and drinks of poor nutritional value is controlled in schools and that clean drinking water is readily available.
- Sweets and fizzy drink manufacturers should not be pushing their products within school gates.

6. Advertising and marketing to children

- Advertising or marketing of sugary or fatty foods should not be allowed in places frequented by large numbers of children (schools, clubs, children's websites, etc.) or, for example on television, at times when large numbers of children are likely to be watching.
- Self-regulatory advertising authorities such as the ITC in the UK, should consider the cumulative effects of advertising, not just individual adverts, when drawing up codes of practice.
- Government should review advertising legislation and codes of practice to ensure that the promotion of food products does not disguise or mislead in terms of their contribution, or lack of contribution, to a healthy diet.
- Marketing of alcoholic drinks should not be attractive to children.

7. Obesity

- The epidemic of obesity in the EU needs to be seriously addressed. A comprehensive policy on diet and nutrition will represent a major contribution to the prevention of the epidemic. In addition, Foodaware recommends that appropriate

funding is allocated to prevention programmes specifically focused on childhood and adolescent obesity.

- School lunchrooms, workplaces cafeterias, etc. must provide healthy and appealing food choices. The meals should offer food options that are balanced in fat and calories, as well as fruit, vegetables and whole grains.

8. Allergies and food intolerances

- Extend the EU proposal on food labelling to require full ingredient listing (see CFG comments on food allergens CFG 09/01 rev).
- Increased support to information and education raising awareness of the general public on the risk of allergies and its treatment.
- Increased information and education aimed at pregnant women and mothers of newborn babies, on precautions they can take to prevent food allergies.
- Raising awareness of food manufacturers to limit the use of known food allergens in their food products, in particular when used as additives and processing aids, and to use substitutes.
- Reinforce the information to school caterers and personnel about allergies.
- Raise awareness among caterers about allergies.
- Improve the care of allergic children in school lunchrooms.
- Support research to determine the allergenicity status of food, to allow reliable labelling and information to consumers.

9. Composition of processed foods

- Encourage food processors to reduce the level of salt in their products. In the UK, some retailers have started to reduce salt in their own brand products.
- Encourage food processors to reduce the levels of sugar and fats in their products.
- Review nutritional labelling in order to indicate sodium and salt levels clearly.
- Strictly regulate and control claims concerning salt and fat levels (low, reduced, etc.).
- Include the issue of salt in education and information campaigns.
- Review nutritional labelling to make it clearer and user friendly to consumers.
- Support education and information campaigns on reading and understanding food labels.