



Preventing obesity: An overview of programs, action plans, strategies and policies on food and nutrition

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No nation today is immune from the obesity epidemic. Developing an action plan, a national strategy, policies and programs to manage the epidemic and prevent its progression is a major concern worldwide. While a number of World Health Organisation (WHO) reports published over the past few decades helped prompt member States to coordinate nutrition plans, the WHO's Global Strategy on Diet, Physical Activity and Health released in 2004 strengthens government action on obesity. Governmental action on obesity and/or its main determinants, nutrition and exercise is very broad in scope, has several targets for action, involves many actors and is outlined in large reports.

At the 2006 Québec Annual Public Health Conference (Journées annuelles de santé publique or JASP), held in Montréal, Québec, Canada, a symposium focuses on the elements included in an effective obesity-prevention government plan. Plans, programs, strategies and policies adopted in over a dozen Western countries are considered. This information sheet provides an outline of the plans under consideration. Speakers will not need to make lengthy presentations on their country's plan, but focus instead on the particular issues at stake. The sheet can also serve as a handy summary for participants. Prior to presenting a profile of each country's plan, a historical overview of key publications produced by WHO and other organizations since 1974 gives further insight into the issues surrounding the development of the plans over time, from malnutrition to tackling obesity. The methodology used to develop this document proceeded by consulting the literature posted on the WHO, United Nations (UN), Food and Agriculture Organization (FAO) and European Union (EU) web sites that apply to food and nutrition policies. As for the reviews on programs, action plans, strategies and food and nutrition policies that are included in the document, half were corroborated by symposium speakers, while the others were corroborated using publications from the WHO.

BRIEF HISTORY OF PROGRAMS, ACTION PLANS, STRATEGIES AND POLICIES ON FOOD AND NUTRITION

The analysis of several government documents allows highlighting a three-phase evolution in the concerns of developed countries with regard to food and nutrition. Thus, the nutritional policies developed before 1960 were aimed at fighting problems of nutritional deficiencies in developing countries, the policies drafted between 1970-1990 aimed at fighting malnutrition whereas the policies introduced since 2000 have placed more emphasis on non-transmissible diseases linked with food and sedentary lifestyle while promoting a healthy lifestyle. This brief history shall allow exploring how this transition was made over the years.

In 1974, the *World Food Conference* convened by the *United Nations General Assembly* took place in Rome where 135 representatives from various countries as well as representatives from various non-governmental organizations (NGOs) came together to discuss the world food problem¹. During this conference, a declaration was adopted on the eradication of hunger and malnutrition and all the countries present agreed to draft and establish a national plan. However, only Norway set up a nutritional policy in 1976².

Fifteen years later, in 1989, in Geneva, the study group of the WHO on the diet, nutrition, and prevention of chronic diseases reported in the document *Diet, nutrition, and prevention of chronic diseases* that dietary factors play a role in the appearance of a number of chronic diseases and that these diseases represent the most frequent causes of premature deaths in developed countries and that they impose a heavy burden on the society³. In 1990, in Budapest, 32 European countries participated in the *European Conference on Food and Nutrition Policy* where they showed how health can be linked to the planning of a dietary policy and how various sectors can work together⁴. Two working documents were presented at this conference, *A comprehensive nutrition policy* and *Framework and options for action on food and nutrition policies in European countries*. The latter provided simple and clear guidelines for drafting and establishing a policy. In 1992, in Rome, representatives of 159 countries and the European community as well as delegates of 15 organizations from the United Nations system and 144 NGOs met at the *International Conference on Nutrition*⁵ in order to examine the draft of the *World Declaration on Nutrition* and the *Plan of Action for nutrition*⁶. During this conference, the

governments undertook not to limit their efforts to eliminate famine and food shortage, chronic and generalized hunger, malnutrition, micro-nutritional deficiencies, transmissible and non-transmissible diseases linked to diet, obstacles to optimal lactation, problems linked to inadequate sanitation services, lack of hygiene, and the health hazards of water before the next millennium⁷. Three years later, 73 countries had produced an action plan or revised the initial project, whereas 20 other countries were still in the drafting stage⁸. In 1996, the *World Food Summit* took place in Rome where heads of state examined concrete and realistic measures to be taken in order to ensure nutritional safety for everyone on the national, regional, and global levels. A *Rome Declaration on World Food Security*⁹ and a *World Food Summit Plan of Action*¹⁰ were circulated. In 1997, in Geneva, a consultation of the WHO on obesity took place where over 100 international experts made their point on epidemiological data on obesity and formulated recommendations pertaining to establishing policies and public health programs allowing improvement in the prevention and management of this condition. During the fiftieth session of the Regional Committee for Europe in 1998, concerns were raised by representatives of Member States about low priority given by WHO to the impact of food and nutrition on health¹¹. The Standing Committee of the regional Committee (SCRC) examined at its meeting in the same year the ways to make progress in the adoption of policies that reduce the burden represented by the diseases linked to food and their costs for the society and healthcare services. In 1999, a strategy and process for the drafting of an action plan on food and nutrition were presented to the SCRC for the European region¹¹⁻¹².

In 2000, the WHO proposed a five-year action plan in the European Region (*The First Action Plan for Food and Nutrition Policy – WHO European Region 2000-2005*)¹³⁻¹⁴⁻¹⁵. This document would be ratified later in the year by the 51 Member States of the European region. In 2002, the Regional Office for the Western Pacific held a *Ministerial round table on diet, physical activity, and health* and carried out an in-depth analysis of the extent of the problem and defended the argument according to which food and physical activity are issues that now take on a character of urgency for all the countries of the world¹⁶. In 2003, a report entitled *Diet, nutrition, and the prevention of chronic diseases (Report 916)* resulting from a joint WHO/FAO consultation of experts reviewed information pertaining to the effects of food and nutrition on chronic diseases and presented recommendations in matters of policy and public health strategy, which are societal, behavioral, or ecological in nature¹⁷. This report pleased neither the Bush administration

nor the agricultural lobbies, which mentioned that the strategy of the WHO is based only on little sound scientific proof, and is rather based on the viewpoint of a particular group of experts from the WHO¹⁸⁻¹⁹. In 2004, the WHO filed the *Global Strategy on Diet, physical activity, and Health*²⁰. This strategy considers information from the *World Health Report 2002* which indicates that mortality, morbidity, and disability attributable to non-transmissible diseases are currently responsible for approximately 60% of all the deaths and 43% of morbidity in the world and should, according to forecasts, account for 73% of all the deaths and 60% of morbidity in the world by 2020²¹. Moreover, during the *Fifty-fourth session of the Regional Committee for Europe*, it was noted that non-transmissible diseases constitute the principal element of morbidity in the world and in Europe in particular more than in any other region of the WHO²². According to the Regional Committee for Europe, there are a number of reasons that work in favor of the drafting and adoption of a European strategy on non-transmissible diseases. In 2005, the *EU Platform on Diet, Physical Activity, and health* was organized to combat obesity in Europe at a multi-sectorial level²³. The platform is a process conceived over a period of two years. The first year (2005) must reveal the basic situation of the players in 2004 and 2005 and the second year (2006) the commitments in the form of actions that are expected in 2006²⁴⁻²⁵. Further in 2005, the Regional Committee for Europe filed the European strategy on non-transmissible diseases, which specified that the fight against the risk factors of non-transmissible diseases had received a greater degree of political priority for a few years, but no global approach has been adopted yet with respect to measures aimed at preventing and combating these diseases. At present, in the European region of the WHO, 45 countries have a national document on nutrition or a document containing policies on food and nutrition²⁶⁻²⁷⁻²⁸. The major problems encountered by these countries concerning the implementation of an action plan on food and nutrition are as follows: difficulties in implementation, the poor governmental and administrative support, the lack of financial support, the lack of coordination, the lack of expertise, the lack of evidence, legislative inadequacy, and the absence of a national coordination committee for food and nutrition²⁶⁻²⁷⁻²⁸. At the end of 2005, the *Green Paper of the Commission of the European Communities on the promotion of a healthy diets and physical activity* was produced and this document establishes the basis for a broad consultation, which aims at colligating information to reduce the levels of obesity in order to complete, support, and coordinate the existing national measures²⁹. In 2006, 319 basic actions and 92 commitments were registered in the database of the platform, but it is observed

that the evaluation of the establishment and the monitoring of the results of the actions are not adequately described in the majority of the cases. Finally, at the end of 2006, the WHO must produce a second action plan for the European Region (*Second Action Plan for Food and Nutrition Policy –WHO European Region*)²⁸.

It is quite appropriate to note that over the years, the nature of the programs, action plans, strategies or policies on food and nutrition has changed direction toward non-transmissible diseases, which is directly linked with food and sedentary lifestyle. The passage from the fight against malnutrition to the fight against obesity in the governmental documents of several Western countries and mainly European countries shows that this public health problem has increased and necessitates concrete actions in order to reduce the body mass index and prevalence of obesity. However, several conditions are necessary in order to make sure that this public health problem is part of the political agenda of a government and that it is then translated into a program, action plan, strategy, or policy. Indeed, it is necessary: 1) to recognize the problem within the population and make it a priority; 2) document the problem (monitoring and scientific evidence); 3) mobilize all the concerned sectors and adopt an intersectorial approach; 4) mobilize the leaders, decision makers, and general population; 5) launch an advisory and consulting mechanism; 6) draft a policy to fight obesity; 7) have a firm commitment from the government; 8) allocate resources and reserve a budget for its development; 9) establish this policy on the national, regional, and local level; 10) train and support the various players involved in the implementation of the policy; 11) define a set of simple and appropriate indicators (i.e. measurable) in order to evaluate the policy; 12) evaluate the development and impact of this policy in the population, and 13) redefine the utility of this policy in light of the results obtained from the evaluation, and also from monitoring.

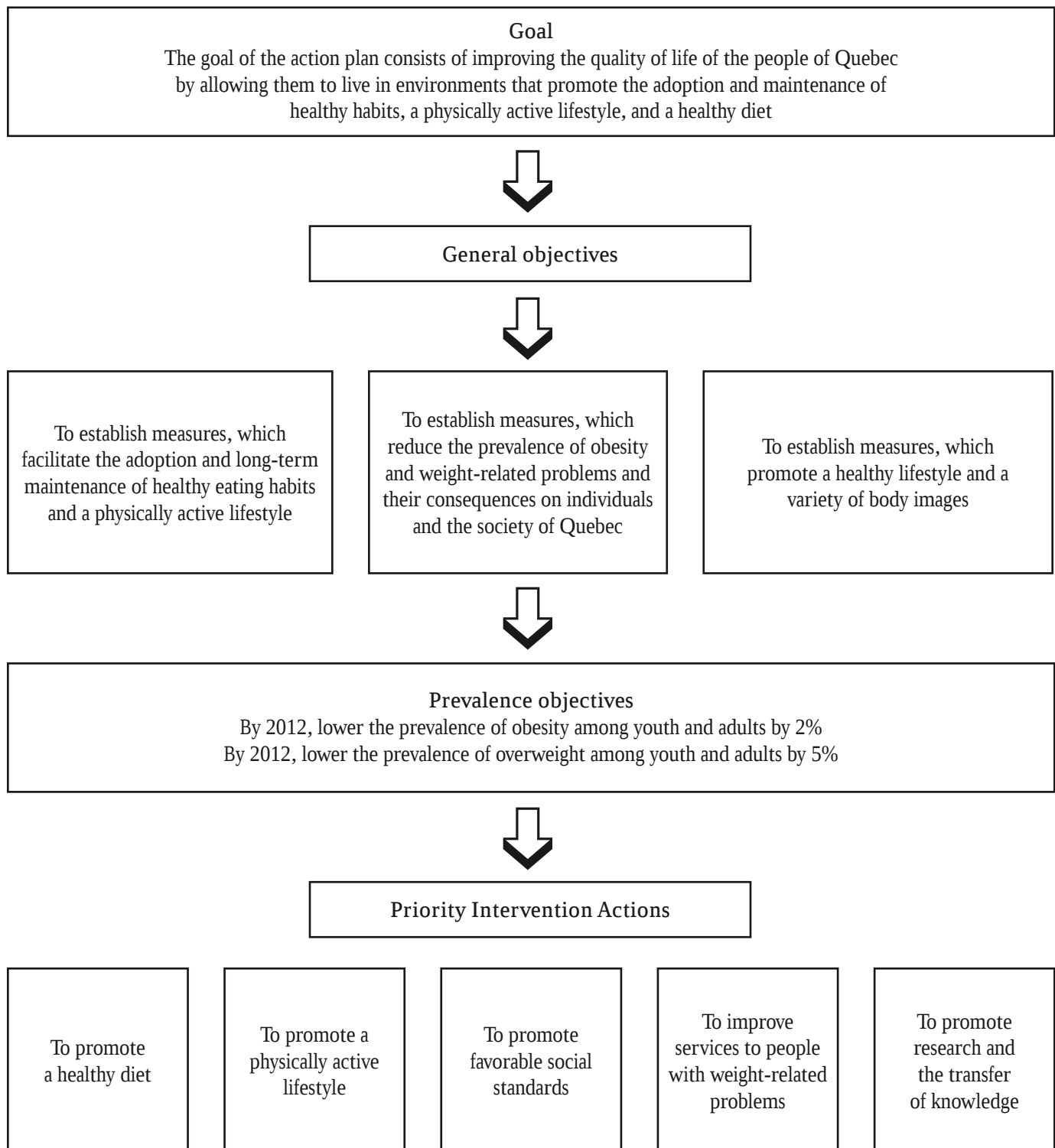
QUEBEC

Title	“Investir pour l’avenir – Plan d’action gouvernemental de promotion des saines habitudes de vie et de prévention des problèmes reliés au poids 2006-2012 ” (Investing for the future – Governmental action plan for the promotion of healthy lifestyle and prevention of weight-related problems 2006-2012)
Type of document	Action plan
Target health problem	Food and physical activity
Approach	Cohen model
Author	Ministère de la Santé et des Services sociaux du Québec
Year of publication	2006
Number of pages	52
Website	www.msss.gouv.qc.ca

“Le plan d’action gouvernemental de promotion des saines habitudes de vie et de prévention des problèmes reliés au poids 2006-2012 ” (The governmental action plan for the promotion of a healthy lifestyle and prevention of weight-related problems 2006-2012) is inspired, on the one hand, by the work of various working teams (Perrault and Ménard teams) or initiatives (regional forums, forum of generations, and public consultations) that have been established since 2004 in order to have a better knowledge of the position of the players concerned with the increase in the prevention and improvement in public health in matters concerning food and physical activity, and on the other hand, documents produced by various organizations including the Ministry of Health and Social Services (“*Programme national de santé publique 2003-2012* ” (*National program for public health 2003-2012*)), the Provincial Work Group on weight-related problems (“*Les problèmes reliés au poids au Québec. Un appel à l’action*” (*Weight-related problems in Quebec. A call for action*)), and the government of Quebec (“*Briller parmi les meilleurs, la vision et les priorités d’action du gouvernement*” (*Shine among the best, vision and priorities of government action*)).

Why this action plan?	It states the orientations of the government and the actions to be pursued and established in order to promote a healthy diet and an active lifestyle as well as preventing weight-related problems and their consequences, and this, among both individuals and society.
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FRAMEWORK



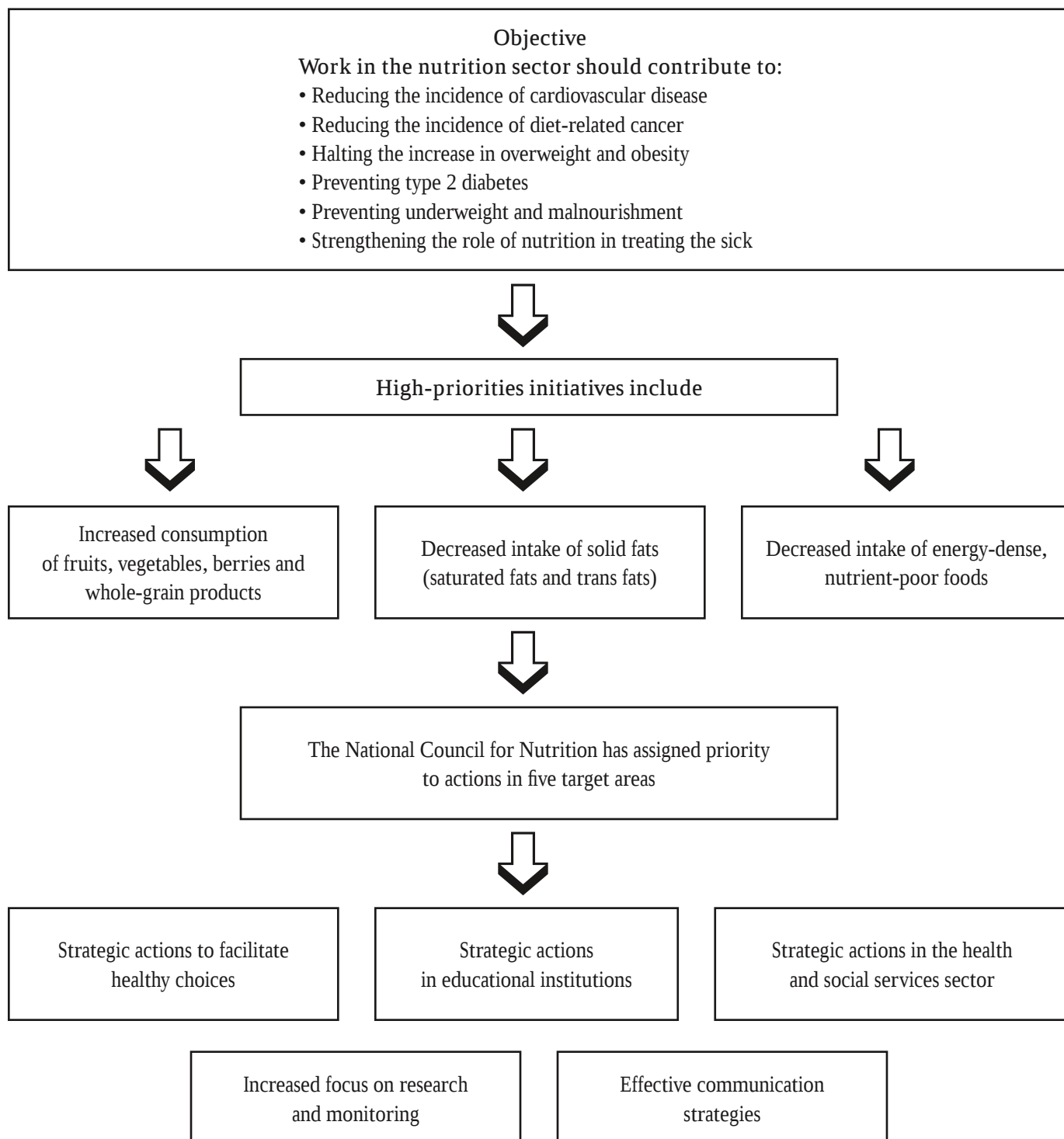
NORWAY

Title	A healthy diet for good health
Type of document	Strategy plan
Target health problem	Nutrition and health
Approach	Broad public health policy
Author	Norwegian Directorate for Health and Social Affairs
Year of publication	2005
Number of pages	20
Web site	www.shdir.no/ernaeringsraadet

A healthy diet for good health was drawn up by the Norwegian National Council for Nutrition, as commended by the Norwegian Directorate for Health and Social Affairs, and handed over to the Ministry of Health and Care Services in late June 2005. Eleven ministries were involved in the development of the document, including the Ministries of Health, Agriculture, Fisheries, Children and equality, Finance, Industry and Trade, and Education and Research.

Why this strategy plan?	A healthy diet meets the recommendations for the composition of nutrients, is varied, tasty and in harmony with cultural values. It is the sum of what is consumed, how much and how often, that is decisive in the long run. From a health-promoting and preventing perspective, health is more than the absence of disease. In addition the physical health, it encompasses contentment and well-being.
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FRAMEWORK



FRANCE

Title	Programme National Nutrition-Santé PNNS 2001-2005
Type of document	National plan
Target health problem	Nutrition
Approach	Public health
Author	Ministère de l'Emploi et de la Solidarité
Year of publication	2001
Number of pages	40
Web site	www.sante.gouv.fr

In 2000, The Prime Minister asked the Minister of Health to initiate a National Nutrition Health Programme for 2001-2005. The Programme is currently being updated and will be finalized by the end of 2006. It does not include a specific plan of action against obesity, it being considered more important to promote health in general than to combat one specific aspect.

Why this national plan?	To develop information and education; to incite the health system to give more importance to nutritional disorders; open the sanitary democracy on nutritional issues with a greater implication of consumers and professionals from food industries; develop nutritional epidemiology, and put into place public health actions.
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FRAMEWORK

Main objective

The main objective of PNNS is to improve the health status of all people by acting on nutrition which is one of the major determinants

9 priority nutritional objectives in term of public health

1. Increase fruits and vegetables consumption
2. Increase calcium consumption
3. Reduce the mean contribution of total fat intake
4. Increase carbohydrate consumption
5. Reduce alcohol intake
6. Reduce of 5% the mean cholesterolemia
7. Reduce systolic blood pressure of 10 mm of mercury
8. Reduce by 20% the overweight and obesity prevalence
9. Increase physical activity

9 specific nutritional objectives

1. Reduce iron deficiency during pregnancy
2. Improve folate status of women who could become pregnant
3. Promote breastfeeding
4. Improve iron, calcium and vitamin D status of children and adolescents
5. Improve calcium and vitamin D status of elderly people
6. Prevent, detect and limit undernutrition among elderly people
7. Reduce vitamin and mineral deficiencies and undernutrition among people living in precarious situations
8. Protect people who are on restrictive diets against vitamin and mineral deficiencies; manage nutritional issues of people with eating disorders
9. Take into consideration food allergy problems



6 strategic axes

Inform and direct consumers toward food choices and satisfactory nutritional status. Educate youth and create a favourable environment for food consumption and a satisfactory nutritional status

Prevent, screen and manage nutritional problems in the health care system

Engage food industries, catering and consumers with consumer associations and their technical structures

Put into place nutritional monitoring systems of population food

Develop human nutrition research: epidemiologic, behavioural and clinical research

Put into place complementary public health measures and actions that are oriented to specific groups of people

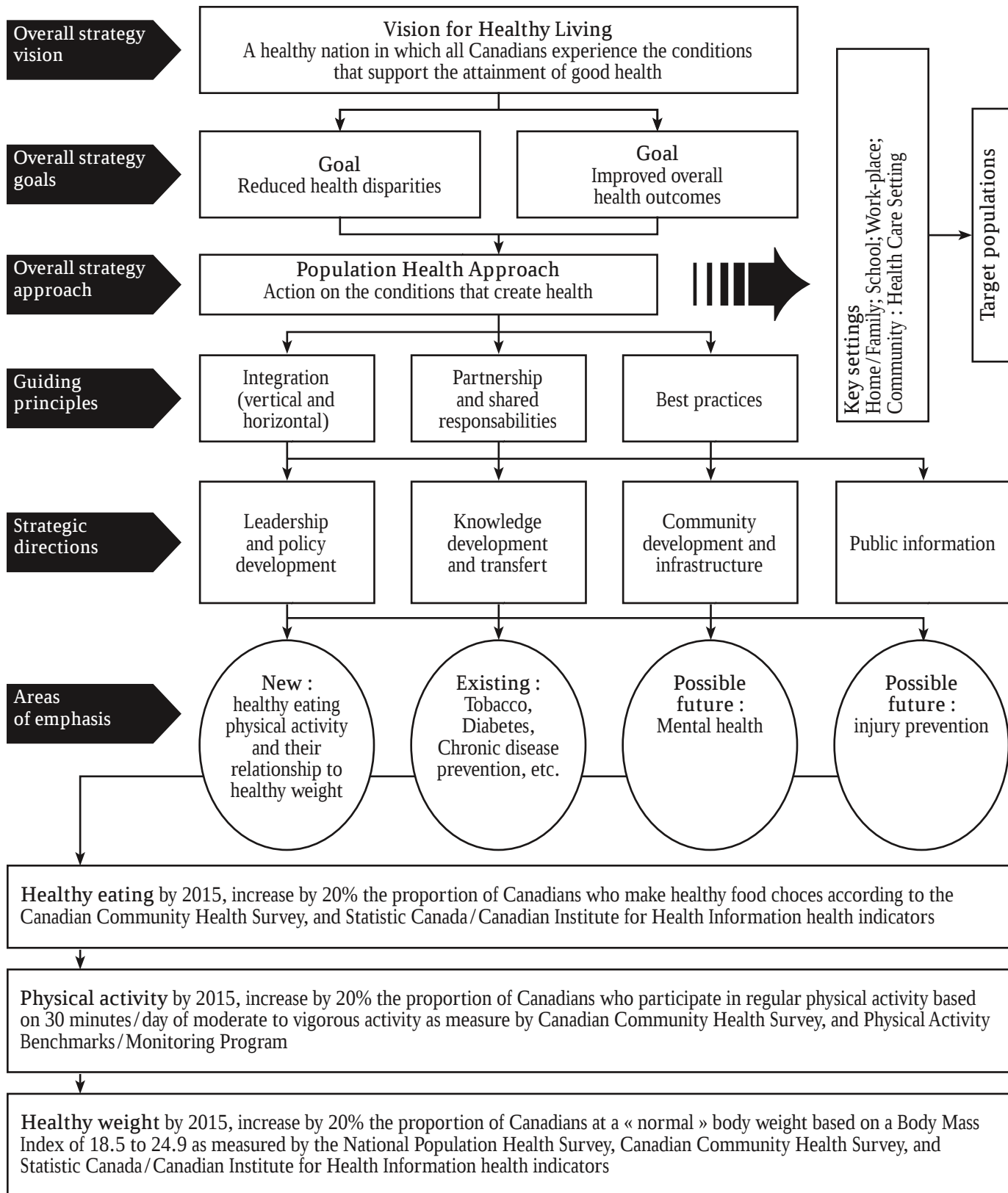
CANADA

Title	The Integrated Pan-Canadian Healthy Living Strategy / La Stratégie pancanadienne intégrée en matière de modes de vie sains
Type of document	Strategy
Target health problem	Overall health outcomes and health disparities
Approach	Population health approach (integrated approach)
Author	The Secretariat for the Intersectoral Healthy Living Network in partnership with the Federal/Provincial/Territorial Healthy Living Task Group and the Federal/Provincial/Territorial Advisory Committee on Population Health and Health Security (ACPHHS)
Year of publication	2005
Number of pages	50
Web site	www.hc-sc.gc.ca

The federal, provincial and territorial Ministers of Health approved the Pan-Canadian Healthy Living Strategy at their annual conference, which was held on October 2005, in Toronto. Developed in collaboration with NGOs, private sector and all levels of government, the Pan Canadian Healthy Living Strategy is an intersectorial initiative that puts forth a conceptual framework for sustained action based on a population health approach, and envisions a healthy nation in which all Canadians experience the conditions that support the attainment of good health. Its goals are to improve overall health outcomes and to reduce health disparities, with an initial emphasis on healthy eating, physical activity, and their relationship to healthy weights. Also included in the Pan-Canadian Healthy Living Strategy are three healthy living targets, which were highlighted as key public health goals in the press release that followed the 2005 Conference of Federal/Provincial/Territorial Ministers of Health. These targets include a 20% increase (by 2015) in the proportion of Canadians who are physically active, eat healthily and have a healthy body weight.

Why this strategic framework?	The Healthy Living Strategy is a conceptual framework for sustained action based on a population health approach. Its vision is a healthy nation in which all Canadians experience the conditions that support the attainment of good health.
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FRAMEWORK



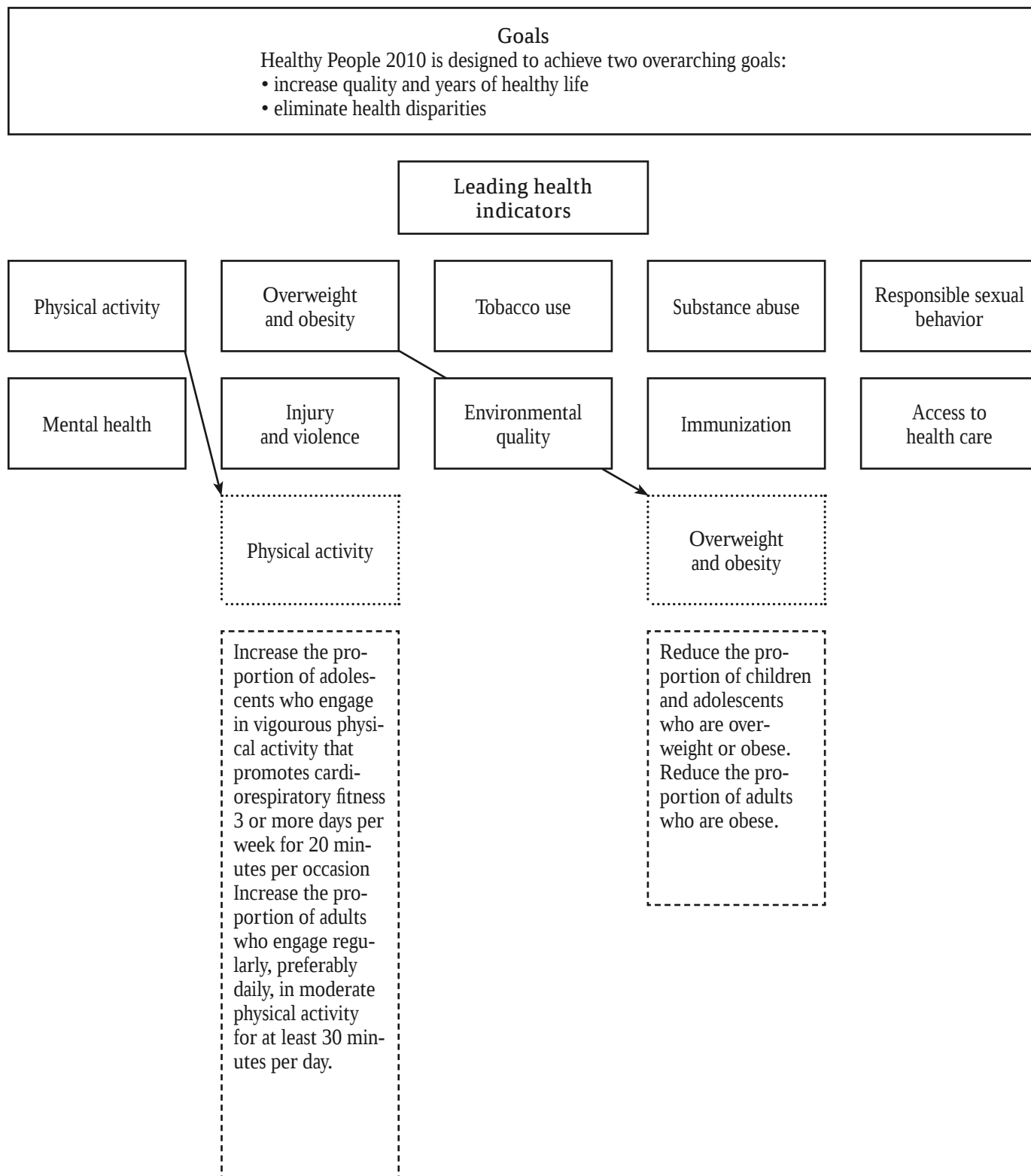
UNITED STATES OF AMERICA

Title	Healthy People 2010 – Understanding and Improving Health
Type of document	Nationwide health promotion and disease prevention agenda
Target health problem	Promoting health and preventing illness, disability and premature death
Approach	Systematic
Author	U.S. Department of Health and Human Services
Year of publication	2000
Number of pages	62
Web site	www.health.gov/healthypeople

Meeting the goals of Healthy People 2010 – broadly speaking, better health for individuals, communities, and the country – requires a systematic approach. In response, CDC’s Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases supports state health departments as they develop, implement, and evaluate science-based health interventions that involve and affect all levels of society. The program currently provides 28 states with training, technical assistance, and translation of research-to-program guidance to help them and their partners: change policies and environments to increase access to nutritious foods and places to be physically active; foster healthful behaviour change among individuals and families; and, ultimately, build on these efforts to reduce the prevalence of obesity and other chronic diseases in targeted communities. Program strategies include: balancing caloric intake and expenditure, increasing physical activity, increasing consumption of fruits and vegetables, decreasing TV-viewing time, and increasing breastfeeding; the program also helps states work to reduce soft drink consumption and decrease portion size.

Why this systematic approach?	Healthy People 2010 is about improving health – the health of each individual, the health of communities, and the health of the Nation. However, the Healthy People 2010 goals and objectives cannot by themselves improve the health status of the Nation. Instead, they need to be recognized as part of a larger, systematic approach to health improvement.
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FRAMEWORK



SCOTLAND

Title	Eating for health – Meeting the challenge 2004
Type of document	Strategic framework
Target health problem	Food and health
Approach	Food chain
Author	Scottish Executive
Year of publication	2004
Number of pages	29
Web site	www.scotland.gov.uk

Eating for Health - Meeting the Challenge 2004 provides a strategic framework for healthy eating and sets out our plan to increase demand for healthier choices, supported by action to supply that demand with improved access to healthier food. Our strategies begin from the earliest stages with parenting support and encouragement for breastfeeding. In 2005, mothers who were still breastfeeding their child at 6 weeks had increased to 37.7%. Over 58% of babies in Scotland are born in UNICEF Baby Friendly hospitals compared with a 16% UK average. We have introduced nutritional guidance in early year settings and have set nutritional standards for school meals. Legislation to restrict the sale of all food in Schools to healthier options was debated in the Scottish Parliament in September. There will be a broad consultation on Children and Young People's health improvement and the role of local government later this year. Beyond schools and nurseries, we are developing nutritional standards in hospitals, care homes and prisons. We are targeting workplaces to promote healthier food choices in canteens and vending, rewarding caterers who provide healthier foods with a new Healthy living Award scheme. Health inequalities remain a major challenge in Scotland. We are working through the Scottish Community Diet Project and our Neighbourhood Shops Initiative to support low income communities to improve access to and take up of a healthy diet.

Why this strategic framework?	The strategic framework will be used as a basis for developing further food and health policy and to guide national and local food and health action plans. The framework should inform and co-ordinate work between partner agencies, local government and communities.
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FRAMEWORK

Objectives				
1. Promote the consumption of healthy diet and foods choices 2. Promote the preparation and provision of meals which offer a balanced diet 3. Increase access to healthier food choices, particularly in low-income and rural areas 4. Work with the food manufacturing, processing and retailing industries to further develop and promote healthier food choices 5. Ensure that primary food producers at both national and local level contribute fully to the achievement of the Scottish Dietary Targets				
Food production	Processing retailing	Distribution / access	Preparation / provision	The consumer
Working with all sectors of Scottish agriculture and fisheries to promote and develop the sustained availability of core Scottish produce as part of a healthy diet. Developing and promoting the potential of the local food sector. Prioritising current grand schemes in favour of projects which support the Scottish Dietary Targets as well as adding value to Scottish produce. Supporting through research the development of produce which contributes to the further implementation of the SDAP.	Harnessing the food-related science base to support product development and food technology. Optimising knowledge and technology transfer. Setting product specifications for the public sector. Assisting in the marketing of food choices that support the Scottish Dietary Targets. Levering the food industry in Scotland and the UK to contribute its fullest potential to the achievement of the Scottish Dietary Targets.	Community and local planning processes, and local nutrition action plans. Addressing issues of access and retailing policies and practices. Supporting community food initiatives and locally-based projects. Reviewing targeted food distribution programmes.	Working with the public and private sector catering services and companies to increase the availability of healthy food choices and promote breast-feeding in public places. Implementing and monitoring nutritional standards for the public sector. Developing and implementing nutrition education for the catering sector. Developing and promoting award schemes for the catering and food service industry. Provision of training and education in all food sectors and settings.	Implementing a marketing strategy to increase consumer demand for healthier eating. Providing reliable, accessible information about food, nutrition and health. Providing accessible product information to consumers in retail and food service settings. Ensuring that the marketing strategy supports a comprehensive health education programme and initiatives that address barriers in all settings. Ensuring a whole-school approach to food related education in schools and pre-school education. Promoting and increasing breastfeeding and improving infant feeding practice.

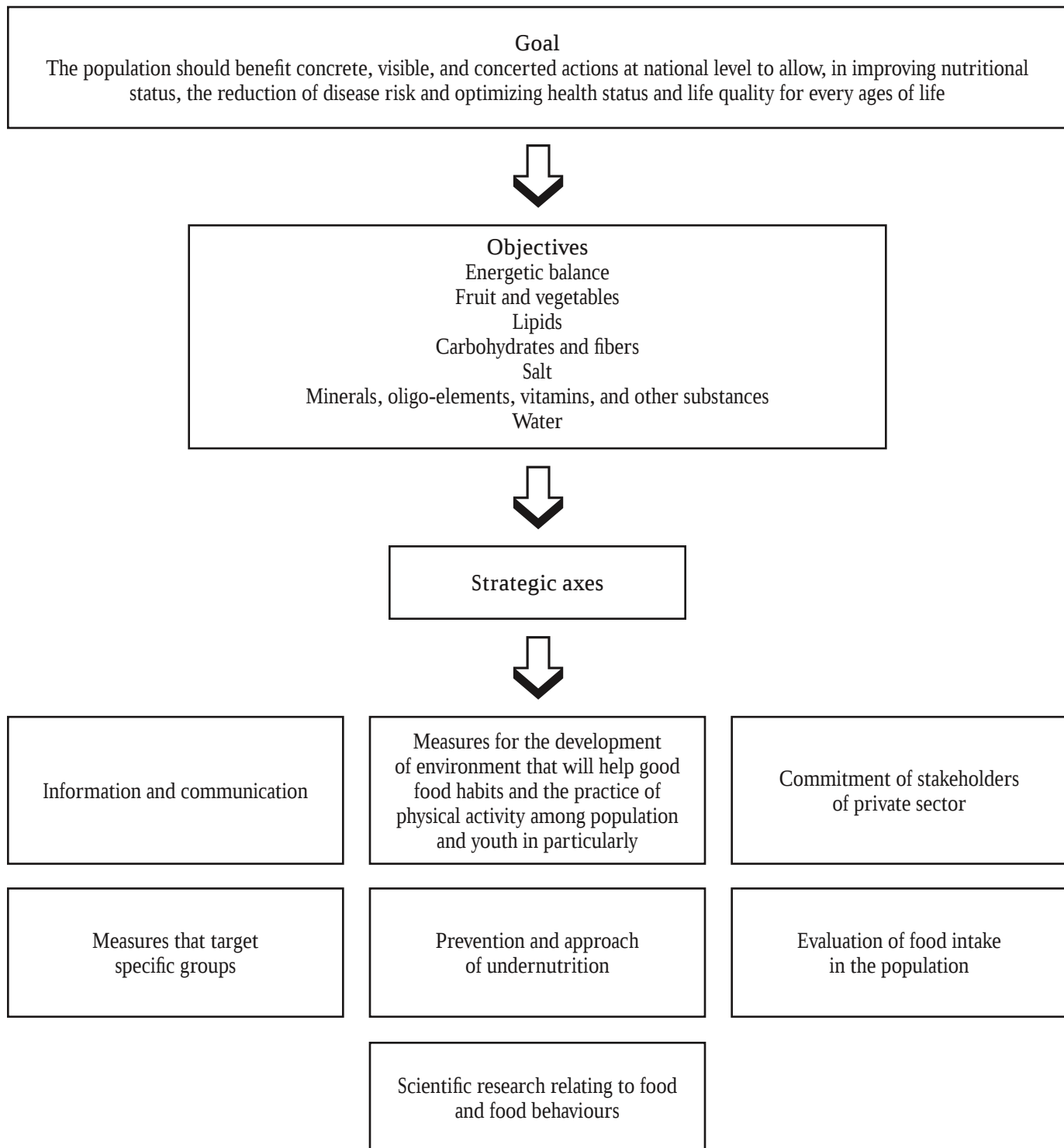
BELGIUM

Title	Plan National Nutrition et Santé pour la Belgique 2005-2010
Type of document	Strategic framework
Target health problem	Food and health
Approach	Public health nutrition
Author	Ministre des Affaires sociales et de la Santé publique
Year of publication	2005
Number of pages	128
Web site	www.mloz.be

In 2004, the Federal Minister of Health took the decision to support proposals suggested by an expert group created on the initiative of the Federal Public Health Service. One of the first tasks of this group was to evaluate a framework for a national multisectorial programme inspired by the WHO Global Strategy on Diet, Physical Activity and Health. From January to June 2005, members of 10 working groups examined the framework text guided by the expert group. The preliminary results of the first national food consumption survey were taken into account when drafting the final version of the plan. Subsequently, the National nutrition and Health Plan was launched in 2005 covering the period 2005-2010. The Plan has a strong focus on communication, including a specific logo, a web site, a television spot and food guides. The food guides are tailored to different target age groups. The Plan emphasises the need to create an environment that stimulates healthy eating habits and physical activity, to be achieved by improving education on food and nutrition and involving a number of stakeholders.

Why this strategic framework?	To conform to the line of international recommendations, particularly on the nutritional aspects of the WHO strategy (World Strategy on Diet, Physical Activity and Health) and the Eurodiet project of 2000.
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FRAMEWORK



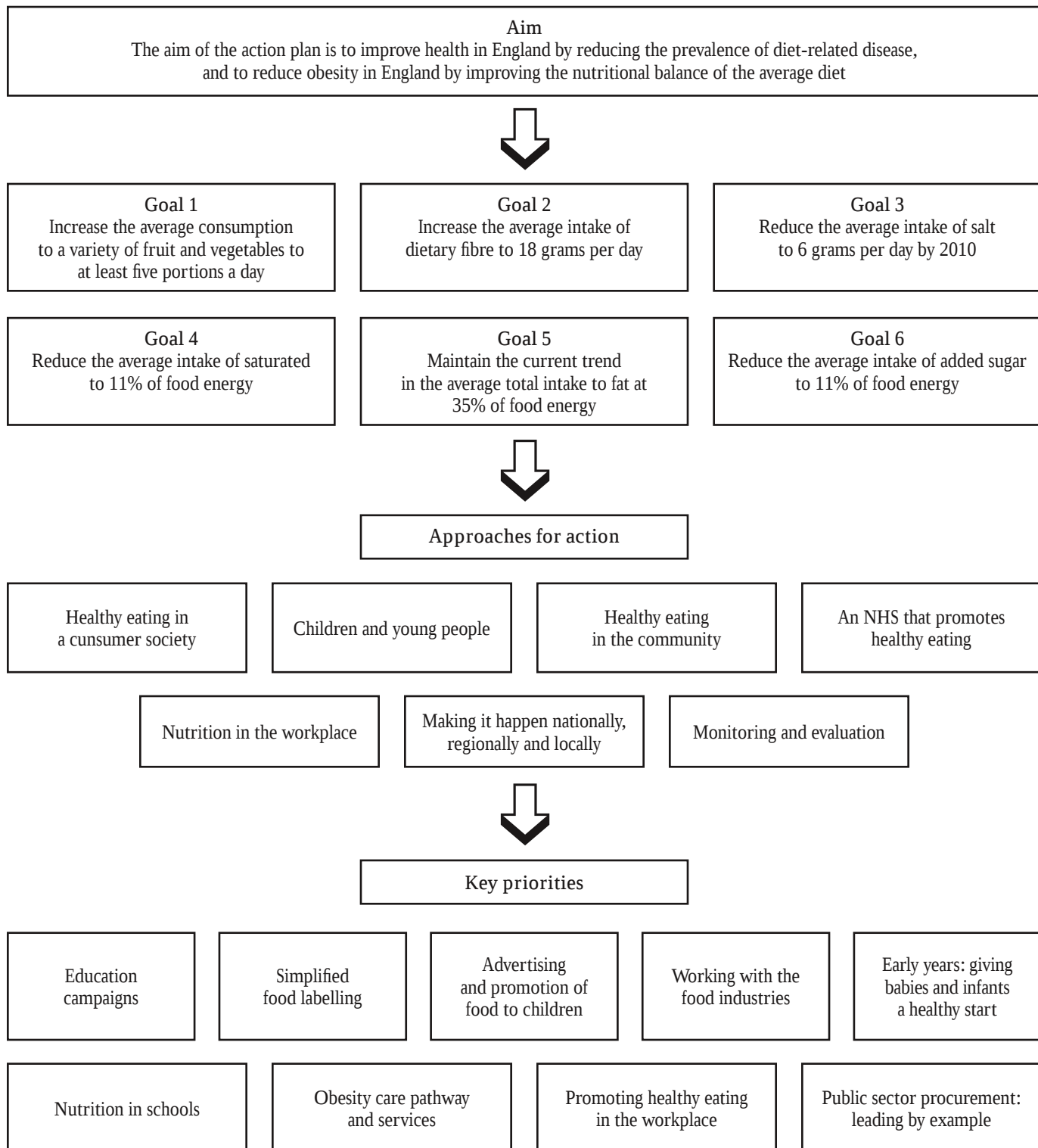
UNITED KINGDOM

Title	Choosing a better diet: a food and health action plan
Type of document	Action plan
Target health problem	Food and health
Approach	Public policy
Author	Ministry of Health
Year of publication	2005
Number of pages	52
Web site	www.dh.gov.uk

The public health white paper *Choosing health: Making healthy choices easier* from 2004 sets out the key principles for supporting the public to make healthier and more informed choices with regard to their health. The Government will provide information and practical support to motivate people and improve their emotional wellbeing and access to services, so that healthy choices are easier to make. The food and action plan *Choosing a better diet* summarizes how the Government will deliver the commitments on nutrition presented in the public health white paper. Another relevant document is *Choosing activity: a physical activity plan* (2005), which sets out the Government's plan to encourage and coordinate the action of a range of departments and organizations, so as to promote increased participation in physical activity across England.

Why this action plan?	This action plan is a statement of the Government's plans to encourage and coordinate the action of a range of organisation to improve nutrition and health in England and to reduce health inequalities.
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FRAMEWORK



THE NETHERLANDS

Title	Living longer in good health – Also a question of healthy lifestyle
Type of document	Prevention policy
Target health problem	Prevention and promotion of healthy lifestyles
Approach	Public health
Author	Ministry of Health, Welfare and Sport
Year of publication	2004
Number of pages	82
Web site	www.minvws.nl

Obesity is one of the spearheads in the cabinet's policy document *Longer living in good health*. *Objective*: the number of overweight or obese people must not increase further across the entire line. Action items: 1) dovetailing with healthy nutrition activities; 2) making healthy lifestyles the norm, easily and with appeal; 3) dovetailing with exercise activities; 4) early detection and treatment of obesity; 5) activities at school; 6) local, neighbourhood activities; 7) putting research in context and 8) international approach to obesity.

Why prevention policy?	Good quality health care and prevention could produce many health benefits in the Netherlands.
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FRAMEWORK

Goal

We would like to see people living longer in good health. One can measure the promotion of public health by the following:

- an increase in the number of healthy years of total life expectancy
- pushing back avoidable health areas

Six priority diseases

Cardiovascular diseases

Cancer

Diabetes mellitus

Psychological disturbances

Asthma and chronic
pulmonary diseases

Motor system disorders

Three spearheads

Smoking

Obesity

Diabetes

Objectives

Not smoking must become
the social norm

The number of overweight or obese
people must not increase further
across the entire line

The aim is to bring about a reduction
in the number of people under
the age of 55 with diabetes

Actions

Protecting non-smokers
Preventing young people from
starting smoking
Higher excise duties
Local activities

Dovetailing with healthy
nutrition activities
Making healthy lifestyles the norm,
easily and with appeal
Dovetailing with exercise activities
Early detection and treatment of obesity
Activities at school
Local, neighbourhood activities
Putting research in context
International approach to obesity

Prevention of diabetes in a
healthy population
Early detection of people with
high risk of diabetes
Early detection of people with diabetes
Improving current diabetes care

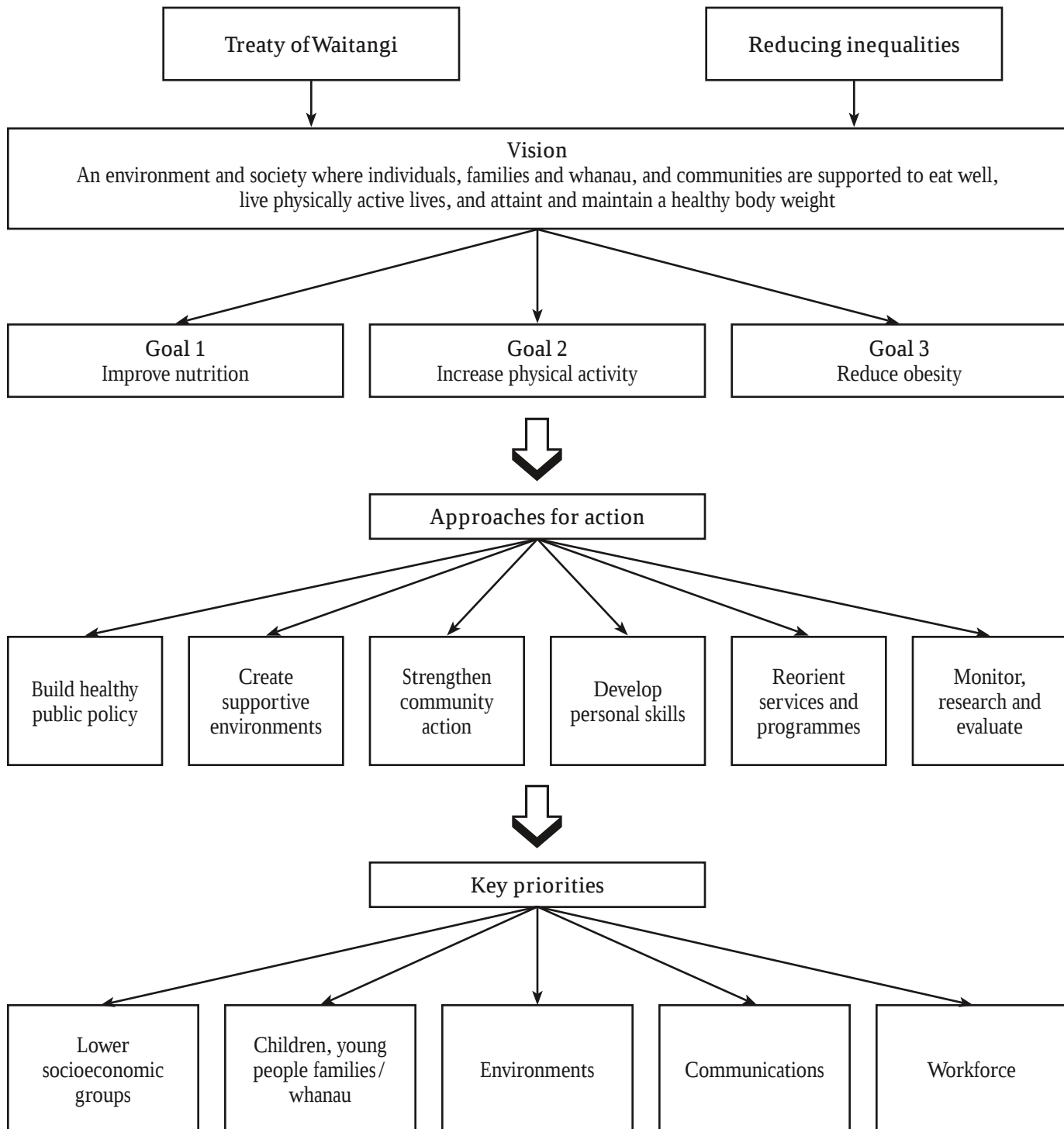
NEW ZEALAND

Title	Healthy Eating – Healthy Action Oranga Kai – Oranga Puman: A strategic framework
Type of document	Strategy
Target health problem	Nutrition, physical activity, obesity
Approach	Public policy
Author	Ministry of Health
Year of publication	2003
Number of pages	48
Web site	www.moh.govt.nz

A Healthy Eating – Healthy Action (HEHA) implementation plan was developed following the release of the strategy. A variety of stakeholders (including government, non-government and industry) contributed to the development of the implementation plan, which was structured using the identified approaches for action from the strategy. The Healthy Eating – Healthy Action : Oranga Kai - Oranga Puman: Implementation Plan 2004-2010 identifies 26 outcomes and 87 actions. To date existing funding has been realigned with the plan and new funding has been identified for many of the actions identified. New initiatives underway include: 1) Fruit in Schools programme for high needs schools where participating schools take a whole school approach to improving nutrition increasing physical activity, being sunsmart and smokefree. Students in participating schools receive a piece of fresh fruit each day; 2) Development and implementation of a nutrition social marketing campaign; 3) Development of a HEHA research strategy; 4) A fund for innovative community action proposals relating to nutrition, physical activity and obesity prevention in primary health organisations; 5) Development of a food classification system for implementation in a variety of settings and 6) Devolved funding to regions for leadership and co-ordination of HEHA actions at a district level.

Why this strategy?	Sedentary lifestyles, poor nutrition and obesity are a growing international phenomenon. Globally non-communicable diseases are responsible for 60% of world deaths, and these deaths are related to changes in global dietary patterns and lifestyles. They are major and increasing causes of preventable disease, disability and death in New Zealand.
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FRAMEWORK



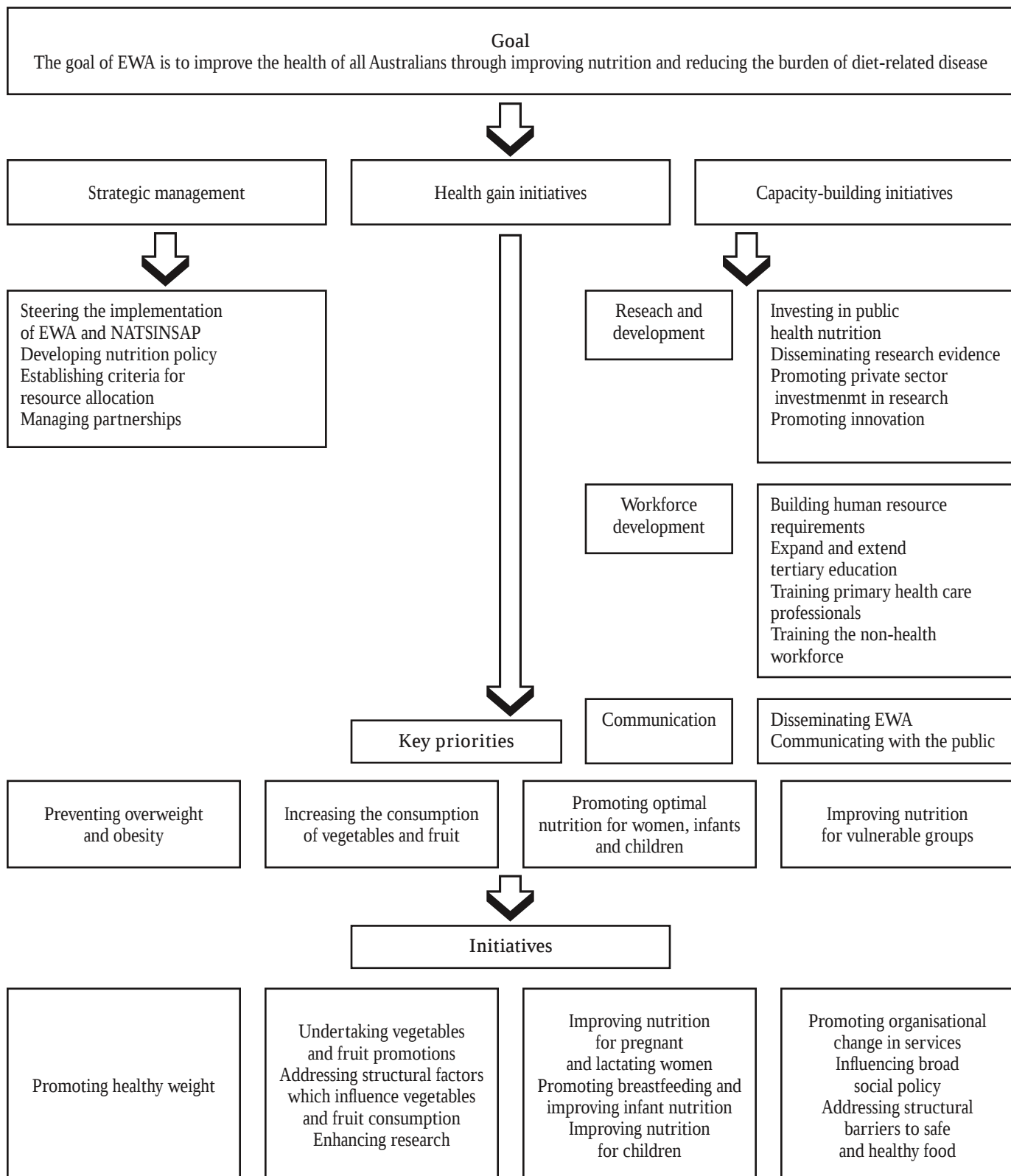
AUSTRALIA

Title	Eat Well Australia (EWA) – An Agenda for Action for Public Health Nutrition 2000-2010
Type of document	Strategic framework
Target health problem	Food and health
Approach	Public health nutrition
Author	Strategic Inter-Governmental Nutrition Alliance of the National Public Health Partnership
Year of publication	2001
Number of pages	125
Web site	www.nphp.gov.au/signal

Australia's first official strategic document for action on obesity came from the National Health and Medical Research Council in 1997 (Acting on Australia's Weight). This was followed by a number of other government reports including Eat Well Australia, an agenda for action on public health nutrition, and several national guidelines on healthy eating, physical activity, and obesity management. In response to a series of state summits on obesity in 2002, the Federal Government established the National Obesity Taskforce which reported in 2003 with a national agenda for action entitled Healthy Weight Australia 2008 – Australia's Future. All of these plans and guidelines are excellent blueprints for action but not one of them has been funded for implementation. The Federal Government has given significant funding (over \$100 million) to physical activity and nutrition programs that were outside those recommended in their strategic plans. Some of the State Governments have undertaken important actions, especially in supporting community demonstration projects for the prevention of childhood obesity and state-wide mandatory policies on healthy food sold in schools. Overall, the funding and policy commitment in Australia is falling far short of what is needed to implement the government's successive plans for action on healthy eating, physical activity, and obesity prevention.

Why this strategic framework?	EWA is a coherent national approach to the underlying causes of the preventable burden of diet-related disease and early death, providing a set of interlinked initiatives for the prevention and management of these diseases. EWA represents Australia's contribution to the global battle with non-communicable diseases, and by including National Aboriginal & Torres Strait Islander Nutrition Strategy and Action Plan, the increasing recognition of the needs of the Indigenous peoples of the world.
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FRAMEWORK



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PREVENTING OBESITY: AN OVERVIEW OF PROGRAMS, ACTION PLANS, STRATEGIES AND POLICIES ON FOOD AND NUTRITION

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