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As I see it

Philip James

Tel Aviv. This is where I have just been, at a meeting of national representatives of the European region of the World Health Organization. These meetings are held when there are moves by WHO to develop significant new nutrition policies. This is a time of great change following the High Level Meeting at the UN General Assembly in New York in September 2011.

There it was agreed that a new approach to tackling the massive epidemic of chronic non-communicable diseases is needed, and that multiple sectors must be involved. WHO was given the responsibility to promote a new approach and to ensure an inter-sectoral process. Hence this Tel Aviv meeting convened by the WHO regional office for Europe, a territory which stretches from Greenland, to Siberia and the Russian border with China!

WHO Europe. Chronic non-communicable diseases

Towards 2014-2025





WHO European region: a vast territory from Greenland to Siberia (left). (Right) Various European dignitaries with the director of the WHO region

So, all the 53 national ministries of health in the WHO European region were invited. The meeting was originally intended to be in Portugal, but in the financial circumstances, Israel offered to host the meeting. A total of 45 countries sent one or more delegates from either their ministries or from academia. This was the largest gathering of nutrition representatives the WHO secretariat has convened, so apparently nutrition is ascending the political agenda in Europe.

The delegates had the task of setting out their national concerns, and helping to prepare for the annual meeting of the European ministers of health, this year being held in Vienna in July. There, the WHO European region 2014-2020 nutrition action plan will be set out for approval. *Access the draft plan here.* The Vienna meeting is planned to culminate with a formal declaration of how nations intend to address chronic non-communicable diseases. Malnutrition also remains a public health issue, with about 5 per cent of all children under 5 years stunted, and a huge burden of iron deficiency both in young children and women. Also iodine deficiency affects the European region more than any other region of the world.



The WHO master plan for better health in Europe by 2025: voluntary drops in salt, alcohol, inactivity and smoking, and no rise in obesity and diabetes

A cycle of consultations is under way to agree a set of targets for improvements in health. This will hopefully encourage governments to respond as they did with the Millennium Development Goals, which have proved to be surprisingly effective. The current targets are shown above. The final version, to be presented to the next WHO World Health Assembly in May, was being negotiated in Geneva as we met in Israel.

WHO Europe. Nutrition policies
The beginnings

During our meeting in Israel, I reflected on how public health nutrition policy and action has developed in Europe since the early 1980s.

Elisabet Helsing
Organisational skills



WHO Europeans: Elisabet Helsing from Norway (left), Anna Ferro-Luzzi from Italy (centre, at the right), and Zsuzsanna Jakab from Hungary (right)

When nutrition work started in the Copenhagen WHO regional office for Europe, Elisabet Helsing, the first nutritionist on the staff (left, above), at first employed only part-time, had to struggle to get her voice heard. Elisabet was originally seen as totally focused on breastfeeding. I do remember her being outraged at the way the companies making breastmilk substitutes had moved into hospitals. I also remember she viewed my medical colleagues often as a menace as they sometimes impeded high breastfeeding rates in hospital immediately after delivery and failed to kick out company sales people hawking their formula in hospitals.

As a Norwegian, Elisabet knew of the success of the National Nutrition Council in Norway, in driving changes in national policies to prevent heart disease. Before I had much idea of what might be involved, I was asked to address chronic diseases as well as deficiencies in Europe. I assumed that WHO would have all the data I needed and all I needed to do was to collate and assess their evidence. To help me, and establish appropriate European representation, Bjorn Isaksson, the clinical nutritionist from Gothenburg, Anna Ferro-Luzzi, epidemiologist for the National Institute of Nutrition in Rome and mother of the Mediterranean diet (pictured centre, above), and Victor Szostak, director of the National Institute of Poland, joined me.

Looking back, our report (1) was surprisingly broad in its thinking. But we had little idea how to involve policy-makers other than some agricultural ministries who I had already pressed to change priorities of the UN Food and Agriculture Organization and of the national governments who had been pumping endless billions into meat, milk, oils and sugar production ever since the foundation of the United Nations after

1945. Already I had experience as director of the Rowett Research Institute, funded with UK agriculture money, of farmers complaining when their subsidies for capital building or major equipment were cut from 100 to 50 per cent!

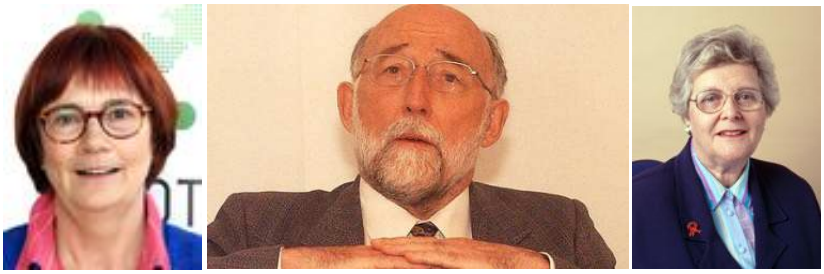
I had also been in discussions with British ministers of agriculture as they went to summits in Brussels determined to manipulate prices so as to reduce the mountains of beef, milk powder, butter and sugar stored in vast hangars, the result of farmers throughout the EU being guaranteed prices for any amount they produced. Even then, in the early 1980s, Ministries could predict how much would be sold when prices were dropped by 2, 5 or 10 per cent. This was my earliest introduction to the concept of price elasticity – which nutritionists still quibble about, despite it being standard routine practice in economic policy-making for at least 30 years!

Elisabet took all this on board. She organised a conjoint meeting of all the European ministers of agriculture and of health in Budapest at a time before the Berlin Wall had come down. I remember giving the opening address (with glass slides in those days) in the Budapest national opera house. I learned to keep my Welsh-tinged speed of delivery down, to allow simultaneous translation into Russian, French and Spanish. It all went very well, thanks to the organisational skills of Elisabet, and also of another young official from the Hungarian ministry of health who recently reminded me that she and I had a congenial history. This was Zsuzsanna Jakab (right, above), now the director of WHO's European regional office.

WHO Europe. Food and nutrition policies
Under fire

After Elisabet came Aileen Robertson from Scotland (left, below). Before her pan-European appointment, while remaining a colleague of mine at the Rowett, Aileen was seconded as responsible for nutrition in the WHO office in Zagreb. .

Aileen Robertson
In the line of fire



WHO European Aileen Robertson (left), and UK policy-makers Donald Acheson (centre) and Lynda Chalker (right) working well at a time of war

Aileen's experience, as when what was Yugoslavia was breaking apart, required rare courage. I was asked to help the medical director of the WHO European unit on site, Donald Acheson (centre, above), just retired as England's chief medical officer of health, who feared that the besieged people of Sarajevo might starve. I whizzed out to Zagreb and immediately realised that 140 daily trucks of food, rather than the 14 then going in to Sarajevo, were needed to prevent severe starvation and deaths before Christmas.



Former Yugoslavia and the five countries that became created. The war mentioned here was at that time devastating Sarajevo, the capital of Bosnia

The day after my arrival in Croatia (the brown tooth-shaped country in the map above) I was running the Zagreb office. This was because Donald Acheson was going the next day by British army truck and horseback to read the Hippocratic oath to physicians working within the aggressive Serbian armed forces – physicians who were ignoring ghastly treatment of captured troops and civilians from Bosnia (the triangular light green country). I received the then UK minister of overseas development the formidable Lynda Chalker (right, above) who as a former UK minister of transport immediately realised that the bombed rail link could not be repaired in time. So she ordered the British army engineers to blast a road over the mountains to get 200 trucks carrying food under armed guard into Sarajevo.

All this time I was supposed also to be running the Rowett! So Aileen transferred from being my colleague there, to monitor the nutritional state of tens of thousands of refugees and displaced families pouring daily into relative safety, as the Serb armies continued to persecute and massacre Bosnians in the name of 'ethnic cleansing'. Her data on children's and mothers' anthropometry were gathered in the basement of Sarajevo's 'Sniper's Alley' and in refugee camps sent by Aileen by satellite to be organised at the Rowett in Aberdeen, so that she could spell out realities for the relevant UN and aid agencies at their weekly meetings. To monitor

stranded Sarajevo residents, Aileen needed to wear a flak jacket and travel in light British army armoured vehicles. These backed into doorways so she could enter to monitor the state of children and adults in the most ravaged districts of Sarajevo and nearby Bosnian urban and rural areas (2).

So when Aileen arrived in the WHO European region headquarters in Copenhagen office – still on a tenuous series of 11 month contracts! – she had an heroic reputation. She set about updating information appropriate to the first action plan for food and nutrition policy in Europe, already agreed for 2000-2005. By then it was possible to get more information from Central and Eastern Europe. Aileen pushed for inclusion of food safety, for at that time the BSE ('mad cow disease') crisis was still panicking politicians and officials and causing chaos in agriculture and the animal product trade.

The European Union was the wealthy part of the 51 (now 53) countries counted as Europe. How to help the much poorer countries of the East? I well remember a moment in late 2001 as we prepared outlines of the report, to be published in 2004 (3). Watch television now, we were told, because friends, family and colleagues were in danger in New York. We switched on and watched the collapse of the Twin Towers of the World Trade Center. Aileen's huge work plan required far more attention to Eastern Europe with many parts of former Yugoslavia still in turmoil . There were also huge political shifts across the whole of the disintegrating Soviet Union after another fall, of the Berlin Wall in 1989. Therefore, agriculture and food policy did not achieve a high position on any European strategy agenda.

Francesco Branca
and the obesity and other explosions



WHO European Francesco Branca (left, above) and from the UN Food and Agriculture Organisation (right), assistant director-general Louise Fresco

After Aileen came Francesco Branca from Italy (above, left). He explored the pan-European obesity crisis, as a way in to reform the European food system. A conference in Istanbul in November 2006 agreed the need to face and address the crisis of huge numbers of obese adults and children. The Istanbul Charter (4) was signed by 48 national ministries of health, after line-by-line debate including attempts by delegates including from the UK to dilute its message and potential effectiveness.

Earlier, Francesco had organised with Louise Fresco (above, right), the Dutch scientist then an FAO assistant director-general responsible for agriculture, a conjoint meeting on how agriculture policies and practices could have the effect of improving dietary patterns. As mentioned above, such policies, based on maximising meat, fats, oils and sugar production supposedly to supply plenty of protein and energy, were bad for population health – as they still are.

Unfortunately, Louise Fresco resigned from FAO in May 2006, for understandable reasons. Her explosive open letter to the then FAO director-general said 'It became apparent that FAO did not see much need to support high-income countries. Not once have you consulted me on the restructuring of the Agriculture Department... I am sad that you have isolated yourself so much from most senior managers. Combined with a lack of transparency in decision making, you have stimulated a culture of silence, rumours and even fear'.

We had been confidently told that Louise was scheduled as the next director-general and European ambassadors had assured us they would not tolerate a further term of the old guard, so we confidently expected the very supportive Louise to succeed with potential for developing a very new global strategy for agriculture. It was not to be. That's life from time to time within the UN system.

FAO and WHO agriculture, food and nutrition policies
Towards 1992 + 22

After Francesco, who is now elevated to WHO global headquarters in Geneva, came João Breda from Portugal (left, below). He has engaged with obesity and chronic non-communicable disease on a world scale. Within WHO, the European region reports – perhaps surprisingly – that it is the most burdened, with chronic diseases estimated as accounting for 86 per cent of deaths and 77 per cent of incidence.

João Breda
Linking with the UN global agenda



WHO European João Breda (left); food, agriculture and trade policy expert Corinna Hawkes (centre); and new FAO director Jose Graziano (at right)

So WHO Europe produced its own proposals to tackle the problems at a conference in Baku, Azerbaijan, in September 2011 (5) just before the UN New York high-level meeting. This now will need to be integrated with the next European action plan mentioned above, to be agreed in Vienna this July. The new proposals (6) have now been sent to all the 53 European ministries of health.

Last month, following the Tel Aviv WHO Europe meeting, we stayed on for a day. FAO had started discussions with ministers of agriculture from Europe so as to shape a new International Conference on Nutrition following that held in 1992. A series of presentations were made from the public health and agriculture directorates of the EC. Those from FAO emphasised the need of a global agenda for the second ICN. I was once again struck by how divorced agricultural priorities are from those of public health nutrition.

The UN agencies do and (I think) can link with each other in major policy terms, only at the very top level. This helps to explain why the UN System Standing Committee on Nutrition (the UN SCN) has always been at most a sideshow.

In the meeting, trade, agriculture and food expert Corinna Hawkes (centre, above), who has worked within WHO in Geneva and also for the International Food Policy Research Institute in Washington, vividly contradicted official statements. These are that economic priorities in agriculture do not have the effect of harming health. This is not the case. Nutrition is actually always being manipulated. The cheapest commodities are used as raw materials for the convenience products increasingly dominating what is on offer in supermarkets. Palm oil is often substituted for slightly more expensive plant oils thereby leading to increased saturated fat consumption. These changes have nothing to do with customer choice. It is the mass manufacturers, distributors, retailers and caterers that determine the composition of what we eat - the processed products

With the frenzy of general UN activity and the election of a new FAO director-general, Jose Graziano from Brazil (right, above), the international conference originally positioned as ICN+20 for this year, two decades after the original ICN, which was then delayed to this year as ICN+21, is now delayed again to November 2014 as ICN2.

In Tel Aviv we never got round to considering how to confront the colossal corporations that now effectively control the food system, regardless of public pressure or the pressing need to address obesity and chronic non-communicable disease. How a progressive agenda be shaped in time for ICN2?

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Status

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