

Childhood obesity: a priority area of the Maltese Presidency of the Council of the European Union

¹Charmaine Gauci MD, MSc, PhD, FRSPH, FFPH

²Antoinette Calleja PhD

¹Superintendent of Public Health, Coordinator of Presidency childhood obesity priority area.

²Director Department for Policy in Health International Affairs and Policy Development, Chairperson Presidency, Ministry for Health

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Abstract

The magnitude of childhood obesity has reached alarming levels. Approximately, 40% of the global population suffers from overweight or obesity. The EU Action Plan on Childhood Obesity 2014-2020 has an overarching goal to halt the rise in overweight and obesity in children and young people by 2020. Notwithstanding the various actions at both EU and national levels, the problem of overweight and obesity remains high. Urgent action needs to be stepped up. Towards this end the Maltese Presidency of the Council of the European Union placed childhood obesity as one of its priority areas. During its Presidency, a midterm evaluation on the EU Action Plan on Childhood Obesity 2014-2020 was carried out in order to derive with a status update on the extent of implementation by each Member State in the eight policy areas identified within the said Action Plan. The presidency output also focused on the development of food procurement guidelines in schools in order to facilitate the procurement of food for health. To this effect, the presidency produced a technical report elaborating on public procurement guidelines of food for health within school settings. This provides a useful tool for member states when issuing procurement tenders for food in schools. Progressive and targeted public procurement of food for health can reward food business operators who provide nutritionally balanced meals and food products, prompting innovation, food reformulation and social responsibility to achieve better diets and positively impact public health. In addition, with a view to stepping actions to end the childhood obesity epidemic health ministers adopted Council Conclusions on halting the rise in childhood overweight and obesity. The Council Conclusions call upon Member States to integrate in their national action plans and strategies cross-sectoral measures, enabling environments that encourage healthy diets and adequate health-enhancing physical activity amongst others.

The scale and consequences of childhood obesity demand bold and urgent actions. Collaborative actions between European Member States and intersectoral concerted actions at national level are required to tackle the burden of childhood obesity.

Educational aims

- The prevalence of obesity in Europe has more than tripled in many Member States since the 1980s, with consequent increase in the rate of associated non-communicable disease
- Notwithstanding the various actions at both EU and national levels, the problem of overweight and obesity remains high and urgent action needs to be stepped up
- The EU Action Plan on Childhood Obesity 2014-2020, provides a basis for Member States to develop their policies on tackling childhood obesity
- Progressive and targeted public procurement of food for health can reward food business operators who provide nutritionally balanced meals and food products, prompting innovation, food reformulation and social responsibility to achieve better diets and positively impact public health
- Collaborative actions between European Member States and actions at national level are required to tackle the burden of childhood obesity
- Actions to address the obesogenic environment, initiatives at critical points in the life-course and the treatment of children who are already obese are urgently needed. No single intervention can halt the rise of the ever increasing obesity epidemic

Introduction

The magnitude of childhood obesity at global, European and national levels has reached alarming levels. Approximately, 40% of the global population suffers from overweight or obesity.¹ According to the World Health Organisation (WHO) (2014) some 44 million (6.7%) of the world's under five years old are overweight or obese.² If current trends continue the number of overweight or obese infants and young children globally will increase to 70 million by 2025. According to estimates from the WHO's Childhood Obesity Surveillance Initiative, around 1 in 3 children in the EU aged 6-9 years old were overweight or obese in 2014.³

The prevalence of obesity in Europe has more than tripled in many Member States since the 1980s, with consequent increase in the rate of associated non-communicable disease (NCD). Non-communicable diseases kill 40 million people each year, equivalent to 70% of all deaths globally.⁴

According to estimates from the "Global Status Report on Non-Communicable Diseases 2010"⁵ around 2.8 million deaths per year in the EU are due to causes associated with overweight and obesity. Obesity is a major public health concern. It is a known fact that childhood obesity has physical and psychological health consequences that can lead to behavioural and emotional difficulties and reduce educational attainment.^{6,7} Childhood obesity is a strong predictor of adult obesity which in turn leads to various health, and socio-economic consequences.⁷ It causes a considerable economic burden on society through increased healthcare costs of treating associated diseases (direct costs) and costs associated with lost productivity due to absenteeism and premature death (indirect costs). At present, it is estimated that around 7% of national health budgets across the EU are spent on diseases linked to obesity each year. Substantial indirect costs are also incurred from lost productivity arising from work absences due to health problems and premature death.

Actions at European Level

The EU momentum for tackling the rising incidence of obesity was further increased with the 2003 Council conclusions on healthy lifestyles when the European Commission was invited to study ways to promote better nutrition and healthier lifestyles within the EU. This resulted in

the publication of the green paper on "Promoting healthy diets and physical activity - A European dimension for the prevention of overweight, obesity and chronic diseases"⁸ and the establishment of the European Platform for Action on Diet, Physical Activity and Health in 2005. The Strategy on Nutrition, Overweight and Obesity-related health issues⁹ was adopted in 2007 and evaluated in 2012. The evaluation among other things argued for the introduction of more intrusive measures to address the problem. The EU Action Plan on Childhood Obesity 2014-2020¹⁰ launched during the Hellenic EU presidency of the Council has an overarching goal to halt the rise in overweight and obesity in children and young people (0-18 years) by 2020.

To achieve this goal, the Plan sets out eight priority areas for various stakeholders in order to:

1. Support a healthy start in life
2. Promote healthier environments, especially in schools and pre-schools
3. Make the healthy option the easier option
4. Restrict marketing and advertising to children
5. Inform and empower families
6. Encourage physical activity
7. Monitor and evaluate
8. Increase research

In addition to the above, EU Member States actively participate and support WHO initiatives including the adoption of the Vienna Ministerial declaration on Nutrition and Non-communicable diseases (NCDs)¹¹ in the context of the Health 2020 and the adoption on the Food and Nutrition Action Plan for the European Region.¹²

Local situation

Overweight and obesity is a major public health challenge affecting Maltese schoolchildren across all ages. Over the past 10 years, Malta has been actively participating in the Childhood Obesity Surveillance Initiative (COSI) established by the WHO Regional Office for Europe. This involves the routine measurement of height and weight among primary school children aged 6-9 years generating data in overweight and obesity prevalence and trends whilst enabling inter-country comparisons across the European Region. On the basis of the last report (2017) an increasing trend in obesity in both boys and

girls has been depicted. However, the rate of increase in obesity for the period 2010 to 2013 was at a slower rate than for the period 2008 to 2010.¹³ There was declining trend in overweight rate for both boys and girls from 2010 to 2013. Looking at the total overweight and obese over same period, there was a declining trend for boys though constant for girls.

In the Health Behaviour school aged children study (HBSC), 2014¹³ Malta again ranked the highest who self-report on overweight and obesity - 32% and 38% of 11-year olds respectively; 33% and 36% of 13-year olds respectively and 26% and 43% of 15-year-old girls and boys respectively using WHO cut off values. This is above the HBSC average for all ages. When compared to 2010 rates, we have seen a decrease in rates for 11-year-old and 13-year-old boys but an increase for 15-year-old boys and for girls at all ages.

A nationwide study conducted during 2016 measuring all schoolchildren (age 4.7-17 years) showed that approximately 40% of school aged children are overweight or obese.¹⁴

Actions at Local Level

Malta launched its National Strategy for the Prevention and Control of NCDs¹⁵ in April 2010, the Healthy Weight for life Strategy in 2012¹⁶ and the Food and Nutrition Policy and Action Plan in 2014.¹⁷ These set a clear direction for intersectoral collaboration and an integrated whole of government and whole of society approach to tackle risk factors, prevention, reduce the chronic diseases burden, curb and reverse the growing population of overweight and obese children and adults. In February 2015, the Whole of School Approach to lifestyle: nutrition and physical activity^{18,19} was launched as a joint co-operation between health and education sectors.

Need for action

Notwithstanding the various actions at both EU and national levels, the problem of overweight and obesity remains high and urgent action needs to be stepped up. Towards this end the Maltese Presidency of the Council of the European Union has put childhood obesity as a priority area for its Presidency.

On the 22nd and 23rd February 2017, the Maltese Presidency brought together leading experts on childhood obesity, public health experts from across the EU, representatives

from the European Commission and WHO to jointly explore ways in halting the rise in childhood obesity. Towards this end the focus was on two main areas namely, evaluation of the mid-term EU action plan (2014-2020) on childhood obesity²⁰ and development of procurement guidelines for healthy food in schools.

Midterm evaluation of the European Union Action Plan on Childhood Obesity

The EU Action Plan on Childhood Obesity 2014-2020, provides a basis for Member States to develop their policies on tackling childhood obesity. Although defining national health policy remains within the exclusive competence of Member States, there is EU added value in joint voluntary collaboration in this respect. A case in point is the direct relevance of obesity and various factors that are linked to the internal market and which could be effectively addressed through EU Action.

DG SANTE in collaboration with the Maltese EU Presidency of the council subcontracted Ehort Consortium to carry out a midterm evaluation on the EU Action Plan on Childhood Obesity 2014-2020¹⁰ in order to derive with a status update on the extent of implementation by each Member State in the eight policy areas identified within the said Action Plan. According to this review, it transpires that the areas with most action by the majority of member states included actions, which support a healthy start in life, promoting healthier environments, and actions to encourage physical activity. New actions for curbing obesity by member states was identified in the area of food product improvement. On the other hand, fewer actions were observed in the areas concerning labelling and taxation, regulation of marketing, informing and empowering families.

Public Procurement of Food for Health: Technical report on the school setting

At an estimated €82 billion, the European social food service market is sizeable in both reach and force. Public procurement is a process by which public authorities purchase goods. Procurement of healthy food will benefit health in various ways. Progressive and targeted public procurement of food for health can reward food business operators who provide nutritionally balanced meals and food products, prompting innovation, food

reformulation and social responsibility to achieve better diets and positively impact public health.

In fact, success stories are already visible, with articles about the health benefits of better school food provision via procurement beginning to emerge in the scientific literature.²¹ Another favourable trend is that schools have been quick to apply the EU green public procurement criteria.²² The same forward-thinking and flexibility should be expected and promoted for public procurement of healthy food. While the EU legal framework offers substantial scope for health-sensitive public procurement of food, authorities face a number of challenges. In schools, a major obstacle is the translation of school food standards into adequate procurement technical language. In order to ensure the smooth implementation of public procurement of healthy food, it is important to set clear technical specifications on the foods and food services to be procured.

One of the deliverables steered by the Maltese Presidency of the Council of the EU was the production of a technical report elaborating on public procurement guidelines of food for health within school settings.²³ This report was compiled by representatives from the Maltese Presidency, DG SANTE and the Joint Research Centre with the support of Member States. The report includes specifications and other considerations for key food groups and nutrients as well as specifications regarding food preparation and the catering service in general. This report provides a strong justification for action and supports Member States in the real-life tasks necessary to effectively translate national school food policies into healthy school food environments. In doing so, it also raises awareness on the importance of promoting healthy diets for the benefit of children and schools, and for health systems and the economy. After all, schools are not just places to learn about mathematics, history, science and languages but also places where children should be given the opportunity to thrive by developing good eating and lifestyle habits that can last a lifetime.

Stepping up political action to end Childhood obesity

The need for stepping up actions to end the childhood obesity epidemic was further given high profile during the Maltese Presidency when two important related

documents were endorsed at the political level by health Ministers.

On the 16th of June, during the Employment, Social Policy, Health and Consumer Affairs (EPSCO) Council meeting health ministers adopted Conclusions on halting the rise in childhood overweight and obesity. The Council calls upon Member States to integrate in their national action plans and strategies cross-sectoral measures adopting a life course approach. It calls for policies that create enabling environments in educational settings for children and childcare centres to encourage healthy diets and adequate health-enhancing physical activity. Measures to promote physical activity in recreational facilities and accessible services for leisure time physical activity. The Council also calls for the reduction of advertisement and sponsorship of sugary and fatty foods which are targeted at children and adolescents.

On the 26-27 June health Ministers in the European Region of the World Health Organisation with populations of less than one million met in Malta to participate in the fourth high-level meeting of the small countries initiative. Ministers acknowledged that childhood obesity as an important public health challenge of the 21st century and have thus agreed to join forces to launch comprehensive initiatives to create conditions that foster health and well-being for all children. Towards this end, Ministers adopted the *Malta Statement on ending childhood obesity, promoting healthy weight and well-being throughout the life-course*. The Malta Statement was presented during the 67th WHO Regional Committee for Europe to be held in September 2017.

Conclusion

The scale and consequences of childhood obesity demand bold and urgent actions. Collaborative actions between European Member States and intersectoral concerted actions at national level are required to tackle the burden of childhood obesity. Actions addressing the multitude of influences surrounding our environment at the various critical points the life-course are needed. Indeed, no single intervention can halt the rise of the ever-increasing obesity epidemic.

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