

FOOD AND HEALTH IN EUROPE - SUSTAINABLE FOOD PRODUCTION AND CONSUMPTION

Aileen Robertson¹

Editorial

Food and nutrition policies that consider public health have always been needed; now more than ever health concerns should be made explicit within food policies. Consumers worry that economic concerns may overshadow their concerns about the social and cultural aspects of food, including public health.

It has been estimated that around one third of the risk of mortality and morbidity from cardiovascular diseases, some cancers and obesity can be attributed to diets low in vegetables and fruit and high in fats, sugar and salt. Therefore European citizens have an interest in supporting production of those foods which are essential for a nutritionally sound diet. Food producers, processors and retailers can profitably provide these healthy foods if assured a viable market. By helping to create this market the health sector has an opportunity to strengthen alliances with other sectors, such as agriculture and civil society.

A large part of the responsibility for ensuring that health is considered in all policies lies with the health sector. The Amsterdam Treaty (Article 152) stresses the need to ensure a high level of human health protection in the definition and implementation of all European Community (EC) policies and activities. However mechanisms must be created to facilitate the active participation of health professionals in EC policy development and implementation. While everybody agrees with the need for health care and treating diseases, health professionals must not forget that it would be much more effective to prevent disease in the first place. Therefore more resources are needed, especially for preventing noncommunicable diseases and for improving the understanding of health professionals regarding the relationship between health and nutrition.

This will become increasingly important as the food chain becomes longer and longer and more and more

complex. The introduction of pre-cooked foods, functional, novel and special dietary foods, supplements, aggressive marketing techniques and globalization will further complicate the citizens' ability to choose. The public's need for unbiased information will increase and health professionals are usually the most trusted source of unbiased information.

It is likely that more food safety regulations will be introduced, because of globalization, in an attempt to protect public health. However care must be taken that these regulations are not so rigid and complex that only the large multi-national industries can compete, resulting in the small and medium enterprises being forced to close. One new area for regulation in the future could include the aggressive marketing of foods high in fat, sugar and salt, especially to children. In many countries this is now actively being discussed and consumers in particular and nongovernmental organizations groups are lobbying governments to take tougher action regarding the marketing of unhealthy foods to children.

Regarding national dietary guidelines, it is difficult to see how these can be implemented without a corresponding European Union (EU) food and nutrition policy. Future EU agriculture policies must on the one hand ensure that methods of production do not lead to overproduction and, on the other, ensure the livelihood of rural Europe. In this field, the Slovenian Ministry of Health is a pioneer, and instigated one of the first health impact assessments to be carried out on agriculture policy. Questions such as how will rural people earn a living and what will happen to rural societies if EU methods of intensive agriculture production are adopted in Slovenia, are being discussed. Clearly concerns around social cohesion, culture, environment and public health must drive the European agriculture reform process towards sustainable rural development.

¹ Regional Adviser for Nutrition, WHO Regional Office for Europe, Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark

WHO has developed various tools to help health professionals participate in the development of food policy. For example the first Action Plan for Food and Nutrition Policy (1) in the WHO European Region was endorsed by all Ministries of Health in 2000. This policy is supported by the scientific evidence published in a new publication, *Food and health in Europe: a new basis for action* (2). In addition WHO headquarters published population dietary goals which, in Slovenia, means the population having to reduce its fat, sugar and salt intake and to increase its vegetable and fruit consumption. A new Global Strategy on Diet, Physical Activity and Health is being developed and this will be presented for endorsement by all WHO Member States at the World Health Assembly in May 2004. Only if public health

professionals become more informed about food and agriculture policy can it be ensured that nutritional health is one of the main policy drivers. Now is the time to insist on sustainable nutritional health through a sustainable food production policy for Europe.

References

1. WHO (2000) *First Action Plan for Food and Nutrition Policy, WHO European Region, 2000-2005*. WHO Regional Office for Europe, Copenhagen (<http://www.euro.who.int/Document/E72199.pdf>).
2. WHO (2004) *Food and Health in Europe: a new basis for action*. WHO Regional Office for Europe, Copenhagen (http://www.euro.who.int/eprise/main/who/InformationSources/Publications/Catalogue/20040130_8).

HRANA IN ZDRAVJE V EVROPI - TRAJNOSTNA PRIDELAVA IN PORABA HRANE

Aileen Robertson¹

Uvodnik

Vedno smo potrebovali prehransko politiko, ki je upoštevala potrebe javnega zdravja, vendar pa mora biti skrb za zdravje danes bolj kot kdaj koli doslej glavno vodilo te politike. Potrošnike skrbi, da bodo gospodarski interesi zasenčili njihovo zavzemanje za družbene in kulturne vidike prehrane ter javno zdravje.

Ocenjujejo, da je prehrana, ki vsebuje malo zelenjave in sadja, a je bogata z maščobami, sladkorjem in soljo, v tretjini primerov povezana s tveganjem za nastanek srčno-žilnih bolezni, nekaterih vrst raka in debelosti in s tveganjem za smrtnost zaradi teh bolezni. Prebivalci Evrope se zato zavzemajo za pridelavo živil, ki so nujna za uravnoteženo zdravo prehrano. Proizvajalci in predelovalci hrane ter trgovci bi lahko z dobičkom zagotavljali zdravo hrano, če bi imeli zanjo ustrezen trg. Zdravstvo ima priložnost, da se tesneje poveže z drugimi sektorji, npr. s kmetijstvom in civilno družbo, če pomaga oblikovati ta trg.

Zdravstvo je v veliki meri odgovorno za vključevanje zdravja prebivalcev v vse vrste politik. Amsterdamski dogovor v svojem 152. členu poudarja, da je varovanje zdravja prebivalstva pomemben dejavnik, ki ga je treba upoštevati pri oblikovanju in izvajanju vseh politik in dejavnosti Evropske skupnosti. V ta namen je treba oblikovati mehanizme, ki bodo pospešili vključevanje zdravstvenih delavcev v razvoj in izvajanje politike Evropske skupnosti. Dandanes je vsesplošno priznana potreba po zdravstvenem varstvu in zdravljenju bolezni, vendar pa zdravstveni delavci ne bi smeli pozabiti, da je preprečevanje bolezni mnogo bolj učinkovit ukrep. Potrebni bi bilo več denarnih sredstev, ki bi jih namenili predvsem preprečevanju nalezljivih bolezni in ozaveščanju zdravstvenih delavcev o vplivu hrane na zdravje.

Z daljšanjem prehranske verige, ki postaja tudi vedno bolj zapletena, bo to vprašanje še pridobilo na pomenu. Zaradi uvajanja industrijsko pripravljene in funkcionalne hrane, najnovejših dietnih prehranskih izdelkov in

dopolnil ter zaradi agresivnih marketinških potez in globalizacije se bo potrošnik v prihodnje še težje odločal. Povečala se bo potreba prebivalcev po objektivni obveščenosti; zdravstveni delavci pa veljajo za najzanesljivejši vir nepristranskih informacij.

Verjetno se bo povečevalo število predpisov za zagotavljanje varne hrane, s katerimi naj bi še bolj zaščitili zdravje prebivalcev v obdobju globalizacije. Paziti pa bo treba, da ti predpisi zaradi prevelike togosti in zapletenosti ne bi omogočali konkurenčnosti le večnacionalnim podjetjem, manjša in srednja podjetja pa bi zaradi njih propadla. Agresivno reklamiranje mastnih, sladkih in slanih živil, namenjenih predvsem otrokom, je nedvomno področje, ki bi se ga lahko v prihodnje lotila prehranska zakonodaja. V mnogih državah že potekajo živahne razprave o tem vprašanju. Z lobiranjem v vladnih krogih skušajo potrošniki in nevladne organizacije doseči strožje ukrepanje ob reklamiranju nezdrave hrane za otroke.

Nacionalne prehranske usmeritve pa se bodo težko uveljavile brez podpore ustrezne prehranske politike Evropske unije (EU). Kmetijska politika EU bo morala poskrbeti za to, da novi načini proizvodnje ne bi pripeljali do proizvodnih presežkov, po drugi strani pa mora zagotoviti preživetje pridelovalcev v Evropi. Slovensko ministrstvo za zdravje je kot pionir na tem področju dalo pobudo za prvo ocenjevanje vplivov kmetijske politike na zdravje. Razpravljajo o tem, kako se bo preživljalo kmečko prebivalstvo in kakšna bo njegova prihodnost, če bodo v Sloveniji sprejeli metode EU za intenzivno kmetijsko proizvodnjo. V skrbi za nacionalno enotnost, kulturo, okolje in javno zdravje se mora proces evropske poljedelske reforme usmeriti k trajnostnemu razvoju kmetijstva.

Svetovna zdravstvena organizacija je oblikovala več orodij za pomoč zdravstvenim delavcem pri vključevanju v načrtovanje prehranske politike. Tako so prvi akcijski načrt za prehransko politiko (1) v

¹ Regionalna svetovalka za prehrano, Regionalni urad SZO za Evropo, Scherfigsvej 8, DK-2100 Copenhagen Ø, Danska

Evropski regiji SZO leta 2000 podprla vsa ministrstva za zdravstvo. Ta prehranska politika temelji na znanstvenih izsledkih, objavljenih v novi publikaciji *Hrana in zdravje v Evropi: nova osnova za akcijo (2)*. Na sedežu SZO so objavili tudi smernice za prehrano prebivalstva. Prebivalci Slovenije naj bi v skladu s temi cilji zmanjšali količino zaužitih maščob, sladkorja in soli ter hkrati povečali količino sadja in zelenjave v svoji prehrani. V pripravi je tudi nova globalna strategija za prehrano, telesno dejavnost in zdravje, ki jo bodo dobile v obravnavo in sprejem države članice SZO maja 2004, ko se bodo sestale na svetovni zdravstveni skupščini. Da bi zdrava prehrana lahko postala eno glavnih gibal politike, je nujna boljša obveščenost

zdravstvenih delavcev o pomenu hrane in o kmetijski politiki. Čas je, da s trajnostno pridelovalno politiko zagotovimo trajnostno zdravo prehranjevanje prebivalstva.

Literatura

1. WHO (2000) *First Action Plan for Food and Nutrition Policy, WHO European Region, 2000-2005*. WHO Regional Office for Europe, Copenhagen (<http://www.euro.who.int/Document/E72199.pdf>).
2. WHO (2004) *Food and Health in Europe: a new basis for action*. WHO Regional Office for Europe, Copenhagen (http://www.euro.who.int/eprise/main/who/InformationSources/Publications/Catalogue/20040130_8).