

How can the EU agri-food promotion policy support the shift to more plant-based, healthy dietary practices, in the context of the beating cancer plan?

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Top 10 risk factors attributed to death and causes of death in the EU in 2019

European Union Both sexes, All ages, Deaths per 100,000

2019 rank



1 Ischemic heart disease
2 Ischemic stroke
3 Lung cancer
4 Alzheimer's disease
5 COPD
6 Colorectal cancer
7 Lower respiratory infect
8 Hypertensive heart disease
9 Intracerebral hem
10 Breast cancer

Communicable, maternal, neonatal, and nutritional diseases

Non-communicable diseases Injuries 2 Smoking
3 High fasting plasma glucose
4 High body-mass index
5 High LDL cholesterol
6 Alcohol use
7 Kidney dysfunction
8 Low temperature
9 Diet low in whole grains

10 Ambient particulate matter pollution

1 High systolic blood pressure

Metabolic risks

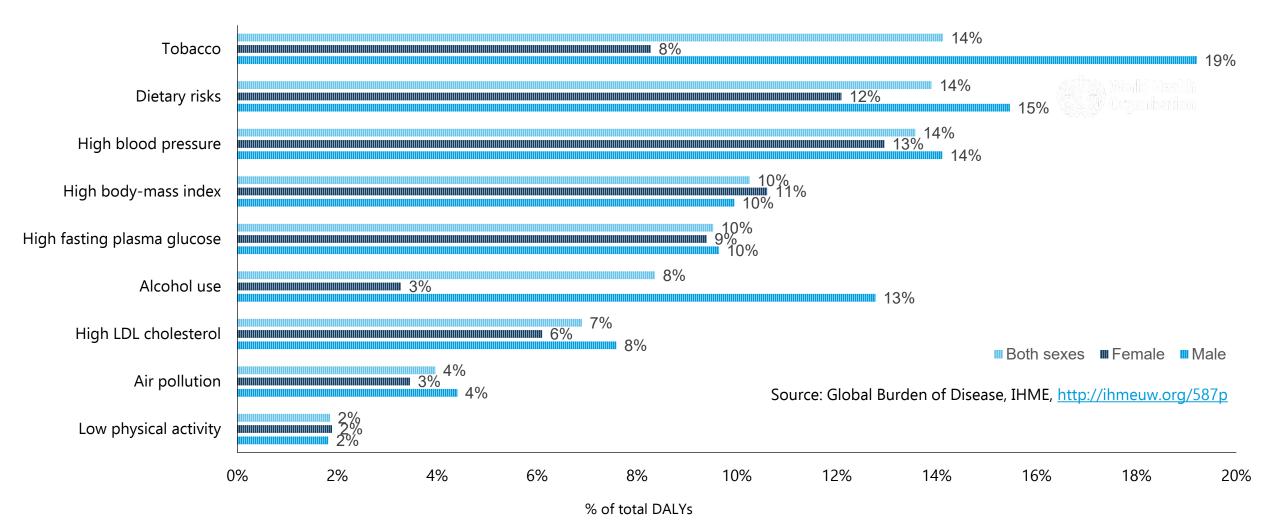
Environmental/occupational risks

Behavioral risks

Source: http://www.healthdata.org/gbd/

Burden of disease in the WHO European Region attributable to selected risk factors, 2017





Healthy and Sustainable Food Systems



Opinion Piece | Open Access | Published: 23 July 2020

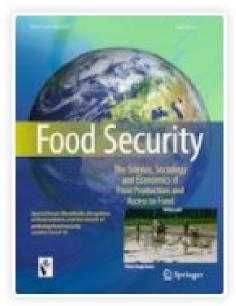
Disrupted food systems in the WHO European region – a threat or opportunity for healthy and sustainable food and nutrition?



Holly L. Rippin, Kremlin Wickramasinghe ™, Afton Halloran, Stephen Whiting, Julianne Williams, Kathrin Hetz, Adriana Pinedo & João J. Breda

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814 Accesses | 14 Altmetric | Metrics





Healthy and Sustainable Food Systems

We want to strengthen the capacities of countries to respond to immediate and long-term health and environmental challenges



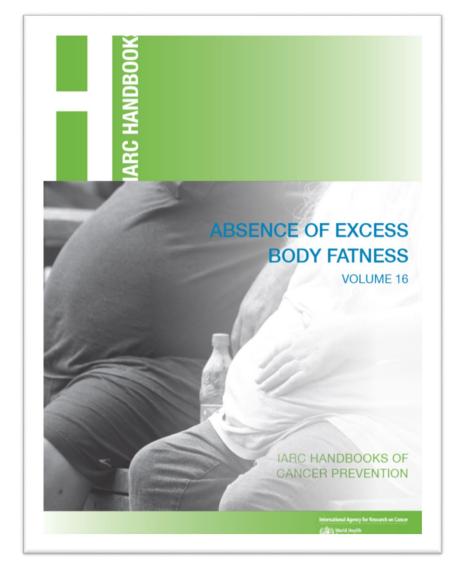
Plant-based Diets

- 1) Systematic review
- adequacy of vegan diets.
- 2) Review of plant-based substitutions.
- 3) Investigation into ultra-processed plant-based foods (vegan burgers).
 - Supermarket data.
 - -Out of home sector.
- . **Potential:** expansion into all food categories and all countries



Body fatness and Cancer

Confirmed 6 cancers & added 8 more





The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL REPORT

Body Fatness and Cancer — Viewpoint of the IARC Working Group

Béatrice Lauby-Secretan, Ph.D., Chiara Scoccianti, Ph.D., Dana Loomis, Ph.D., Yann Grosse, Ph.D., Franca Bianchini, Ph.D., and Kurt Straif, M.P.H., M.D., Ph.D., for the International Agency for Research on Cancer Handbook Working Group

In April 2016, the International Agency for Re- worldwide were caused by overweight and obesity; search on Cancer (IARC), based in Lyon, France, on the basis of recent estimates, the obesity-related convened a working group to reassess the preventive effects of weight control on cancer risk. burden among women in North America, Europe, (The members of the working group for volume and the Middle East.4 Body fatness and weight 16 of the IARC Handbooks are listed at the end gain throughout the life course are largely deterof the article; affiliations are provided in the mined by modifiable risk factors, such as excess Supplementary Appendix, available with the full energy intake (food and drink) and (to a lesser text of this article at NEJM.org.) Overweight and extent) physical inactivity, which are the main obesity are the abnormal or excessive accumula- drivers of the obesity epidemic. In 2002, the prevition of body fat that present a risk to health. The ous IARC working group concluded that there body-mass index (BMI, the weight in kilograms was sufficient evidence for a cancer-preventive divided by the square of the height in meters) is effect of avoidance of weight gain for cancers of a good proxy for assessing overall body fatness. the colon, esophagus (adenocarcinoma), kidney Among adults, overweight is defined as a BMI of (renal-cell), breast (postmenopausal), and corpus 25.0 to 29.9 and obesity as a BMI of 30 or more.1 uteri.5 Obesity can further be divided into class 1 (BMI, 30.0 to 34.9), class 2 (BMI, 35.0 to 39.9), and class 3 (BMI, ≥40.0) (Table 1).

Worldwide, an estimated 640 million adults For the current reassessment, most of the more in 2014 (an increase by a factor of 6 since 1975) than 1000 epidemiologic studies that we reand 110 million children and adolescents in 2013 viewed were observational studies on cancer risk (an increase by a factor of 2 since 1980) were and excess body fatness, because studies, includobese. The estimated age-standardized prevalence ing clinical trials, of weight-loss or weight-conof obesity in 2014 was 10.8% among men, 14.9% trol interventions were sparse. Consequently, the among women,² and 5.0% among children,³ and evaluations were based on increased risks assoglobally more people are overweight or obese than ciated with excess body fatness rather than re-

Class	Body-Mass Index
Overweight	25.0-29.9
Obesity	
Class 1	30.0-34.9
Class 2	35.0-39.9
Class 3	≥40.0

EPIDEMIOLOGIC STUDIES

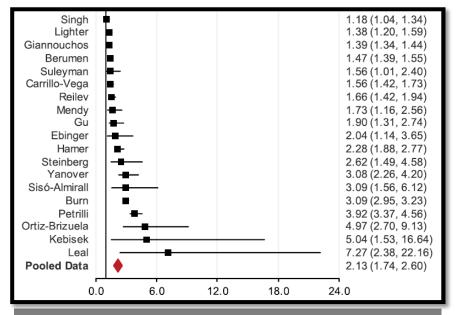
duced risks associated with preventive interven-In 2013, an estimated 4.5 million deaths tions. Most studies provided risk estimates for adult BMI, whereas some provided estimates for BMI or body shape in childhood or adolescence, changes in BMI or weight over time, or other indicators of adiposity, such as waist circumference. When adequate meta-analyses of observational studies were available, we also took relative-risk estimates into account. Most relative risks are provided relative to a BMI of 18.5 to 24.9.

On the basis of these data, we termed the attribute "excess body fatness" and reaffirmed that

N ENGL J MED 3758 NEJM.ORG AUGUST 25, 2016

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Popkin et al. 2020



Individuals with obesity have twice the risk of hospitalization with COVID-19





Obesity and COVID-19: data usage to inform policies

Virtual expert meeting - 22 October 2020

Covid-19 pandemic has made more difficult to implement WHO recommendations



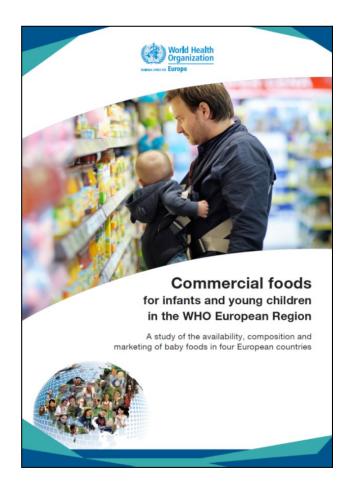


- Reduced access to fresh food
- Reduced mobility
- Increased screen time
- Reduced access to antenatal care
- Messages discouraging breastfeeding
- Increased promotion of breastmilk substitutes
- Disruption of school feeding programs
- Reduced access to counselling services





Commercial baby foods

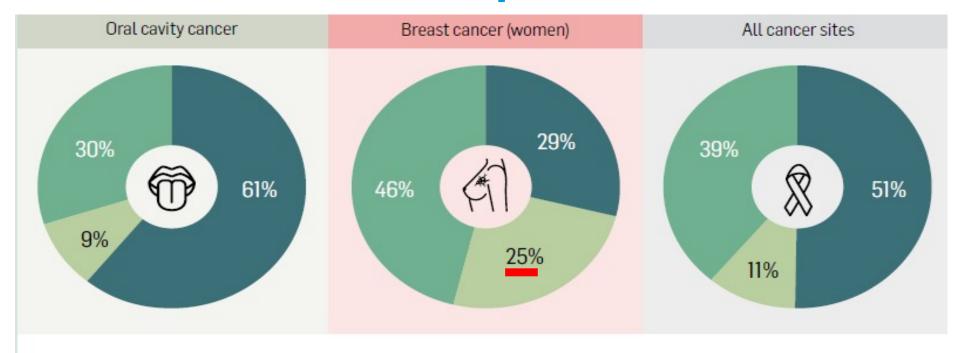






No safe level of consumption







Moderate drinking:

a maximum of two drinks, or 20 g of pure alcohol, per day



Risky drinking:

3–6 drinks, or a maximum of 60 g of pure alcohol, per day



Heavy drinking:

six drinks, or 60 g of pure alcohol, or more per day

Recommendations



- Maintenance of a healthy weight
- Avoid processed meat
 - Carcinogenic
 - Contain high amounts of calories, saturated fat and salt → obesity, CVD, other diseases



- Include valuable nutrients (proteins, iron)
- In high amounts → possibly carcinogenic, high saturated fat intake
- Whole grains in preference to processed (refined) grains
- Eat plenty of fresh fruits and vegetables
 - They help to maintain a healthy weight and contain nutrients that prevent cancer and other diseases
- Limit salt and sugar
- Avoid alcohol





COVID19 & Increased food insecurity



- disruptions along food supply chains that complicate the transportation of food to markets
- restrictions of movement that impact the access to markets by consumers
- price increases in particular in import-dependent countries
- loss of jobs and incomes
- interruption or lack of social protection mechanisms
- Affected production and transportation of high-value, labour intensive, perishable and nutritious foods, such as fruits and vegetables, meat, milk and other dairy products
- school closures leading to missed meals and nutrition education





Article

Use of Online Food Delivery Services to Order Food Prepared Away-From-Home and Associated Sociodemographic Characteristics: A Cross-Sectional, Multi-Country Analysis

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Abstract: Online food delivery services like Just Eat and Grubhub facilitate online ordering and home delivery of food prepared away-from-home. It is poorly understood how these services are used and by whom. This study investigated the prevalence of online food delivery service use and sociodemographic characteristics of customers, in and across Australia, Canada, Mexico, the UK, and the USA. We analyzed online survey data (n = 19,378) from the International Food Policy Study, conducted in 2018. We identified respondents who reported any online food delivery service use in the past 7 days and calculated the frequency of use and number of meals ordered. We investigated whether odds of any online food delivery service use in the past 7 days differed by sociodemographic characteristics using adjusted logistic regression. Overall, 15% of respondents (n = 2929) reported



Rapid expansion of online food delivery

- Out of home food sector
- Nutrition information
- Portion sizes

Healthy Cities Improve Access to Affordable and Healthy Foods

- Cities need to explore which regulatory powers lie in local planning laws and which lie with national government
- Areas to address:
 - Affordability of fruit and vegetables
 - Density of fast food outlets in poor areas and around schools
 - Advertising of unhealthy foods













Thank you!

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