



REGIONAL GUIDE

EURO: EUROPEAN REGION



2019 AMWHO AT UNC REGIONAL CONFERENCE

SUMMARY

The World Health Organization's European Region (EURO) is comprised of 53 countries stretching from Greenland to the Russian Federation and from the Mediterranean to the Baltic Sea. It's geographical variation comes with an incredibly diverse set of peoples and health situations. There have been significant developments over the last few years, one of which is overall life expectancy increasing by five years. However, not all gains have been made equally and many inequities still exist.

In the 1950s, as Europe was recovering from World War II, food policies were created to establish secure and adequate supplies of food for populations. In particular, the European Region relied heavily on exports to provide people with basic nutrition requirements. However by the mid 1970s, strong national measures in support of domestic agriculture were established in both western and eastern European countries. By the 1980s, policies in domestic agriculture Europe had become extremely successful, as Europe was overproducing food.² However, this overproduction did not necessarily signify equal distribution. In particular, political changes in Eastern Europe created food supply and distribution disparities among populations. With national efforts, food distribution and quantity increased in the 1990s. New concerns including nutrition-related illnesses began to rise across the region, including foodborne infectious disease and malnutrition.¹



The financial, social, and health impacts of these nutrition-related diseases as well as their corresponding costs and burdens had become apparent. Health policy-makers in the European Region began to explore proactive measures to these problems, such as improving diet to tackle cardiovascular disease. The relationship between food and disease was further examined, and a wide range of topics from sustainable agriculture to food retailing and transport were all found to be linked to nutrition and food safety.

The patterns of food production, food safety, and diet vary widely between the Nordic, central and Mediterranean countries in the European Union (EU), among countries of central and eastern Europe (CCEE), and newly independent states such as the former USSR.² In addition, agricultural policies, food consumption, and dietary disease patterns differ between nations. It is imperative that delegates representing the EURO region work together to create policy that consider the differences and diversity among the countries to work towards a comprehensive goal. With this in mind, the European Region has chosen to focus on the globalization of food, sustainable food systems, and food related illnesses within this guide. Through addressing the theme of the Global Food Predicament, it is up to our delegates to use the following guidelines and case studies as a basis for new policies.



GLOBALIZATION OF FOOD

Globalization of food is an especially prominent phenomenon in the European region. Over the years, immigration and cultural influences have reshaped the culture of the region by bringing flavors from various corners of the world to the European population. The European culinary landscape is characterized by a variety of cuisines including French, Italian, Polish, Belgian, Greek, Mediterranean, and more. Wheat-flour bread, pasta, meat, and dairy comprise most of the staple foods of the European region, though types of foods vary significantly when examining the different regions of Europe and individual countries.

The impacts of globalization on the culinary landscape is best exemplified in France, where fast food has infiltrated the culinary scene. Restaurants such as McDonald's, KFC, and new French fast-food restaurants have taken negative tolls on the health of the population, raising incidences of type 2 diabetes and heart disease. In particular, between 2010 and 2015, the prevalence of type 2 diabetes has risen by 2.1%. In addition to consumption, other effects of globalization have altered the very ways in which the French eat. For example, changes in business practices leading to longer hours have shortened the length of the average French meal, leading to more informal styles of eating. In response to these changes in both meal practices and diet, France instituted the French National Nutrition and Health Program to encourage healthy eating and exercise (Programme National Nutrition Santé) which started in 2011 and ended in 2015. Globalization of food has primarily led to the growth of fast food chains in France, leading to adverse health outcomes and changes in eating patterns. However, national programs have been implemented to counteract these changes.

Conversely, in 2014, Spain spent only 1.98 billion on fast food, making it one of the lowest fast-food-consuming industrialized country. The Mediterranean diet is the basis of Spain's culinary landscape and is comprised mainly of ingredients such as olive oil, fruit, vegetables, pulses, dried fruit and nuts, and dairy products. However, according to the FAO, a "nutritional transition" is leading to a decline in adherence to this diet that has implications on Spain's health and cultural heritage. Spain has largely been able to resist massive changes in population health, largely because of the cultural preference to eat a proper meal rather than a convenient one. In Spain, lunch is considered the most important meal and many workers go home to eat during a long midday break, emphasizing the importance of a good meal. However, Spain's resistance to the fast food industry is not long lasting as country expenditure on fast food is expected to reach 2.9 billion in 2019. Spain saw a 3.3% drop in the consumption of fresh foods in 2014 as Spanish diets are shifting to include more meat and milk. Spain adopted the Spanish strategy for nutrition, physical activity and prevention of obesity in 2005, but must deal with the effect on the culture and health of individuals of the influx of fast food.

The globalization of food brings in tastes from around the world but has also led to the proliferation of fast food restaurants in many European countries including France and Spain, altering the cultures surrounding food in



SUSTAINABLE FOOD SYSTEMS

Europe's food supply chain. 17% of Europe's gross energy consumption in 2013 was comprised of energy necessary to cultivate, process, pack, and bring food to tables. Europe currently faces many challenges related to reducing the environmental impacts of the food system. While current policies focus on improving resource efficiency, more needs to be done in order to meet sustainability goals. Major points in the food production system that use resources include agricultural production, processing and packaging, distribution and retail, preparation and consumption, and waste management.

One example of the growth of sustainable farming in the European region is present in the Netherlands. Despite its size, the Netherlands is the world's number two exporter of food by value. Their high agricultural output is made possible by their advanced sustainable agricultural systems. From 2003 to 2014, Dutch farms have reduced their use of energy by 6%, pesticides by 9%, and fertilizer by 29% while increasing vegetable production by 28% (insert citation). Dutch farms utilize several sustainable methods of farming such as climate-controlled farms, geothermal energy, biological pest control, and genetically modified organisms. While similar high-technology infrastructure cannot be replicated in other countries, alternatives including inexpensive plastic greenhouses have been implemented in Mozambique, Bangladesh, and Nicaragua.

The Netherlands serve as a peak example of maximizing agricultural sustainability. However, the Netherlands has some advantages, including geothermal energy sources, that are not found in other countries. Developing countries and countries with well-established existing agricultural infrastructure may find it difficult to implement major technological changes, but may find some of the examples used in the Netherlands to be guiding examples. Additionally, the widespread use of this technology can be accomplished through the implementation of policy and the allocation of funding.



FOOD-RELATED ILLNESSES

Food related illnesses are a rapidly growing health concern in Europe, with poor nutrition being a prominent contributing factor of both foodborne illness and malnutrition in the EURO region. In particular, cardiovascular disease (CVD) and coronary heart disease (CHD) account for more than four million deaths across Europe each year. Because of the diversity across the region, disease prevalence also differs within countries, as countries in the CCEE experience twice as much CHD as countries in the EU do.³ Furthermore, with low socioeconomic status being a contributor to disease and poor nutrition, the burden of foodborne illnesses is especially prevalent in the CCEE. These illnesses are particularly harmful for infants, children, and the elderly, as they constantly face threats of foodborne illness and some of their long-term consequences of kidney failure and nervous system disorders. Although both foodborne illness and malnutrition are food related illnesses that countries have to tackle, overnutrition is a rising disease burden in European countries.¹⁶

Currently, leaders are more responsive to outbreaks of foodborne disease, with governments establishing region-wide agencies such as the European Food Safety Authority (EFSA). The EFSA is responsible for providing independent scientific advice and communicates risks associated with the food processing chain. With more than twenty million cases annually, salmonellosis and diarrheal diseases such as norovirus and campylobacteriosis are some of the most common foodborne illnesses in the region.³ In addition, of particular concern in the Mediterranean Sea is brucellosis, an illness that is spread from animals to humans. To tackle these foodborne illnesses, regulation of food products should be reinforced and stringent. In addition, education and awareness about the safe handling of food should be dispersed among the population. In addition, efforts to target vulnerable populations more prone to foodborne illnesses should be implemented. However, while foodborne diseases are of large concern, nutrition-related illnesses are becoming a looming threat for the European region.³



FOOD-RELATED ILLNESSES

In 2002, WHO committed itself to developing a global strategy on diet, physical activity, and health in an effort to reduce and control non-communicable disease. The WHO encouraged member states to develop plans of action to address nutrition and physical activity. Their strategies on diet were to involve all sectors of society, ranging from civil society to the food industry.² National policies addressed two main areas: nutrition and food safety. The nutrition branch of the strategy focused to prevent nutrition deficiencies and chronic diseases. This strategy specifically targeted vulnerable populations. The food safety branch aimed to prevent both chemical and biology contamination at all stages of the food chain.²

The European Region has the highest burden of NCDs worldwide. One of the most worrying conditions is obesity, especially because it dramatically increases the risks for other NCDs such as cardiovascular disease (CVD), cancer, and diabetes. This trend is particularly concerning when it comes to children. Some countries report that up to a third of 11-year-olds are overweight.¹⁶ This is why the Sustainable Development Goals (SDG) are so important, one of which is to reduce premature mortality from NCDs by one third through prevention and treatment. The European Food and Nutrition Action Plan 2015-2020 aims to reduce the burden of preventable diet-related NCDs and obesity through a comprehensive governmental approach. Through partnerships with member states, important reductions in childhood obesity will occur. This work will also contribute to attaining another SDG - to end all forms of malnutrition by 2030.³

In Romania, CVD is one of the most prevalent causes of death. While the obesity rate of 9.1% is the lowest among countries in the EU, the obesity rate in Romanian adolescents has more than doubled in the last decade, increasing from 7% to 16%. This rapid increase in child obesity is a public health emergency, as obesity in adolescence generally translates to obesity in adulthood. One of the main contributing factors to child obesity is the Romanian diet, consisting largely of animal fats and foods with high sugar and salt content. To reduce the prevalence of obesity in Romania, government-initiated policies targeting education in schools could decrease rates of obesity in younger populations.¹⁷

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