



**WHO Ministerial Conference on Nutrition and Noncommunicable
Diseases in the Context of Health 2020**
Vienna
4–5 July 2013

5 July 2013

Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020

1. We, the Ministers of Health and representatives of the Member States of the World Health Organization in the European Region, together with the WHO Regional Director for Europe and health experts and representatives of civil society and intergovernmental organizations, have gathered in Vienna, Austria, on 4 and 5 July 2013 to face the challenges posed by the burden and threat of noncommunicable diseases (NCDs) and reaffirm our commitment to existing European and global frameworks to address important NCD risk factors, notably unhealthy diet and physical inactivity.
2. We confirm our commitment to relevant United Nations-led global processes following from the United Nations Political Declaration on the Prevention and Control of Noncommunicable Diseases 2011, in particular, the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020, endorsed by the 66th World Health Assembly, and the 8th WHO Global Conference on Health Promotion in Helsinki.
3. We recognize that a healthy diet can contribute to achieving the global targets on NCDs adopted by the 66th World Health Assembly, including achieving a 25% relative reduction in premature mortality from NCDs by 2025. Focused common action to support better nutrition will assist us in our efforts to achieve this voluntary global target. We acknowledge the importance of multisectoral action and health systems' capacity, universal health coverage and science-based methods in preventing and treating NCDs within comprehensive and integrated national strategies.
4. We acknowledge the high, and still increasing, burden of disease caused by unhealthy dietary and lifestyle patterns in many countries of the Region; in particular, we are concerned about the rapid rise of overweight and obesity, especially in children. We recognize its negative impact on the quality of life and well-being of the individual and of society as a whole and the high burden it puts on health systems and the economy. We believe it is timely to revisit, revitalize and strengthen the European Charter on Counteracting Obesity – the Istanbul Charter, especially in the field of nutrition.
5. Building on the new European policy framework Health 2020, we agree to facilitate decisive action to prevent and tackle overweight, obesity and undernutrition. This includes supporting food systems that encourage healthy eating and are sustainable and ensure equity. Investing in diet-related NCD prevention and control will support a country's human capital and its economy. This requires the widespread and active engagement of all relevant sectors and players and their engagement in whole-of-government, whole-of-society and health-in-all-policies approaches is crucial. Policy options for governments to consider include production, consumption, marketing, availability, access, economic measures and education-based interventions, taking into account the cultural dimensions of nutrition.
6. We are committed to addressing inequities in health and diet. Access to healthy and affordable diet is an integral part of the effort to tackle social inequalities. Supporting the most vulnerable groups in order for all citizens in the WHO European Region to attain the important and affordable benefits of a healthy diet and active life at a time of limited resources is an ethical imperative. Increasing the

availability and affordability of healthy diets for all population groups will require us to address gaps in food system governance in Europe.

7. We will contribute significantly to the reduction of NCDs by addressing priority concerns such as excessive intake of energy, saturated fats and *trans* fats, free sugars and salt, as well as low consumption of vegetables and fruit. These are important risk factors for obesity and diet-related NCDs.

8. We urge the WHO Regional Committee for Europe to mandate the development of a new food and nutrition action plan.

9. We urge the WHO Regional Committee for Europe to mandate the development of a physical activity strategy, alongside the new food and nutrition action plan.

10. We will work on ensuring that healthy options are accessible, affordable and attractive. We concluded that there is no blueprint or “one size fits all” solution, but that evidence points clearly in the direction of creating conditions that make the healthy choice the easiest choice. Policies must rely on best available evidence translated into common practice. They will be most effective when used in the context of overarching health promotion strategies.

11. With this in mind, we will intensify our political and strategic efforts in the context of Health 2020, in the following priority areas, to take us towards a sustainable and healthy life. Due consideration should be given to options appropriate to the different national contexts, and maintaining an appropriate balance between increasing public awareness and facilitating healthy choices.

12. Create healthy food and drink environments and encourage physical activity for all population groups by:

- taking decisive action to reduce food marketing pressure to children with regard to foods high in energy, saturated fats, *trans* fatty acids, free sugars or salt, implement common approaches to promote product reformulation, consumer-friendly labelling and nutrient profiling tools which facilitate a healthy choice;
- considering, according to national context, the use of economic tools and incentives to promote healthy eating;
- engaging in intersectoral collaboration to facilitate healthier food choices by taking into account socioeconomic inequality in settings such as schools, kindergartens, nurseries, hospitals and workplaces, for example, school fruit/meal schemes; and
- implementing effective programmes at various levels of administration, with a focus on communities and the role of local governments, to promote healthy diets, encourage physical activity and prevent childhood obesity.

13. Promote the health gains of a healthy diet throughout the life-course, especially for the most vulnerable by:

- investing in nutrition from the first stages of life, starting from before and during pregnancy, protecting, promoting and supporting of adequate breastfeeding, providing appropriate complementary feeding, followed by healthy eating in the family and school environments during childhood and adolescence;
- improving the ability of the citizen to make informed choices, taking into account different population groups (age, gender, education) through encouraging reliable consumer information, improving food and health literacy and strengthening consumer rights;
- encouraging the use of social media and new techniques to promote healthy food choices and healthier lifestyles, particularly among children and adolescents; and
- developing approaches to address the special nutrition needs of the aged population.

14. Reinforce health systems to promote health and to provide services for NCDs by:
 - scaling up healthy eating and physical activity schemes in people-centred primary health care and ensuring an appropriate continuum of nutrition and physical activity ranging from health promotion to prevention and care throughout the life-course;
 - ensuring universal health coverage for the core avoidable, preventable and treatable diet-related NCDs;
 - ensuring appropriate human resources to provide evidence-informed nutrition interventions, including counselling and care, as well as technologies compatible with a people-centred health system based on strong primary health care; and
 - setting up nutritional assessment and intervention procedures in the most relevant settings for different age groups, especially the aged.
15. Support surveillance, monitoring, evaluation and research of the population's nutritional status and behaviours by:
 - consolidating, fine-tuning and scaling up existing national and international monitoring and surveillance systems, and ensuring the transparency and accessibility of data to promote new research and better returns on investments, including identifying and sharing existing intersectoral health and consumer data;
 - supporting nutrition and health surveillance systems for different population groups which have the capacity to disaggregate by socioeconomic indicators and gender and ensure nutritional risk screening procedures; and
 - monitoring and evaluating nutrition interventions, diet-related activities and policies in different socio-economic and socio-demographic population groups in order to identify effectiveness and disseminate good practice.
16. Strengthen governance, alliances and networks and empower communities to engage in health promotion and prevention efforts by:
 - strengthening coordinated actions between different administrative levels, encouraging and support local actions such as food councils and community coalitions and work with regional and local producers, including recovering traditional diets when and where appropriate;
 - strengthening multistakeholder action at local and regional levels such as developed in the Healthy Cities, Health Promoting Schools and other initiatives; and
 - strengthening networks of countries committed to implementing specific action such as the Action Network on Salt Reduction and the Action Network on Reducing Marketing of Foods to Children.
17. The Vienna Ministerial Conference has been an outstanding setting for sharing experiences and success stories in the development, implementation and evaluation of nutrition, physical activity, obesity- and other diet-related NCD policies in Member States.
18. We declare our commitment to health promotion and NCD prevention in line with this Declaration and to raise the priority accorded to this issue on the political agenda of our governments at all levels. We also recognize the leadership on this issue provided by WHO at all levels, including the WHO Regional Office for Europe.

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