

## **Summary of session 2: Healthy Choices**

We have had a particularly lively discussion on prevention policies. And rightly so. Our colleague from the US put our challenge in the most serious way -- and there is a risk that this generation of Americans may be the first with a shorter life expectancy than their parents. That is a terrible thought, and given the trends in obesity that we have seen in other countries, health ministers in these countries may be having similar challenges soon.

Much of our discussion has focused on obesity. Obesity has reached epidemic proportions: across OECD countries, one in 2 adults is currently overweight and 1 in 6 is obese! Child obesity rates are of special concern: over 1 child in 3 in the United States is obese or overweight, and 3 in 10 children in Mexico. But we have also heard about a rise in obesity everywhere, including countries where this has not previously been a major concern -- Indonesia and Japan, for example. These trends will challenge the health achievements we made in the past, and will drive up costs in the future. OECD countries have implemented promising national strategies that focus on appropriate diet, physical activity and non-smoking. Some of us have National Obesity Plans to sensitise the population via, for example, health promotion campaigns. In Mexico, regulation for food and beverages sold at schools was negotiated using evidence of economic impact. The importance of counseling in primary care is another effective strategy. Finland has started to use taxation as a way of influencing choices.

Japan mentioned the importance of mobilising employers to address the health issues of their employees. Indeed, one of the main messages of this morning is that it will take a coordinated approach which goes much wider than government action alone to address the obesity epidemic. For example, several of you have pinpointed the importance of a productive relationship with the food industry concerning production of healthier food.

Although we have made significant progress on tobacco, a lot remains to be done. Tobacco still remains one of the largest causes of avoidable mortality in OECD countries. Tobacco consumption by men dropped by 20% in the past 12 years but 17% of boys aged 15 years old still smoke at least once per week across OECD countries.

The United States and Korea have achieved significant gains via interventions targeting the tobacco industry. Japan is raising tax on tobacco. Australia is proposing the introduction of plain-packaging regimes. Many countries are implementing initiatives to have “smoke-free” kids. Hungary noted that when greater efforts were made to reduce tobacco consumption in the US, the industry made greater efforts to sell in Hungary. This echoes the message of the UK Minister when talking about food companies, who said that co-operation across countries might prove useful in changing industry practices.

There are also other looming threats. Alcohol consumption has decreased across the OECD, but alcohol-related damage is both a major health concern and a significant cost burden for health systems. Russia mentioned an important new initiative here.

To conclude, we have learnt a lot from each other during these two days. I would like to thank the OECD for all the important work that has been carried out on the issues we discussed, which will help us make better decisions in the aftermath of the crisis.