New food policies in the Mediterranean Region

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Hidden malnutrition in the Mediterranean: similar pathologies in the North and the South

Epidemiological studies have revealed that the increase in longevity and fall in mortality have been more marked in the Mediterranean countries than in the English-speaking and northern European ones. In 20 years, average lifespan in the southern European countries has increased by nearly seven years compared with only four in the North (UNDP, 2007). These effects have been widely attributed to the special features of the diet consumed on the northern shore of the Mediterranean in the 1970s. On the Southern shore, active policies of allocating massive subsidies for food, together with progress in hygiene and education, have served to prolong life expectancy.

However, the accession of certain northern Mediterranean countries to the European Union (EU) and the economic liberalisation of the southern countries have drastically changed the landscape. The adoption of "modern" ways of life and habits has produced new "civilisation risks", which add to the risks arising from underdevelopment. Today Mediterranean countries as a whole are faced with the growing challenge presented by the relative imbalance between available food supplies and the substantial fall in the energy needs of individuals who have adopted a largely sedentary lifestyle. This unstoppable trend is normally associated with a badly balanced diet that is high in saturated fats (with partially hydrogenated lipids), fast absorption sugars (notably added sugar in drinks), salt and refined glucids, but deficient in fibre (often as a result of reduced fruit and vegetable consumption) and hidden micronutrients. The upshot is an increase in obesity and chronic food-related diseases, such as type II diabetes and cardio-vascular diseases, as well as pathologies associated with nutritional deficiencies.

The Mediterranean countries are, for example, affected by obesity (body mass index >30). This scourge currently affects nearly 30% of Greek women, 35% of Maltese men, 21% of Spanish adults and 17% of French adults, while overweight affects about two thirds of the adult Egyptian population. Obesity is gaining ground rapidly, as in Morocco, where its incidence among adults rose from 5% in 1985 to 20% in 2005. At the same time many people are found to suffer from underweight, in the North as well as the South. In France this problem affected 5% of women and 9% of 3-17 year olds in 2005, while in Morocco "only" 5% of adults were underweight in 2000.

As to vitamin and mineral deficiencies, 48% of Algerian and 41% of Moroccan children are deficient in vitamin A, while 49% of Algerian, 31% of Moroccan and 26% of Tunisian women are deficient in iron (compared with 2% of French women). According to Planells (2003) Spanish women are deficient in vitamin B6 (17%), vitamin B12 (5%) and folates (23.5%). Clearly then, in many respects the North and South of the Mediterranean present similar, concomitant pathologies.

Are changes in eating habits responsible for the current situation?

It is often said that the spread of non-transmissible chronic diseases is closely linked to trends in individual eating habits. With the improvement in incomes and growing urbanisation, people naturally tend to prefer high energy foods that are rich in lipids and simple sugars because they are more palatable. Admittedly, rising incomes, particularly in towns, has led to a general improvement in food in terms of energy content and variety. But on the other hand, the more societies abandon traditional food in favour of "modern" food (rich in processed and industrially produced items and lending itself more readily to the "fast food" culture), the more pronounced the changes in nutrition and health will be.

Towns should be regarded as prime factors in this change – and hence in the current epidemic – for a number of reasons: they provide access to a varied, abundant food supply, they expose individuals to the pressures of the commercial media in all its forms (advertising and marketing), they make forms of consumption seem more glamorous by association with the modern urban lifestyle, and they offer new or additional "temples" to food (supermarkets and hypermarkets). The consumer's environment accordingly prompts changes in his behaviour. Moreover he is no longer in control of what is put on his plate: knowing nothing of the culinary processes involved, he does not know what the food consists of.

MAI Bari

Since February 2010, CIHEAM-MAI Bari has been coordinating two rural and agricultural cooperation projects with Syria. Financed by the Development Cooperation Department of the Italian Ministry of Foreign Affairs, these projects are intended to support the country's agriculture and improve its food security.

The first, "Territorial enhancement and socio-economic support for rural communities in the archaeological town of Ebla, Syria", seeks to implement an integrated territorial development plan designed to improve conditions of life in rural areas adjacent to the town.

The goal of the second one, "Rationalisation of use of natural resources to improve agricultural production in Syria", is to make better use of water resources and modernise production systems, notably in the wheat and cotton production chains. This project constitutes a new phase of the cooperation programme "Rationalisation of irrigation systems in Ras El Ain", which MAI Bari is already working on in Syria.

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What policies are being implemented to correct these trends?

In the southern Mediterranean, awareness of the phenomenon of food change has come rather late. For a long time governments subsidised energy dense products (white flour, white bread, blended oils) at the expense of nutritionally dense ones (fruit and vegetables, pulses, and olive oil, for example).

Today they continue to set store by a portfolio of measures directed towards the immediate and underlying determinants of malnutrition. It is still recommended that these "direct" measures be given priority since they have proved their effectiveness in overcoming the problem of slowed development in children, which is still very serious in the Mediterranean. They include encouraging breast feeding, supplementing vitamin A and zinc intake, increasing the iron content of food and iodising salt. These "direct" actions have been promoted internationally (see table below).

Examples of tried and tested "direct" measures

Measures to be applied in countries affected by slow development in children	Measures to be applied depending on the context
- Iodising salt - Supplementing mothers' intake of folate/iron, calcium, and multiple micronutrients - Encouraging breast feeding - Encouraging mothers to adopt new forms of supplementary feeding - Supplementing zinc intake, supplementing/increasing children's and babies' vitamin A intake - Using zinc to treat diarrhoea in children and babies - Treating severe acute malnutrition - Taking steps to reduce tobacco consumption and pollution of indoor air - Taking steps to improve child or baby hygiene (including washing of the hands)	- Supplementing mothers' intake of energy, balanced proteins, iodine - Deparasiting - Impregnating Mosquito nets with insecticide - Providing intermittent treatment to prevent malaria - Providing neonatal vitamin A supplements - Delayed umbilical cord clamping - Implementing conditional cash transfer programmes (for training in nutrition) - Supplementing/increasing children's and babies' iron intake

Source: Document d'orientation stratégique: Nutrition dans les Pays en Développement, AFD, Delpeuch, 2009

To the North of the Mediterranean we are entering an age in which the emergence of chronic food-related diseases among older people seems to be declining and the growth in obesity among young people seems to have stabilised. This new situation appears to be due to a series of food policies implemented on all fronts.

Opinions are divided over the question of responsibility for the health effects of dietary habits (Kersh 2009). One school of thought emphasises the individual responsibility of consumers while the other highlights environmental determinants. Policy measures that have set out to modify individual behaviour have long focused on individual factors, such as improved knowledge, intentions, attitudes, motivations and tastes. Over the past few decade a more "ecological" approach to eating has emerged, and we are witnessing an exponential increase in studies on the link between the consumer's day-to-day environment and his behaviour. In the same spirit, measures have been directed towards the individual's environment, in the hope that his behaviour will thereby be modified. Those responsible for public health are still wedded to the basics of traditional political thinking, which focus on reducing the risks facing individuals. According to this outlook, the risk does not derive from the sovereign decision of the individual consumer but from the environment.

The measures thus fall into three categories (Padilla, 2008):

- those intended to modify behaviour by targeting the individual, his preferences, motivations and choice (demand);

- those that affect the consumer's environment and give him access to good quality products (supply), the prevailing idea here being that food choices are (at least in part) determined and influenced by market forces and are beyond the capacity of the individual consumers to control; and

- combinations of the two, targeting both the individual and his environment.

CIHEAM-IMC

In 2008, CIHEAM and MAI Bari embarked upon a new collaboration with the Mediterranean Institute of Certification (IMC) and the Italian Rifosal Consortium on a series of Mediterranean study days devoted to food safety and security.

Five meetings were planned, with CIHEAM playing an active role in each of them (preparing the programme, choosing speakers or presenting papers).

The fourth of these meetings was organised with the aid of the Turkish authorities in Istanbul on 16 April 2010 and focused on organic agricultural products.

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All these measures can be applied across the board (ie to all individuals without distinction) or more selectively (to high risk groups; in the workplace, in schools or in communities), or to precise target groups (individuals who already have a food-related pathology).

Another way of classifying measures is by the level at which they are implemented: public level (state, regional authorities), private level (professional farmers' associations, industrial or major retailing companies), or concerted voluntary level (between public authorities and private companies).

A set of 15 distinct but complementary measures might be envisaged. They would be directed either towards the individual consumer or towards his environment.

(1) Providing individual therapeutic education in the event of a food-related syndrome.
(2) Providing collective nutritional education to improve knowledge of product characteristics and food and nutritional balance and to give advice on eating habits.
(3) Conducting nutritional information campaigns and promoting the use of food pyramids as guides to "good conduct".
(4) Regulating nutritional labelling to ensure that the consumer is given information about the content of the product.
(5) Making more people aware of the "five fruit and vegetables a day" recommendation, as put forward by the WHO and the FAO.
(6) Applying pressure on the family environment, which is where the child's tastes are primarily educated and formed.
(7) Facilitating access to "good products" in collective establishments (schools, cafeterias, hospitals, etc.). Indeed, such establishments are increasingly taking over from the home as food providers and would make excellent food education and information centres.
(8) Restricting access to certain products by reining in the widespread practice of rewarding schoolchildren with sweets and limiting the number of vending machines providing unhealthy food and drinks in collective institutions (France, for example banned all such machines from primary, secondary and high schools in 2005). A debate has also begun on the presence of fast food outlets near schools, for it is recognised that obesity among school students is directly related to the availability of fast food in the vicinity of schools.
(9) Controlling prices by taxing unhealthy foods and subsidising healthy ones, such as fruit and vegetables, or fish (although nutritionists agree that there is no such thing as a "good" or "bad" product).
(10) Providing for direct food aid, in the form of vouchers, for example, so that the underprivileged can afford good quality food.
(11) Monitoring advertising.
(12) Getting industrial suppliers to agree to significantly improve the nutritional quality of their products.
(13) Doing something about portions and packaging. Portions sold or served in restaurants are increasingly copious, which means that even larger quantities are ingested.
(14) Cultivating healthy communal habits so that individuals are not isolated and are given help in choosing food.
(15) Ensuring that associated policies are consistent with and conducive to good eating habits.

There is considerable scope for action. All that is needed is the political will to bring about a significant change in food supply and factors that determine consumer choice. Making the individual bear the full weight of responsibility will further increase his sense of guilt and thus make matters worse. Other indirect approaches exist, assuming that decision makers are prepared to use agricultural, industrial, commercial and social policies as a means of ensuring food security in qualitative and above all quantitative terms.

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CIHEAM-FAO Cooperation

From 14 to 16 April 2010, CIHEAM participated in the Mediterranean Forest Week organised by the FAO (Silva Mediterranea) and EFIMED (Mediterranean Regional Office of the European Forest Institute) in Antalya (Turkey). The event was attended by experts from a number of neighbouring countries and from international organisations.

The experts drew attention to the main challenges posed to woodland and other natural land areas by the institutional, environmental, social and economic context in the Mediterranean (climatic tensions, urbanisation, industrialisation, tourism, etc.). They called upon the Union for the Mediterranean to take action to protect Mediterranean woodland and enhance its role in the sustainable development of rural territories.

For more information:

www.efimed.efi.int