

F&V CONSUMPTION & CHRONIC DISEASE PREVENTION: WHAT ARE THE POSSIBLE "WINS-WINS"?

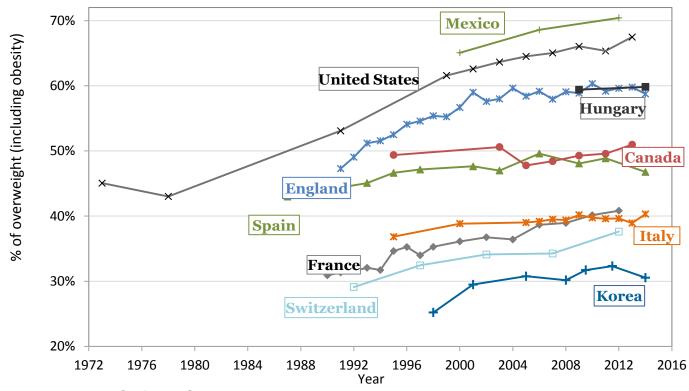
Marion Devaux, Health Policy Analyst, OECD EGEA Conference, Lyon, 7-9 November 2018





The Epidemic of Obesity

- Growing obesity rates in OECD countries
- Obesity is a major cause of NCDs



Source: OECD Obesity Update 2017



The Economic Burden of Obesity across EU countries



Life expectancy and healthy life expectancy

- Depress life expectancy between 1.8 and 3.8 years across EU countries
- Loss of ~26 to 65 years of healthy life per 1,000 individuals across EU countries



Cost of treatment

Responsible for 3.8% to 12% of direct health expenditures



Cost for the Economy at large

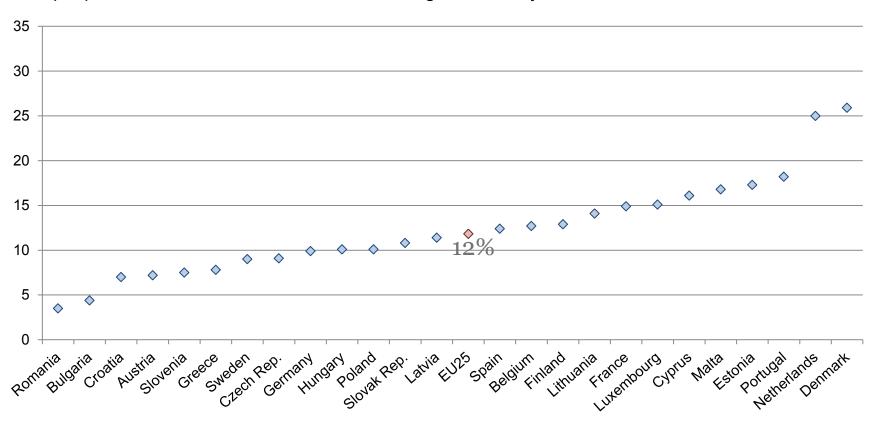
- Impact on employment, productivity at work (absenteeism and presenteism)
- Welfare benefits (compensated sick leaves, early retirement)
- Contribute to ~2 to 4.5 percentage points of GDP per capita

Source: OECD SPHeP-NCDs model, 2018.



Behavioural risk factors for obesity and NCDs Insufficient F&V consumption

% of people who consume at least five fruit and vegetables daily, EU countries, 2014

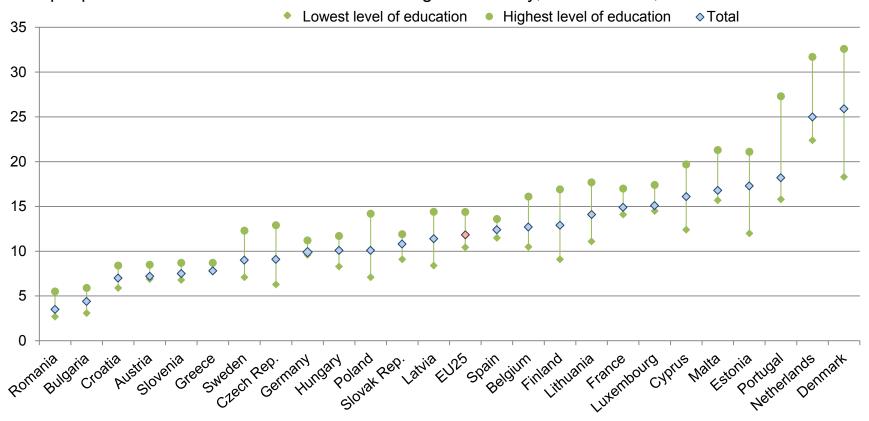


Source: OECD Health at a Glance Europe 2016



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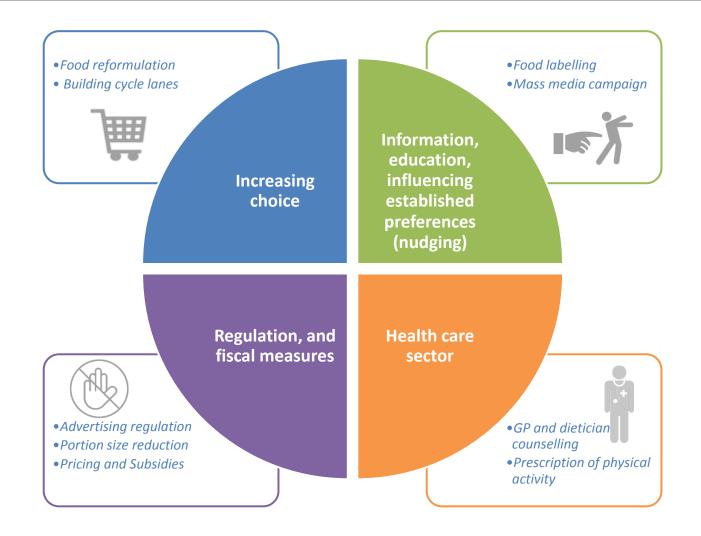


Source: OECD Health at a Glance Europe 2016

→Inequality in F&V consumption



A wide range of policies can tackle obesity





Effectiveness of policies to improve diet

Food reformulation

Reduce calorie intake by 68 kcal

Mass media campaign

Increase F&V consumption by **18 grams** per day

Food labelling

3.6% reduction in calorie intake

Menu labelling

Reduce calorie intake by **81 kcal** per meal

School-based intervention

Increase F&V consumption by **38 grams** per day, and **2%** reduction in energy intake from fats

Advertising regulation

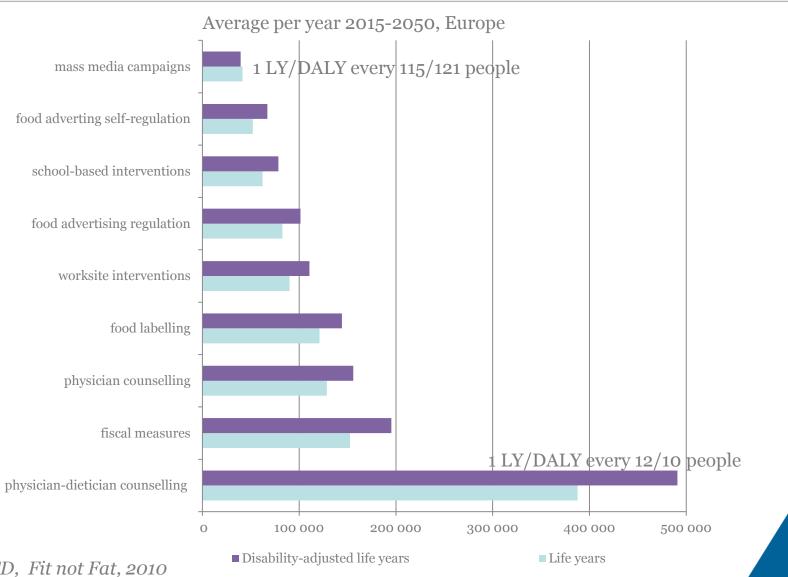
0.31 point reduction in BMI

Counselling by a GP and dietician

10% less energy intake from fats, or 2.3 point reduction in BMI



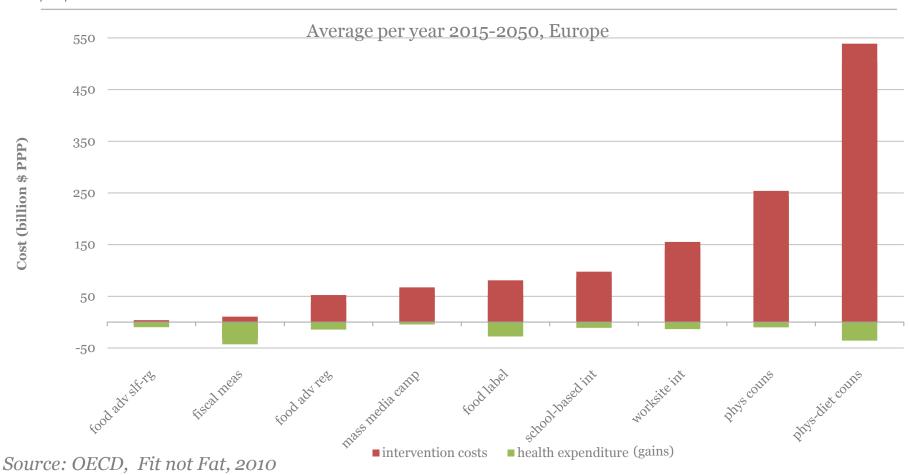
Health Outcomes of Prevention Policies



Source: OECD, Fit not Fat, 2010



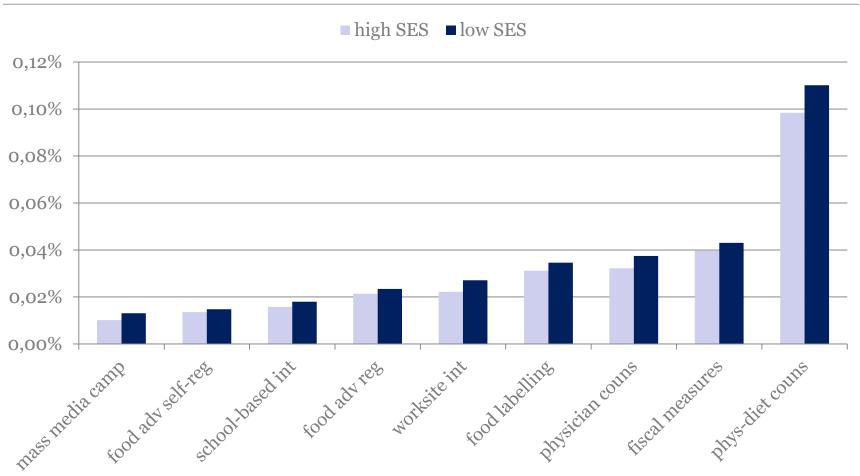
Financial Impacts of Prevention Policies

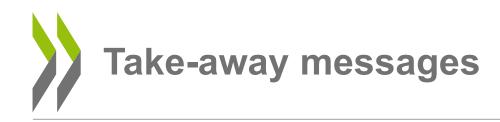


• Prevention policies (such as GP and dietician counselling, mass media, food label) become cost-effective about 10 years after implementation

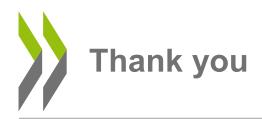


Impact on inequalities: Low-SES people benefit more





- Prevention policies can:
 - Improve people's life and healthy life expectancy, and their labour market outcomes
 - Are cost-effective solutions on the long-term
 - Reduce health inequalities
 - Improve country's economic growth and social welfare
- Combination of policies is more effective
 - People-centred & Population-wide public health actions
 - Health care sector & Information & Regulatory
- Response to NCDs should be multisectorial



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