

## **News from Hungary**

by Dr Andras Nagy, Hungarian Heart Foundation

### **Children and obesity highlighted in Hungary**

#### **Spreading the message**

As the first phase of the project “Children, obesity and associated avoidable chronic diseases” has been completed, the Hungarian Heart Foundation (HHF) distributed the report to Ministries and other responsible government institutions and made it public on its website (<http://www.mnsza.hu/program.htm>).

This project helped the HHF to establish a network of non-governmental organisations collaborating in the same field. HHF initiated contacts with 14 civil society organisations. Of these, 10 organisations actually took part in the process of developing a national guideline. This coalition of organisations working together with the Hungarian Heart Foundation consisted of the Association for a Healthier Hungary, the Hungarian Society of Paediatrics, the József Fodor Society of School Health, the Make Quality Health Foundation, the National Association for Consumer Protection in Hungary, the National Association of Chief Caterers, the National Association of Hungarian Dieticians, the National Foundation of Diabetics, the National Network of Healthier Kindergartens and the Network for Healthier Schools.

#### **Reservations about quick fix possibilities**

Similar to other participating countries, a number of potentially applicable policy options were evaluated by the coalition members. The result helped the coalition to point out the most and least favoured options.

The use of medications to control body weight proved to be unpopular. It was regarded as an obvious post-hoc intervention in already obese people and not as a preventive measure. Rejection of this measure was also concurrent with the developing crisis of the national budget, where a huge deficit in the social security system’s drug reimbursement budget is a substantial cause of the trouble; thus introduction of a new, long-term drug on a population level is seen with great reservations.

The increased use of synthetic fats and artificial sweeteners was rejected as there was no evidence that these products, although they have been available for a long period of time, have actually contributed to the reduction of obesity. Concerns were also raised about long-term safety in the event of more extensive use. The increased use of pedometers or other devices was also received sceptically.

#### **Information and education about foods given top priority**

Top priority options included mandatory nutritional information labelling for all processed food. This included simplified front-of-pack labelling, which is not traditional in Hungary. On the other hand, Hungary has had a long history of very detailed labels on a wide range of food products and consumers are very accustomed to the merits of this system. However, extensive labelling was enforced only until Hungary’s accession to the European Union, and subsequently this ruling was diluted to the minimum present European level, leaving

customers ill-informed compared to earlier times. This might explain why Hungarians would trust this method far more than many fellow European nations.

There was a general agreement among coalition members on the importance of food and nutritional health education among children. It was emphasised that even in kindergartens good results can be reached with children, who then themselves can become ambassadors of healthy messages at home.

The option to control sales of foods, especially fatty snacks, confectionery and sweet drinks, received outstanding support. This option has already been implemented in schools in Hungary, which was undoubtedly the most important development in Hungary since the start of the Children and Obesity project. The fierce resistance of some parts of the food industry was overcome by an elegant move. Rather than directly banning certain food categories at school kiosks, the National Institute for Food Safety and Nutrition (OETI) first issued a progressive, science based set of recommendations. As the government's second step, contracts with school kiosk service providers were subjected to a revision and renewals were not allowed in the event that vendors failed to comply with the set of recommendations. Further to this, an endorsement by the school health service and parents boards must also be obtained concerning vendors' compliance.

This process started during mid-2006. Obviously, full renewal of all contracts will take a considerable amount of time. Further to that, it is evident that similar regulations are needed for other public areas, like hospitals and municipal institutions. A great advantage of this option is that its applicability has actually been proven in a real-life situation and its advantages are already measurable.

Thus, since the start of the project, many new developments have occurred in Hungary, including new national regulations. In the meantime, the food industry has launched a variety of counterbalancing manoeuvres to weaken the impact of the project. The outcome cannot be determined easily, but growing awareness is a clear achievement of the project.