

Statement of support for provisional agenda item 5(g): *Accelerating primary health care in the WHO European Region: organizational and technological innovation in the context of the Declaration of Astana* of the 69th session of the World Health Organization (WHO) Regional Committee for Europe. Copenhagen, Denmark 16-19 September 2019

The European Federation of the Associations of Dietitians (EFAD) enthusiastically supports efforts to accelerate primary health care in the WHO Region. With roughly 86% of deaths and 77% of the disease burden in the European region coming from noncommunicable diseases (NCDs), there is an urgent need for increased primary health care, despite limited financial resources.¹ Exacerbating this issue is evidence suggesting that up to one-fifth of health care spending in various European countries is wasteful and could be reallocated to better use.²

Fortunately, there is a dedicated, qualified and cost-effective health profession eager to collaborate with the medical community and other disciplines in this somber landscape. Dietitians are health professionals with a degree and specialised training in nutrition and dietetics recognised by a national authority.³ They are educated in nutrition science, health, counseling and behavioural change strategies. As health professionals, they give evidence-based advice about food and nutrition for the promotion of health, prevention of disease and for the diagnosis, treatment and management of nutrition-related disorders. They work in health care, private practice, education, the workplace, research, industry, multimedia, and European Union (EU) national and local governments.⁴ Dietitians' roles include optimising health through the diet, empowering the public to make healthier choices, supervising the preparation and service of food, developing modified diets, participating in research, instructing students, educating individuals and groups on appropriate and sustainable dietary habits across the life span, impacting health and food policy, and collaborating with other health professionals for the greatest impact.⁵

Dietitians as policy accelerators

Many of the 10 evidence-based policy accelerators put forth in the provisional agenda document reflect the unique role of the dietitian. For example, accelerator number one calls for the adoption of a population health management approach to accelerate the integration of public health and primary care. Dietitians are expertly trained in conducting needs assessments and they work across the spectrum from public health to clinical settings. Accelerator number nine calls for empowerment of patients and their carers to improve health outcomes. This type of empowerment is a fundamental aspect of dietitians' work.

Economic benefit of nutrition in primary health care

Integrating nutrition more closely into the primary health care system could yield economic as well as public health benefits. It has been widely reported that optimal nutrition as part of a healthy lifestyle decreases the risk and development of diet-related diseases including obesity, diabetes and cardiovascular disease and thus can reduce health care costs.⁶ Further evidence shows that optimal nutrition - including medical nutrition - as part of a patient's total care also has functional and clinical benefits, resulting in a reduction of health care costs.^{7,8} **In one analysis, for every €1 spent on dietary counselling society gets a net €14 to €63 return.**⁷ In the malnourished hospital patient population which represents roughly 22% of all hospital patients, every €1 spent on dietetic therapy provides a benefit to society equal to €3.08 - 22.60 in gastrointestinal or lung cancer patients, €2.40 - 4.50 in head and neck cancer patients, and €1.20 - 1.90 in malnourished elderly patients.⁷

In light of the economic analyses to date, dietary treatment by dietitians is a cost-effective and often cost-saving investment. Hospitals, clinics, employers and insurance companies should include and/or maintain dietary treatment and management by a dietitian in their health care and insurance

packages to help alleviate the burden of nutrition-related disorders and conditions. As one report stated, **“treatment by the dietitian more than pays for itself.”**⁸

Food as an Essential Part of the Health Care Process

Nutrition affects not just our waistlines, but the functions of our whole bodies – from impacting our gene expression, immune system, nervous system, microbiome, every organ and even our mood.⁹ A healthy diet can be preventative, anti-inflammatory, nourishing and healing.¹⁰ In other words, food is the basic necessity of life – the foundation of primary health care.

In addition to approaching health care holistically through the integration of nutrition in the health care process, dietitians view individual diets holistically. Adapting diets for specific conditions and diseases following the most recent evidence is of great importance and added value for the patient and the multidisciplinary health care team, which only a dietitian is capable of providing. In certain regions, only licensed dietitians can provide nutrition care, including assessment, goal-setting, counseling and advice; this is a model for the profession globally.¹¹ There is an opportunity for the broader health care system and public health community to recognise the value that a healthy dietary pattern as part of a healthy lifestyle is the key to health and treating illnesses throughout the life span.^{12,13}

Dietitians are the professionals that can model integrated health care to the broader health care team, as well as deliver this care via nutrition support to the public.^{14,15} With 35,000 dietitians across Europe, dietetics is a growing health care profession, which is good news for health care and the public. However, **dietitians are not consistently represented in health care and still do not exist in half of WHO European Region countries.** This lack of integrated health care where nutrition is not a part of the whole health chain can lead to patients young and old not getting appropriate nutrition treatment and care, resulting in suboptimal health care and unnecessary high costs. Dietitians call on political leaders across Europe to allocate resources to mandate coverage of dietitian services within each country’s existing health care system to avoid this outcome.¹⁶

The data show that dietetic interventions demonstrate statistically- and clinically-significant impacts on health outcomes.¹⁷ **With the prevalence of NCDs in Europe, the resulting societal and economic consequences can be significantly reduced by dietitians, due to their unique roles and documented impact.** We look forward to engaging closely in order to further accelerate primary health care in the WHO European Region.

About EFAD: The European Federation of the Associations of Dietitians

The European Federation of the Associations of Dietitians (EFAD), established in 1978, is a not-for-profit organization comprised of 33 National Dietetic Association members, representing over 35,000 dietitians in 29 European countries and 38 Education Associate Members, covering an additional two EU countries. EFAD’s mission is to support member Associations in developing the role that dietitians have in reducing inequalities and improving nutritional health in Europe. EFAD aims to promote the development of the dietetic profession; develop dietetics on a scientific and professional level in the common interest of the member associations; facilitate communication between national dietetic associations and other organisations – professional, educational, and governmental; and encourage a better nutrition situation for the population of the member countries of Europe.

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