**THE ROLE OF THE MINISTRY OF HEALTH AT THE INITIAL STAGE OF DEVELOPING A NATIONAL STRATEGY FOR THE PREVENTION OF OBESITY**

## *Pomogaybo E.G.,*

## *the assistant of the department of social medicine, organization and economy of Public health service.*

## *Kharkov National Medical University.*

## *Ganshin N. Y.,*

## *student of 5course «medical faculty»*

## *Kharkov National Medical University.*

Overweight and obesity - a serious public health problem in the WHO European Region. From overweight are suffering 30-80% of adults in the WHO European Region About 20% of children and adolescents are overweight, of which one third of obesity occurs. The prevalence of obesity is rapidly increasing and, according to forecasts, by 2010 obesity will suffer 150 million adults and 15 million children. A particularly worrying trend is the prevalence of obesity among children and adolescents. The annual growth rate of childhood obesity prevalence is increasing, and today it is 10 times higher than in the 1970s.This trend reinforces the obesity epidemic in adults and creates a growing threat to the health of the next generation. In most countries, responsibility for determining eating habits, physical activity, overweight and obesity among different population groups is at the Ministry of Health and its main departments. In order to ensure broad public awareness of the health, social and economic consequences of obesity, as well as find out who is responsible for public health, it is necessary to analyze the national and international evidence. To create a reliable national evidence base and formulate convincing arguments Ministry of Health and its affiliated companies must first give a description of the current prevalence of cases of overweight and obesity, and an assessment of eating habits and physical activity, as the entire population, and its subgroups, differing in age, gender, socioeconomic status and place of residence in a particular geographical area and to prepare plans for the future of the overweight monitoring system, obesity , eating habits and physical activity. Next,   
is necessary to put the national objectives in relation to eating habits and physical activity, based on the recommendations for a healthy diet [1-3], national studies eating habits and physical activity, setting out a number of tasks requiring the most urgent attention, such as increased consumption of fruits and vegetables double or halve the consumption of sweets, soft drinks, cakes, cookies, ice cream and similar foods, to identify the main national determinants of food consumption and physical activity, such as food supply, the role of the retail trade, changes in processed foods, transport, board for the entrance to the sports facilities, placement of activities and attractions. It is necessary to identify and evaluate groups and sectors that can have an impact on the factors that determine dietary habits and physical activity. Collect and analyze information on the current national policy, its strategies and objectives, and consider how it can be linked to policy measures to address such issues as health inequalities, public health reform, school infrastructure, recreation youth and advertising of foodstuffs. Create a list of possible persons responsible for the implementation of the strategy, and ways to solve problems, to include the assessment of the cost of proposed activities, analysis of the state of the national health and national determinants of food consumption and physical activity. Formulate a comprehensive goal throughout society, which could be apply to all sectors - for example, to achieve such a level of social organization in which all groups in the simplest option would be a choice in favor of a more healthy lifestyle. Formulate a goal, which would have the formation of eating habits and physical activity promoted; for example, provide access to the food so that fruits were easier to choose than the cake; and. To present the national government, this comprehensive document, with reference to the European Charter on Counteracting Obesity [4-5]. To do this, the first step required competence and experience in the ministry health and / or its partners.

**Conclusions:** In most countries it is the Ministry of Health has the responsibility and expertise necessary data to initiate the process of the fight against obesity, to draw public attention to the seriousness of the problem, provide information about its importance, to formulate the problem in relation to nutrition and physical activity. However, only one ministry does not have the mandate to develop the measures to implement others. Measures to combat obesity should also be carried out by other ministries: agriculture, trade and economy, education, media and communications, finance and transportation. To apply a multidisciplinary approach, which was proposed in the WHO Global Strategy on Diet, Physical Activity and Health, it is necessary to develop measures based on the activities of each of the relevant ministries. Various sectors must contribute to the analysis of the problem and to feel responsibility for its decision. Otherwise, the policy will not be turned into real action. Thus health ministers face the problem of how to bring this issue beyond their ministries to achieve the government recognition of its priority.

1. WHO Global Strategy on Diet, Physical Activity and Health [web site].Geneva, World Health Organization, 2007

2. European Charter on Counteracting Obesity. Copenhagen, WHO Regional Office for Europe, 2006.

3. Diet, nutrition and the prevention of chronic diseases. Report of the joint WHO/FAO expert consultation. Geneva, World Health Organization, 2003 (WHO Technical Report SeriesNo.916

4. Eurodiet Core report. Nutrition and diet for a healthy lifestyle in Europe: science and policy implications. Public Health Nutrition, 2001, 4:265–274.

5. Nordic nutrition recommendations – Integrating nutrition and physical activity, 4th ed. Copenhagen, Nordic Council of Ministers, 2004 (Nord 2004:13).