



**DIET, PHYSICAL ACTIVITY AND HEALTH -  
A EUROPEAN PLATFORM FOR ACTION  
5 MAY 2015  
10.00 – 17.00**

**CHAIR: Mr John F. Ryan**

**DRAFT MINUTES**

## **1. INTRODUCTION**

The meeting was opened by **John F. Ryan, Acting Director SANTE C**, who welcomed the participants and introduced the agenda, which focused on three main topics:

- the draft Annual Monitoring Report 2015;
- the Joint Research Centre priorities on nutrition and physical activity; and
- Platform commitments in the field of education, including lifestyle modification.

**Krzysztof Maruszewski, Director of the Institute for Health and Consumer Protection at the Joint Research Centre**, and **Ciaran Nicholl, Head of Public Health Policy Support at the Institute for Health and Consumer Protection**, welcomed Platform members to the Joint Research Centre premises and explained the role of the Joint Research Centre in the field of public health and specifically on nutrition and physical activity.

Regarding the minutes of the previous Platform meeting, the **International Baby Food Action Network** requested the following changes: from “breastfeeding supplements” to “breastfeeding substitutes” and from "IBFAN suggested to target toolbox (...)" to "IBFAN suggested that inequalities should not be used by the companies as a CSR tool". These changes will be made.

The agenda and minutes of the previous Platform meeting were then adopted.

## **2. ANNUAL MONITORING REPORT 2015**

**Christina Dziewanska-Stringer**, from the Platform contractor **ICF**, provided an overview of the draft 2015 Annual Monitoring Report, based on the findings from the 2014 monitoring reports. Key findings of the monitoring exercise in the areas of design and intent of commitments, the implementation and results and the overall assessment of the quality of commitments were presented. Finally, the conclusions and recommendations of the report were presented and discussed by the Plenary.

The **International Baby Food Action Network** mentioned that even if the monitoring reports provide information, their presentation may make them look better than they are.

**EuroHealthNet** indicated the monetary value of commitment inputs (as measured in Euros) cannot be extrapolated, because the nature of the commitments is very different. **ICF** clarified that an estimation was presented taking into account the information provided by half of the commitments, following on the exercise that had been done in the previous 2014 Annual Monitoring Report.

**The World Federation of Advertisers** asked for clarification on the meaning of EU added value. **ICF** clarified that in this context, it is taken to mean by how much the commitment report demonstrates the EU-added value of the Platform. For example, a commitment report highlighted that the promotion of commitment results would not have been as successful if the Platform did not facilitate exchange and dissemination of good practice during meetings.

The **European Public Health Alliance** inquired how **ICF** monitored the public health impact in the outcomes. **ICF** explained that the exercise comprised an analysis of the quality of the monitoring reports (and not their impact on public health).

The **Confederation of Family Organisations in the European Union** asked if it would be possible to assess the activities of the commitments of individual stakeholders with regards to other activities they are doing at the same time (taking into account, for instance, if a member does an education campaign but at the same time does marketing that could dilute the impact of such commitment). **ICF** underlined that the role of the contractor is to analyse the quality of reporting of commitments and does not encompass comparisons with other activities of the Platform members.

The **European Heart Network** mentioned that it would be appropriate to clearly explain in the report that the aim was to analyse the quality of monitoring and not the public health impact. In response to this, **the Chair** suggested the inclusion of an extra sentence in the report to clarify this point; saying that the report focuses on the quality of the commitment monitoring reports and does not address the public health impact of these commitments.

**FoodDrinkEurope** thanked the European Commission and **ICF** for a detailed and complete report and highlighted that the EU added value analysis is an opportunity for new partnerships and for further development of Platform commitments. Regarding the quality of commitments, it was emphasised that there is need for balance between credibility of commitments, monitoring, but also for simplifying the procedures and minimising the burden on members when undertaking monitoring. Furthermore, the importance of communicating on the work of the Platform to external organisations was underlined (e.g. to the European Parliament). They informed that their written comments to the report would be very soon sent. **The Chair** suggested having a specific session focused on the recommendations chapter, so that the report can be further used for improving the Platform and the commitments.

**COPA-COGECA** indicated that country-based or even local-based initiatives can make an impact and it is better that commitments take place in one country than not having commitments at all. **The Chair** mentioned that commitment outputs/outcomes and their measurement are essential. Although it is good to have small/local actions to start with, it is equally important that those actions then aim to be scaled-up.

The **International Baby Food Action Network** suggested changing the references in the report text from “reports” to “monitoring reports” and expressed doubts to include a reference to health inequalities. **The Chair** explained that there is no need to include the word “monitoring” across the report as the definition and scope is clearly stated in chapter 1 of the report. He also indicated that health inequalities remained a strong focus of attention of the High Level Group on Nutrition and Physical Activity.

**Philippe Roux, European Commission**, explained that indeed health inequalities are a priority and regarding external communication of Platform activities, that the European Parliament is aware of the Platform. It is also the role of each of the members to communicate on the work of the Platform.

The **Confederation of Family Organisations in the European Union** suggested including a section on policy recommendations in the report to highlight how the Platform aims to inform policymaking. **The Chair** indicated that the Platform's aim is to contribute to the 6 activity types established since 2011 and therefore creating policy recommendations is not the role of the Annual Monitoring Report. Nevertheless, **the Chair** suggested including the issue of how commitments can complement the national strategies in the agenda of the next Joint Meeting with the High Level Group on Nutrition and Physical Activity.

### **3. JOINT RESEARCH CENTRE RESEARCH PRIORITIES ON NUTRITION AND PHYSICAL ACTIVITY**

#### **3.1 WHAT IS NEW**

**Jan Wollgast**, Joint Research Centre, provided an overview of recent projects, events, policy developments, studies and publications in the area of nutrition and physical activity.

**FoodDrinkEurope** inquired on which basis the Joint Research Centre selects some studies and reject others for the presentation. The **Joint Research Centre** indicated that the selection is based on recent articles from peer reviewed articles from scientifically robust journals, with the purpose of stimulating discussion.

**FoodDrinkEurope** suggested indicating the studies that have the biggest impact and those that are most credible.

For future meetings, **the Chair** recommended to include a disclaimer in the power point indicating that the Joint Research Centre does not necessarily endorse the reports mentioned in the presentation.

#### **3.2 NUTRITION AND HEALTH SUPPORT ACTIVITIES AT THE JOINT RESEARCH CENTRE**

**Sandra Caldeira**, Joint Research Centre, spoke on the activities of the Joint Research Centre in the fields of nutrition, active healthy ageing and children’s health, focusing on a study they are currently conducting for DG SANTE: “Delivering on EU Food Safety and Nutrition in 2050 - Future challenges and policy preparedness”. The study describes different futures (foresight scenarios) to assess the current policy and regulatory framework and to identify future challenges for food safety and nutrition.

**EuroHealthNet** inquired what the timeframe for the scenarios is and what the drivers are. The **Joint Research Centre** explained that the timeframe is 2050 and the drivers are the values and social cohesion in each scenario. **The Chair** suggested a presentation to the High Level Group and the Platform once the project is completed.

### **3.3 PEER-ACTIVE: PEER INCENTIVES FOR INCREASING PHYSICAL ACTIVITY IN CHILDREN**

**Eugenia Polizzi**, Joint Research Centre, presented the importance of behavioural science to understand how people make choices and to inform policy making. She presented the results of a 7 week project (February-May 2014) that took place in the North of Italy and analysed the physical activity of 349 9-11 year old kids by using accelerometers. The study promoted physical activity in children through a variety of socially-based incentives. The study concluded that group effect seems to be more effective for boys while the peer effect is more relevant for girls (they seem to be more sensitive to social pressure). **The Chair** asked if the Joint Research Centre intends to publish the results. The **Joint Research Centre** confirmed that the results will be published soon in a peer reviewed journal.

**The Chair** also suggested that the results of this study should be integrated in the design of future commitments.

The **Association of European Cancer Leagues** asked for the reason behind choosing 9-11 year olds. The **Joint Research Centre** explained that they had conducted previous research which showed that this age group is a malleable cohort and that good habits developed at this stage can be maintained later on.

## **4. COMMITMENTS IN THE FIELD OF EDUCATION**

### **4.1 OVERVIEW OF COMMITMENTS**

**Christina Dziejanska-Stringer**, from the Platform contractor **ICF**, provided an overview of the current situation of commitments in the field of education, including lifestyle modification. Commitments in this field constitute 35% of all Platform commitments, and 32% of all active commitments. There are currently 100 commitments in this field, of which 36 are active commitments, and 3 are new commitments. Active commitments are implemented both by industry and NGOs and there are currently 2 joint commitments within this activity type. Most commitments take place at national or at European level. 'Children and adolescents' are the largest target group, followed by 'health professionals'.

The qualitative assessment of the commitments provided in the 2015 Annual Monitoring Report showed that although reporting on this area is overall satisfactory, improvements are needed regarding setting SMART objectives and providing detail and clarity when reporting input, output and outcome indicators. Furthermore, there should be more focus on addressing health inequalities.

**EuroHealthNet** indicated that tackling health inequalities is important and also that specific attention should be given to checking the extent to which all the interventions have an impact on lower socioeconomic groups (i.e. checking whether the commitments are taking the social gradient into consideration).

The **European Network for Prevention and Health Promotion in Family Medicine and General Practice** presented the content of their new commitment in the field of education:

“Lifestyle interventions in patients with established cardiovascular diseases”, which consists on the implementation of a survey in 9 EU Member States. The aim of this survey is to evaluate the implementation of healthy habits in cardiovascular patients visited in primary care.

**Nutricia** presented the results of their completed commitment “**Healthy start**”, which took place in the Czech Republic and Slovakia between 2011-2014. Within three years, "Healthy Start" delivered a programme to help nurses acquire the latest knowledge related to nutrition and also improve their skills in effective communication with parents. Trained nurses provided guidance to parents with regard to their babies' nutrition during regular check-ups. The **European Commission** inquired whether specific products were mentioned. The speaker mentioned that they did not make any mention or link to their products.

The **International Baby Food Action Network** underlined that this commitment, by being funded by Nutricia, cannot give an impartial view and this would go against WHO rules on the types of organisations that can provide education programmes to health professionals. **Nutricia** explained that the outputs of the commitment were reviewed and evaluated by paediatric associations and that the results were found to be compliant. In the Czech Republic, the Ministry of Health was also involved in this commitment. **The Chair** recommended Nutricia to invite the organisations that validated the material to the next Platform meeting, so that a discussion could be held on this matter. The **International Baby Food Action Network** suggested that the WHO should also be invited.

## 4.2 ACTIVE PLATFORM COMMITMENTS

### 4.2.1 UPDATE ON COMMITMENT (IMPROVING MEDICAL AND HEALTH PROFESSIONAL SKILLS TO COUNTERACT OBESITY) AND PRESENTATION OF OBTAINS-e

**Hannah Brinsden**, from the **World Obesity Federation** provided an update on their commitment “SCOPE” (Specialist Certification in Obesity Professional Education) and an overview of the project OBTAINS-e, (Obesity Training and Information Services for Europe). OBTAINS-e receives funding from the third Public Health Programme and allows them to engage and educate more healthcare professionals around Europe on the issue of obesity (through the SCOPE programme), translate SCOPE modules into a number of different European languages, create new modules to enhance choice and allow more tailoring of the programme, and hold more interactive SCOPE schools around Europe. It also allows to provide a wealth of information on obesity prevalence through new charts, maps and atlas, with greater breakdown of information, including by deprivation level, and country profiles related to obesity. Finally, OBTAINS-e funding enables them to expand the mapping service to include prevalence, policies and interventions.

**The Chair** asked if the committee that translates the modules is a UK-based committee. They explained that it is a committee consisting of experts from the World Obesity Federation and support is given from pharmaceutical companies. The **International Baby Food Action Network** considered that it is a risk that funding is obtained from the private sector, even if it is only for translation purposes.

*Following a question from Coca-Cola, Obtains-e noted that, in their view, private sector support does not necessarily influence the content of initiatives; in their case, they believe*

*that the funding of the pharmaceutical industry did not influence the content of the e-learning modules.*

**FoodDrinkEurope** asked how the data/maps are constructed. The **World Obesity Federation** explained that some data is collected directly, some is provided by their national members and by other associations. Ms Brindsen would welcome to access data from other sources to fill any gaps.

The **World Federation of Advertisers** mentioned that they have more data and they could offer help in this regard.

## **4.3 OTHER INITIATIVES IN THE FIELD OF EDUCATION**

### **4.3.1 A STRATEGY TO GET PEOPLE ACTIVE AND TO STAY ACTIVE**

**Cliff Collins**, from **EuropeActive**, presented their strategy to get people active and to stay active. Their aim is to have 80 million members of health and fitness centres by 2025. The special Eurobarometer of March 2014 investigated the reasons why people exercise and was used as a basis for this strategy. The Eurobarometer indicated that 37% of men and 47% of women never exercise. One of the main problems, as presented by EuropeActive, was linked to dropout rates of people using fitness centres. EuropeActive noted that behavioural change will have to be the key to reversing this trend, and to this end, EuropeActive published a book that offers a summary of good practices in this area. Mr. Collins also provided an overview of the different projects they implement (promoting active and healthy ageing, and working with school children as part of the European work of sport in September).

## **5. STAKEHOLDERS' INITIATIVES IN ALL AREAS**

### **5.1 EPHE - PROMOTING HEALTH AND STRIVING TO REDUCE INEQUITIES**

**Jean-Michel Borys (EPODE)** and **Hugues Ruault du Plessis (EPHE)** presented their work on promoting health and striving to reduce inequities. EPODE is a capacity-building approach for communities to help them change the local social norms, environment and behaviours, so as to have an impact in making lifestyles healthier. The EPODE model has been disseminated to 40 programmes in 29 countries thanks to the EPODE international network. The programme showed a reduction of up to 50% of the health inequities related to overweight and obesity.

EPHE is a 3 year project (2012-2015) involving communities in 7 EU Member States (Portugal, France, Belgium, The Netherlands, Greece, Bulgaria, Romania) and 1,200 families, tailored and regular interventions in the communities, recommendations and dissemination of results. The project will continue after the commitment is over.

Results showed a high rate of participation of the population (86%), which is not common among deprived populations. After one year of interventions, they observed a significant decrease of the gap between low and high socioeconomic groups, especially in the field of physical activity. In the future they aim to disseminate the approach to other EU Member States, to further investigate the determinants and the solutions to reduce health inequalities. EPHE's closing event will take place on 25<sup>th</sup> September 2015 and Platform members were invited to attend.

The **European Network for Prevention and Health Promotion in Family Medicine and General Practice** mentioned that they were impressed with the high participation rate of the population.

The **International Baby Food Action Network** inquired about the public-private partnership. Mr. Borys explained that local behaviours can only be changed by involving the entire society (collaborating with pharmacies, restaurants, etc.). Due to this collaboration the project is sustainable.

The **European Food Information Council** asked why some countries are more resistant to this type of interventions. Mr. Borys said that they are researching that topic and that they will present results during the closing event.

The **Confederation of Family Organisations in the European Union** questioned the extent to which the initiatives respect relevant criteria, such as the absence of industry branding. Mr. Borys indicated that they only have two Nestle Kids' projects and that in those projects no branding can be found. Nevertheless, the **Confederation of Family Organisations in the European Union** argued that they had found photos of the Bulgarian initiative which contained branding elements. This was forwarded on to the European Commission for follow-up.

## 5.2 EU POLICY COHERENCE - WHY IT MATTERS

**Patti Rundall, International Baby Food Action Network**, gave a presentation on their role and the importance of EU policy coherence. The necessity of coherence was emphasized among the provisions of the EU directives in this field and the International Code of Marketing of Breast-milk Substitutes for a better protection of the health of European children.

Ms. Rundall indicated that a baby dies every 40 seconds because it is not breastfed and that breastfeeding is the great leveller in terms of inequalities. The **International Baby Food Action Network** monitors what industries and governments do. Ms. Rundall argued that despite having endorsed the International Code of Marketing of Breast-milk Substitutes and ratified the Convention on the Rights of the Child, the European Commission issues weak, outdated and sometime conflicting rules.

During the presentation, Ms. Rundall also highlighted that Corporate Social Responsibility is sometimes used to undermine regulation. There is a need to monitor what companies actually do rather than what they say they do.

## 6. STATE OF PLAY ON COMMITMENTS

**Liam Durack, DG SANTE**, provided an overview of the state of play of commitments by May 2015. There are currently 288 commitments in the Platform database, out of which 114 are active commitments. 4 new commitments have been developed, 3 in the field of education, including lifestyle modification and 1 in the area of physical activity. Education still accounts by the largest proportion of commitments.

Mr. Durack reminded members that **30 November** will be the final date to submit new commitments for 2015.

## 7. ANY OTHER BUSINESS

**The Chair** gave the audience a quick update on EXPO Milan 2015. He informed the Plenary about the Commission's initiative on the healthy school lunches that will serve school meals cooked with balanced recipes from all over Europe to 70,000 children in Milan on 8 May.

**The Chair** explained that following the discussion at the Platform meeting on 19 February, Platform members were asked to inform the European Commission on their organisational type. **Mr. Durack** indicated that 20 replies out of the 33 members were received and that as soon as information is collected from all members, the information will be published in the Platform's website.

**The Chair** also indicated that there are new requests for membership from the European Spas Association and the European Society for Lifestyle Medicine. Given that there were no representatives of these organisations at the meeting, it was suggested to postpone the discussion about their membership and commitments until the next meeting.

## 8. CONCLUSION

**The Chair** thanked the participants and noted that:

- The additional phrase agreed by members regarding the nature of the 2015 Annual Monitoring Report and the monitoring exercise will be included in the final version of the report;
- The follow-up on the recommendations and conclusions of the 2015 Annual Monitoring Report will be further discussed by the Working Group on Monitoring and Reporting;
- The Pediatricians' associations involved in the "Healthy Start" commitment will be invited to the next Platform meeting. Members should send their questions in advance so that the organisations invited can prepare for a useful discussion;
- The proposals for extension of membership (there were 2 new applications) are suspended until the candidates can present in an upcoming meeting.
- The next meeting of the Platform will take place on **24 September in Luxembourg** and the members will discuss **composition of foods (reformulation), availability of healthy food options and portion sizes**.