



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

CHAIR: Mr John F. Ryan

DRAFT MINUTES

1. INTRODUCTION

The meeting was opened by **John F. Ryan (Chair)** who welcomed the participants and introduced the draft agenda. The meeting focused on research projects, Platform commitments and other Commission Directorates policies in the field of physical activity promotion. The afternoon session focused on how improve the dynamics of the Platform and next steps. The draft agenda of today's meeting was adopted. The comments on the draft minutes of the previous Platform meeting will be incorporated and a new version will be circulated by email for final approval.

2. WHAT IS NEW

The **Joint Research Centre (JRC)** made a presentation on the recent developments, publications and projects on physical activity promotion in the EU, relevant for the work of the Platform.

The **Chair** mentioned that a conference will be organised by the European Commission in April 2016 on the topic of chronic diseases. This builds on the Chronic Diseases Summit held in 2015, and work currently being undertaken within DG SANTE on chronic diseases.

3. REFORMULATION UPDATE - ADDED SUGARS

DG SANTE highlighted that the members of the High Level Group on Nutrition and Physical Activity have adopted the Annex on Added Sugars under the EU Framework for National Initiatives on Selected Nutrients on 2 December 2015. The next step is to have a formal endorsement by the 28 capitals by 15 December 2015.

As indicated before, the High Level Group decided to share the document with the members of the Platform after adoption. The High Level Group indicated that they wish to have a discussion with the Platform members on the implementation of the annex.

The Commission explained that now the political guidance has been set out by the High Level Group, the next step is to organise discussions with stakeholders that lead to concrete actions and operational objectives. The first opportunity is a meeting between the High Level Group and the Platform (18 January 2016) dedicated to discuss potential activities. A second possibility for further discussions will be during the Dutch Presidency Conference on Food Product Improvement (22-23 February 2016, Amsterdam). The intention is to reach an agreement at the Joint Meeting of the High Level Group and the EU Platform (3 March 2016) on different actions and operational objectives for the next 5 years that support a successful implementation of the Annex on Added Sugars.

The aforementioned comprehensive multi-stakeholder approach with three occasions to meet with the Member States will allow enough time for stakeholders to get involved and to identify their actions and operational objectives. In addition there is room for bilateral meetings, if needed. **DG SANTE** asked the Platform members to read the document and prepare for the first discussion with the High Level Group on 18 January 2016.

FoodDrinkEurope welcomed this initiative from the High Level Group and the opportunity to involve stakeholders.

The **European Health Public Alliance (EHPA)** was positive and confirmed that it will contribute.

The **European Heart Network (EHN)** expressed their appreciation towards this initiative and informed the Plenary that they will organise a discussion with their members on how to contribute to the process.

The **International Baby Food Action Network (IBFAN)** inquired how far this initiative will be in coherence with WHO recommendations on sugar and with the Directive on Processed Cereal-based Foods and Baby Foods for Infants and Young Children. **DG SANTE** replied that the objectives in the annex can be related to the WHO recommendations and targets in so far as reducing added sugars in food can contribute to lower relative weights of sugars in the total energy intake.

Nestlé (FoodDrinkEurope) welcomed the initiative as a European approach would be positive, not only for consumers, but also for promoting reformulation and innovation. They then inquired what type of experts would be needed from FoodDrinkEurope for the January conference. **DG SANTE** replied that the discussions will be on the opportunities and difficulties in contributing to the Annex's objectives and on the initiatives that each member could contribute according to their size and resources. This should lead to a package of comprehensive actions to be agreed at the Joint Meeting (3 March 2016).

The Chair added that it would be good to have representatives from the different sectors; and invited members of the Platform to send over to the Commission any questions they might have regarding the planned meeting on 18 January 2016.

Ferrero (FoodDrinkEurope) asked for a clarification on the 10% reduction aim, indicated in the document and how the minimal 10% baseline should be interpreted. **DG SANTE** explained that the aim is to reduce by 10% the level of added sugars in processed food (against the 2015 level) with flexibility built to allow for different categories and starting points.

EHN mentioned that that they would like to see that products with large market shares and products that have a major impact on public health are addressed.

FoodDrinkEurope expressed some concern given that many companies had already results obtained in reducing sugar consumption, and the fact that this could make more difficult for them to achieve the new targets set in the HLG document. **DG SANTE** replied that countries and companies will not be penalised if they have already achieved some results in the reduction of sugars.

The **representative of the Dutch Presidency** mentioned that the current action by the High Level Group on sugar fits very well with the priorities of the upcoming Dutch Presidency. She explained that public health and internal market were the reasons to organise their Presidency Conference, which will be done in close cooperation with stakeholders. The outcome of the conference will be a roadmap. The Netherlands is also planning Council Conclusions on product improvement at the end of their Presidency.

The Chair asked what profile of participants will be invited to the conference. The representative of the **Dutch Presidency** answered that a list of stakeholders has been finalised and various stakeholders (industry and NGOs) will be invited. Members of the Platform could however contact the Dutch Presidency in case they are interested in participating.

4. DISCUSSION SESSION ON PHYSICAL ACTIVITY

4.1. UPDATE BY DG EAC

DG Education and Culture (EAC) presented the latest developments from the EU sport policy side, such as improving the monitoring of national Health Enhancing Physical Activity policies and encouraging physical activity at young age. DG EAC provided information on the financing possibilities under the Erasmus+ Sport programme (new call was published on 20 October 2015) and mentioned that there are currently 31 ongoing HEPA projects (EUR 11,5 million).

The Chair enquired if the pressure on the national healthcare budgets has had an impact on the capability of some Member States to implement HEPA policies. **DG EAC** answered that they are currently monitoring the implementation of the Council Recommendation on HEPA and can only tell over time if there has been an impact.

EuroHealthNet inquired after the sustainability of the projects and if there was a particular focus on health inequalities. **DG EAC** answered that all the projects are still running and that sustainability will depend on the project and the consortium's capacity to continue the action once EC funding stops. Concerning the target group DG EAC mentioned that there are different groups of population targeted and that there was no specific focus on vulnerable groups. **EuroHealthNet** suggested that there could be a better cooperation with the ongoing Joint Action on Chronic Diseases.

Ferrero (FoodDrinkEurope) enquired how the activities of **DG EAC** could be better linked with the Platform activities. DG EAC replied that there should be a better link and it would be necessary to look at ongoing projects and see where the Platform could contribute. The

activities of the Platform could also be further linked with the DG EAC expert groups, for example by inviting one of its representatives to the next Platform meeting.

The Chair thanked DG EAC and highlighted the need to reinforce the mutual links between the activities of DG EAC's expert groups and the Platform and the Joint Action on Chronic Diseases.

4.2. UPDATE BY DG MOVE

DG MOVE presented its policies for urban mobility such as the 2013 Urban Mobility Package) and the possible links with the promotion of physical activity (walking, cycling). **DG MOVE** also presented their work on exchange of experience and best practice (Urban Mobility Portal Eltis and the CIVITAS initiative) and existing funding possibilities.

EPHA asked if **DG MOVE** would have any advice on how to better involve stakeholders such as city planners and cities associations. **DG MOVE** proposed that their Expert Group on Urban Mobility could be presented in a future Platform meeting as a way to help involve new stakeholders.

The **Chair** suggested that **DG MOVE** in its activities (policies, projects and campaigns) could more explicitly include a link to public health and to active mobility (such as linkage to the WHO recommendations on physical activity) as well as a link to the Platform with regular updates. **DG MOVE** commented that they would be eager to be further involved with **DG SANTE** activities, especially given the Health in all Policies approach. **DG SANTE** welcomed an increased coordination and asked if **DG MOVE** could help to identify the right contacts with urban planners.

EuroHealthNet asked to what extent citizens and urban planners are involved in the activities by **DG MOVE**. **DG MOVE** replied that there are currently many developments ongoing in to promote the switch to cleaner cities and sustainable transport modes.

FoodDrinkEurope suggested asking experts groups from **DG EAC** and **DG MOVE** to participate in the Platform's meetings. **The Chair** welcomed closer ties between the various **DG's**, in particular when integrating commitments in each other's processes.

4.3. FP7 PROJECTS ON PHYSICAL ACTIVITY

4.3.1. UPDATE BY DG RTD

DG RTD presented examples of physical activity and obesity related research projects funded by FP6, FP7 and Horizon 2020, and new funding opportunities under Work Programme 2016-2017. Details on an upcoming workshop dedicated on physical activity research projects (10 March 2016, Glasgow) were shared. **DG RTD** welcomed the opportunity to participate and underlined the importance to connect research (and its results) with policy development.

ISCA mentioned that we should move from research to implementation and that there should be more funds available for activating citizens.

4.3.2. EUROFIT PROJECT

Eurofit is a FP7 funded project designed in general to promote lifestyle change programmes and in particular to harness the personal connection, loyalty and attachment many men feel to football and their club to attract them to those programmes health-promoting. The coordinator is the **University of Glasgow** and they presented the objectives and the results achieved to date.

ISCA inquired about the cost-effectiveness of the project. The **University of Glasgow** replied that the project was deemed as cost effective through a study they commissioned internally. Given the positive results, the Scottish government decided to support the project further.

The Confederation of Family Organisations in the European Union (COFACE) enquired whether the secondary effects of choosing football were considered, since this sport can be violent and not very appropriate for middle/older-aged population. COFACE also inquired if other sports would not be more appropriate. The **University of Glasgow** clarified that football is not from the start promoted by the project as physical activity suitable for the participants. Walking is the first type of physical activity promoted, and after a period of nine weeks, participants can play football.

The Chair invited the project coordinator to come back when the final results of the project are available.

5. FOLLOW-UP - APPLICATION FOR MEMBERSHIP ESPA

The European Spas Association (ESPA) presented their application to the Platform. ESPA highlighted that the association represents medical spas (and not luxury spas), that their members do not promote the use of sunbeds, and that the strong link with health inequalities (as medical spas are in many EU countries a part of healthcare system and spa stay/therapies are fully or partly paid by public money).

The **Chair** highlighted the importance of clearly indicating the inputs, outputs and outcomes in their proposed commitment, such as how many people ESPA would like to reach through their action and which the resources they would be able to employ. **ESPA** explained that they would like to reach around 5,000 people in 5-6 countries between 2015 and 2019.

ESPA also mentioned their intention to reach economically disadvantaged populations. Both **EUFIG and EuroHealthNet** asked how this would be done. ESPA replied that this will be done on the basis of the information provided by the health insurance companies. EuroHealthNet advised to be careful with the storage of personal data and ESPA said that this is guaranteed by their ethical committee.

The Chair inquired how the evaluation of this commitment will be done and when. **ESPA** replied that the evaluation, undertaken through questionnaires to users, will be conducted at the end of the treatment and up to one year after.

The Chair proposed to ask Platform members via email to indicate their opinion on ESPA's membership application. DG SANTE would inform ESPA of the outcome afterwards.

6. COMMITMENTS IN THE FIELD OF PHYSICAL ACTIVITY PROMOTION

6.1 OVERVIEW OF COMMITMENTS

ICF International provided a brief analysis of the Platform commitments in the field of physical activity promotion. Commitments that were evaluated as unsatisfactory in the 2014 evaluation exercise, did not provide fully SMART objectives (in particular they were non-measurable and not time-bound), showed lack of information on the financial inputs and staff time employed, and provided insufficient or inexact information on outcomes and outputs. ICF is in contact with the members with ‘non satisfactory’ reporting, so that hopefully next year their reporting will improve.

Despite the fact that the physical activity is considered a priority within the Platform, the number of active commitments has been decreasing in the recent years.

EuroHealthNet emphasised that the percentage of physical activity promotion commitments directed at addressing health inequalities is quite high compared to the percentage of all the commitments across different activity areas.

The **Chair** asked members if a project receiving EC funding can be submitted as a Platform commitment; and what impact this would have on additionality of the commitment. **EUFI**C considered that this possible and is already currently the case for various commitments. **EPHA** highlighted that the additionality criterion was discussed during the Working Group on Monitoring and it was considered as fundamental by the members. All the commitments should be additional, and take into consideration the definitions agreed by the Working Group in its report.

The **Chair** observed that other activities, in other DGs, might have a link to health and the activities of the Platform, therefore the commitments might be funded by these other DGs.

6.2 ACTIVE PLATFORM COMMITMENTS

6.2.1 REPORT ON INACTIVITY COSTS IN EUROPE AND JOINT COMMITMENT MOVE WEEK 2015

ISCA present their recent report on the cost of inactivity, which found that lack of exercise contributes to diseases that cost Europe over 80 billion EUR every year.

COFACE inquired about the roles of the different partners involved. **ISCA** replied that the report was carried out by the ISCA networks, and dissemination was supported by Coca-Cola. Funding also came from DG EAC, with co-funding from ISCA and its network.

6.3 OTHER INITIATIVES IN THE FIELD OF PHYSICAL ACTIVITY

6.3.1 EUFIC PHYSICAL ACTIVITY COMMITMENTS

The **European Food Information Council (EUFI**C) presented its active commitments in the field of physical activity and health promotion.

The **Chair** asked if **EUFI**C, after several unsuccessful requests by DG SANTE, could choose a category by which to identify itself as a member of the Platform (the current options are:

1. A for-profit commercial organisation
2. A not for-profit commercial organisation
3. A civil society organisation

4. An academic / research institute)

EUFIC said that they are a not-for profit organisation and that this category was not available to choose from.

The Chair inquired about the background of the members of the EUFIC Scientific Advisory Board, which validated the materials used for the commitments directed at children and how the network was funded. **EUFIC** explained that they have a scientific advisory board composed of members that have experience in different relevant fields (nutrition, physical activity, etc.).

EuroHealthNet inquired about the meaning of the phrase "funding from agrifood chain" (slide 2 of their presentation). **EUFIC** replied that they receive funding from food manufacturing companies, as indicated on their website.

7. DISCUSSION SESSION ON IMPROVING THE DYNAMICS OF THE PLATFORM

In order to follow up on the discussions of the past months **DG SANTE** provided this session to discuss how to increase the impact of the Platform on public health. There is a need to improve the functioning of the Platform and for all members to further step up efforts. **DG SANTE** mentioned that it is in everybody's interest to show that the Platform can deliver public health impact and the work on reformulation could be a good opportunity to discuss options on how to improve the functioning.

DG SANTE mentioned that possible options could include building on and enlarging existing commitments with more potential; promoting new and ambitious commitments; addressing the commitments with issues. The Commission is already working with (some of the) Platform members on these 3 fronts already.

Another option could be organising 3 meetings per year, focusing on reformulation, marketing and physical activity (keeping the other 3 priorities as shorter updates); increasing contact between the meetings, and using the full potential of the upcoming Health Policy Forum.

Another path forward is improving the overall governance. In dialogue with the stakeholders, introduce third party support for the definition and validation of general objectives (perhaps with a role for the Joint Research Centre), linked to the WHO targets on chronic diseases (as agreed by the Member States), validation of commitments, and improvement of monitoring.

The **Chair** pointed out that one of the main objectives for **DG SANTE** is to better link the objectives set by the Member States with the activities of the Platform. Future Platform activities could be linked to the future work on chronic diseases or the WHO objectives. The Chair opened the debate to the members on how this could be operationalised. He also asked how the meetings could be organised in a more dynamic way and how could the participation of the members be increased and be more constructive.

IBFAN expressed its appreciation for the idea of linking the Platform with WHO agreed objectives, as this is an integral part of **IBFAN's** Platform commitment on ensuring policy coherence between the Platform and WHO objective.

FoodDrinkEurope welcomed the discussion on improving the dynamics of the Platform, in particular as this is an important tool for a constructive dialogue between different stakeholders. They indicated that nutrition and physical should be kept together in this forum and that a contribution from all (industry and NGOs) is needed.

In this respect, an improved collaboration with the High Level Group would be beneficial to the Platform. FoodDrinkEurope also highlighted the importance of having a coherent EU response on nutrition in what relates to its internal market implications. However, they expressed their concern towards the link with WHO objectives, rather than focusing on EU specific objectives in nutrition and physical activity. They suggested to re-visit the objectives of the Platform and reflect whether they need to be modified involving every stakeholder; in particular to be clear on what the Platform can deliver in its current state and the overall expectations of it.

FoodDrinkEurope furthermore, pointed out that the monitoring should not be too burdensome. The structure of the Platform meetings could be changed to allow for more interactive discussions, and documents should be shared in advance so that members could come more prepared to the meetings.

The Chair highlighted that the cross-policy approach was not addressed by any of the members thus far; he inquired if coordination with other EC policies would be beneficial for the Platform: a concrete example being the participation of DG EAC, DG MOVE and DG RTD at today's Platform meeting.

COFACE commented that in order to improve the activity of the Platform and change the way it works, it might be necessary to amend the original charter of the Platform¹. An updated charter would enable the members to clarify the role of the Platform and what to expect from it. Things that the Platform cannot do, should then be done via legislation.

COFACE added that it should also be considered that NGOs have limited resources and not too many actions can be expected from them. Their role could therefore rather be that of observers and watchdogs.

EHN commented that it had outlined its vision on the topic in a joint letter with BEUC and EPHA to the Commission. The main issue is that the Platform should have specific targets and objectives as this would allow the Platform to change its way of working and provide concrete results. EHN stressed that commitments must fall into the core business of the Platform member. They also confirmed the scarcity of resources and the difficulties for NGOs to fulfil commitments given their main role of public health promotion. EHN also suggested to create a separate platform/expert group focusing only on physical activity, and to ensure that all the relevant actors are involved.

ISCA highlighted that they are an NGO promoting physical activity and not only sport and therefore are interested in developing partnerships and work in the broader area of physical activity. They believe that in order to be more effective, they have to interact with other sectors and the Platform allows them to do so. ISCA also expressed their appreciation towards the timely idea of discussing a reform of the functioning of the Platform.

EPHA supported the opinion expressed by **EHN**. They agreed with working towards achieving WHO objectives. EPHA also pointed to the need to restructure the commitment application and monitoring forms, in order to encourage fully SMART commitments.

¹ http://ec.europa.eu/health/archive/ph_determinants/life_style/nutrition/platform/docs/platform_charter.pdf

COPA-COGECA observed that this is the right moment to review the role and work of the Platform. The organisation of meetings could be re-considered. The Platform has an important role to play and its goals should be analysed and revised.

The **Chair** provided some responses to the debate. He pointed to the fact that the Member States have signed to the WHO objectives and the Commission will help the Member States to achieve these objectives. He added that for the foreseeable future there is no intention to have a renewed EU nutrition strategy. However, he highlighted that, if all Platform members are interested in updating the Platform mandate, this could be looked into by DG SANTE. Concerning the issues of the limited resources of NGOs, he pointed out that joint actions and other European funding sources could be a solution for pooling limited resources to meet common objectives.

The **Union of European Soft Drinks Associations (UNESDA)** inquired if the digital tools planned by DG SANTE (referring here to the future online tool of the Health Policy Forum) could be used to change the way the Platform works and if DG SANTE still has this in mind.

Nestlé (FoodDrinkEurope) commented that, in addition to the views expressed by **FoodDrinkEurope**, action by the Platform is needed more than ever. They mentioned that EU wide agreed policy objectives (innovation, health, competitiveness) and multi-stakeholder collaboration is key to deliver results.

EuroHealthNet considered it a good way forward that the Platform supports Member States in reaching agreed WHO objectives. They suggested that perhaps even a link to the agreed Sustainable Development Goals could be made.

EuroHealthNet pointed out the need of having specific Platform targets and measuring them as targets are only useful if actors can be held to them.

EuroHealthNet repeated the importance that Platform actions should not create or increase health inequalities.

In relation to improving the Platform, two main aspects should be evaluated: what would have happened if the Platform didn't exist and to what extent its activities can be integrated into the activities of other DGs within the European Commission.

EUFIC also agreed that nutrition and physical activity should stay together. They suggested that more joint commitments could be encouraged and they appreciate the idea of more thematic meetings. **EUFIC** also pointed out that more members could be invited to join the Platform, if the members consider their action important, especially from outside the nutrition and physical activity sectors.

The **Standing Committee of European Doctors (CPME)** underlined the Health in all Policies approach and suggested to look at what we can learn from other policy tools used in the health sector.

FoodDrinkEurope inquired about the reduced number of meetings foreseen for 2015 and added that previously 4 meetings per year were organised. The **Chair** replied that aside from the three planned meetings in 2016, there are other occasions to meet and exchange opinion, such as the conference of the Dutch Presidency, the meetings of the Working Group on Monitoring and the Advisory Group on New Commitments, as well as possible future virtual meetings through the Health Policy Forum tool.

The Chair mentioned that the minutes will be an important summary of the discussion. He added that reshaping the mandate of the Platform will have to take the policy development on chronic diseases into account. As a conclusion he expressed appreciation for the constructive approach of this discussion. DG SANTE will, as a follow-up, reflect on how to integrate better the different activities and to translate this into proposals for concrete action.

As a final point, **DG SANTE** commented that the linkage with the WHO targets is the opportunity to provide the Platform with more specific objectives. Regarding the SMART-ness of the actions and the monitoring, the Advisory Group on New Commitments has a lot of potential for improving the commitments, without putting too much burden on the members. Concerning additionality, no disproportionate commitments is expected from NGOs. While specificities should be taken into consideration, this should not equate to less creativity or ambition.

8. STATE OF PLAY ON COMMITMENTS

DG SANTE provided an overview of the commitments. Currently there are 297 actions in the Platform database. In 2015 13 new actions were submitted (FoodDrinkEurope (4), IDF Europe (2), EuropeActive, EUROPREV, FoodServiceEurope, Ceereal, COPA-COGECA), including 2 joint commitments (ISCA + Coca-Cola, EASO + EFAD).

The deadline for submitting the individual monitoring reports for all active commitments is **31 January 2016**.

9. ANY OTHER BUSINESS

The **Chair** referred members to the Working Group Activity Report 2015, which was circulated by DG SANTE. Given the limited time given for all Platform members to read the report and provide feedback on a number of issues raised to the Plenary, the **Chair** agreed to allow two weeks to examine the Working Group activity report and endorse the outcomes.

10. CONCLUSIONS

The **Chair**:

- Noted the decline in active commitments in the field of physical activity promotion and urged members to develop actions in this priority area;
- Noted the general request for further increase in multi-stakeholder involvement and Health in all Policies approach;
- Mentioned that following the discussion session on how to improve the dynamics of the Platform, DG SANTE will reflect on how to integrate better the different activities and to translate this into proposals for concrete action, in the context of a comprehensive approach to chronic diseases.
- Reminded the Plenary of the deadline of **31 January 2016** to submit individual monitoring reports for all active commitments;
- Mentioned that the Plenary will be asked by email to approve the membership application by ESPA;
- The next meeting of the Platform will be a full day meeting on **7 April in Brussels** and the members will discuss the **marketing and advertisement**. In the **afternoon of 6 April the Joint Meeting** with the High Level Group will take place.