Directorate-General for Health & Consumers

Strategy for Europe on nutrition, overweight and obesity related health issues

Implementation progress report

December 2010

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PREFACE

In 2007, the European Commission committed to carry out a review of progress in 2010 on obesity status and on the extent to which its own policies have been brought in line with the objectives of the Strategy for Europe on Nutrition, Overweight and Obesity related health issues (2007-2013). The present report prepared by the Commission's Directorate General for Health and Consumers aims at taking stock of progress made until now in light of the renewal of the Strategy's objectives until its conclusion in 2013.

It complements the evaluation of the EU Platform for Action on Diet, Physical Activity and Health which was published in July 2010 and build upon a three-year collaborative project between the Directorate General for Health and Consumers (DG SANCO) of the European Commission and the World Health Organization Regional Office for Europe to monitor progress in improving nutrition and physical activity and preventing obesity in the EU.

The Directorate General for Health and Consumers would like to thank the services of the Commission who contributed to the present report, in particular the Directorate-General for Agriculture and Rural Development, the Directorate-General for Education and Culture, the Directorate General for Employment, Social Affairs and Equal Opportunities, the Directorate-General for the Environment, the Directorate-General for Information Society and Media, the Directorate General for Mobility and Transport, the Directorate General for Regional Policy, the Directorate General for Research, Eurostat, the Joint Research Centre and the Executive Agency for Health and Consumers.

"Learn how a little bit of everything can actually be good for you in new kids TV series My Friend Boo, produced by the ACTIVE project and supported by the HEALTH Programme"

1. BACKGROUND

➢ THE STRATEGY FOR EUROPE ON NUTRITION, OVERWEIGHT AND OBESITY HEALTH RELATED ISSUES

Diet and physical activity play a huge and increasingly important role in determining health and disease in the European Union. Rising overweight and obesity levels are clear, tangible indicators of the problems which the EU and its Member States face in this area.. However, there are further diet-related factors which are relevant for health such as salt intake (which contributes to high blood pressure), and low fruit and vegetable intake (which has been linked to a number of cancers).

After a Public Consultation with its Green Paper "Promoting healthy diets and physical activity: Towards a European strategy for the prevention of obesity and chronic diseases" in December 2005[1], the European Commission adopted in 2007 the Strategy for Europe on nutrition, overweight and obesity health related issues ("the Strategy"). The Strategy identifies the Community policies that play a role in addressing nutrition and physical activity and that are marshalled towards supporting Member States' efforts to prevent overweight and obesity. These include: actions in the fields of public health, food, agriculture, transport, regional policy, sport, education and statistics.

The Strategy provided guidance for Member States for action in priority areas and key settings. Four areas were identified for development: consumers' information; healthy options; physical activity; local communities, schools and work places.

The Strategy also challenged EU level organisations representing economic operators, the leisure sector, public health and consumer organisations to explore actions for improving nutrition and physical activity, including by means of self regulation in key areas such as food reformulation or food marketing to children. Such actions were mainly taken forward through the EU Platform for Action on Diet, Physical Activity and Health which was created in 2005 as a follow-up to the series of Advertising Round Table discussions held by the European Commission in 2005 to explore approaches to responsible commercial communication.

The Strategy also led to the creation of a High Level Group for Nutrition and Physical Activity (HLG), with the objective of ensuring the exchange of policy ideas and practices

between national authorities as well as cooperation at EU scale on common initiatives, starting with salt reduction.

Monitoring is a central piece of the Strategy built on solid cooperation with the World Health Organization to facilitate proper follow-up of the developments in the implementation of the Strategy in the Member States. The Strategy also set out the need for a mid- term progress report by 2010 which is the purpose of the present document.

Prevalence of obesity should be one of the key indicators for the measurement of any progress and in accordance with the WHO Charter, which calls for "visible progress, especially relating to children and adolescents," it was agreed that it should be possible to reverse the increasing obesity trend by 2015 at the latest.

As provided by the Strategy, the present report reviews the situation in 2010 regarding levels of overweight, and obesity and assesses to which extent the EU and Member States policies have been brought in line with the objectives of the Strategy.

Special attention is also given to self-regulatory initiatives of stakeholders across the EU in particular in the context of the Platform for Action on Diet, Physical Activity and Health.

It puts particular emphasis on the self-regulatory measures adopted by the industry as well as by the WHO and relevant national sources. The present report also takes into account the recent external evaluation of the EU Platform on Diet, Physical Activity and Health, and in particular its related case studies on platform members' commitments related to food reformulation and to advertising to children.

This review covers the period from 2007 to mid-2010. Implementation is measured against indicators built in close cooperation with the High Level Group and the WHO Europe[2]. The European Commission, with the support of the WHO, and in collaboration with the High Level Group on Nutrition and Physical Activity has defined 16 key indicators to report on the progress made in the 7 general areas for action identified in the Strategy, to assess the current situation of each EU Member State.[3]

This report benefited from valuable contributions from the WHO Europe network of National Food information Focal Points, from the members of the High Level Group as well as from

[1] http://ec.europa.eu/health/ph_determinants/life_style/nutrition/green_paper/consultation_en.htm
[2] Annex 2
[3] Annex 6

Commission services and in particular the Directorate General for Research and Directorate-General for Agriculture and Rural Development.

With cooperation across policies at the centre of the strategy, the present report provides information on the initiatives implemented in different EU policies which are direct contributions to achieving public health goals.

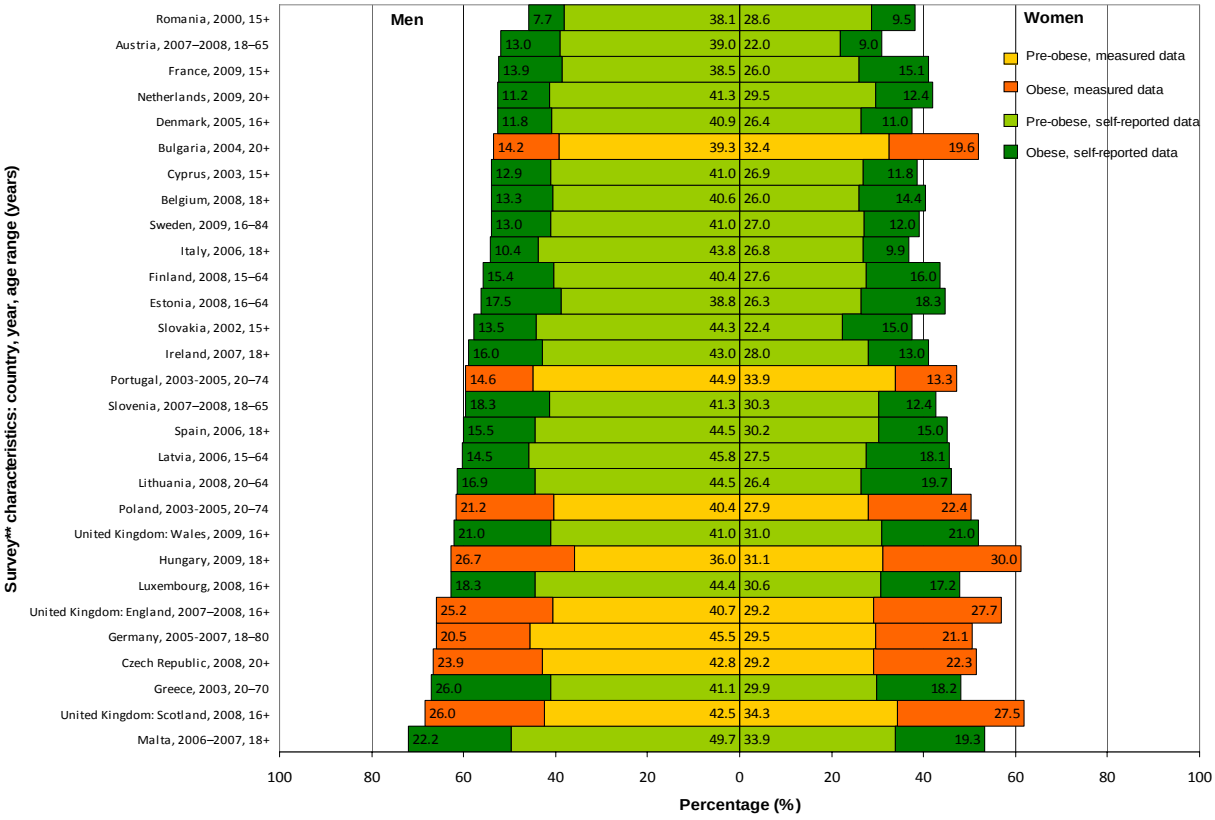
This report and its annexes aim to assist in mapping priorities for action at different scales and to contribute to achieving the goals of the strategy over the coming three years.

- **OBESITY AND HEALTH: TRENDS AND DEVELOPMENTS IN THE EU**

Regarding the epidemiological situation, WHO Europe identified national studies on the prevalence of overweight and/or obesity among adults for all the EU Member States covering the period 2000-2009. National surveys that measured the weight and height of children (in the range of 0-10 years) covering the period 2003 - 2008 were identified for 16 EU Member States and national surveys that used self- or parent-reported data were identified for three EU Member States. The Health Behaviour in School-aged Children (HBSC) survey conducted in 2005–2006 gathered self-reported data on weight and height in 11-, 13- and 15-year-olds in 26 EU Member States.

The period from 2007 to 2010 is too short to observe significant changes in the trends. Nevertheless national figures remain particularly worrying. Based on the latest estimates, overweight affects 30-70% and obesity affects 10-30% of adults in EU countries.

Fig. 1 Prevalence[4] of overweight and obesity among adults in the EU based on surveys with an ending year of 2000 or later[5]

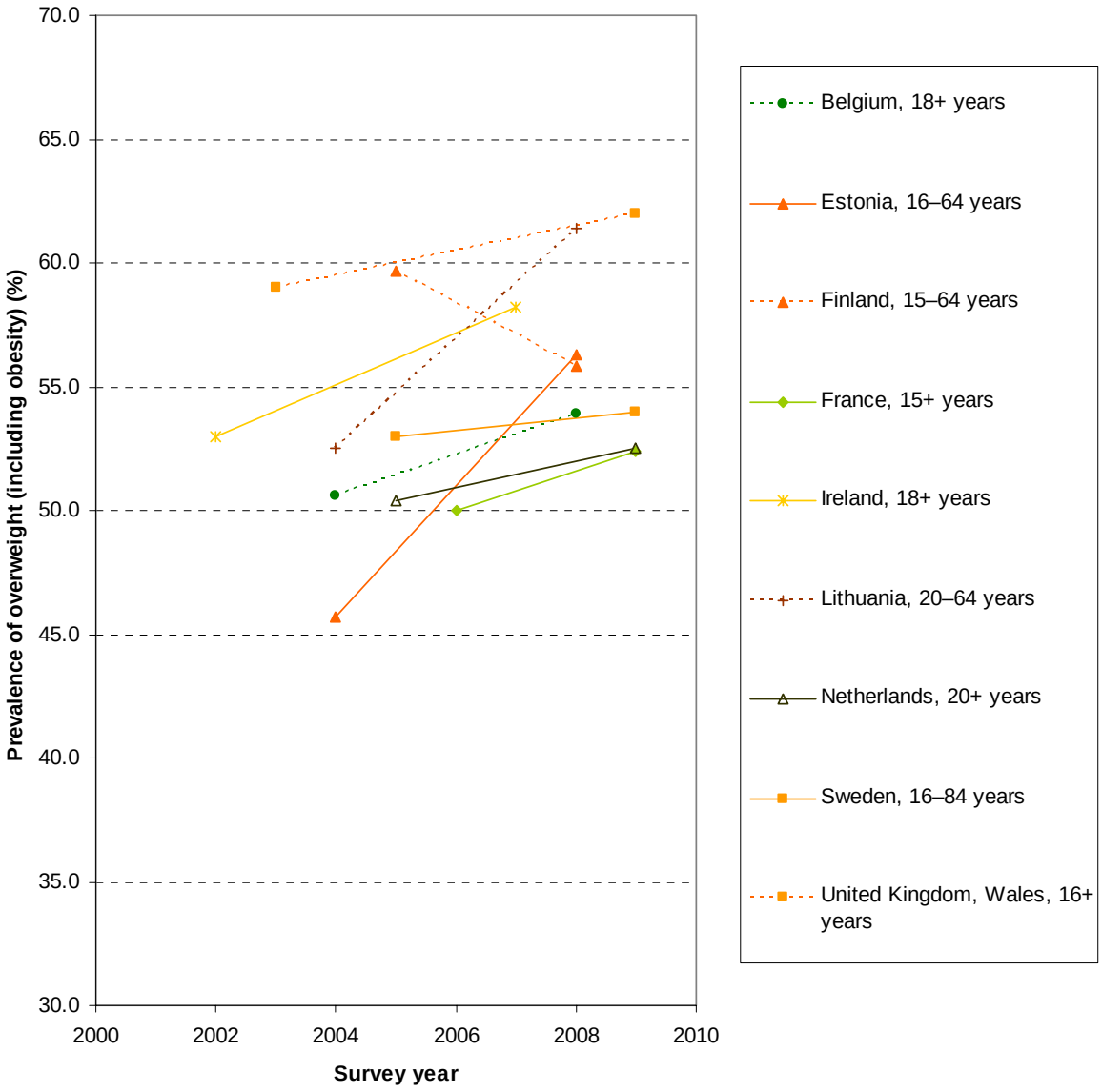


In the seven countries that carried out measurements on adults, 53.5%-68.5% of men and 47.2%-61.8% of women were overweight. The prevalence of obesity ranged in men from 14.2% to 26.0% and in women from 13.3% to 30.0%. Based on self-reported weight and height, the prevalence of overweight showed a range of 45.8-71.9% among adult men and of 31.0-53.2% among adult women. The prevalence of obesity showed a range of 7.7-26.0% among adult men and of 9.0-21.0% among adult women.

4 Overweight includes pre-obese and obese.

5 Inter-country comparisons should be interpreted with caution, owing to different data collection methods, response rates, survey years and age ranges.

Fig. 2 Overweight[6] trends among adult men in EU Member States based on self-reported weight and height

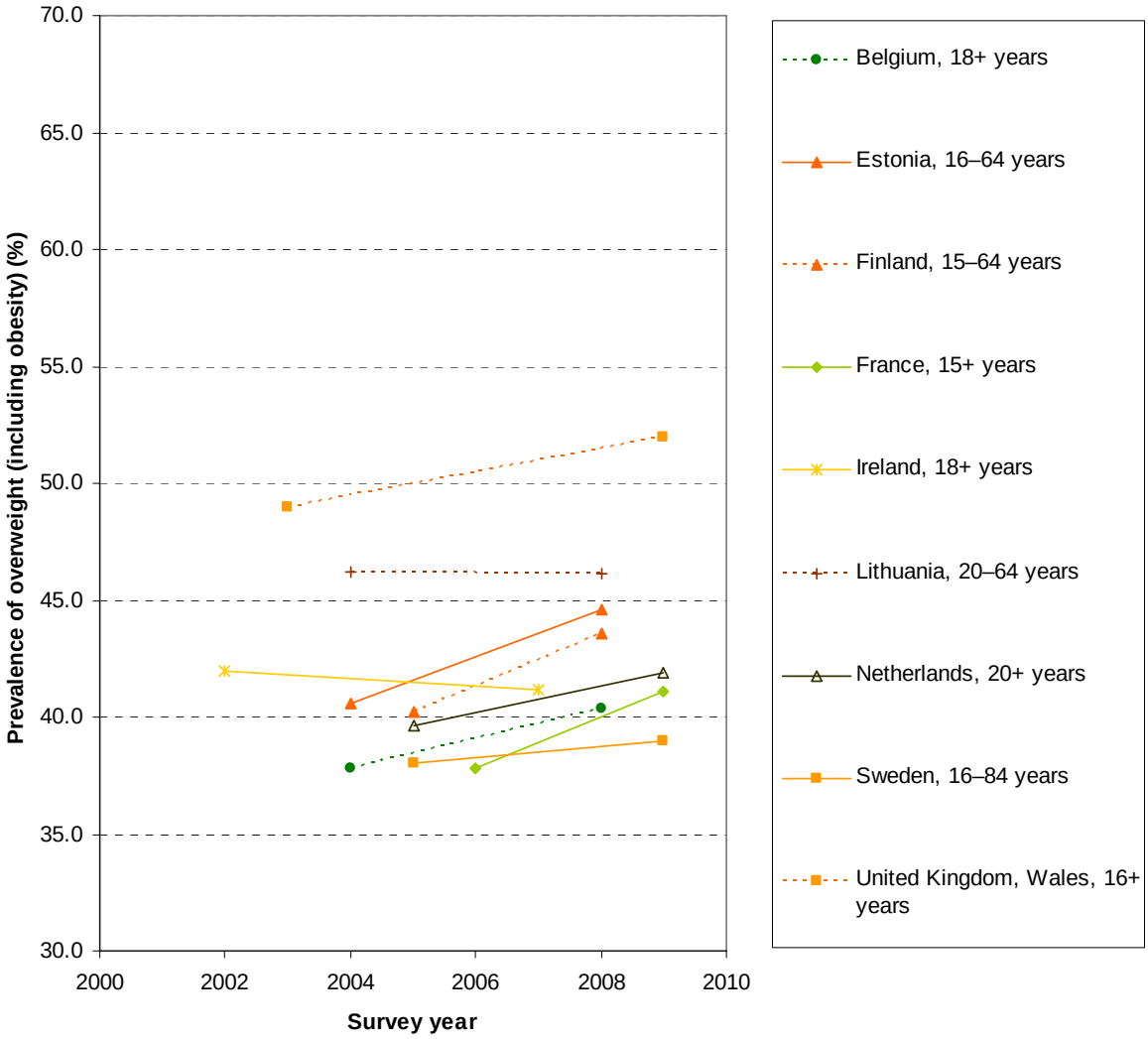


Based on comparable self-reported data, annual increases in the prevalence of overweight among adult men were highest in Estonia (2.7 percentage point a year from 2004 to 2008) and in Lithuania (2.2 percentage point a year from 2004 to 2008). The annual increases in the prevalence of overweight among adult women were generally lower than in men and ranged from no increase in Lithuania (from 2004 to 2008) to 1.1 percentage points a year in Finland (from 2005 to 2008) and France (from 2006 to 2009). Self-reported overweight rates have

[6] Overweight is defined as a BMI of ≥ 25 kg/m2.

fallen among men in Finland only (-1.3 percentage point a year from 2005 to 2008), and among women in Ireland only (-0.2 percentage point a year from 2002 to 2007). Among both men and women, the annual increases in the prevalence of obesity ranged from 0.2 to 1.0 percentage point a year. The annual increase in the prevalence of overweight on measured weight and height were only available for the United Kingdom (England and Scotland) and showed a range of 0.1-0.6 percentage point a year.

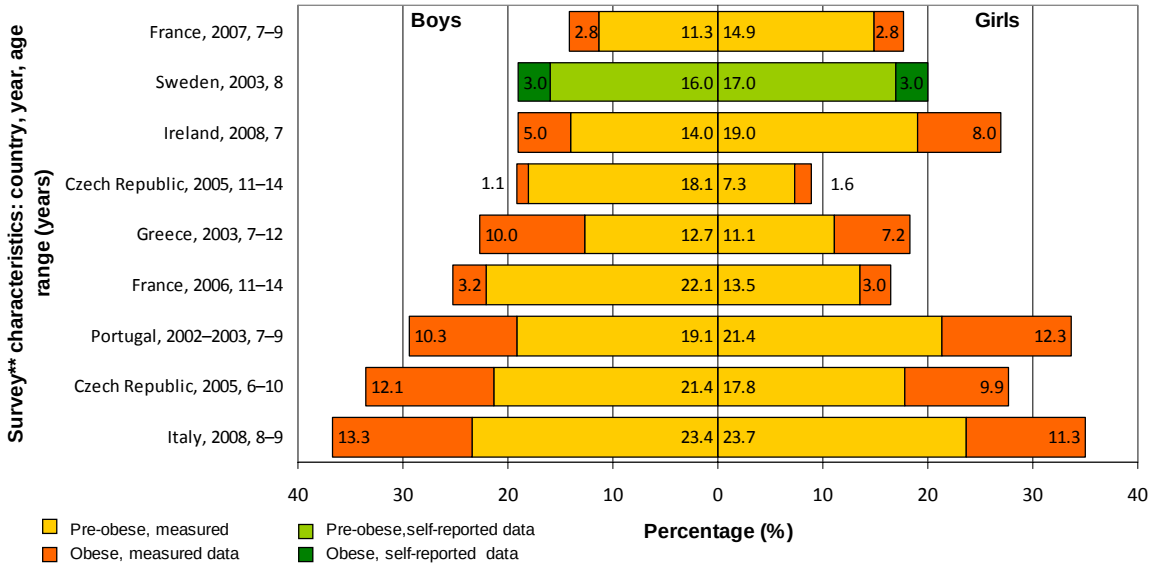
Fig. 3 Overweight[7] trends among adult women in EU Member States based on self-reported weight and height



[7] Overweight is defined as a BMI of ≥ 25 kg/m2.

Among children of primary school age, the highest prevalence of overweight (based on the Cole et al cut-offs and measured data) was found in Italy (8-9 years, 35.9%) Portugal (7-9 years, 31.5%) and Czech Republic (6-10 years, 30.6%); the lowest was found in the Czech Republic (11-14 years, 14.1%) and France (7-9 years, 15.8%). Surveys based on self-reported weight and height found a prevalence of overweight of 21.8% in Belgium (5-9 years), and 19.5% in Sweden (8 years).

Fig. 4 Prevalence[8] of overweight and obesity among school age children in selected EU countries[9] based on surveys with an ending year of 2003 or later



The Health Behaviour in School-aged Children (HBSC) survey conducted in 2005–2006 gathered self-reported data on weight and height in 11-, 13- and 15-year-olds in 26 EU Member States and used the Cole et al cut-offs for the definition of excess body weight. It indicated that among 11-year-olds, up to 30% of boys and 25% of girls were overweight; among 15-year-olds, the corresponding figures were 28% and 32%, respectively. Up to 31% of both 13-year-old boys and 13-year-old girls were overweight.

8 Overweight and obesity are defined by using the IOTF age- and gender-specific cut-off points for BMI, passing through 25 kg/m2 and 30 kg/m2 by the age of 18 years, respectively. Overweight includes pre-obese and obese.

9 Inter-country comparisons should be interpreted with caution, owing to different data collection methods, response rates, survey years and age ranges

The first data collection round of the WHO European Childhood Obesity Surveillance Initiative (COSI) took place during the school year 2007-2008 and preliminary results, based on measured weight and height and using the 2007 WHO child growth reference, indicate that both overweight and obesity are more prevalent among boys than among girls. On average 24% of the children aged 6-9 years old were overweight or obese. Besides the HBSC and COSI, other trend data in children and adolescents based on measured or self-reported data are available in a few countries only, such as in Belgium, Bulgaria, France, the Netherlands, Slovenia, Sweden and the United Kingdom.

2. ACHIEVING THE OBJECTIVES OF THE STRATEGY

The Strategy on nutrition, overweight, and obesity-related health issues calls for multi-stakeholder and multi-sector action at EU, Member State and local level, as well as internationally, alongside the World Health Organization. Within the EU, the central actors are the Member States, where the major competence for addressing nutrition and physical activity lies. In addition, the Strategy emphasises the fundamental importance of involving all stakeholders if widespread public health benefits are to be achieved. This is based on the rationale that effective action on dietary and physical activity habits requires complex and multi-layered actions which require a concerted response across society. An important early task was therefore to put in place the appropriate structures and mechanisms through which diverse actors can meet, develop trust and agree on actions in a co-ordinated way. The structure put in place by the Commission to implement the strategy is based on three main pillars:

- Strengthened coordination and policy development between Member States and the European Union level, through the High Level Group on Nutrition and Physical activity;
- Stimulation of concrete stakeholder-driven action on the ground, through the EU Platform for diet, physical activity and health;
- Development of reliable, comparable and regularly updated data both on causes and implementation measures through the WHO/EC monitoring project.

The High Level Group on Nutrition and Physical activity was established in 2007 and since then it has met three times per year to ensure regular exchange of information on key policy fields, the follow-up on common initiatives and the development of a credible monitoring structure for the strategy.

During the first three years of operation, the High Level Group, in addition to the regular exchange of know-how and good practices, coordinated National Salt initiatives and contributed to the establishment of key indicators. In view of the second period of implementation, the High Level Group has started discussions on common initiatives on other nutrients.

➢ PROGRESS BY FIELDS FOR ACTION SINCE 2007

The Strategy adopts a "health in all policies" approach by including action on areas such as agriculture, education, transport, research and information.

➢ BETTER INFORMED CONSUMERS

Commission

Information to consumers was considered as one of the measures to tackle obesity. In January 2008 the Commission adopted a proposal for a Regulation of the European Parliament and of the Council on the provision of food information to consumers[10]. The proposal aims to bring together EU legislation on general food labelling (Directive 2000/13/EC)[11] and nutrition labelling (Directive 90/496/EEC)[12] . With respect to nutrition labelling the proposal provides that nutrition labelling of energy, fat, saturates, carbohydrate, sugars and salt should be included in the principal field of vision (front-of-pack) for the majority of processed foods. The Commission proposal is currently under discussion in the European Parliament and the Council. It appears that the principle of the introduction of mandatory nutrition labelling is supported by the other institutions but the details of what should be labelled and how it should be presented are under discussion.

The implementation of Regulation (EC) 1924/2006 on nutrition and health claims also supports the aims of the Strategy. Where nutrition claims are made, they have now to be used under certain conditions ensuring they are not misleading and genuinely help consumers to identify a healthier option. Work is ongoing to adopt a list of permitted health claims that may direct consumers, including children, to foods with substantiated beneficial physiological effects. For example, claims about weight management are under consideration. Preliminary work on nutrient profiles should soon allow their adoption in order to prohibit nutrition and health claims for foods too high in saturated fat, salt or sugars.

10 Proposal of the Commission for a Regulation of the European Parliament and of the Council on the provision of food information to consumers. COM final (2008) 40.

11 Directive 2000/13/EC of the European Parliament and of the Council of 20 march 2000 on the approximation of the laws of the Member States relating to the labelling, presentation and advertising of foodstuffs (OJ L 109, 6.5.2000, p. 29)

12 Council Directive 90/496/EC of 24 September 1990 on nutrition labelling for foodstuffs (OJ L 276, 6.10.1990, p. 40)

The Audiovisual Media Services Directive (AVMSD)[13], which entered into force on 19 December 2007, builds upon the core principles of the existing EU regulatory framework for television and adapts them to the new audiovisual environment. The Directive covers both traditional television broadcasting and new on-demand services like on demand films and news.

Article 9.2 of the AVMS Directive obliges the Members States and the Commission to encourage media service providers to set up codes of conduct on audiovisual commercial communications to children regarding HFSS foods.

On 7 December 2009 and subsequently on 25 October 2010 the Commission organised two Workshops aiming at encouraging media providers and Member States to develop self-regulation in the field. They were attended by representatives of the Member States, the media, the advertising industry, and consumer and food groups.

Moreover, during the Contact Committee meetings of the Directorate General for the Information Society held in 2009/2010 the Commission services urged Member States to carry out their actions stemming from Article 9.2 of the AVMSD.

The key objectives of the AVMS directive regarding HFSS foods are to:

- encourage self-regulation in the field of food advertising to children
- contribute to the promotion of healthy lifestyles among children

The effectiveness of this provision will be evaluated in the Application Report on the AVMS Directive. The first report is due by the end of 2011 and afterwards every three years.

Public Heath Programme

The PolMark Project

Policies on Marketing Food and Beverages to Children

Assessment of POLicy options for MARKeting food and beverages to children

To advance understanding of current policies and policy options on marketing controls in relation to children's foods and beverages, and extend the methodology available for Health Impact Assessment

EC Contribution €390700

http://www.polmarkproject.net/

[13] http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2010:095:0001:0024:EN:PDF

Member States

For all EU Member States, nutrition labelling will be streamlined as soon as the EU Food information to consumers Regulation is adopted by the European Parliament and the Council. Some Member States have voluntary initiatives through positive nutrition logos such as the "green keyhole" or "healthy heart symbol".

Based on the EU Audiovisual Media Directive, national governments have taken initiatives to “encourage media service providers to develop code of conducts regarding inappropriate audiovisual commercial communication” as stipulated in Article 3e (2). The majority of the Member States have agreed with economic operators on a code of conduct within the framework of either a co- or a self-regulatory mechanism for the implementation of the code. Monitoring mechanisms have been put in place by most Member States with the aim of evaluating the implementation of these co- or self-regulatory mechanisms. These mechanisms are either governed by the Government, by an independent body that oversees the code implementation or by media providers following the compliance of their advertisers with the code.

Most Member States have developed food and nutrition action plans or public health strategies that address risk factors for obesity. Most Member States have also initiated or have undertaken obesity campaigns that facilitate the implementation of these national strategies. These campaigns target different settings such as schools, workplaces and health-care facilities and focus on specific groups such as children. Where an obesity campaign has been set up in a country, the majority of the campaign-related activities are carried out at different governmental levels (national, regional or local) to ensure overall public awareness about the problem of obesity and its associated risk factors and disease risks.

- **MAKING THE HEALTHY OPTION AVAILABLE**

Commission

The School Fruit Scheme[14] aims to encourage good eating habits in young people by providing them with fruit and vegetables at school. The Scheme agreed by the Council in 2008 and fully supported by the European Parliament was launched in 2009. Besides providing fruit and vegetables to a target group of schoolchildren, the scheme requires participating Member States to set up strategies including educational and awareness-raising measures to teach children the importance of healthy eating, as well as sharing of best practice. The EU co-finances at a 50% level (75% in the regions eligible under the Convergence Objective). Participation in the scheme is voluntary.

Key objectives of the programme are to encourage the consumption of healthy food among children, to teach children at an early stage about healthy lifestyle and healthy eating (nursery schools, primary schools and secondary schools) and to fight against obesity.

The programme's annual budget is EUR 90 million. 23 Member States participated in the first year and 25 in 2010-2011.

The Commission will report to the European Parliament and the Council by August 2012.

The European School Milk Scheme (SMS) is intended to encourage consumption among children of dairy products containing important vitamins and minerals. One of the main aims of the programme is to encourage the consumption of healthy food among children. In the 2008/2009 school year 384,059 tonnes of milk and milk products were distributed in schools in 26 Member States with Community expenditures of 74,68 million EUR.[15].

[14] http://ec.europa.eu/agriculture/markets/fruitveg/sfs/index_en.htm
15 http://ec.europa.eu/agriculture/markets/milk/schoolmilk/index_en.htm

In 2007, the High Level Group decided to start to focus on the reformulation of salt as a first common area for initiatives and cooperation. In July 2008, the High Level Group approved a common EU framework on voluntary, national salt initiatives with a benchmark of a minimum of 16 % salt reduction over 4 years starting from 2008 for all food products, including also salt consumed in restaurants and catering. On 8 June 2010, the EU Health Ministers adopted Council conclusions to confirm their support to the action to reduce people's salt intake for better health. The Commission was asked to provide continuing support for Member States' efforts[16].

Member States

In 2009, 23 Member States participated in the EU School Fruit Scheme, which resulted in the provision of fruit or vegetables for free, or at a subsidized rate, to schoolchildren. This was often supported by educational campaigns.

Most Member States have initiated policy actions to reduce salt intake in the population such as the conduct of national surveys on salt intake, public awareness campaigns and reformulation initiatives aiming to reduce the salt content in foods. These actions are often embedded within a national framework that has been either a self-regulatory approach or a regulatory approach. Most Member States have indicated that they will take action to reach the EU 16% reduction target by 2013.

The example of salt

In the beginning of 2010 Member States reported about progress made in the national initiatives since its start in from mid 2008 to the end of 2009. At a response rate of approximately 90%, nearly half of the respondents reported that they had an ongoing salt reduction initiative in their country when the framework was developed. Less than a third of the responding countries which did not have a salt reduction initiative in place started to develop one due to participating in the framework. This group of countries consist mostly of smaller and new Member States. The remaining Member States already had initiatives in place which they continued.

The average daily population salt intake of adults ranges between 8 to 10 g salt for approximately half of the countries. Few countries have intakes of below 8 g salt per. Approximately one third of the responding countries have intake levels of above 10g per day, most of these exceed 12 g per day. All countries of this latter group are new Member States. In response to questions on changes in salt consumption in the past years, most of the responding countries did not have data available yet that would allow making comparisons.

16 http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2010:305:0003:0005:EN:PDF

These results show clearly that the framework has been effective in stimulating action especially in smaller and the new Member States while strengthening efforts in most of the other Member States which had an initiative already in place. At the same time, it would be too early to assess the impact of the initiative on the population salt intake after only one and a half years of action in this area.

Initiatives for the Reduction of Fats and Sugar Consumption

At the High Level Group (HLG) meeting of 2 April 2009, several Member States expressed their interest to work together on actions to reduce the consumption of fats and sugars. Based on the results of an expert meeting on reformulation of nutrients other than salt in November 2009 and the discussions within the High Level Group in 2009 and 2010, an EU Framework for National Initiatives on Fats and Energy was developed describing a common vision for a general European approach towards working on population intakes of fats and energy. The terms 'fats and energy' are summarising in a simplified manner a complex set of target variables that may vary nationally. The structure of the framework is currently being developed with Member States.

- **ENCOURAGING PHYSICAL ACTIVITY**

Commission

The White Paper on Sport published in 2007 by the European Commission contains a number of proposed actions to be implemented or supported by the Commission on physical activity. These actions were brought together in an Action Plan, named after Pierre de Coubertin.

EU Physical Activity Guidelines were approved by the EU Working Group "Sport & Health" at its meeting on 25 September 2008 and confirmed by EU Member State Sport Ministers at their meeting in Biarritz on 27-28 November 2008. The Guidelines are addressed primarily to policy makers in the Member States, as inspiration for the formulation and adoption of action-oriented national Physical Activity Guidelines.

Recently, implementation of Article 165 TFEU started by means of a Council-based political process for monitoring Member States progress in relation to Physical Activity Guidelines. Work has also started on preparing a Commission Communication on Sport.

Health-enhancing physical activity (HEPA) is in the priorities of the Preparatory Actions, for the development of the future EU Sport Programme and

the planned Communication on Sport. Nine HEPA projects have been funded in 2010 in the framework of Preparatory Action 2009.

In the area of transport, input on the implementation of Action 3 of the Action Plan on Urban Mobility – Transport for healthy urban environments, has been provided by means of support to around 130 measures related to safe walking and cycling within the framework of the CIVITAS Initiative. The CIVITAS Initiative helps cities to achieve a more sustainable, clean and energy efficient urban transport system by implementing and evaluating an ambitious, integrated set of technology and policy based measures. Sustainable urban transport actions have been supported via the energy-efficient transport (STEER) component of the Intelligent Energy Europe Programme, with a particular focus on cycling projects. The STEER programme aims to promote energy efficiency and the use of new and renewable energy sources in transport. Until now 10 cycling projects within the framework of the STEER component have received support.

Public Heath Programme

Experimental health education project at the community level developed between 2006 and 2008. It has demonstrated positive effects on local democracy and facilitated local stakeholders to act effectively and achieve long-term changes. It has reinforced active learning and innovative curriculum plans and stimulated cross-cultural collaboration. EC contribution €1500000

Member States

Almost all Member States have indicated that guidelines for physical activity are in place. Nearly half of them have fully implemented their guidelines.

Many Member States also reported running national awareness/education campaigns or programmes to promote physical activity in the population.

The effective implementation of guidelines on physical activity can be supported by shaping environmental conditions. In this context, most Member States indicated having developed or proposed either actions to promote better urban design such as safe and attractive structures for everyday physical activity, cycling and walking, or programmes to increase trafic safety for pedestrians and cyclists. Efforts undertaken to

Public Health Programme

Production of cutting edge cartoon animation targeting 5-8 years old that tells positive, inspiring and fun stories about healthier living, focusing on healthy eating and physical activity. EC contribution €250.000 http://www.animate-eu.com/active/

expand pedestrian zones, cycle and walking lanes, green spaces and play areas in cities were also reported by most Member States. These policy actions have however only been fully implemented in few countries.

- **FOCUS ON VULNERABLE GROUPS**

Commission

In the year 2007 the European Commission commissioned a report on "Obesity and socio-economic groups in Europe: Evidence review and implications for action"[17] which analysed the existing situation and gave recommendations. The report estimated on the basis of an unweighted crude average across 13 Member States that over 20% of the obesity found among men in Europe, and over 40% of the obesity found in women, was attributable to social inequalities, with much higher rates of obesity in poorer and less well educated groups. In most countries, except some Nordic countries, the social gradient in obesity affects women much more than men and applies also to children. The Commission approach towards health inequalities is presented in its communication COM(2009) 567 final on - Solidarity in Health: Reducing Health Inequalities in the EU [18].

Public Health Programme

POLICY, HEALTH AND FAMILY LEARNING

to increase the awareness within municipal policy makers and "professional practitioners" on how the socio-cultural context within the local settings, where municipalities can intervene with health promoting activities has an effect on healthy lifestyle choices and the health status within families. EC contribution €500.000

http://www.pohefa.eu/

Member States

Reducing health inequalities in the EU has become a priority on most national political agenda's. Only a few Member States, however, address low socioeconomic groups in their national policy documents on obesity or translate this into a comprehensive approach for implementation. Member States indicated, instead, to have segmented actions ongoing at regional and/or local level that focus on low socio-economic settings and/or on vulnerable groups such as children.

17 http://ec.europa.eu/health/ph_determinants/life_style/nutrition/documents/ev20081028_rep_en.pdf

18 http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2009:0567:FIN:EN:PDF

Distribution of Food Products to the most Deprived Persons in the Union

A scheme for the distribution of food to the most deprived persons in the Community was set up the first time in 1987[19]. The "most deprived programme" complements and adds value to public and private actions in MS, but cannot resolve all food poverty. The distribution of foodstuffs to deprived people is facilitated through the help of charities. In September 2008, the European Commission proposed to improve the current food distribution programme by inter alia extending the range of products which can be provided.

The plan covering the year 2011 has just been adopted through Regulation (UE°) 945/2010. The budget available amounts to € 500 million/year from 2009 onwards.

In 2008 more than 13 million people benefited from this scheme. According to the new Commission proposal the reporting obligations at various levels would be strengthened and include a report from the Commission to the European Parliament and the Council.

3. THE EUROPEAN PLATFORM FOR ACTION ON DIET, PHYSICAL ACTIVITY AND HEALTH

The EU Strategy on Nutrition, Overweight and Obesity related health issues called for developing partnerships for action at EU level, as well as strengthening local networks for action.

The rationale is that encouraging healthy lifestyles cannot rely upon public policy and the health sector alone. Non-governmental organisations, food industry, educators, caterers, food retailers and advertising companies all have a role to play. The European Platform for action on Diet, Physical Activity and Health was therefore included as a key tool to implement the nutrition strategy.

The Platform for action on Diet, Physical Activity and Health started to operate in March 2005. It is a forum for all interested actors at European level[20], willing to:

19 http://ec.europa.eu/agriculture/markets/freefood/index_en.htm
20, 2 http://ec.europa.eu/health/archive/ph_determinants/life_style/nutrition/platform/docs/platform_charter.pdf

- tackle current trends in diet and physical activity by initiating new initiatives to the pursuit of healthy nutrition, physical activity and the fight against obesity;
- ensure transparent monitoring of activities;
- share the outcomes and experience of their activities so that over time, better evidence is assembled as to what works, and Best Practice is more clearly defined.

The Platform is as such a "soft" policy instrument; it relies on dialogue and voluntary commitments by stakeholders and could be defined as a model of cooperative voluntarism. The innovative nature of the Platform lies both in bringing stakeholders from different areas together, and in its strong commitment to action. Platform members are required to commit to concrete initiatives in the fields of nutrition and physical activity with the aim of contributing to reducing ill health due to poor nutrition, lack of physical activity, overweight and obesity.

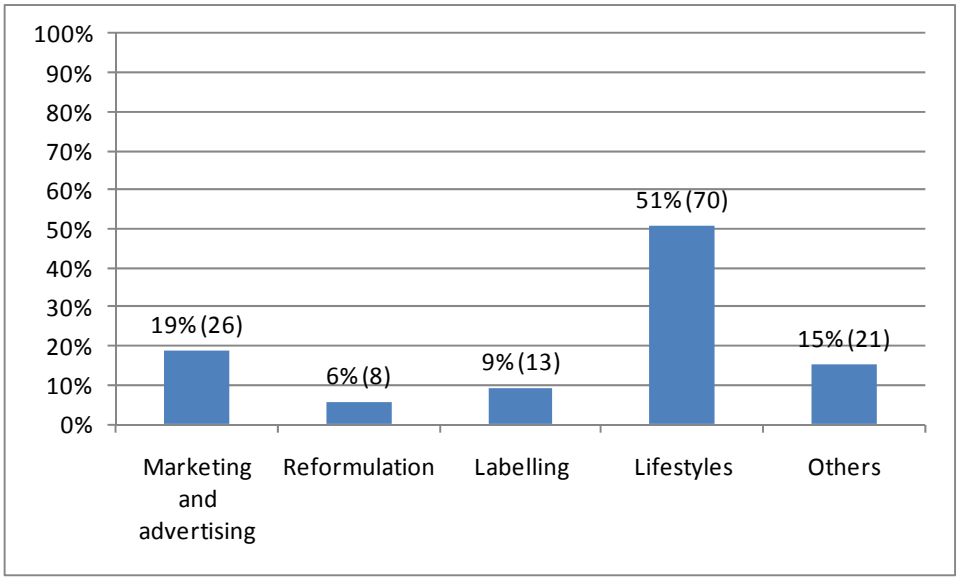
EU Platform on Diet, Physical Activity and Health

The Platform operates under the leadership of the European Commission. It meets at regular intervals for plenary meetings (4-5 times per year) in order to monitor overall progress and discuss specific issues related to its work and to the nutrition strategy.

The fields of action for the Platform have been defined as:

- Consumer information, including labelling
- Education
- Promotion of physical activity (lifestyles)
- Marketing and advertising

- Composition of foods, availability of healthy food options, portion sizes (reformulation)[21]

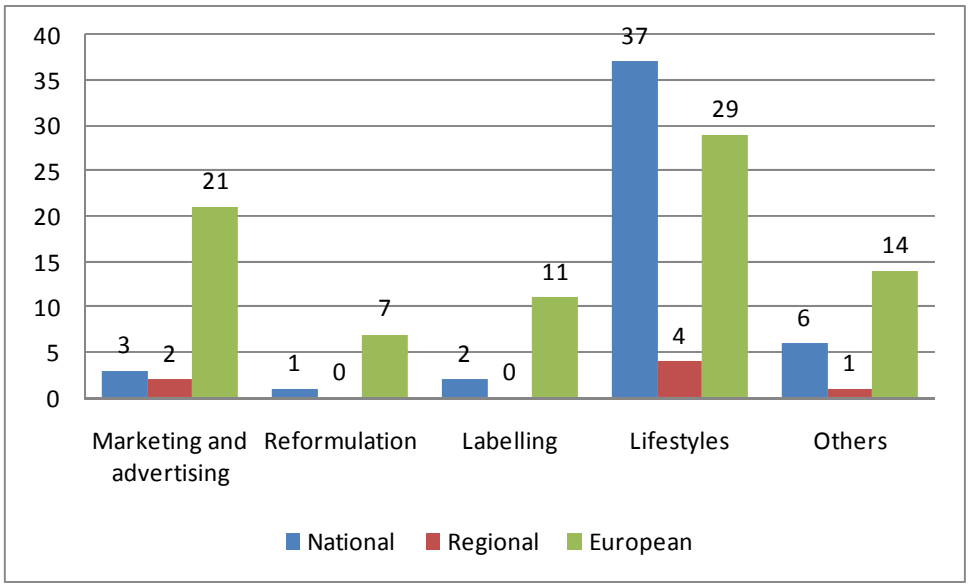


Percentage of commitments by type of action, N = 138 in 2009

Since its inception, the Platform members have documented a total of 292 commitments, of which a majority fall within the 'Lifestyles and education' area (56%)[22]. A considerable number of commitments have also been made in the other three areas for action defined in the Platform's founding statement, namely marketing and advertising, reformulation, and labelling. All initiatives from Platform members are publicly available in the Platform commitments database[23].

The members of the Platform have agreed to monitor and evaluate the performance of commitments in a transparent, participative and accountable way on the basis of a common "Platform Monitoring Framework"[24]. In addition to the online database on commitments, the Commission has published annual reports of the Platform's activities since 2006. The latest, presenting the 2009 activities and achievements on the Platform, was released in May 2010[25].

22 http://ec.europa.eu/health/nutrition_physical_activity/docs/evaluation_frep_en.pdf
23 http://ec.europa.eu/health/nutrition_physical_activity/platform/platform_db_en.htm
24 http://ec.europa.eu/health/archive/ph_determinants/life_style/nutrition/platform/docs/eu_platform_mon-framework_en.pdf
25 http://ec.europa.eu/health/nutrition_physical_activity/docs/eu_platform_2010frep_en.pdf



Number of commitments by geographical coverage and type of action, N = 138 in 2009

Coinciding with the Platform's fifth anniversary, a first external evaluation report on the Platform was published in July 2010[26].

The key conclusions from the report can be summarised as: the need for a possible renewal of the mandate for the Platform; a stronger focus on content and relevance of commitments; a refinement of the monitoring of the commitments made by Platform members, and the development of a more elaborate information and communication strategy. In addition to the overall evaluation of the Platform, the report looked into two case studies more in detail; the first one on Platform members' commitments for action in the key areas of advertising and marketing to children, the second on food/ drink reformulation (the practice of reducing sugar, salt and/or fat in a product). These case studies are described more in detail below.

The results of the evaluation and the way forward were discussed at the Platform's plenary meeting in September 2010. It was decided to establish two working groups consisting of Platform members, one that would work on revising the objectives of the Platform, the second to look into how the monitoring system could be improved. The substance of the commitments and their impact, relevance and effectiveness will be addressed. When working on the revised objectives the aim is to establish clear and specific operational objectives for commitments under the five fields of action defined in the Platform charter. Both working groups will conclude their work early 2011.

[26] http://ec.europa.eu/health/nutrition_physical_activity/docs/evaluation_frep_en.pdf

- **FOCUS ON SELF REGULATION IN THE FIELD OF MARKETING TO CHILDREN**

In view of assessing how self-regulatory measures are being implemented, and what effect they are having, and as part of the Platform external evaluation process, the Commission asked for a specific case study.

In addition to carrying out a descriptive analysis of all self-regulation commitments in this area under the Platform, the case study included a more in depth study of three commitments: the EU Pledge[27]; Mars Marketing Commitments[28]; and UNESDA's - Advertising and Commercial Communication, including school vending/ no advertising in cinemas during films aimed at children less than 12 years[29].

The EU Pledge -which is referred to in the present report as an example of multi-stakeholder commitment - is a voluntary commitment in the framework of the EU Platform. In force since January 2009, it covers advertising to children under the age of 12 across the EU. Eleven founding companies created the EU Pledge and have been joined by six new members in 2010. Together, they represent approximately 75% of food and beverage advertising spent in the EU.

The EU Pledge has two common commitments, although companies can choose to go further. The first commitment is: 'No advertising of products to children under 12, except for products which fulfil specific nutrition criteria based on accepted scientific evidence and/or applicable national and international dietary guidelines'. Applicable nutritional criteria have to be published. The second commitment is: 'No communication related to products in primary schools, except where specifically requested by, or agreed with, the school administration for educational purposes'. The Mars Marketing Commitments and UNESDA's commitments are variations/extensions of the EU Pledge.

[27] http://www.eu-pledge.eu/
[28] http://www.conar.org.br/html/livro/REF%2049MARS%20-%20EU%20Pledge%20Mars%20Commitment.pdf
[29] http://www.unesda.org/our-unesda-commitments-act-responsibly

The EU Pledge led to over one third less TV advertising by pledge participants for all of their products on all channels at all times. Participating companies no longer advertise products such as ice cream, confectionery, chocolate, soft drinks or non-reformulated snacks to children under the age of 12. For other products, nutritional criteria apply. For example, in 2009, Unilever's nutritional criteria allowed it to advertise only 43% of its European food portfolio of 30,000 products to children. Members are now establishing how to extend their pledge commitments to company–owned websites.

The main conclusion from the case study on advertising/marketing to children was that the self-regulation commitments in this area are having an impact, but that their impact could be further strengthened, for instance by a stricter definition of age and audience thresholds for advertising and marketing. It is suggested to set the age bar higher, for instance at 16 years, to limit advertising of foods high in fat salt and sugar (HFSS) to children and adolescents. Instead of using the current 50% threshold for viewership, one suggestion is to use a watershed (e.g. 9 pm), as this might be a better means to limit the advertising of HFSS foods to children than using audience proportions. The nutritional criteria set by companies as part of these commitments have also been described as poor in relation to international and certain national standards.

There is therefore clear room for improvement. Stricter criteria as regards the audience and the definition with Member States of adequate nutrition criteria for advertisements to be accepted could be a possible way of moving forward. Efforts to engage more companies in the EU Pledge or similar initiatives should also be promoted.

The Commission will pursue tight monitoring of self-regulatory measures as implemented under the Platform as well as in the context of the AVMSD (see chapter 3.2.1 Better informed consumers, for more information).

The Commission will report by the end of 2011 on the application of the AVMSD, particularly on whether the quantitative and qualitative rules have delivered the level of protection required. If the report concludes that self-regulatory measures are insufficient,

regulation may be considered. Measuring the effectiveness of Article 9.2 will not be easy, and the methodology to do so is still being developed.

The Commission follows closely and welcomes recommendations on the marketing of foods and non-alcoholic beverages to children adopted by the World Health Assembly on 21 May 2010[30], as well as the recent developments in the US, such as the Let's Move campaign, launched by First Lady Michelle Obama on 9 February 2010[31], and the work of the White House Task Force on Childhood Obesity[32], where reduced marketing of unhealthy products to children are among the recommendations.

When the Strategy is evaluated on the occasion of its completion in 2013 progress in the area of industry self-regulatory measures should be re-examined to establish how far they contributed to visible progress in this field, or whether other approaches are required to complement and reinforce the self-regulatory actions taken.

- **FOCUS ON SELF-REGULATION IN THE FIELD OF FOOD/DRINK REFORMULATION**

Reformulation efforts began before the set-up of the Platform in response to pressures from consumer organisations and governments[33].

However, industry commitments in this area have been given a broader EU remit and a more level playing field among competitors thanks to the consensus building undertaken by trade associations and within the framework of the EU Platform. The second case study looked into self-regulation in the field of food/ drink reformulation[34]. As for the other case study, the objective was to establish how well self-regulation in the area is being implemented and what effect it is having.

[30] http://whqlibdoc.who.int/publications/2010/9789241500210_eng.pdf
[31] http://www.letsmove.gov/
[32] http://www.whitehouse.gov/the-press-office/childhood-obesity-task-force-unveils-action-plan-solving-problem-childhood-obesity-
[33] The High Level Group on Nutrition and Physical activity is also addressing this issue, see page XX for details.
[34] http://ec.europa.eu/health/nutrition_physical_activity/docs/evaluation_case2_en.pdf

The case study identified 26 commitments in this area. In addition to carrying out a descriptive analysis of all self-regulation commitments in this area under the Platform, the case study included a more in depth study of three commitments; the FERCO's General Nutrition Recommendations[35]; Unilever's Product Reformulation and Innovations commitment[36,] and Mars' Reduction of salt levels in rice and sauce products[37].

The case study concluded that a large share of the commitments currently undertaken in the reformulation area takes place in a single country only, which could imply that the overall reach of the commitments is limited. All commitments apart from two have a planned duration of five years or less, and 15 commitments have a planned duration of 1-2 years, which could result in less impact than commitments with a longer duration. Furthermore, just over half of the commitments focus on one type of activity on one single nutrient (e.g. salt), which could further limit impact.

The geographical coverage, the number of actors, and the number of nutrients involved. allow for the preliminary conclusion that Platform commitments in this area have the potential to have a significant impact if well and widely implemented and monitored for compliance.

To ensure a comprehensive approach, industry and the public sector should work closely. Public Authorities should take leadership with particular attention to benchmarking and definition of common thresholds, albeit with input from industry.

Based on the case study, there is also consensus on the need to define national standards for recommended levels of salt, sugar, trans-fats and saturated fats in consumer products, taking into account national eating patterns. However, there is no real consensus on whether these should be mandatory or take the form of recommendations.

Both as regards commitments in the area of marketing/advertising to children and for reformulation, the evaluation report concludes that: "While these commitments may well be playing a part in efforts to combat obesity and overweight in Europe, it is too early to make a judgment on the health impact of Platform commitments"[38].

As reformulation is an on-going process, both within the Platform and within the HLG, this issue should be revisited when the final evaluation of the Strategy will take place.

[35] http://www.ferco-catering.org/eng/fight_against_obesity.html
[36] http://ec.europa.eu/health/ph_determinants/life_style/nutrition/platform/database/dsp_detail.cfm
[37] http://ec.europa.eu/health/ph_determinants/life_style/nutrition/platform/database/dsp_detail.cfm
[38] http://ec.europa.eu/health/nutrition_physical_activity/docs/evaluation_frep_en.pdf p. 4.

An issue that could be discussed for the remaining part of the strategy is the feasibility/ advantage/desirability of bringing together national self-regulatory monitoring organisations and of competent national authorities to reflect on the development of a shared model for framing these initiative, An assessment of the different alternatives and consequences of setting up such a system could be carried out in 2011-2012.

4. DEVELOPING THE EVIDENCE BASE

➢ PARTNERSHIP WITH THE WORLD HEALTH ORGANIZATION

There are currently three key European policy documents on nutrition and physical activity that have been endorsed by the EU Member States: the 2006 WHO European Charter on Counteracting Obesity, the 2007 White Paper on a Strategy for Europe on nutrition, overweight and obesity related health issues and the WHO European Action Plan for Food and Nutrition Policy 2007–2012. To monitor their implementation and in particular the progress made in EU Member States, a three-year joint European Commission (DG SANCO)/WHO monitoring project covering the period 2008–2010 was established. The project allows collection and processing of all relevant information on nutrition, physical activity and obesity prevention, including surveillance data, country policy documents, policy implementation tools and good practices; and the evaluation of the status of policy developments in countries and the implementation of key commitments contained in the above-mentioned documents. A network of National Information Focal Points from the 27 EU Member States has been established to map national information sources and to collate the information. This collated information is made available through the WHO European Database on Nutrition, Obesity and Physical Activity (NOPA Database), which has been developed under the 3-year collaborative project between the EC and WHO. It is also the source for the description of progress in Member States in the present report[39].

➢ THE CONTRIBUTION OF THE EUROPEAN COMMISSION RESEARCH PROGRAMME

Several projects have been supported under the European Union Research Framework Programmes.

[39] See also annex 6

Research has been undertaken in relation to better informed consumers; making the healthy option available; encouraging physical activity; priority groups and settings; and developing the evidence base to support policy making.

Projects financed under the RTD Framework Programmes have contributed to the elucidation of mechanisms of nutrition related diseases and disorders and provided tools for the development of food, obesity treatments, health economics and public health policies to better prevent diet-related diseases.

Key objectives of the research programmes are:

- To understand better the determinants of consumer behaviour as well as the impact of food choice and lifestyle on health;
- To understand better the mechanisms for the prevention and treatment as well as the development of nutrition-related diseases and disorders; increased knowledge on the interaction between nutrition, physical activity and physiological & psychological functions to refine dietary and lifestyle strategies for specific target groups.
- To provide a better assessment of the nutritional status of the general population and specific subgroups as well as common tools and methodologies, which would allow the comparability of data in Europe to provide support to monitor, refine, and adjust dietary recommendations and policy strategies

The estimated funding related to research project under RTD Framework Programmes since 1998 by the European Commission is 640 EUR Million.

Examples of research projects

HELENA - Healthier adolescents make healthier adults

The HELENA project aimed to tackle the problem by supplying verified data on a whole range of adolescent habits, genetic make-up and nutrition. A team of experts from different scientific fields across Europe conducted a survey of a large sample of 13 to 16-year-old boys and girls in ten European cities that represent different genetic backgrounds, eating patterns and socio economic status. EC Contribution: € 4,99 million

IDEFICS - Identifying the causes of children overweight and obesity, intervening before it is too late (FP6)

The IDEFICS project is contributing to improving health conditions for children by understanding their food habits and looking for solutions to problems such as weight and obesity disorders. It is examining the connection between diet and environment, and proposes new interventional approaches to reduce the negative impacts of imbalanced food habits on children. EC Contribution: € 13 million

EARNEST - Perinatal nutrition influences adult health (FP6)

Project EARNEST has gathered a multidisciplinary team of scientists from 16 countries to find ways that public health practice can manipulate foetal and infant nutrition to reduce the prevalence of major adult diseases and to improve infantile development. Among other results, the project showed that lower protein intakes in infancy may protect against later obesity.

EC Contribution: €13.4 million

Moreover, the Joint Research Centre (JRC) has recently established a new activity on Nutrition[40] within the Institute for Health and Consumer Protection (IHCP) which provides an expert base of knowledge to tackle nutritional and health issues within the context of EU Health and Consumer Policies (see also Annex 7).

[40] http://ihcp.jrc.ec.europa.eu/our_activities/cons-prod-nutrition/nutrition

5. CONCLUSIONS AND THE WAY FORWARD

Since the adoption of the Strategy there has been a great deal of activity at EU level, among Member States and by stakeholders. The High Level Group on Nutrition and Physical Activity and the EU Platform on Diet, Physical Activity and Health have become the central structures for the implementation of the Strategy and are generating actions, dialogue and broader involvement in nutrition issues.

Several public health initiatives are being developed through the Health Programme. The evidence base continues to be refined and actions are being consolidated and advanced across the different policies at European level.

Currently, there is little sign of decrease in the recently identified negative trends in overweight and obesity. Furthermore the current economic crisis could have additional negative impact on nutritional patterns across EU populations, especially amongst the most vulnerable. Taking into account the current trends, the financial situation and encouraging preliminary results of actions undertaken under the EU Strategy on Nutrition, Overweight and Obesity related Health Issues, all stakeholders should maintain and even increase their commitment to fight overweight and obesity.

The level of implementation assessed in the "Strategy implementation status of the Strategy for Europe on Nutrition, Overweight and Obesity related heath issues" document[41] shows substantial variation both between policy areas and Member States.

Information and education campaigns, and the provision of campaign guideline to encourage physical activity and inclusion of physical activity in the school curricula were those having the highest level of implementation, although there is little information as regards the frequency and duration of physical activity put in place.

The encouragement of codes of conduct in the area of advertising to children food high in fat, salt or sugar is a work in progress.

The Commission brings together all the stakeholders who would otherwise have little or no opportunity of dialogue, such as the media and civil society. 2011 will be a key year as the Application Report on Audiovisual Media Services Directive is due by the end of 2011. The

[41] Annex 6

report will assess whether self-regulation works well, or whether regulation is necessary in this area. In the coming years, more focus should be put on the areas with fewer actions in place such as the availability of healthy food and physical activity facilities in workplaces, as well as on increasing the availability of healthy options via reformulation initiatives. Workplace actions are particularly important as they can cover populations at risk for chronic diseases, traditionally not being targeted by public health initiatives.

More discussion is needed to choose the best approaches in areas such as monitoring of advertising and marketing codes targeting children, for which evaluation of the legal provisions put in place will be made in the coming years.

The external evaluation report of the EU Platform for Diet, Physical Activity and Health concluded that the Platform has achieved results in particular regarding self-regulatory initiatives in crucial areas such as marketing and advertising to children, and food reformulation, but that it could be improved, *inter alia* in relation to the relevance and impact of its commitments. In particular, the need to scale up and speed up commitments to achieve tangible results was underlined. Two working groups have been established that will look into revising the objectives for the Platform and to improve the monitoring system of the commitments undertaken by Platform members.

The intention of this task is to ensure that future Platform commitments focus to a larger degree on achieving the objectives of the Strategy, with the ambition of delivery of proven results by 2013. The voluntary, non-prescriptive approach and bottom-up stakeholder ownership will remain central to the Platform's success. The aim will be to achieve the most out of the efforts and resources that are put into the Platform.

The Commission remains committed to tackle the crucial health issues related to nutrition, overweight and obesity by promoting healthier diets and more physical activity. The reduction of obesity can only be achieved if we continue the collaborative effort with national governments and our stakeholders, who have already demonstrated commitment to the Strategy's objectives.

LINKS TO THE ANNEXES

Annex 1: WHO reports

- 1st Meeting of National Information Focal Points. Brussels, Belgium, 23–24 September 2008
  http://ec.europa.eu/health/nutrition_physical_activity/docs/implementation_report_a1a_en.pdf
- 2nd Meeting of National Information Focal Points. Copenhagen, Denmark, 23–24 June 2009
  http://ec.europa.eu/health/nutrition_physical_activity/docs/implementation_report_a1b_en.pdf
- Meeting on community initiatives to improve nutrition and physical activity. Berlin, Germany, 21–22 February 2008
  http://ec.europa.eu/health/nutrition_physical_activity/docs/implementation_report_a1c_en.pdf
- Workshop on integration of data on physical activity patterns. Zurich, Switzerland, 25–26 February 2009
  http://ec.europa.eu/health/nutrition_physical_activity/docs/implementation_report_a1d_en.pdf

- Workshop on integration of data on household food availability and individual dietary intakes. Copenhagen, Denmark, 28–29 April 2009
  http://ec.europa.eu/health/nutrition_physical_activity/docs/implementation_report_a1e_en.pdf

Annex 2: Table of core indicators

http://ec.europa.eu/health/nutrition_physical_activity/docs/implementation_report_a2_en.pdf

Annex 3: EU Platform for action on Diet, Physical Activity and Health evaluation report

http://ec.europa.eu/health/nutrition_physical_activity/docs/evaluation_frep_en.pdf

Annex 4: Case study on Platform members' actions in the field of self regulation in the field of marketing to children

http://ec.europa.eu/health/nutrition_physical_activity/docs/evaluation_case1_en.pdf

Annex 5: Case study on Platform members' actions in the field of food reformulation

http://ec.europa.eu/health/nutrition_physical_activity/docs/evaluation_case2_en.pdf

Annex 6: Implementation status of the Strategy for Europe on Nutrition, Overweight and Obesity related health issues

http://ec.europa.eu/health/nutrition_physical_activity/docs/implementation_report_a6_en.pdf

Annex 7: The European Commission services reports

http://ec.europa.eu/health/nutrition_physical_activity/docs/implementation_report_a7_en.pdf