

MEETING OF THE HIGH LEVEL GROUP ON NUTRITION AND PHYSICAL ACTIVITY

28 OCTOBER 2015
10.00 – 17.00

CHAIR: John F. Ryan, Acting Director SANTE C

DRAFT MINUTES

1. INTRODUCTION BY THE COMMISSION

The 24th meeting of the High Level Group on Nutrition and Physical Activity was chaired by **John F. Ryan, Acting Director SANTE C.**

The minutes of the previous meeting were adopted and the agenda of the meeting was approved with the addition of a brief update on the Audio Visual Media Services Directive (as asked by Slovenia).

2. WHAT IS NEW

The Joint Research Centre provided an overview of scientific news and developments in the fields of nutrition and physical activity.

The Netherlands added that there is research a reduction in salt levels following reformulation initiatives in the country. Slovenia highlighted the relevance of the European Society for Paediatric Gastroenterology Hepatology and Nutrition's approach to lifelong learning (mentioned in the overview).

3. OUTLINE OF THE DUTCH PRESIDENCY

The Ministry of Health, Welfare and Sport presented the Dutch Presidency priorities for the first half of 2016. Food composition improvement will be high on the agenda given its relevance for public health, the internal market and product innovation. The upcoming Presidency believes that **innovation is currently hampered by the coexistence of multiple national frameworks.**

The Chair mentioned that food reformulation is not only high on the agenda of the High Level Group but also one of the priorities of the EU Platform.

In this respect, the Chair asked the Platform plenary to consider a strengthening of the focus the commitments, to improve their monitoring to consider the potential benefits of external evaluation of the impact of commitments.

The Commission has already started the process of discussing with both Member States and stakeholders how to best do this and meetings with Platform members have taken place to promote efforts to be more ambitious in the future.

The High Level Group can support this process by, for instance, setting a small number of objectives, perhaps in line with the ones to which the Member States have already agreed to in the context of the WHO.

Malta's Presidency possible work on promoting best practice sharing related to public procurement of food was also mentioned. Finland and Slovenia were **particularly supportive of additional best practice sharing in this area.**

4. SUPPORT A HEALTHY START IN LIFE

The Ministry of Health of Luxembourg described the national actions in this field. Luxembourg has school medical services where dieticians are involved in addressing overweight and obesity. The country is particularly concerned with addressing socioeconomic inequalities. Pregnancy allowances are linked to medical surveillance and this strong incentive contributes to 98% of babies being covered by health controls.

The National Institute for Health Development of Estonia presented the national situation with a focus on breastfeeding. In Estonia, breastfeeding is considered the norm for feeding the new-born and authorities and health professionals act in accordance. The country is considering (re)introducing home visits by nurses to new mums so as to further support it. ATM machines have been used to play short videos promoting breastfeeding. Belgium noted that longer durations of the maternity leave are not always associated with higher rates of breastfeeding.

A Plenary debate then followed and all High Level Group Members gave an update of their national situation. Belgium mentioned that the federal government has introduced a tax on sugar in beverages. Bulgaria mentioned that in November the Bulgarian Pledge will be signed with industry. Croatia noted that they are currently designing guidelines on how to best reach pregnant woman. Finland is currently revising dietary guidelines for pregnant women and children (expected beginning of 2016) and plans to produce guidelines for procurement in schools and day care centres (expected next autumn). Finland abandoned a tax on sweets, chocolates and ice creams three years ago following complaints by industry (a tax on soft drinks remained although slightly changed). Italy refers that the Italian strategy “Gaining health: making healthy choices easy” for the prevention of NCDs is based on a life-course approach. The promotion, protection and support to breastfeeding is a priority objective of the strategy. At the Ministry of Health a specific Technical Committee has been established to address the issue, with the involvement of paediatrician, other health experts and several associations engaged in the protection of breastfeeding. This committee is intended to promote breastfeeding and to spread, among the population, awareness of its importance also as a natural norm, of cultural and social value. Moreover, every year the Ministry promotes a communication campaign that includes the diffusion of informative materials and the organization of public events in some cities. In addition, the Plan of Prevention 2014-2018 commits all the Italian Regions to implement measures to increase from 50% to 75% the percentage of women who breastfeed exclusively for at least 6 months”. Latvia has adopted a new strategy that increases support for pregnant women on breastfeeding. Malta, that registers very low breastfeeding rates, adopted a breastfeeding initiative targeting both mothers and health professionals. Switzerland has a policy on breastfeeding at workplace in place since 2014 and noted that **an agreement with industry has been reached to upgrade the Swiss pledge restricting food advertising to the WHO Europe Nutrient Profile Model.** The Swiss representative also mentioned that, although they have a memorandum of

understanding on sugar reduction in yoghurts and cereals, the problem is that the production of these products takes place abroad. Switzerland thus highlighted the need for a cross-border country approach to the reformulation issue. Slovakia has since 2015 a new obesity prevention plan. Slovenia mentioned their new action plan that addresses nutrition and physical activity, that breastfeeding rates are falling and their special focus on reaching people from disadvantaged backgrounds. Sweden highlighted how nowadays famous bloggers can have unusual influence on the decision of women whether or not to breastfeed.

Following the remarks on the problem of the immigrants/refugees, the Commission suggested to balance the objectives of providing immediate help and of keeping focus on policy goals. It was decided to reserve 5 million EUR of the Health Programme annual budget for 2015 to support refugees and it will be also considered in the Work Programme for 2016.

The Platform may also be involved in this area and perhaps present a joint commitment on food distribution. The Commission thus called upon the High Level Group members to submit further ideas in the coming weeks.

The Commission highlighted that when providing feedback to the Plenary on the progress of the implementation of the Action Plan on Childhood Obesity, the Member States should mention if they have a monitoring system in place.

The Netherlands mentioned that Member States could share questions before the meeting. The Commission mentioned that the Health Policy Forum Platform could be used in the future to prepare the meeting discussions in advance.

5. UPDATE ON TRANSATLANTIC TRADE AND INVESTMENT PARTNERSHIP & PUBLIC HEALTH

In this session we saw presentations by DG TRADE on the TTIP in relation to public health and by Slovenia on possible areas of concern. DG TRADE was adamant in saying that no compromises will be made on the level of protection of public health. The objective is rather to avoid duplication of efforts and waste of resources in repeated inspections.

6. INFORMATION SESSION ON NUTRIENT MODELS

The Joint Research Centre presented a comparison between the EU Pledge and the WHO Nutrient Profile models for framing the marketing of foods to children. At the moment national nutrient schemes exist in Norway, Denmark, United Kingdom, Ireland and The Netherlands. The WHO model firstly has in mind the protection of public health whereas the EU Pledge balances it with the industry's interest in selling products.

All Member States voiced their support to a better framing of food marketing to children and considered that the WHO model can play a role for that purpose, namely in future negotiations. Slovenia added that by the end of the year the WHO nutrient profile will be included in their national implementation of the Audio Visual Media Services Directive. Switzerland informed the Plenary that they have signed the Swiss Pledge with industry and stated that the document should progressively align with the WHO model (something which industry seems to be generally in agreement with, as a long term goal). The Commission asked Switzerland to report back on their experience.

7. FRONT OF PACK LABELLING

The Haut Conseil de la Santé Publique of France presented their recent study on colour-coded nutrition labels. A 5 colour model was proposed to enable, among others, wide stakeholder buy-in and consumer readability.

The Department of Health of the United Kingdom addressed the topics of front of pack labelling and of sugar. All the recommendations from the sugar report (curbing marketing and promotions, use of profiles, reformulation) will be acted upon (except for the increase of taxation, which is not being considered at the moment). A new nutrition strategy will be proposed in 2016: among others, there is great concern with the fact that obesity rates double during the first years of school.

8. ANY OTHER BUSINESS

DG SANTE provided short updates on the closing of the open consultation of the Audiovisual Media Services Directive consultation on its fitness for purpose; on the validation of the monitoring indicators of the Action Plan on Childhood Obesity; on the launch of the Joint Action on Nutrition and Physical Activity and on the work of the expert group on Reformulation.

9. CONCLUSION

The Chair concluded that:

- Measures to promote breastfeeding are of high relevance to address the nutrition and obesity challenges in Europe;
- Member States are reminded to take concrete action (and monitor) the 8 areas of the Action Plan on Childhood Obesity;
- Member States may wish to send ideas on possible actions for the High Level Group in support of the refugee crisis;
- **The Member States supported the work on reformulation and on best practice on public procurement of food (as suggested by Malta), and proposed that the Commission uses the WHO Nutrient Profile as a basis for dialogue with industry on the issue of food marketing to children;**
- Members agreed on the importance to exchange information and keep each other up-to-date of relevant planned initiatives.

The next meeting will be on **2 December in Luxembourg** and will focus on '**Encouraging physical activity**' (area 6 of the Action Plan on Childhood Obesity).