

EPHA Response to the Commission Green Paper on healthy diets and physical activity

Subject	Response to the Commission Green Paper "Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases"
Date	March 2006

The European Public Health Alliance (EPHA) represents over 100 non-governmental and other not-for-profit organisations working in support of health in Europe. EPHA aims to promote and protect the health interests of all people living in Europe and to strengthen the dialogue between the EU institutions, citizens and NGOs in support of healthy public policies. <http://www.eph.org>

EPHA welcomes the opportunity to respond to the Commission's consultation on promoting healthy diets and physical activity across the EU. However, there is a concern that many of the questions asked in the Green Paper have already been answered through the numerous Commission stakeholder platforms, forums or ad hoc consultations. Dialogue and more research is necessary, but the obesity epidemic requires timely and clear policy decisions, including appropriate regulatory frameworks. EPHA presents the following comments:

Health across EU policies

The Common Agricultural Policy (CAP) is clearly a fundamental policy in determining the quality and choice of food and drink available to consumers in the EU. Indeed, the EU has the capacity to support farming structures which will be beneficial to health, such as those which encourage increased consumption of fruit and vegetables. Furthermore, the World Health Organisation insists that the implementation of national strategies on diet and physical activity should involve collaboration between the health and agricultural sectors¹.

In the past, the provision of production subsidies for milk (with greater premiums for higher fat content) and beef has led to excess production of these products, with a negative impact on health. One method of disposing of this excess has involved milk for use by the not-for-profit sector: research in Sweden² has shown that where schools accept the EC's subsidised full fat school milk, each child consumes an extra 1.5kg of saturated fat than would have been consumed, had skimmed milk been available and that this may contribute to increased incidence of coronary heart disease and increased prevalence of obesity in the next generation. Similarly, the production of massive quantities of relatively low quality saturated fat-rich beef has led to mass production of cheap beef products such as burgers.

On the other hand, the CAP has provided relatively few production subsidies for fruit and vegetable growers, thus providing little encouragement for expansion of fruit and vegetable production.

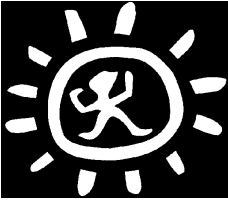
Of course, the recent CAP reforms have had the effect of disconnecting subsidy from production, but these reforms do not provide any direct incentive to shift production from one type of farming to another. The UK's National Farmers' Union³ believes that the reforms will have little impact on the types of food produced since most farmers are essentially conservative by nature, and the majority will therefore continue to negotiate whole farm packages based on continuing to produce what they had done previously.

¹World Health Organisation Global Strategy on Diet, Physical Activity and Health, para.39(1).

http://www.who.int/entity/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf

²Elinder LS, Joossens L, Raw M, Andreasson S, Lang T, *Public health aspects of the EU Common Agricultural Policy* (2003), Swedish National Institute for Public Health, Stockholm, ISBN 91-7257-131-X.

³Abbot T, North West Director of the National Farmers Union, personal communication, 2005.



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In line with the vision of the World Health Organisation and the Food and Agriculture Organisation⁴, health across the EU would benefit from a farming structure which encouraged:

- less consumption of saturated fat (mainly of mammalian origin)
- some substitution of monounsaturated and polyunsaturated fats and oils in place of saturated fat
- increased consumption of fish and vegetable protein, with a consequent reduction in consumption of protein of mammalian origin
- greatly increased consumption of fruit and vegetables
- increased consumption of “starchy” foods, such as potatoes and cereals

EPHA would like to see CAP increase financial support to promote healthy consumption and production, including an increased availability of fruits and vegetables. This should be accompanied by health promotion efforts to raise awareness of the risk associated with a healthy diet. Programmes and policies to stimulate changes in diet can work.

EPHA therefore sees the need to re-orientate production incentives and subsidies in favour of heart-healthy nutrition in Europe. It should also be ensured that the price paid by the consumer is the “real price”, and avoiding the agribusiness to profit from wider benefit margins (they buy it cheaper and then sell it at the same price).

Another policy area which can play a significant and powerful role in promoting healthy lifestyles is audio-visual policy. The current revision of the Television without Frontiers Directive does not seem to have taken into account some of the recommendations formulated by and during the consultation process: product placements can be used before 10pm; advertising of unhealthy food to children is not forbidden; children’s programmes are not defined appropriately and product placements in programmes that are likely to be viewed by children are not prohibited.

In terms of research, in the field of consumer behaviour, more research is needed on the impact of public information campaigns on health behaviour. Further research on the role of nutrition in CAP is also needed and would be welcomed by EPHA.

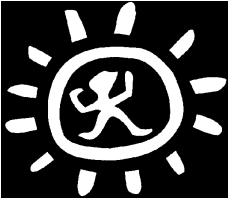
The Public Health Action Programme

EPHA welcomes the Commission proposal for a Health and Consumer Programme for the period 2007-2013. The text is ambitious but there is still a need for a more coherent and inclusive legal basis. However, obesity is an issue that needs to be developed further in the new health and consumer programme. Obesity was mentioned in the introduction to the programme but EPHA would like to see it in the legal text.

The health community is also concerned with the significant allocation for health information and knowledge including information campaigns targeted at young people. Although lack of information is linked to poor health, information alone does not guarantee behaviour change or improvements in health. Public information campaigns on healthy eating have to compete with a much greater volume of sophisticated commercial communication that is designed to encourage consumption. Traditionally it is PR and advertising agencies that win EU contracts to run information campaigns rather than civil society networks that are closer to the target audience. Before scarce resources are allocated to high profile information campaigns there should be a rigorous evaluation about the real impact on health behaviour of such activities.

The Public Health Action Programme is an excellent tool for the EU to provide added value in the fight against obesity.

⁴ *Diet, Nutrition and the Prevention of Chronic Diseases*, Report of a Joint WHO/FAO Expert Consultation. Geneva, World Health Organisation (WHO Technical Report Series, No. 916): http://whqlibdoc.who.int/trs/WHO_TRS_916.pdf and WHO Global Strategy on Diet, Physical Activity and Health (see above).



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However it is essential that the programme is sufficiently funded. There is a need for policy makers at national and European level to make sure that the EU funding allocated to health and consumer issues is adequate. At the moment the funding for the Health and Consumer Programme is halved. Difficult decisions will have to be made about what type of activities the EU can realistically undertake to promote public health. A wide range of projects and networks currently being supported at EU level are facing an uncertain future.

Consumer information, advertising and marketing

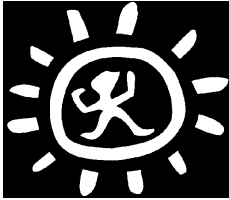
Consumers should be provided with objective nutritional information about the products they eat. The lack of control at EU level on health and nutrition claims and limited and fragmented regulation at national level has led to blatant abuse. In addition, the use of health or nutrition claims on alcoholic products should not be allowed: Europe's consumption of alcohol is already high and causing considerable health damage.

European wide legislation regulating the use of health and nutrition claims is therefore essential. For the legislation to be effective and respectful of the better-regulation principle, the following issues must be addressed: nutritional profiles (so no health claim would be made on just any product), the requirement of peer reviewed scientific evidence in support of a claim (so only true claims can be made), prior authorisation system (so no claims can be used without authorisation by an independent body) and a ban on health or nutrition claims on products for infants and young children, products marketed to children and alcoholic products. As Member states of the European Union have all supported the International Code on Marketing of breastmilk substitutes and subsequent WHA resolutions, the commission should in their directives fully implement those provisions.

Despite industry's claims that self regulation on advertising is effective, many NGOs have concerns that voluntary codes are often not sufficient to restrain unacceptable practices, especially since self-regulation is most commonly adopted by industries under threat of government regulation. This is particularly the case with regard to a commercial sector that involves products which can be harmful to health, such as unhealthy food. The main problems with self-regulated advertising codes concern:

The nature of the codes: Most self-regulatory codes are largely irrelevant to the way food advertising actually works. They deal with the content rather than the volume of advertising even though the attitudes and behaviour of the public are likely to be affected by the sheer number and repetition of advertisements as well as their content. Moreover, the wording of the codes tends to be vague and general. It leaves wide scope for interpretation, providing both incentive and opportunity for advertisers to find ways of pushing the rules to the limits or circumventing them. It is essential that health experts and not only marketing experts are involved in the drafting of the codes.

Violations of the code, enforcement and sanctions: Most advertising code committees only provide recommendations and breaches of the codes do not carry a penalty. Even if this is the case, sanction mechanisms can prove difficult to implement, overly complex and ineffective. On average, it takes a few months before the advertising Code Committee rules on a complaint about a commercial or advertisement. In most cases, the campaign concerned has long been completed when the Committee gives its verdict. It is essential that the advertising code committees include health experts as well as marketing experts, and that those experts are independent and chosen by an independent body (and not the advertising industry themselves). In order to be able to enforce, advertising code committees need to be properly funded, and the situation is specially difficult in new Member States. A levy imposed on advertisers, following the example of the UK, might be a solution to the fund raising problem.



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Self-regulatory codes must not intend to play a substituting or independent role apart from legislation. However, if properly enforced, they may have an important **role in complementing the legislation**. They may help to ensure that the basic principles are actually achieved in practice, by helping businesses understand how to meet their obligations and reacting speedily to new market practices.¹ Effective self-regulation initiatives should play a facilitating role in applying the principles contained in legislation. Furthermore, the importance of stakeholder involvement should be highlighted: self-regulation mechanisms imply wide consultation with all interested parties. This has a potential to create a sense of responsibility among social and economic players.

Consumer education

To achieve the goal of population-wide increased levels of consumer education, governments at all levels have a key role to play in initiating, coordinating and implementing policies that improve public knowledge on the relationship between diet and health. In the field of nutrition and physical activity, the key messages to give to consumers are that eating healthily, maintaining a normal weight, not smoking and being physically active in order to prevent heart disease, diabetes and cancer and thus contribute to a long and healthy life.

However, EPHA is sceptical about the use of public information campaigns to achieve this goal especially where such campaigns are led by the food industry. Indeed, marketing should be considered as another of the complex and often difficult to disentangle causes of lifestyle-related conditions. The results of a qualitative survey on **consumer attitudes and expectations towards labelling**² carried out in 28 European Countries (25 Member States, Norway, Switzerland and Iceland) shows that European consumers are confused between nutritional information and marketing claims on food products. Consumers stated **their wish to some standard labelling** on each food product such as the expiry date, **nutritional composition of the product** (eg fat, allergy or diabetes conducive ingredients, GMOs), and the **nutritional value of the product**.

Public information campaigns on healthy lifestyles have to compete with a much greater volume of sophisticated commercial communication that is designed to encourage consumption. Therefore, before scarce resources are allocated to high profile information campaigns, there should be a rigorous evaluation about the real impact of such activities on health behaviour and a discussion about alternative cost-effective solutions.

A focus on children and young people

EPHA calls for the emergence of a consistent and coherent approach to children's health across EU policies and programmes.

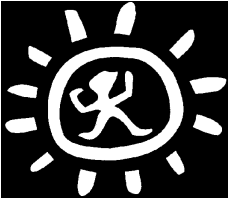
Evidence shows that targeted interventions in school and community settings should be supported. The role of the EC has to be to coordinate efforts and to promote exchange of best practice between Member States.

Furthermore, NGOs and community organisations can also usefully influence the behaviour of children and young people through education and information dissemination initiatives. Again the Commission has a significant role to play in providing support to such initiatives and encouraging Member States to invest in them. It is important however to make sure that schools are preserved as a commercial free setting.

¹Ibid.

²http://europa.eu.int/comm/consumers/topics/etiquetage_cons_fr.pdf

<http://www.beuc.org/BEUCNoFrame/Common/GetFile.asp?ID=18098&mfd=off>



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However, we would not like to see other population sectors excluded. Older people also benefit from health promotion and public health campaigns. A systematic health promotion strategy for all age groups is needed. It is never too late to start being healthy and significant benefits can be delivered even among 60-90 year olds. Older people should be supported to adopt or strengthen health behaviours such as quitting smoking, reducing alcohol consumption, taking exercise and a diet of fruit and vegetables with fewer saturated fats.

Another important group are women. The adverse effects of overweight on women are on the rise (compared to men). Gender differences in health are biological but also social (lifestyle). However, studies often approach health inequalities through social class or age specific studies. Besides, in European society women still have an important role to play when it comes to education and shaping the lifestyles of younger generations, and they need to be supported accordingly.

Food availability, physical activity and health education at the work place

The Faculty of Public Health of the Royal College of Physicians of the UK has published a leaflet¹ which identifies practical steps that can be taken in order to improve health in the workplace together with lists of resources to help employers and employees implement such actions.

In terms of improving the nutritional value of canteen meals, it is recommended that portion sizes should not be too large and that salt should not be put on tables but provided on demand. Employers can also support “healthy eating weeks”.

On the subject of physical activity, it is recommended that employers consider negotiating discounted membership of a local gym for employees and support activity or sports programmes in an outside the workplace. Employers can also make stair wells more attractive and use signage to encourage the use of stairs rather than lifts, provide information on the benefits of physical activity and encourage employees to walk or cycle to work.

Another example could be to implement the breastfeeding breaks which are in most national legislations to protect lactating women and offering lactation support and separate rooms to allow to continue breastfeeding while back to work.

EPHA encourages the European Commission to support and complement initiatives which seek to promote workers' health in this respect, and to use their competences on health and safety to improve the situation.

Building overweight and obesity prevention and treatment into health services

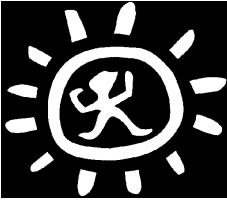
In order to promote prevention of overweight, obesity and chronic disease, health services can provide, during routine contacts, practical advice to patients and families on the benefits of healthy diet and physical activity and also offer support (information and skill-building) to help initiate and maintain such behaviours². In addition, the Commission can encourage Member States to invest in education and training for dieticians and nutritionists, as well as increased financial support to enable health professionals to dedicate more time to prevention.

The commission could recommend and support maternity hospitals to join the WHO/UNICEF programme “Baby-friendly hospitals” which ensure full information on infant feeding options and skilled support for breastfeeding.

¹*Creating a healthy workplace*

http://www.fph.org.uk/policy_communication/downloads/publications/leaflets/healthy_workplaces_leaflet_2006.pdf

²WHO Global Strategy on Diet, Physical Activity and Health, para. 45.



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Addressing the obesogenic environment

Environments that are conducive to physical activity must be safe environments. Therefore, the provision of cycling and walking paths to schools and workplaces must be accompanied by measures that ensure the safety of those activities. A report on promoting child safety in the EU¹ highlights reduced speed limits, safer car fronts for pedestrians and cyclists and education campaigns as just some of the measures which help to reduce the number of child road accidents.

EPHA therefore encourages the Commission to propose to the Council measures which aim to improve transport safety across the EU with a view to creating environments conducive to the increased undertaking of physical activity.

Socio-economic inequalities

At national level, fiscal policies can be used to influence availability of, access to and consumption of various foods – public funds and subsidies can be used to promote access among poor communities to recreational and sporting facilities. However, such measures should be evaluated in order to avoid unintentional effects on vulnerable populations².

Another possibility at national level is the setting up of food programmes to provide food to population groups with special needs or cash transfers to families so that they can improve their food purchases. Such programmes should pay particular attention to the quality of food items and integrate nutrition education in order to make positive changes to dietary habits. Above all, food and cash distribution programmes should emphasise empowerment, development, local production and sustainability³.

Fostering an integrated and comprehensive approach towards the promotion of healthy diets and physical activity

At national level, governments should ensure the setting up of a national coordinating mechanism in order to implement a comprehensive national strategy/action plan promoting diet and physical activity with close involvement of local authorities. National strategies should involve collaboration between the health sector and other sectors such as agriculture, education, urban planning and transportation. Some EU member states already have them in place. In order to complement and support these national strategies, the European Commission could establish a multisectoral and multidisciplinary advisory board, with technical experts and representatives of Member States' government agencies and an independent chair to ensure that scientific evidence is interpreted without any conflict of interest⁴. Equally important is the need for the Commission to support national strategies by way of effective legislation, adequate funding, monitoring and evaluation and continuing research⁵ and involvement of all stakeholders.

In line with the EU Platform on Diet, Physical Activity and Health, the Commission should facilitate the establishment of mechanisms to promote participation of NGOs, civil society, communities, the private sector and the media in activities related to diet and physical activity⁶. At national level, Member States should encourage community participation in promoting healthy lifestyles and the participation of all stakeholders (including non governmental organisations) in the national platforms or when drafting their national strategies.

¹Priorities for Child Safety in the European Union: Agenda for Action (2004)

[http://www.childsafetyeurope.org/csi/ecsa.nsf/index/injurythemes/\\$file/2004whitebook.pdf](http://www.childsafetyeurope.org/csi/ecsa.nsf/index/injurythemes/$file/2004whitebook.pdf)

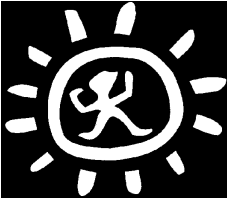
²WHO Global Strategy on Diet, Physical Activity and Health, para. 41.

³Ibid.

⁴Ibid. para. 37.

⁵Ibid.

⁶Ibid. para. 44.



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The Commission also has very important role to play in research and evaluation of different policies and interventions. This will lead to better informed policies at national level including the health impact of policies in other sectors. EPHA welcomes the fact that DG SANCO intends to carry out impact assessment of policies through the use of Scoping Papers in order to ensure that the impact of Community policies on citizens' health and consumer interests will be treated just as rigorously as all other impacts.

However, EPHA expresses concerns over the fact that other DGs do not respect the principle of stakeholderism, and therefore do not necessarily consult health NGOs and civil society, resulting in an unlevel playing field. On the other hand, in order to provide worthwhile input at the consultation stage of the impact assessment process, health NGOs may need to re-write their strategic plans and this requires financial and administrative backing which is not always possible. EPHA therefore encourages the Commission to develop impact assessment tools which enable the full participation of NGOs, whose contribution is invaluable to assessing the impact of policies in a balanced and transparent manner.

Recommendations for nutrient intakes and for the development of food-based dietary guidelines

In developing food-based dietary guidelines (FBDGs) at a European level, it is important that the European Food Safety Authority (EFSA) consults its stakeholders and other interested parties in order that social and cultural variations and different regional and national dietary habits be taken into account. This is also particularly important in light of the fact that the Council common position on the Regulation on nutrition and health claims made on foods¹ maintains that the EFSA will provide advice on the setting of nutrient profiles for the purpose of the Regulation.

EPHA expresses concerns over EFSA's role in developing FBDGs for several reasons, including the fact EFSA opinions often do not state where scientific uncertainties arise even though this is a long-established scientific practice, and is sometimes even legally binding to do so. EFSA must fully address the scientific uncertainties in all of its opinions and, as a consequence, consider the precautionary principle.

Furthermore, EFSA must review the make-up of its scientific panels and their use of *ad hoc* experts, with a view to making them impartial and absent of direct and indirect industry links. EPHA feels that there is an huge under-representation of NGOs, with the balance tipped heavily in favour of industry associations.

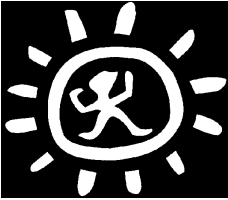
Civil society groups have a broad level of expertise on a wide range of issues covered by the EFSA, and can make valuable contributions to promoting FBDGs at European level. Furthermore, they can also be instrumental in overcoming the gaps between nutrient targets and actual consumption patterns and in communicating dietary guidelines to consumer by disseminating information and educating people on healthy diets. These efforts should go hand in hand with advice and support from health care services.

Dietary guidelines can also be communicated to consumers through harmonised food labelling – this provides scope for Community legislative measures in order to promote healthy nutrient intake and thus help prevent the incidence of major non-communicable diseases. Furthermore, EPHA would encourage the Commission to produce regular reports on the state of nutritional health in Europe in order to monitor and evaluate changes in dietary behaviour, with a view to bringing consumption patterns closer to proposed nutrient targets.

Cooperation beyond the European Union

The Community should form alliances with non-EU countries for the broad dissemination of appropriate and effective

¹ <http://register.consilium.eu.int/pdf/en/05/st09/st09858.en05.pdf>,
<http://register.consilium.eu.int/pdf/en/05/st09/st09858.en05.pdf>



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messages about healthy diet and physical activity¹. This could be achieved for example by inviting both representatives of Member States and of third countries (especially those who are currently revising their legislation in order to combat the obesity epidemic) to participate in the meetings of the EU Platform on Diet, Physical activity and Health, which would allow for meaningful exchange of experiences and identification of best practice.

Other issues

Food safety

Although the Green Paper makes reference to the proposed regulation on nutrition and health claims, there is no mention of the Community legislation on the harmonisation of rules on food labelling², food fortification³ and food irradiation⁴.

According to the TRUST project⁵, these issues are relevant in helping to improve consumer trust in the food supply chain, as they will be in a better position to make informed choices. This is therefore an aspect of consumer education and information which ought to be addressed – food safety must form part of a comprehensive food strategy for the EU.

Community involvement

The EU Platform on Diet, Physical Activity and Health has analysed programmes⁶ which have shown that interventions through community organisations is a key factor for success. Therefore the Green Paper should also ask for contributions on how the involvement of community actors can be optimised.

Nutrition for babies and infants

The Green Paper has omitted to highlight and to ask for comments on the protection of the health of babies and infants and breastfeeding as best possible nutrition for babies.

Scientific evidence has consistently shown that the use of formula rather than breastfeeding increases infant mortality rates, increases rates for illnesses such as infectious diseases, chronic diseases and auto-immune diseases and offers less than optimal development and growth, for example, lower cognitive and visual development and increased risk of obesity⁷.

Therefore, EPHA calls for an EU strategy that protects, promotes and supports the exclusive and continued

1WHO Global Strategy on Diet and Physical activity, para.40.

2Directive 2000/13/EC on the approximation of the laws of the Member States relating to the labelling, presentation and advertising of foodstuffs, OJ L 109 of 6.5.2000.

3Regulation on the addition of vitamins and minerals and certain other substances to food <http://europa.eu.int/eur-lex/lex/LexUriServ/LexUriServ.do?uri=COM:2003:0671:FIN:EN:PDF>

4Directive 1999/2/EC on the approximation of the laws of the Member States concerning food and food ingredients treated with ionising radiation, OJ L 66/16 of 13.3.1999 and Directive 1999/3/EC on the establishment of a Community list of foods and food ingredients treated with ionising radiation, OJ L 66/24 of 13.3.1999.

5<http://www.trust.unifi.it/>

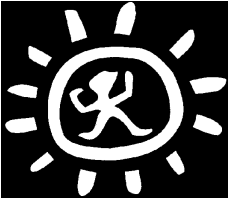
6 See for example

http://europa.eu.int/comm/health/ph_determinants/life_style/nutrition/documents/ev_20041029_co07_en.pdf and “Successful prevention of non-communicable diseases: 25 year experiences with North Karelia project on Finland”, Public Health Medicine (2002), Vol. 4(1), pp.5-7.

7“Risks of formula feeding: A brief annotated bibliography” INFAC Canada, updated May 2004

http://www.who.int/child-adolescent-health/NUTRITION/infant_exclusive.htm

<http://www.babyfriendly.org.uk/home.asp>



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breastfeeding . There is a need to ensure that all EU policies and practices are in line with the Global Strategy on Infant and Young Child Feeding.

Finally, there is a need to ensure that the safeguards established by the Global Strategy to avoid potential conflicts of interest are fully recognised and implemented so that the food industry is not involved in the production of educational materials intended for use in schools and health care systems.