

European Commission
Directorate-General Health and Consumer Protection
Unit C4 – Health Determinants

Please find attached Hungarian comments concerning the Green Paper on "Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases".

Best regards,

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GREEN PAPER

"Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases"

IV.3. Health across EU policies

- What are the concrete contributions which Community policies, if any, should make towards the promotion of healthy diets and physical activity, and towards creating environments which make healthy choices easy choices?

As the Green Paper explains (IV.3.1.), an integrated approach to health promotion is necessary to prevent obesity and overweight people. This requires a commitment to adherence to health targets when evolving other Community policies as Articles 152 and 153 of the EC Treaty specify. We consider it particularly important to include the areas responsible for education and for youth policy, because – after the family – education to a healthy way of life (healthy nutrition, daily exercise, personality development, health education) can be most effectively learned in school. Schools are the settings where the effects of socioeconomic inequalities can be countered, and where we can reach out not only to children but to parents, too. Education also plays a role in that health promotion can be included in adult education. Media advertising and market policy also plays a significant role and can be put at the service of the goals targeted by the other policy areas.

- Which kind of Community or national measures could contribute towards improving the attractiveness, availability, accessibility and affordability of fruits and vegetables?

Competitive opportunities might be offered to children's communities to access fruit and vegetables. For instance, advertisements for fruit and vegetables might be included in the media as public service messages. Websites frequented by children and adolescents might also be used for this purpose.

- On which areas related to nutrition, physical activity, the development of tools for the analysis of related disorders, and consumer behaviour is more research needed?

We need more research regarding physical activity and in analyzing consumer behaviour. Other subjects that might be touched on concern emotional health such as: overeating as a tension-releasing technique and the possibility of food addiction. Often eating is related to isolation and solitary entertainment.

IV.4. The Public Health Action Programme

- How can the availability and comparability of data on obesity be improved, in particular with a view to determining the precise geographical and socio-economic distribution of this condition?

We need to design and recommend various indices, limit values, questionnaires, and protocols (for the considerations under which we qualify obesity are not identical, particularly in

childhood) and recommend a “European minimum” for them which every country could adopt irrespective of economic status – which each country might then augment with one or two national specifics. Earmarked Community funds might possibly be provided to implement this. Regional inequalities within the various countries and their effects on the prevalence of obesity could be defined through representative samples.

- How can the programme contribute to raising an awareness of the potential which healthy dietary habits and physical activity have for reducing the risk of chronic diseases amongst decision makers, health professionals, the media and the public at large?

Inter-sectoral cooperation among decision makers will be necessary to design the joint strategies and to brief the media continuously on the various steps in the process and on the achievements. As far as public opinion is concerned, awareness-raising materials will have to be prepared for the target groups (brochures, television commercials, educational films in healthcare facilities, schools, workplaces, billboards, etc.). Nutrition and physical activeness will have to become a part of undergraduate and postgraduate health education. All national protocols and guidelines on preventing and treating various diseases will have to contain recommendations for appropriate nutrition and physical activity.

- Which are the most appropriate dissemination channels for the existing evidence?

The written and electronic media, education, conferences (national and international)

V.1. Consumer information, advertising and marketing

- When providing nutrition information to the consumer, what are the major nutrients, and categories of products to be considered and why?

Energy content, fats including saturated fatty acids, salt, sugar and products which offer empty calories with low nutritional value. We have to define the content of mandatory labelling and obtain adherence to it. Selection at fast-food restaurants has to be expanded to include healthy choices and the calorie, sugar, fat, and salt content of the various foods, menus, etc., should be posted in a clearly visible manner. The foods on the market within a given product category with the more favourable properties should be clearly marked to show that property, such as a lower sugar content. We should set uniform limit values under which these properties should be noted.

This proposal is justified in that the nutrients noted and their connections with obesity and cardiovascular diseases have been proven on the highest level of evidence.

- Which kind of education is required in order to enable consumers to fully understand the information given on food labels, and who should provide it?

Manufacturers and distributors of foods should be given a vested interest in and included in the education process; pertinent laws should be designed and adopted, adherence and compliance should be monitored, and simple explanations of the symbols should be posted in heavily frequented places such as in supermarket chains, and the media should be included, too.

- Are voluntary codes (“self-regulation”) an adequate tool for limiting the advertising and marketing of energy-dense and micronutrient-poor foods? What would be the alternatives to be considered if self-regulation fails?

First it would be necessary to define the products in this category, so that treatment is uniform. If self-regulation fails we might consider fines (to be used exclusively to support free

distribution of fruits and vegetables in schools), and/or the option to ban advertising. It might also be possible for food manufacturers and distributors to reach agreements such as one calling for prior coordination with the health ministry before placing food ads that target children.

- How can effectiveness in self-regulation be defined, implemented and monitored? Which measures should be taken towards ensuring that the credulity and lack of media literacy of vulnerable consumers are not exploited by advertising, marketing and promotion activities?

Through providing information, education, and through ensuring that the healthy produce is available and is cheaper.

V.2. Consumer education

- What contributions can public-private partnerships make toward consumer education?

It can make a significant contribution, for instance through product labelling. Brief and comprehensible messages can be packaged with the different products while marketing actions would explain their purpose, clearly indicating that they are the result of a public-private partnership.

- In the field of nutrition and physical activity, which should be the key messages to give to consumers, how, and by whom should they be delivered?

All possible channels should be accessed ranging from government bodies through NGOs to industry, etc., sending out brief and easily understandable messages containing proven information such as the nutrition pyramid, the activity pyramid or a combination of the two. We need to highlight the importance of evolving healthier eating habits (such as smaller and more frequent meals, avoiding snacks, the advantages of eating in company under conditions conducive to mealtimes as opposed to grabbing a bite on the street) focusing not only on healthy nutrition, for we need to centre as much attention on physical exercise as on food.

The most important factor is that the message be uniform, not contain contradictions, and that it target specific groups.

V.3. A focus on children and young people

- What are good examples for improving the nutritional value of school meals, and how can parents be informed on how to improve the nutritional value of home meals?

We need to design recommended menus with the nutritional value required by the different age groups and support businesses ready to provide public meals using these menus. One contract condition should be that the menus must always list their caloric values and their most important components. They should be posted in the schools in highly visible places where parents, children, and teachers can see them.

- What is good practice for the provision of physical activity in schools on a regular basis?

We need to strive for opportunities to provide daily physical education classes in secondary school, too. When schools lack facilities, we need to establish a relationship with the owners of nearby sports facilities, or with sports clubs, etc.

- What is good practice for fostering healthy dietary choices at schools, especially as regards the excessive intake of energy-dense snacks and sugar-sweetened soft drinks?

It would be necessary to regulate the products available in buffets, school cafeterias, and vending machines containing food and beverages, with the regulatory decisions made by parents, students, the industry, and the service providers. Selection should be increased, shifting the ratio of products to favour the healthy ones against the unhealthy, while hygienic, eye-catching and free access to drinking water should be provided.

V.4. Food availability, physical activity and health education at the work place

- How can employers succeed in offering healthy choices at workplace canteens, and in improving the nutritional value of canteen meals?

Employers could contribute toward employee meals in which a healthy selection is provided, with fruit and vegetables as regular components.

- What measures would encourage and facilitate the practice of physical activity during breaks, and on the way to and from work?

We suggest providing sporting opportunities at the workplace, organizing sporting competitions, offering step counters, and providing passes to swimming pools, tennis courts, and fitness centres.

V.5. Building overweight and obesity prevention and treatment into health services

- Which measures, and at what level, are needed to ensure a stronger integration aiming at promoting healthy diets and physical activity into health services?

Appropriate public means and sporting opportunities can be offered to healthcare workers on the job, while patients can be educated, taught protocols, and be offered advice on nutrition and sports written as though it were a prescription, ensuring patients institutional access to exercise programmes as a part of therapy and rehabilitation.

V.7. Socio-economic inequalities

- Which measures, and at what level, would promote healthy diets and physical activity towards population groups and households belonging to certain socio-economic categories, and enable these groups to adopt healthier lifestyles?

Action should be taken on local level in keeping with local opportunity. Local healthcare workers and teachers should be offered enhanced incentives to actively participate.

V.9. Recommendations for nutrient intakes and for the development of food-based dietary guidelines

- In which way could social and cultural variations and different regional and national dietary habits be taken into account in food-based dietary guidelines at a European level?

Guidelines need to be general and uniform to be acceptable. Traditions are reflected principally in the way the foods are prepared.

- How can the gaps between proposed nutrient targets and actual consumption patterns be overcome?

Incentives have to be offered to manufacture foods aimed at reducing the discrepancy.

- In which way could nutrient profile scoring systems such as developed recently in UK contribute to such developments?

When labelling foods it is important to know that the information on contents does not tell most shoppers anything at all. We might consider offering consumers information as recommended by the UK Food Standard Agency, giving the quantities and then stating whether that means a lot, average, or a little (their recommendation calls for using a red background to mark a level hazardous to the health, a yellow background for an average level, and a green background to show components which can have a health benefit). With regard to informing and educating consumers, we consider it necessary to reinforce the consumer protection authority, to regularly and reliably support the operation of consumer protection NGOs, and to increase and enhance the appearance of consumer protection in the media.

V.11. Other issues

- Are there issues not addressed in the present Green Paper which need consideration when looking at the European dimension of the promotion of diet, physical activity and health?

Nutritional supplements and alcohol consumption as calorie consumption issues deserve some focus.

- Which of the issues addressed in the present Green Paper should receive first priority, and which may be considered less pressing?

All of these issues are high-priority, so establishing an order among them is very difficult. One merit of the Green Paper is precisely that it gives nearly equal weight to the significance of nutrition and of physical exercise in preventing obesity. Given our present level of knowledge, we must consider both of these way-of-life factors in combination to attain long-term success.

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