

Response of the Government of the Republic of Poland to the questions contained in the 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?

Community policies need to be consistent with the WHO’s “Global Strategy on Diet, Physical Activity and Health” and be conducive to the member states’ implementation of its objectives. In relation to diets they should facilitate the implementation of the following recommendations, contained in the strategy:

- limit energy intake from total fats and shift fat consumption away from saturated fats to unsaturated fats and towards the elimination of *trans*-fatty acids,
- increase consumption of fruits and vegetables, legumes, whole grains and nuts,
- limit the intake of free sugars,
- limit salt (sodium) intake from all sources and ensure that salt is iodised,
- increase the consumption of milk and low fat dairy products.

Community legislators should take all aspects of diet into account, including excessive consumption, malnutrition and food security. Community legislators should also encourage food security, i.e. “a situation in which all people have permanent access to sufficient, safe and nutritional food, that meets their dietary needs and enables them to lead an active and health life” (FAO). In other words, they should encourage the practical development of the “right to food”, which is part of our basic human rights.

Any Community policy intended to increase physical activity among the public should take various factors into consideration; as well as the need for an increase in public awareness of the role of physical activity in staying healthy and fit, and the need for resources (trained staff, bases, funding).

These policies should give particular consideration to providing support to the poorest members of society.

A specific method by which Community policies should lead to the promotion of healthier diets and physical activity should be defined by the EU’s panel of experts, using the results of the Green Paper consultation and in co-operation with specialists from the member states (the European network for diet, physical activity and health) and WHO representatives.

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

These measures should contribute towards increasing the affordability of fruits and vegetables. These articles are generally considered as being articles of secondary importance (or luxury items) by poorer consumers, only purchased after meeting other needs for the basic articles which satisfy hunger and provide energy. Consumption of these items causes many significant inequalities. In Poland, the 20% of highest-income households consumed 2/3 as many vegetables and 2.7 times as much fruit (per person) in 2004 compared to the 20% of lowest-income households. A particularly significant inequality is the consumption of

imported fruit, which consists principally of fruit from other climates. In 2004, consumption by the 20% of highest-income households was four times greater than the quantities consumed by the 20% of lowest-income households (the [Polish] General Bureau of Statistics – “GUS” 2005).

Any measures adopted should concentrate on creating conditions which will ensure that the price of such items is not a purchase barrier and will increase free distribution as part of nutrition programmes and particularly those programmes which are aimed at children, young people and the poorest members of society.

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?

It is proposed that the expanded Community should support joint research into diet, nutritional status, physical activity and fitness, covering the member states of the EU. Poland believes that member states should also conduct their own monitoring programmes in this area.

There should be an evaluation of food safety, both at Community level and at national level. For evaluation it is suggested that use be made of methodology based on the analyses of household budgets carried out in all EU member states.

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?

An epidemiological monitoring programme must be commenced to ensure comparability of data on the frequency and extent of obesity. There should be systematic analysis of obesity occurrence and obesity risk factors, as well as the most important risk factors associated with obesity (arterial pressure, lipid and/or carbohydrate disorders).

The current WHO criteria should be used for diagnosis of obesity in adults, such as BMI (body mass index) determining the level of obesity and waist circumference, which will enable the type of obesity (stomach or buttocks/thighs) to be identified. However, in the case of children and young people the criteria of the International Obesity Task Force should be used to diagnose the epidemiology of overweight and obesity.

A single set of research tools should be used to assess obesity risk factors, so that the socio-economic conditions, diet, nutritional status, physical activity and fitness factors can be evaluated.

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

There is a need in Poland as in other EU countries for pilot institutions in educating the public and its various sectors on the subject of healthy dietary habits and physical activity and their role in reducing the risk of chronic diseases, including obesity. Such institutions, strengthened within existing research establishments, should have a set of qualified specialists with the relevant qualifications and experience, and who also enjoy public confidence. It is suggested that the role of such centres be taken by the competent research institutions, as designated by the appropriate Minister for Health.

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

The most appropriate channels through which the existing evidence should be disseminated are:

- electronic means of data transmission as used by the National Information Points with the developed IT network operated by pilot institutions at national level,
- ongoing television and radio programmes co-produced with specialists, aimed at both adults and children,
- the activities of national and international research bodies,
- the medical profession, with particular emphasis on doctors in general practice (family doctors, paediatricians)
- the teaching profession in schools at various levels of education,
- trained staff within the State Sanitary Inspectorate.

V. AREAS FOR ACTION

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?

Poland supports measures relating to the free dietary choice by the consumer based on a knowledge of the product's nutritional value and energy value. In the information given the main nutrients are energy value, basic elements and sodium (salt). This demonstrates the need to intensify work on the national food composition database and to integrate it into the European EuroFIR network with the databases of all other EU countries.

There is a need to include information regarding any quantities of preservative substances present.

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?

There is a need to increase understanding of dietary content, with information being given from primary school age through to the adult population. The following should be involved: trained personnel, the relevant academic establishments and in particular, the National Information Point of the [Polish] Food and Nutrition Institute ("Instytut Żywności i Żywienia"), dieticians working in the food advisory field, non-governmental organisations involved with food and nutrition and the media.

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?

The principle that the consumer should not be misled calls for work to be carried out on nutrition profiles, the principles under which information should be given and the use of nutrition and health definitions applicable in all EU countries, which would comprise the single criterion for product assessment. This will assist self-regulation.

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

Labelling food products with nutritional information requires implementation of the British initiative, as supported by the countries of the European Union at the meeting of EU Council Working Group for Food – Nutrition Labelling, in Brussels (29 November 2005), so that Directive 90/496/EEC is updated and converted into an EU Regulation, unifying the approach throughout the countries of the EU to the provision of nutritional information with food products. Special programmes on the subject of proper diet, aimed at children and young people, could protect them from gullible acceptance of advertising.

V.2. Consumer education

How can consumers best be enabled to make informed choices and take effective action?

There is a need to develop and implement educational programmes directed at pupils and students in schools at primary, secondary and tertiary levels and their parents and carers. The aims of these programmes should be:

- to broaden dietary knowledge,
- to circulate knowledge on the effect of diet on health and the incidence of diet-related illnesses,
- to increase awareness of the positive effects of physical activity and fitness on health.

These aims can be achieved by:

- incorporating more extensive information in the area of nutrition into existing teaching programmes in primary and secondary schools and in further education,
- strengthening nutritional advice, whereby nutritional experts will co-operate with doctors in general practice and health care specialists,
- radio and television programmes,
- press interviews and conferences,
- other multimedia resources, including local information campaigns (e.g.: themed, regional press supplements),
- media press releases,
- publication of specialist opinion on „fashionable” diets other than in the specialist press,
- circulation of printed material on food standards, proper diet and its importance for health and well-being: brochures, leaflets, posters, calendars, stickers, bookmarks etc.,
- workshops using responsive methods, lectures, dietary presentations, preparation of recipes and menus – organised by local government, patient groups, charities, self-education institutions,
- websites, computer games for younger people, themed on food, nutrition and health,
- training:
 - teachers,
 - medical staff - doctors, dieticians and nurses, particularly those working in schools,
 - experts in health matters and health promotion.

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

Institutions involved with public health issues must work with:

- consumer associations,
- industry, in the area of food, sports equipment and commerce,

- charities and non-governmental organisations working in healthcare,
- public research organisations.

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?

The central message for consumers is to spread the healthy lifestyle, including:

- changing dietary habits (behaviour patterns), through a relative reduction in consumption of animal fats and simple carbohydrates. Increasing consumption of grain products, fruit and vegetables, milk and low-fat cheese, limiting energy consumption,
- the increase in the various types of physical activity, having regard to the individual's age and state of health,
- supporting breast-feeding of infants.

By whom should they be delivered?

By specialists as part of teaching and training activities or via the media:

- doctors, dieticians and nurses, particularly those working in schools,
- teachers.

How should they be delivered?

Through adapting forms and methods of education to the needs and abilities of educational groups

- depending on age,
- taking health status into consideration,
- based on an assessment of educational needs.

Groups covered by education:

- children (pre-school and primary),
- young people (adolescents),
- pregnant and nursing women,
- adults,
- older people.

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?

The Food and Nutrition Institute published a book entitled “School Meals” in 1999. This book was distributed to all primary schools in Poland.

It has been found from ongoing assessment of school meals that from 2000 onwards there was a reduction in the number of unsatisfactory meals, both in theoretical and in laboratory tests. The percentage of unsatisfactory samples in theoretical tests relating to the balancing of meals fell from 67% to 38% of samples tested, and from 71% to 63% in the case of laboratory tests.

In particular, in theoretical tests, the percentage of meals considered unsatisfactory in view of a low percentage of energy from protein, fell from 18 % to 11%, and the percentage of unbalanced menus fell from 36% to 21%.

School meals now meet nutritional standards in the area of energy value better than they did before 2000.

It is expected that similar measures in the future will have a positive effect in improving food quality and pupil’s health and well-being.

Measures intended to inform parents on increasing the nutritional value of home meals will be possible with the involvement of school administration, parents’ committees and medical staff. They should support and assist with education for parents in this area. Education should be given by people having appropriate qualifications. Health and education materials and teaching aids should also be available. Active support to research centres and producer organisations will make this task easier.

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

Schools’ responsibilities in this area are: to stimulate and to enable pupils to undertake physical activity, to create an environment for the improvement of physical fitness and condition, to introduce pupils to the basic types of recreation, tourism and the basic rules of conduct for the sporting disciplines chosen by children, to carry out an assessment of body posture and weight and the pupil’s level of physical fitness, together with monitoring development.

To correct the situation in this area and to actively prevent the emergence of a sedentary lifestyle in the young, there is a need for systematic solutions consisting of the following:

- inclusion of the issues in postgraduate training for teachers of physical education, preparation of educational materials for pupils (multimedia presentations, leaflets, posters and information by other media) to motivate pupils and provide a proper justification of the need to be involved in physical activity regularly,
- responding to young people’s interest in exercise and sporting disciplines through changes to the teaching programme and the organisation of extra sports events.

A greater level of interest among children and young people in the advantages arising from regular physical activity as an integral element of a healthy lifestyle can be achieved through:

- the organisation of attractive forms of activity during breaks in the school day or after lessons,
- the creation of opportunities to participate in sporting and recreational programmes organised on the school premises,
- the organisation of recreational, voluntary sporting activities on days when no lessons are scheduled (e.g. walks or cycle excursions).

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?

Specialist research centres need to prepare guidelines for application by education authorities, eliminating products with excessive salt, sugar and fat content from the range of food on sale in shops on school premises.

Pupils need to be given appropriate information regarding the proper method of eating and the potential health consequences of dietary mistakes. This task should be carried out by teachers who have been included in the training system.

The promotion of healthy eating at school through a properly-balanced menu in the school canteen is of great importance. Meals should be prepared in accordance with the principles of good management practice (GMP) good hygiene practice (GHP) and the HACCP system.

How can the media, health services, civil society and relevant sectors of industry support health education efforts made by schools? What role can public-private partnerships play in this regard?

Television and radio should pay more attention to limiting the broadcast of advertisements for food products whose content is unsuitable for children and young people. Health education and food education needs to be broadened through the broadcast of programmes on this theme. Broadcast of such programmes during peak hours is preferable.

There is a need in children's medical centres for dieticians to be recruited, in addition to paediatricians, so as to meet patients' expectations in this area.

Posters containing information on healthy eating should be displayed in schools and medical centres more frequently than they are now. This measure should also be backed by non-governmental organisations, producer associations and consumer groups.

As the public sector has a limited financial capacity for measures that promote healthy lifestyles to children and young people, the systematic support from the private sector in this area is essential.

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?

Few people in Poland currently use organised forms of mass catering. There are few workplaces where mass catering is organised.

Resolving the problem of providing healthy mass catering at workplaces is linked to the need for a range of measures. The most important of these include:

- the definition of standards and expectations relating to full and partial mass catering in various types of workplaces (energy-rich meals and preventive meals, availability of employee lunches, staff catering at health centres),
- the employment of dieticians and other professionally-trained staff to assess the quality of meals,
- with the involvement of business, settling issues relating to the funding of “closed” mass catering,
- making findings relating to the methods of sponsoring “closed” mass catering and gifts of food,
- a fresh look at the issue of the role of the State Sanitary Inspectorate in the provision of “closed” mass catering,

Practical and satisfactory implementation of mass catering in the workplace can be achieved on condition that providers of mass catering are provided with the following tools by the appropriate research and development centres and non-governmental organisations:

- food and nutrition guidelines for the various nutrition groups,
- the recommended food allowances suggested for the various types of workplaces,
- guidelines on food preparation in relation to:
 - * a proper balance and nutritional content in food and drink in the context of projected energy use,
 - * proper use of technological processes,
 - * ensuring food health and safety (GHP/ GMP and HACCP),
- educational and training materials and guides,
- well-balanced menus and service of meals,
- training in these areas, given by the Food and Nutrition Institute at the expense of the commissioning party.

All employers providing mass catering should be given assistance by academic centres and the State Sanitary Inspectorate which in turn will carry out the following tasks:

- strengthening the periodic inspection in the area of health quality assessment of food and the mass catering method, in accordance with set criteria,
- an analysis of data received and implementation of educational measures using the results,
- advice on rationalisation of mass catering.

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

We agree with the findings of the Green Paper, although in Poland it is not customary for lunch breaks to be longer than the statutory minimum. The possibility affects a relatively small percentage of employees and is organised within the framework of internal workplace regulations.

For most members of society, the route to work is taken using public transport.

The measures referred to in the question should be carried out through:

- educating employees on the effects of physical activity for personal health,
- encouraging increased physical activity during work breaks and en route to the workplace,
- involving businesses and local authorities in the creation of cycle paths in towns and undeveloped areas,
- subsidising from social funds the involvement of employees in organised sporting activities after work hours,
- organising family sports events on public holidays,
- ensuring a safe environment for those involved in physical activities,
- developing common criteria in EU countries for assessing the levels of physical activity and fitness and comparison of the results in the various countries, for the purpose of taking the necessary intervention measures.

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?

The following measures are needed:

- checks on body weight by health service workers, during visits to the doctor,
- increasing the level of knowledge of the factors that cause obesity, its prevention and the complications involved with it,
- ensuring a current, detailed understanding of a healthy diet and the dietary recommendations for various illnesses among health service workers,
- increasing the level of knowledge on the psychology of change,
- systematic teaching of the skills needed to provide information on healthy lifestyles,
- creating the organisational conditions for preventing and treating obesity,
- developing and implementing an evaluation system for medical personnel in the area of promotion of healthy diets and physical activity,
- preparation and distribution of health education materials (leaflets, educational brochures etc.) relating to dietary recommendations and an active lifestyle for overweight patients (both adult and children), which doctors will make available to patients during the course of treatment in this area,
- prevention programmes; the involvement of medical personnel in local campaigns to promote a healthy lifestyle,
- specialist advice clinics and the development of nutritional advice:
 - * the organisation and funding of these advice centres and clinics, which will be responsible for promoting healthy nutrition and physical activity within the health services framework, which can be adequately implemented to meet needs,
 - * the organisation and funding of these advice centres and clinics shall be the responsibility of public and private health service centres, provided that the contracts are agreed and the activities are funded by the National Health Fund.
 - * the need to put greater emphasis on primary prevention and earlier secondary prevention of overweight and obesity, arising from the fact that

- prevention is approximately four times cheaper than treatment of many of the illnesses which have a large epidemiological spread arising from it.
- evaluation of the tasks carried out:
- * creation and operation of an appraisal system for medical personnel in the area of promotion of lifestyle advice.

V.6. Addressing the obesogenic environment

In which ways can public policies contribute to ensure that physical activity be “built into” daily routines?

Which measures are needed to foster the development of environments that are conducive to physical activity?

One method is to implement and continue the National Health Programme 1996-2005 described above (a preliminary draft of the National Health Programme 2006-2015), which is based on the concept of involving national and local government authorities and non-government organisations in health protection. The Programme provides for eighteen operating objectives, and two of these are focussed on physical activity and diet, namely: increasing people’s physical activity (operating objective 1) and changing people’s dietary habits and the health quality of food (operating objective 2). In the same way as before, it is planned that the role of the co-ordinator of the measures in the area of the operating objective relating to food will be given to the Food and Nutrition Institute.

It is essential that in order to support environmental initiatives in physical activity and diet, that there be ongoing activity by opinion-forming centres to create the required atmosphere around these issues and to provide the required advice.

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?

How can the “clustering of unhealthy habits” that has frequently been demonstrated for certain socio-economic groups be addressed?

In Poland, as in most of the “new” member countries, socio-economic factors are of particularly major significance, as will be seen below.

The effect of one of the major factors, such as income (which reflects a range of other factors, such as social standing, education, place of residence, urban v. rural etc.) has been considered, using the findings of research into household budgets carried out in 2004, grouped in relation to the average monthly income per person.

The key findings from the research carried out are:

- income has a major effect on the nutrition and energy value of diets: the average daily diet of the 20% of households in the highest income band contained more than ¼ more energy in comparison with the diet of the 20% of households on the lowest incomes; there was generally about 40% protein, more than 40% fat overall and 15% more (absorbable) carbohydrates. Energy derived from vegetables represented 66% of overall energy in the 20% of households in the highest income band and 72% of households in the lowest income band,
- a higher income is associated with a higher proportion of overall energy from fat: reaching 38% in the 20% of the highest-income households and around 34% in the 20%

of the lowest-income households. At the same time, carbohydrates provided 54% of overall energy in the poorest households and 49% in relation to the most affluent,

- higher incomes mean a less advantageous structure of overall fat consumption: in the highest-income households, vegetable fats represented 39% of the overall fat amounts whereas in poorest-income households the figure was 44%. As a result, the P:S ratio in the highest-income households measured 0.44 and 0.56 in the diets of the least affluent households,
- higher incomes mean more minerals and vitamins in the diet. For example, the households with the highest income were able to afford a diet that contained 50% more calcium in comparison with households on the lowest incomes, and the difference in the case of vitamin C was almost 90%,
- the dramatic difference between the vitamin C content in households with the lowest and highest incomes was a consequence of the fact that the consumption of fruit and fruit products in the latter case was more than three times as high, with consumption of imported fruit being four times higher and fruit juices more than 6.5 times higher,
- the diet in households on the lowest incomes is based above all on grain products and potatoes and articles which provide relatively cheap energy. These diets do not contain any less sugar than the diets of the most affluent households, and the proportion of fats visible overall is not drastically lower than in comparison with the most affluent households. On the other hand, In the highest income households the diet contains significantly more of those groups of articles such as meat and meat products, fish and fish products, butter, cheese and pastries. The difference in consumption of meat and meat products is nearly 50% more in the case of the highest income households, and the difference reaches nearly 150% in the case of fish and fish products.

Research shows that measures which promote a healthy diet should take into consideration that consumers living on low incomes make food choices based on cost before anything else. The significance of this factor declines in proportion with the rise in income. Educational measures will therefore be more effective in higher-income groups (the inhabitants of large towns, people with higher levels of education). In the case of the more deprived social groups there is a need for education with consideration given to greater financial support for the purchase of food or enabling the provision of free food.

Recognising the need for broader and increased state aid for food for the poorest members of society, the Polish Government prepared a multi-year programme “State aid to combat malnutrition”, which was subsequently enacted by the statute of 29 December 2005. (Journal of Laws no. 267, item 2259). The Programme objectives are:

1. to support local authorities in carrying out the obligations placed on them to combat malnutrition in children and to provide meals to individuals who are deprived of them, taking particular consideration of people from areas of high unemployment and rural areas;
2. extensive measures to improve health in children and young people through limiting the occurrence of malnutrition;
3. dissemination of the healthy style of diet;
4. improving the standard of living of individuals and families on low incomes;
5. developing the nutrition network in local areas, taking particular account of the needs of children and young people.

V. 8. Fostering an integrated and comprehensive approach towards the promotion of healthy diets and physical activity

Which are the most important elements of an integrated and comprehensive approach towards the promotion of healthy diets and physical activity?

- the dissemination of knowledge on the many links between food quality and the opportunities to improve results in the area of physical activity

Local authorities, non-governmental organisations, volunteers and the media, particularly public television and the daily press, should be included in measures to increase physical activity, in addition to national government bodies.

- the dissemination of knowledge on the many links between food quality and subsequent health conditions.

Which role at national and at Community level?

See Part V paragraph 6.

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?

Despite the regional differences in individual dietary habits, efforts need to be made to adapt them to the global pro-health recommendations, as the incidence of obesity or overweight is universal and unrelated to any noted differences in the dietary habits of particular countries.

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

Dietary habits need to be changed at various levels:

- mass catering in various centres (in creches, nurseries, schools, school accommodation, social care centres, hospitals etc.), implementing the principles of a rational diet:
 - * employing trained staff,
 - * ongoing education on the principles of health eating,
 - * in mass catering centres – leaflets, brochures and posters promoting healthy eating,
- enabling schoolchildren and employees to have meals with the appropriate frequency (an appropriately long break, communal area, canteens, snack bars),
- drawing up a list of recommended products available in school shops and in snack bars situated in the workplace,
- labelling of food products:
 - * identifying nutritional value on the labels of food products,
 - * display of standardised nutritional statements,
 - * providing information on the content of trans fatty acids and isomers, cholesterol.
- nutritional education using modern methods, such as Internet and the media,
- integration of environments involved in food, dietary and health issues:
 - * creation and development of National Information Points in every country,
 - * setting up national reference centres for nutrition matters and their effect on health,
 - * agreeing a common policy with national academic circles, relating to the principles of a healthy diet, the choice of food products and preparing this in an accessible form for the general public,

- * standardisation of definitions (i.e. low fat, low energy).

How can dietary guidelines be communicated to consumers?

See Part V paragraph 4.

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

Poland supports the initiative to develop nutrient profiling. Dissemination in an accessible form will help business to develop food composition with a beneficial nutrient profile, and consumers to settle on an appropriate diet taking the appropriate quantities of food into account.

V.10. Cooperation beyond the European Union

Under which conditions should the Community engage in exchanging experience and identifying best practice between the EU and non-EU countries? If so, through which means?

The following measures are proposed:

- a European conference organised periodically by the European Commission, the WHO and the Council of Europe, to discuss progress in national campaigns to combat overweight and obesity,
- supporting the activities of an all-European and national Platform for action in the prevention and treatment of overweight, obesity and the non-contagious chronic diseases associated with it.

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?

Poland believes that the following action should be undertaken:

- reinforcing the legislative implementation of the WHO Strategy for Diet, Physical Activity and Health in individual EU countries as well as national programmes to prevent overweight and obesity,
- creation within the governments of member states of the appropriate authorities in the area of diet and physical activity, acting to prevent and treat overweight, obesity and malnutrition;
- creation of a network of national information points in EU countries and other countries, equivalent to the National Information Point “Food, Nutrition and Health” active within the Food and Nutrition Institute;
- carrying out research in EU member countries into food, nutrition and physical activity of the population (under the patronage of the European Union and/or WHO Regional Offices).

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

Priority issues:

- the education of children, pupils and their parents in the promotion of a healthy lifestyle, and particularly in the area of diet and physical activity,
- a common EU educational policy on healthy lifestyles and the diet of children and pupils.