

**WHO COMMENTS TO THE EC GREEN PAPER**  
**“PROMOTING HEALTHY DIETS AND PHYSICAL ACTIVITY : a european**  
**dimension for the prevention of overweight, obesity and chronic diseases”**  
**(COM(2005)637final)**

**General comments:**

1. WHO has, through an extensive consultation process, developed a Global Strategy on Diet, Physical Activity and Health (DPAS), which was endorsed by its Member States in May 2004. WHO would like to thank the EC for the support it has lent during the development, the endorsement and now in the implementation process. This has been manifested through the establishment of the Diet and Physical Activity Platform as well as the Nutrition and Physical Activity Network, both of which WHO supports, participates as an observer and will continue to do so. In this role, WHO will share experiences of the implementation of the DPAS in other countries and regions.
2. In the European Region, WHO has developed a 1<sup>st</sup> Food and Nutrition Action Plan and is now developing a 2<sup>nd</sup> Action Plan. A synergy between the provisions of the Green Paper and this new Action Plan would give further momentum to the public health nutrition Agenda in Europe.
3. We find that the action to improve population diets and physical activity should be based on a comprehensive approach promoting effective measures and should be founded on a long term commitment .Evidence-based knowledge should be used in the design of the actions.
4. With respect to diet, a greater emphasis could be given to the environmental factors that support the health choices of the populations, through improved supply and affordability of health food choices and reduced commercial pressure to the adoption of unhealthy choices.
5. With respect to physical activity, more emphasis could be given to it under “Consumer information” as well as in the composition of the European Platform for Action and in the membership of the European Network on Nutrition and Physical activity, where a greater presence of experts from PA would help bringing a broader perspective.
6. The Role of different areas of the public sector should be expanded, indicating also the importance of action at the local level. More emphasis should be given to legislative measures.
7. The role of other EU sectoral policies as possibly synergic could be better highlighted. Examples include, for diet : the Common Agricultural Policy, trade and internal market policies, food safety, health and safety at work, social protection

policies, education and youth policies, media policy; for physical activity, the common Transport and Environment policies.

## **Answers to specific questions posed in the Green Paper:**

### **IV.3. Health across policies**

1. WHO agrees with the approach outlined in part IV.3 that the promoting of a healthy diet and physical activity needs to cut across several policies. This has also been highlighted in the DPAS and is emphasized in the forthcoming 2<sup>nd</sup> European Food and Nutrition Action Plan. The impact of the Common Agricultural Policy and of the trade and internal market policies on the price and availability of food supplies should be analysed in view of its potential effect on consumers. Such policies should be harmonised with the health and consumers' protection policies. Other relevant policies concern food safety, health and safety at work, social protection policies, education and youth policies, media policy.
2. To increase population levels of physical activity a complementary support is wanted from many sectors; education, transport, health, culture and sport. All Community policies stimulating these sectors to plan, facilitate and integrate physical activity into their sector actions, will be contributing to the necessary comprehensive approach. The common Transport and Environment policies can play an important role in promoting physical activity. Policies and strategies to increase cycling and walking (normally developed by the transport sector) could be promoted synergically with policies promoting physical activity. The importance of road safety and security aspects for pedestrians, users of public transport and cyclists are of the utmost importance for removing key barriers to engaging in daily forms of physical activity. The development and implementation of tools that increase political support by the transport, environment and urban planning sectors should be promoted, as the costs of changes to the environment in directions which are more supportive for physical activity would be borne principally by these sectors.
3. There is a need for strong advocacy tools, such as tools for cost/benefit analysis and cost/effectiveness analysis to demonstrate the value of investments in physical activity promotion, and to rate the different actions to promote healthy diet; tools for the analysis of health impact of different sectoral policies, including complex macro-scale policies and interventions, with multiple variables.

### **IV.4. The Public Health Action programme**

1. The programme should support nutrition surveillance initiatives aimed at the evaluation of the effectiveness of obesity prevention actions and at the monitoring of progress towards the achievement of public health goals. The programme might have

a role in supporting training and standardisation, while leaving the responsibility of data collection to individual countries.

2. The programme could be more supportive of dissemination mechanisms such as those which promote a close link between the science and policy making communities, thereby facilitating the transfer of knowledge and awareness from the academic to the practice domains. An example of such mechanism is offered by the European network for the promotion of health enhancing physical activity (HEPA Europe),

### **3. V.1. Consumers' information, advertising, marketing**

1. Consumers' information on the relation between diet and health should be comprehensive. However, with reference to obesity prevention, specific messages might be considered for fat (total, saturated, unsaturated); simple and complex carbohydrates; sodium; alcohol. The main categories of products on which concerns should be raised are : dairy products; high sugar snacks and sugar containing non alcoholic drinks; alcoholic drinks.
2. Food labels should be simple, clear, informative and without irrelevant/misleading claims. The format of the label should be designed by relevant public bodies. The private sector should produce the labels according to agreed standards and should promote label reading by the consumers.
3. There is a need to reduce commercial pressure that is pushing the consumers to adopt unhealthy lifestyle choices. Voluntary codes may be an adequate tool if their effectiveness is demonstrated. The current evidence is more supportive of an effectiveness of public regulations and control.

### **V2. Consumer education**

1. Consumers can be enabled to make informed choices by providing them with Food Based Dietary Guidelines, nutrition education in schools and through the media. Active campaigning to change eating behaviours are a useful complement to measures affecting the environment. Information is needed on which levels of physical activity should be achieved, and how these levels could be achieved. Information should be targeted to the general public, but also to key informants/opinion leaders that enjoy trust, such as pediatricians, GPs, cardiologists, nutritionists, school teachers, etc... Support could be given to awareness raising events, such as Move for Health day.
2. Consumers' education should be carried out by public Agencies with adequate technical level and adequate resources. Private involvement may be acceptable, as long as it is carefully scrutinised by public Agencies. Other sectors could play an important supportive role: for example the provision of information regarding the average time needed to walk or cycle to a certain destination (this may help people to decide cycling or walking more than information about distance); provision of

information (maps; leaflets) about possible routes that combine public transport and human powered mobility.

3. The key nutrition message should be decreasing the consumption of products high in total fat, saturated fat and added sugar and replacing them with plant based foods and fruit and vegetable products. The key message related to physical activity should emphasize its positive aspects, for example that physical activity could provide many opportunities to experience fun, mental relaxation, a social way to achieve well-being, more energy, good human relationships and better health.

### **V3. Focus on children**

1. WHO agrees with the focus on children and adolescents, while at the same time it promotes an overall life course approach in the DPAS. The provision of food in schools should be carefully standardised. WHO is launching a nutrition policy for schools and a Nutrition Friendly School initiative. The main elements are : the provision of food in schools,; consumers' education, including nutrition education; involvement of the parents; involvement of the community (local producers and retailers); physical activity promotion. Dietary choices at school should be supported through the provision of school meals and by the removal of unhealthy options sold through vending machines or tuck shops, particularly with regards the excessive intake of energy-dense snacks and sugar-sweetened soft drinks. The provision of clean and accessible vfree drinking water supply in schools should be done.WHO would also like to stress the need for pre-school policies, so that pre-school services are available and accessible to the majority of the population, particularly the low socio-economic status groups.
2. With a more institutionalised childhood where kindergartens, schools and school-based daycares have become a greater part of children's life and where screen based activities are more dominating their leisure time, schools are for many groups of children and youth in many communities the most important arena for practicing and learning physical activity. The average physical education time in schools has actually decreased during the decade, both in primary and in secondary schools. In addition, school settings should provide other opportunities outside physical education in schools, such as making the way to and from schools safe for walking and bicycling; providing courses for learning how to ride a bicycle; organizing excursions that entail walking/cycling; stimulating and varying school-yards and schools environments with facilities and equipments. The principle should be that each school, based on own resources and opportunities, makes their own plans and solutions how to stimulate the students to the wanted level. Combining different opportunities schools have to promote physical activity, an added duration of 30-60 minutes will easily be achieved.
3. There should be no involvement of the private food sector in nutrition education in schools.

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

A large proportion of meals are consumed outside home. The provision of healthy food options in workplace canteens would be important both as a contribution to the daily nutrient intake and as a means to disseminate healthier food habits. This can be considered as an item to be included in contract agreements, in the same way as health care is considered. When physical activity has to be integrated in our daily lives, the commuting to and from work and the routines and offers at work are extremely important for the adult population. This is also due to the fact that lack of time is the most important argument people use for not practicing physical activity or enough physical activity. At each work place employers and employees in cooperation should prepare a plan how to facilitate and promote physical activity, also here based on resources, opportunities and local routines.

#### **V5. Building overweight and obesity prevention and treatment into health services**

All health staff involved in primary health care should provide counselling on diet and physical activity and should be actively involved in breastfeeding promotion. Adequate training should be provided to them. The awareness of how it is possible to achieve the daily recommended dose of physical activity should be increased among health staff. Clear examples and materials can be distributed to users of health services. The provision of foods in hospitals should comply with dietary guidelines, not just to the patients, but to visitors. The practice to establish fast foods in hospitals should be discouraged. Physical activity should become part of the use/access to health services (e.g. provision of space for parking bicycles; clear marking of stairs; promotion of accessibility through public transport; personnel policies which encourage and provide conditions for active commuting); by so doing, health services can provide role models and an example to other sectors;

#### **V.6 Addressing the obesogenic environment**

The concept of obesogenic environment should also be applied to the availability of healthy food options. Actions in the retail sector should be taken to reduce the phenomenon of the food deserts, making sure that healthy food choices are available and accessible to all the population. Viceversa, widespread availability of foods with high energy density should be considered a risk factor for the development of obesity.

#### **V.7 Socio-economic inequalities**

Overweight and obesity have a higher prevalence in population groups that are socially and economically deprived. The impact of obesity reduction policies on different socio-economic groups should be evaluated. General population actions should be taken that

affect equally all the population, such as the ones aimed at improving the physical environment and the provision of healthy food in different settings. Healthy diets should be made accessible to all the population by affecting food price. Targeted actions should be implemented in low socio-economic groups. One way to reduce the problem of socio-economic differences in physical activity is to see recreation as a human right. Price and availability of sport facilities should be considered. Using community recreation centres and other public recreation facilities should even be considered free for people under a certain level of income if the goal is to reach as many as possible. In addition, allowing access to school-based playgrounds and sport facilities outside teaching hours could provide local communities with more opportunities for being physically active.

#### **V8. Fostering an integrated and comprehensive approach towards the promotion of healthy diets and physical activity**

1. An integrated and comprehensive approach to diet and physical activity in daily life involves improved supply of healthy diet options and an environment allowing to be active in all settings (school, workplace, community), improved awareness about the health and wellbeing benefits and a reduction of the pressure discouraging the adoption of healthy behaviors, linked to lifestyle organization and commercial pressure.
2. At the national level, policies, legislation and allocation of resources will have to be put in place, while at the local level actions on the environment can be put in practice. The most important element in an integrated and comprehensive approach to promote physical activity is local governments. It is on local level that people are living, working, learning and playing. To motivate local level and to mobilize local action based on local cooperation, networks and local plans and resources is of crucial importance. The message to be told the local level and the challenge how to reach local level with this message is mostly the same in every country. As coordinators and advocates in this work it seems to be mostly efficient to use regional authorities. As an important tool for the work with mobilizing local level, a Framework for Mobilizing Local Governments to Work out an Overall Local Policy for Physical Activity will be prepared by WHO, including how to identify local opportunities for physical activity; how to implement physical activity in schools, work places, as part of local transport, in the living environments; how to organise a governmental work with physical activity; how to secure sustainability through political involvement, local planning and integration in plans, budgets, education and information, adapted funding.

#### **V.9 Recommendation for nutrient intakes and for the development of Food Based Dietary Guidelines**

1. The FBDG should be developed considering the current epidemiological patterns and should establish nutrient goals in line with TRS 916. Nutrient goals will have to be prioritised in view of the obesity epidemic, thus highlighting energy density of the

diet as a key element. The Food Base Dietary Guidelines should also consider social and cultural variations in order to propose achievable and sustainable health options.

2. The gaps between targets and current dietary patterns should be overcome through combined actions on information, education, price and availability of foods.
3. Communication to consumers should be carried out directly by public bodies, through the media and on the food labels.
4. A nutrient profile scoring system might greatly enhance the capacity of the consumers to choose the right diet.

#### **V.10 Cooperation beyond the EU**

WHO acknowledges the support of the EU with regard to the role of Codex Alimentarius in the implementation of DPAS. At present, WHO, in collaboration with FAO, organizes an electronic forum, accessible through [www.who.int/nutrition](http://www.who.int/nutrition) to consult Member States and observers on the possible role of and issues to be covered by Codex Alimentarius in the implementation of the DPAS. The exchange of experience between EU and non-EU countries might be important to prevent the spread of the obesity epidemic to neighbouring countries. The WHO European Region encompasses 52 countries, including the 25 EU Member States and countries in Eastern Europe and in the former Soviet Union. Synergies between the EC and WHO would therefore allow to extend the action to a larger region, thus better tackling the international mechanisms that are influencing the obesogenic environment. The WHO European Region is organising a Ministerial Conference on Counteracting Obesity in Istanbul in November 2006 and is preparing a Food and Nutrition Action Plan, that will include recommendations on policies and programmes aimed at improving diet and physical activity.

#### **V.11 Other issues**

The establishment of action priorities should be done through a calculation of cost effectiveness.

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