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**North West of England Nutrition and Physical Activity Stakeholders Meeting
Position Paper
Response to Consultation on the Commission Nutrition and Physical Activity
Green Paper
15 March 2006**

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

The European Commission opened a consultation on the green paper for promoting healthy diets and physical activity. It is clear from the paper that the Commission is responding to the increasing challenges of rising obesity and subsequent ill-health throughout the European Union, and the North West of England Public Health community welcomes action in this area, and applauds the Commission for its activities to date. The following is an attempt to address the questions as set out by the Commission in its paper.

- 1. 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 health choices easy choices?**

The North West believes that Community policies should make direct contributions to the promotion of healthy diets, physical activity and the environments to enable this. There are two areas that the Commission has direct competence which would bring significant changes and improvements to levels of obesity in the EU: The Common Agricultural Policy; and the Community Transport Policy.

The Common Agricultural Policy: CAP is the most significant impacting policy on rising levels of obesity in the EU, and until subsidies on high-saturated fat beef and dairy products are removed, little will be achieved by nutritionists in promoting healthier diets, particularly in the area of health inequalities. It is clear that the poorest communities have the least options with regards to the nutritional value of the food available to them, and by providing high-fat heavily subsidised products CAP not only directly undermines these efforts, but also directly contributes to the economic and healthcare costs by cardiovascular disease and cancer. This is not only contributing to unhealthy populations, but also comes at considerable cost to Member States in lost working days and treatment costs. Therefore the stakeholder group asks the Commission to propose reforms to CAP that address this nutritional imbalance, and enable greater availability of cheap healthy staples such as cereals, fruit and vegetables.

Transport Policy: The group feels that more could be done at European level to promote healthy transport, also contributing to the sustainable development agenda. Increasing car use is creating a less active population, and bringing a cycle of loss of green spaces, particularly amongst the most deprived communities. There are many examples of good practice of healthy transport and promoting the use of walking and cycling as alternatives to car use, and these should be disseminated, promoted and integrated into a coherent active transport policy at the EU level.

Other areas identified are as follows: research policy as more research is needed into physical activity and issues impacting on choices made by individuals in

particular; cross-border labelling and advertising regulations should be tightened to prevent food advertising directly to children and other vulnerable groups as consumer protection is vital in the struggle against obesity and the marketing of unhealthy foods in particular. Despite cooperation from industry, the reality is that it manipulates consumers into making profitable, and not healthy, choices. Work in this area should include packaging, as currently regulation in this area is insufficient; the EU could consider developing a coherent sports policy for the European Union in order to develop physical activity at a population level including a definition of physical activity accepted throughout the Member States. EU competition policy also prevents effective action to ensure the provision of locally sourced food, which would also help deliver the agenda around sustainability by reducing 'food miles'.

It is important for the Commission to bear in mind when developing policies around nutrition and physical activity that population approaches rather than informed choice of individuals will lead to bigger impacts and has been proven to be more effective.

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

The most significant measure affecting the availability and quality of fruit and vegetables at EU level is the Common Agricultural Policy and fundamental reform of this is necessary before any significant changes will be seen. Subsidies divert production into the most profitable: i.e. beef and dairy products and render fruit and vegetable production as unattractive to farmers. In addition to this, at national and local level, sustainable urban planning should be considered with availability for small local retail outlets to prevent 'food deserts' particularly in the poorest communities.

Prior to substantive and necessary Common Agricultural Policy reform, destruction of fruit and vegetables withdrawn from the market should cease; such healthy produce should be made available for human consumption to improve nutrition, perhaps in public sector institutions, such as schools and hospitals.

The EU should increase coherence between its complementary policies, such as transport, agricultural, competition policy, sustainable development and urban issues which together have a huge affect on physical activity and nutrition from preventing affordable fruit from reaching consumers, to not providing incentives for green and healthy urban planning. The Commission should also increase learning from good practice within Europe on these issues, and provide incentives for change.

The European Charter of Fundamental Rights identifies health as a right of all EU citizens; access to good quality healthy food is a core element for health and a healthy lifestyle, and therefore the Commission has a mandate to ensure this. Current EU practices including the Common Agricultural Policy and competition rules surrounding local procurement are hindering the delivery of healthy food at affordable prices to EU populations, and this needs to be redressed urgently.

3. 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?

The North West believes that greater research is needed into a number of areas related to obesity. The area of physical activity, and especially as social marketing of physical activity is insignificant when compared to the marketing budgets of 'unhealthy' products such as McDonalds or Coca Cola. Research into promoting healthy messages under such conditions and market pressures is welcomed and necessary in tackling obesity and difficult choices.

In addition to this, the Research programme should look at environmental pan-European approaches to physical activity in built environments. In order to learn from countries with best practice, we should be focussing on countries with leptogenic environments rather than obesogenic ones, as these offer the greatest opportunities for learning. This may include looking at countries outside of the European Union, where the trends are different. Research should also look at long-term outcomes and not focus only on short-term outcomes, particularly as most eating habits are developed during the early years of life and research should look at educating and influencing this stage of development.

Research would be welcomed in increasing the understanding of public awareness of food and nutrition as this would enable nutritionists to understand food choices and apply this knowledge to interventions. Research on cross-generational influence would also be welcomed, i.e. whether children impact on parents. It is important to remember when addressing childhood obesity, that children often have limited individual choices, and research priorities should affect this. Other areas in need of greater research include wider behavioural impacts on nutrition and physical activity, as well as safe upper nutritional limits for children's consumption.

The group would like to stress the need for sustainability into research funding, as often good work is lost when funding ceases; also that the link between research and practice in this field should be strengthened. Research funding should be increasing available to non-clinical research, as social interventions are of significant importance in addressing areas around both nutrition and physical activity. In order to evaluate interventions it is necessary to develop a tool that may be used across different situations, thus allowing comparisons with consistency.

More research is also needed in developing indicators for dietary change. Large scale dietary surveys should be undertaken at the European level to identify outcomes of dietary programmes. Nutrition programmes are built on the principles that dietary change will occur if people are aware of the health messages and have access to affordable fruit and vegetables, wholegrain cereals and lower fat dairy produce. These secondary indicators can be measured relatively easily. The research evidence is needed to understand the relationship between these secondary indicators and dietary change so that these proxy indicators become a sound basis for judging effective programmes.

Further research work is needed to refine health impact assessment methodologies, especially to enable more effective analysis of the impact of other EU policies and programmes on the health and consumer behaviour with respect to nutrition and physical activity.

The North West public health community believes that the EU should play a role in bringing together existing research and dissemination of results, as well as creating an environment for consistent baseline data collection.

4. 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?

Data in this field can be improved through the development of common and accepted definition of obesity indicators, such as what constitutes as an overweight or obese child, what is meant by physical activity, etc. The EU should identify and promote one single method for assessing obesity in adults. Such measures would enable greater comparability between EU member states and below, and facilitate the development of common approaches to tackling these issues. More data collection is necessary at local levels to understand the real distribution of obesity.

The EU Public Health Programme should promote the development of appropriate monitoring systems to measure, in addition to mortality and morbidity, relevant attitudinal, lifestyle, and social and environmental factors consistently across the EU. The Public Health Programme should concentrate on a population approach to the prevention of obesity, rather than on a high risk approach.

5. How can the Health and Consumer Protection 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?

The Programme should address the issues affecting consumer choice with regards to their dietary habits; particularly with regards to the messages being received from certain parts of the food industry. The Programme could be used to develop methodologies for effective programmes tackling obesity in particular areas or communities. The Programme could also be used to develop tools in order to aid health professionals: there are many good examples across the EU that could be used as models for this work. The Programme should support the development of more sophisticated health impact assessment methodologies to enable better assessment of the impact on nutrition and obesity prevalence of other EU policies and programmes.

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

Evidence should be mainstreamed and enabled to inform decision-making at EU, national and local levels. This includes increased media awareness, stakeholder and peer dissemination and increased accessibility to the evidence via the Public Health portal and other electronic sources.

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

When providing nutritional information to consumers there are a number of important considerations: parents should be able to easily identify the fat, sugar and salt content of food marketed at children. Vegetable proteins and cereal content should be provided and encouraged, whereas saturated fat, sugar and salt should be discouraged. The consumer needs to be informed on the nutritional value of the product (s)he is buying and be able to put that into the context of a whole day's food intake. Nutrient profiles should include fat, carbohydrate, NSP, and sodium on an easy read chart. Additional detail of the full nutrient profile should be available on the pack including type of fat, sugar(s) (see comment below), iron, calcium.

There needs to be common agreement on whether sugar (sucrose) or sugars (sucrose, maltose, lactose etc) are to be listed.

The Commission should consider actions that prevent the food industry being able to thwart actions to promote healthier food choice, e.g. by promoting a single 'healthy' nutrient in a product that is also high in a 'unhealthy' nutrient or include misleading messaging about the nutrient content e.g. 90% fat free.

8. 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?

Educational programmes should be led at the local level, with specific approaches for certain groups using the most appropriate channels available. The financial support for this should be provided by public bodies, and led by local public health leads.

9. How can effectiveness in self-regulation be defined, implemented and monitored?

The North West public health community strongly disagrees with self-regulation by the food industry and wishes to state categorically that any attempts to develop effective policies using self-regulation amongst the food industry is futile and has been proven to be ineffective, particularly in the UK using the salt example. Tobacco policy is another area of failure to achieve results through attempts at self-regulation. The group wishes to stress the following: public authorities have the responsibility to address health claims on food and their authenticity in the interests of consumer protection; self-regulation is ineffective, and if the food industry was genuine in its commitment to changing behaviour in favour of reducing obesity, it would welcome regulation as this creates a level playing field

10. 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?

Measures in this area should be tight and categorical: food marketing to children should be banned as this group are not able to make informed choices and are particularly vulnerable to exploitation. Current marketing practices reduce parents to becoming strict regulators when pressured by off-spring for particular heavily marketed products, and the balance of influence is heavily tipped towards the food industry, particular with the use of toys and popular characters in food marketing.

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

The focus on consumer choice as a successful tool for health interventions is misguided - most consumer behaviour, particularly amongst less affluent parts of society is governed by price and availability. Actions around choice should involve better nutritional education programmes and better labelling that is clear with regards to the nutritional value of the product concerned.

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

These partnerships must undertake a health needs assessment to identify the impact of their policies on health of the community.

13. 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 key messages should focus on the reduction of saturated fat intake, and an increase in cereal and vegetable consumption as well as increasing the rates of physical activity amongst the population as a whole. This should be delivered in coherent and consistent messages from the health sector and the public sector as a whole. The public sector should also lead by example, therefore ensuring healthy catering using local suppliers as well as encouraging physical activity through accessible and attractive stairwells for example, as well as provision of easily used green transport such as cycle racks, showers and safe and attractive access by foot or bicycle.

The group believes that currently the food industry are giving poor messages to consumers, although some research shows that even increasing consumer knowledge does not change behaviour with regards to nutrition, therefore the group considers that in light of the need for consumer protection in this area, certain actions are necessary for effectiveness.

Of primary importance, the group believes that using Competition Policy and Consumer Protection Policy, the EU should look closely at the effects of large-scale commercial food retailers on the food chain and the nutritional content of available foods in these settings. Increased provision of locally sourced and 'slow' food which is made difficult and expensive by current retailer choices and regulations including EU policies, and this affects the quality and sustainability of food chains for not only populations but also on public bodies wishing to increase the quality of food in prisons, hospitals and public sector catering.

The key messages about a healthy diet should be:

- Increase consumption of a variety of fruit and vegetable – at least 5 a day
- A healthy diet is one based on fruit and vegetables, wholegrain cereals and lower fat dairy produce and lean meat
- Lower fat dairy produce are important for bone health
- Eating freshly cooked unprocessed foods will lower sodium intakes

The group considers that these messages should be linked to a social marketing campaign promoted by Government, and Charitable and food NGOs not supported by the food industry.

14. 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?

School meals should be subject to comprehensive national or EU nutritional standards with regards to their production and provision, to encourage increased vegetable consumption and a reduction in saturated fat consumption, and in use of processed food. This would create a level playing field for both poorer and wealthier schools. In addition to this, standards should be set - and regulated if necessary - on the availability of water and school policies to enable children to access and consume water. The provision of home meals is governed by many factors including time available for cooking and price of food available, and it is unrealistic and misguided to assume that interventions at this level without addressing these issues will be effective.

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

Schools should be encouraged and if necessary regulated in their provision of physical activity. Decreasing activity levels amongst children is a key cause of rising levels of obesity in this group, and a reduction in green safe places for children to access in urban areas means that greater school-based physical activity should be encouraged. This should meet the minimum guidelines of recommended physical activity per week.

16. 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?

Energy-dense and high sugar drinks should be discouraged in favour of water and/or fruit juices.

17. 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?

Staff should be consulted and involved in the development of corporate food policies, and a healthy approach to the provision of food (e.g. by provision of appropriate education in healthy cooking, etc.), throughout industry and commercial organisation (especially those working with the educational sector), and in all aspects of civil society. Such approaches should replace the provision of unhealthy options in canteens, etc. Approaches shown to work include:

- reduction in saturated fat content without the knowledge of consumers,
- competitive pricing / subsidy of healthier options,
- promotions of healthier options,
- provision of healthy options only in vending machines,
- training in nutrition for catering staff, and
- encouragement of locally-based SMEs to produce and to sell locally-produced and fresh food to educational and other institutions.

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

Employers should work towards phasing out of unhealthy saturated fat-rich foods (and their replacement with healthy attractive alternatives), etc., from all canteens, and of all sweet drinks from dispensing machines situated in places of employment. However, increased provision of locally sourced food is made difficult and expensive by current retailer choices and regulations including EU policies. This affects the quality and sustainability of food chains for not only populations but also on public bodies wishing to increase the quality of food in prisons, hospitals and public sector catering.

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

Measures such as provision of showers and changing rooms, increasing cycle and walking accessibility and work-place based exercise programmes or classes such as yoga, aerobics etc.

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

Health service employees need to be role models for their clients. Work place health offers opportunities not yet fully explored with the purpose of increasing physical activity. This includes physical activity during working time and breaks as well as travel to and from work. Other issues that are important in nutrition include breastfeeding as well as the European Commission leading by example with interventions to improve the nutrition and physical activity of its employees and procurement practices.

It is important to bear in mind the mental health aspects of these issues, not only negative impact of obesity on mental health, but also the positive benefits that are brought about by physical activity.

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

Urban planning is of particular importance in order to enable individuals to build physical activity into their daily activity. Safe, green and easy to use transport systems are a key to success. Policies affecting the design of building and new developments should include safe, well-lit and easy to access stairwells and cycles racks. Employer provision of shower and changing facilities would enable greater uptake of physical activity during working time, which is of primary concern when individuals are working longer in jobs that are increasingly sedentary.

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

Employer provision of shower and changing facilities would enable greater uptake of physical activity during working time, which is of primary concern when individuals are working longer in jobs that are increasingly sedentary.

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

The Common Agricultural Policy currently supports the excess production of beef and dairy in the EU. The high availability of these commodities, at cheap prices is significantly responsible for the excess consumption of saturated fat within among EU citizens, but especially among those who belong to lower socio-economic categories, for whom these foods are the most affordable due to their low cost. The CAP must be re-formed to alternatively support foods which are conducive to good health, including more fruit, vegetables, fish and cereals for human consumption. The resulting rise in availability of these foods, will lead to lower price, and greater consumption among those from lower socioeconomic groups.

EU level support for the introduction of monitoring systems to measure people's access to healthy food and the identification of food deserts will also assist with targeting households belonging to certain socioeconomic categories with limited access to healthy food.

Ensuring that children are taught basic cooking skills within the educational system. This currently happens in Finland, but in some countries e.g. the UK, mandatory cooking is not compulsory for school children, leaving large numbers unable to cook nutritious healthy meal for themselves and their families in future.

The provision of affordable and good quality fruit, vegetables and cereals is of key importance in tackling obesity in poorer parts of the population. Physical activity in these groups could be improved by the improvement in the physical environment where these communities are often located, including green spaces and safer areas for both adults and children.

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

Unhealthy habits are clustered among lower socio-economic groups. The EU needs to introduce comprehensive strategies at EU, national and local level, which support the alleviation of poverty, and promote neighbourhood renewal and investment strategies for deprived communities which take account the promotion of health in the broadest sense (e.g. efficient transport networks to support employment, support for local food shops etc.).

Health development, including provision of healthier nutrition, is an essential component of economic and social development, especially in such areas of deprivation. This is a strong justification for the inclusion of health development within proposals for the EU Cohesion Policies from 2007.

25. Which are the most important elements of an integrated and comprehensive approach towards the promotion of healthy diets and physical activity? Which role at national and at Community level?

The Commission should promote and support the execution of health impact assessments on all new Community and economic policies developed at EU, national and local level.

The Commission should promote a population and community development approaches towards improving diets - these have the biggest potential for impact compared to individual measures.

At member state level, governments must ensure consistent approaches to encouragement of healthy nutrition throughout society, but especially in the education and health sectors.

26. 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?

Social and cultural variations and regional variations in dietary habits can only be successfully taken into account if in the first instance, a common methodology for the assessment of food intake is developed and agreed at European level. The European Food Safety Authority should take the lead in the development of such a methodology.

The Eurodiet report (2005) highlighted the large variations in food intake patterns across the EU. It would therefore be wise that in the first instance, regional / national food based dietary guidelines are developed within the specific food intake culture - and as next step, the development of Food Based Dietary Guidelines across geographical regions with similar intakes within the EU.

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

The key foods responsible for the gaps in proposed targets and consumption patterns should be identified for individual populations as described above. These foods can then become the focus for action including product reformulation by industry, and consumer education initiatives.

Research carried out by the UK's Food Standards Agency (FSA) found huge variations in the salt content of different foods (e.g. sausages) which demonstrated

that it is possible (and commercially viable) to lower the levels of the key nutrients of public health concern: fat, saturated fat, salt and sugar in processed foods. The Commission therefore consider the possibility of promotion of statutory maximum permitted levels for these nutrients in processed foods such as sausages, pizza and ready meals, to assist consumers in reducing their intake of these harmful nutrients. The Commission could in the first instance, focus on foods specifically marketed to children, as a vulnerable section of the population.

28. How can dietary guidelines be communicated to consumers?

Consumers - especially those from deprived communities - want clear, simple and comprehensible information on the healthiness of foods. The simple traffic light labelling system which was developed in the UK proved to be popular with consumers who don't have time to read labels in detail when out shopping, as a way of easily distinguishing between similar foods with different nutritional composition.

In the absence of the development of statutory maximum permitted levels for the key nutrients of public health concern: fat, saturated fat, salt and sugar, the introduction of simple tools such as the 'traffic light' system which enable consumers to distinguish between foods are needed.

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

Suitable means for achieving this have already been described above.

30. 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 EU should support the development of collaborative research and intervention projects involving countries both within the EU and outside of the EU. These are an effective way of promoting sharing of good practice and ensuring comprehensive dissemination of best practice across multiple borders.

31. 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?

Common Agricultural Policy

- The Common Agricultural Policy is a major issue which is not addressed in the present Green Paper as the main driver for food production in the European Union. As previously mentioned, CAP currently supports the over-production of beef and dairy in the EU. This excess production is in turn responsible for the widespread availability of cheap processed burgers and other meat products, as well as saturated fat (in the form of butter, butter milk, cheese and other by-products from cattle farming) in processed foods including biscuits, cakes, pizza etc.
- Subsidies to industry which support sugar production also contribute to the widespread use of this cheap ingredient by industry to increase the palatability and add bulk to foods.
- Finally, the disposal system, which provides preferential subsidies for the disposal of calorie and fat rich whole milk to schools, as well as butter to the baking industry, further increases the availability and affordability of these foods, with negative impacts to health - particularly disadvantaged communities on low incomes.
- CAP must be reformed so that first priority is given to good nutrition within the food production system in the EU. This means providing subsidies for foods

which the population should be consuming more of including fruit and vegetables.

Breastfeeding and infant nutrition

The other major omission within the Green Paper is its failure to address the important aspect of infant nutrition - particularly with respect to breastfeeding and weaning. Low breastfeeding rates are a problem across the vast majority of member states. Breastfeeding must be included in nutrition strategies at all levels. Environmental and cultural changes are needed to support a cultural shift towards exclusive breastfeeding for the first six months of life, as per the WHO recommendation for this. Increasing uptake of breastfeeding would support the achievement of the major public health objectives around diet and nutrition including a reduction in obesity prevalence and in high blood pressure prevalence in future generations. Measures needed include:

- legislation to stop formulae companies from the unethical marketing of their products to health professionals, in hospitals and to new mothers,
- the provision of breastfeeding facilities in planning and development of public buildings and open spaces
- support for policy on women returning to work to enable them to continue to breastfeed.
- promotion of Breastfeeding Friendly Initiatives in hospitals and community settings. There is a cost implication of this, and it needs to be supported both in policy and practice through relevant funding streams.

Food procurement

The procurement process for SMEs needs to be simplified to make it easier for smaller food producers to supply large public sector institutions such as hospitals and schools. There are several benefits to be had from this, including a reduction in food miles, fresher and more nutritious food due to less time between production and consumption, and wider benefits such as creation of local jobs. A simple action to support this would be the creation of a single unified Pre-Qualification Questionnaire to make things simpler for SMEs.

Contracts and service level agreements for health care providers should include a revised definition of 'value for money' which includes factors such as improving workplace and population health and environmental impact, to support the provision of healthier and more local produce by public sector organisations.

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

Changes to agricultural practices in the EU are the most pressing and fundamental issue faced in the challenge of tackling obesity. Regulating industry with regards to the provision of poor quality food, as well as the marketing of this food is also very pressing.

In conclusion we would like to stress the following points:

- we welcome and support the Commission in its work in this area, and would encourage reform in several of its Policy areas currently having a major impact on the increase in obesity such as the Common Agricultural Policy,
- we call for an increase in the possibilities for research in many aspects of this field,
- we strongly urge that the Commission pursues its actions in this field with a strong focus on consumer protection, including for the EU's most vulnerable consumers; this applies to advertising, food availability and food production, and

- we strongly urge the Commission to favour regulation with regards to the food industry, as self-regulation has not been successfully achieved in any area in the past and this process is lengthy and will not bring about good changes in obesity levels and subsequent population health issues and costs.

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