

**European Commission Green Paper
"Promoting healthy diets and physical activity: a
European dimension for the prevention of
overweight, obesity and chronic diseases"
08 December 2005, COM(2005) 637 final**

**Joint Position Paper
of the European Social Insurance Platform**

submitted in March 2006

About the *European Social Insurance Platform (ESIP)*

The *European Social Insurance Platform (ESIP)* represents the social insurers of over thirty organisations from twelve Member States, Romania and Switzerland, active in the field of health insurance, pensions, family benefits, occupational safety and accident insurance and unemployment insurance. The aims of ESIP and its members are to preserve high-profile social security for Europe; to reinforce solidarity-based social insurance systems and to maintain European social protection quality. ESIP builds strategic alliances for developing common positions to influence the European decision-making process and is a consultation forum for the European institutions and other multinational bodies active in the field of social security.

For more information please visit the ESIP website at: www.esip.org

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Health insurers are highly concerned with public policies against obesity. If nothing is done in the next few years, this problem will become a **financial burden** too enormous for the European health insurance systems to deal with. That's why the members of the *European Social Insurance Platform* (ESIP) share many of the views expressed by the Commission in its Green Paper and wish to react to this document.

European health insurance systems are already involved in the implementation of national health strategies in the field of obesity on two levels. The first level involves the direct and indirect financing of programmes and structures dedicated to the fight against obesity. This includes on the one hand treatment to mitigate the secondary diseases like diabetes and coronary heart disease and on the other hand the prevention of obesity itself. On a second level, they mobilise their expertise through the analysis of the costs and the quality of care. The main goal is to improve the health care system and to offer better possibilities for treatments that are not only more efficient but also more effective. *Health insurers are both payers and players* in national programmes against obesity.

There is no *one* good policy that promotes healthy diets and physical activity. The effectiveness of such policies is deeply linked with the organisation of national public health systems. Therefore, the comments made here are complementary to all other contributions made directly by individual ESIP members. Nevertheless ESIP wants to stress the fact that **obesity is a pathology that concerns the whole of our society. The solution is not limited to the health field; it must have a fully social dimension.** Reforms must rally health professionals and citizens of course, but also social protection organisations, associations, politicians, teaching professions ... Actions that regroup all these players – grass roots awareness campaigns based on therapeutic education, promotion of healthy diets, physical activity and sport - will have the best results.

ESIP stresses the importance of the links between the European, the national and the local level. **Local actions and initiatives are essential.** They provide the best means to stimulate positive and dynamic involvement from the citizens around a topic that remains poorly understood by many people. These local actions cannot be founded only on prohibition. They must lead the individuals and families to take the initiative by themselves: citizens must become actors in their own health.

ESIP members are implementing many local initiatives through various partnerships, directly or indirectly through their local funds. These programmes represent **examples of potential best practices** that can be shared with other networks. This Paper does not list all these actions, but many social insurance institutions can look back on many years of experience. ESIP is happy to share the available experiences of its members with the European institutions.

At the local level, these health and social based actions clearly demonstrate the influence that social links, a healthier life and food have on the weight of citizens. They encourage local activity across the European regions, contributing to better social and territorial cohesion. They also widen the public information audience, as they involve other parents, local associations and teachers. They are all the more efficient since they adapt themselves to the regional differences in the field of obesity.

In addition to awareness and communication initiatives, the **European institutions should give their support to these local projects** in the field of nutrition. They should encourage partnerships with local communities. ESIP welcomes the idea of more European exchange of best practices.

Nevertheless, all these public actions – such as the initiatives implemented by social protection organisations – will not be sufficient if they are the only defence against obesity. Indeed, most actions are aimed only at solving the problem downstream. The fight against overweight is not only a matter of public health; it has an industrial, commercial, economic and consequently political dimension.

European authorities should **create a legislative and statutory framework strict enough to prevent the food industry from exacerbating the problem upstream.** Deontological rules are not sufficient faced with the risk posed by industry using public programmes to promote their products. To use a comparison, the non-restrictive approach in the pharmaceutical field has already been shown to be inadequate. The food industry should review its commercial strategy; marketing campaigns should be based on the real nutritional qualities of the product. Saying that there are only good and bad diets – not good and bad foods – is not true. The distortion of information by the manufacturers - who consciously hide the negative effects of their products - to customers - who are not aware of the influence of marketing on their health - is blatant. Requiring the food industry to furnish the scientific proofs of their commercial messages would be an interesting solution.

In this context, ESIP will follow with great interest the reactions to the Green Paper and hopes that in the follow-up to the Paper the European Commission will endeavour to implement the support measures that ESIP has outlined above.

This position paper has the support of the following organisations:

AUSTRIA	HVSVT	Hauptverband der österreichischen Sozialversicherungsträger, Vienna
CZECH REPUBLIC	CSSZ	Czech Social Security Administration, Prague
FINLAND	ETK	The Central Pension Security Institute of Finland, Helsinki
	FAII	Federation of Accident Insurance Institutions, Helsinki
	TVR	Finish Unemployment Insurance Fund, Helsinki
FRANCE	FNMF	Fédération Nationale de la Mutualité Française, Paris
	CNAF	Caisse Nationale d'Allocations Familiales, Paris
	CNAM	Caisse Nationale d'Assurance Maladie, Paris
	CNAV	Caisse Nationale d'Assurance Vieillesse, Paris
	CCMSA	Caisse Centrale de la Mutualité Sociale Agricole, Paris
GERMANY	AOK-BV	AOK-Bundesverband, Bonn
	IKK-BV	Bundesverband der Innungskrankenkassen, Bergisch Gladbach
	LKK-BV	Bundesverband der landwirtschaftlichen Krankenkassen, Kassel
	VdAK	Verband der Angestellten-Krankenkassen, Siegburg
	AEV	Arbeiter-Ersatzkassen-Verband, Siegburg
	KBS	Knappschaft Bahn See, Bochum
	See-KK	See-Krankenkasse, Hamburg
	HVBG	Hauptverband der gewerblichen Berufsgenossenschaften, Sankt Augustin
	BLB	Bundesverband der landwirtschaftlichen Berufsgenossenschaften, Kassel
	BUK	Bundesverband der Unfallkassen, Munich
	DRV	Deutsche Rentenversicherung Bund, Berlin
	GLA	Gesamtverband der landwirtschaftlichen Alterskassen, Kassel
ITALY	INPDAP	Istituto Nazionale di Previdenza per i Dipendenti Dell'Amministrazione, Rome
	INPS	Istituto Nazionale della Previdenza Sociale, Rome
LUXEMBOURG	ALOSS	Association Luxembourgeoise des Organismes de Securite Sociale, Luxembourg
THE NETHERLANDS	SVB	Sociale Verzekeringsbank, Amstelveen
	CVZ	College voor Zorgverzekeringen, Amstelveen
POLAND	ZUS	The Social Insurance Institution of Poland, Warsaw
SWITZERLAND	SUVA	Schweizerische Unfallversicherungsanstalt, Lucerne

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