Irish Heart Foundation's response to the European Commission's Green Paper on *"Promoting healthy diets and physical activity: A European dimension for the prevention of overweight, obesity and chronic diseases"* (COM(2005) 637 final)

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Summary and Conclusions

The Irish Heart Foundation is the leading national non-governmental agency working to reduce death and disability from heart disease and stroke, through advocacy, education and community service. The Foundation is a member of the European Heart Network (EHN) is a Brussels-based alliance of heart foundations and like-minded non-governmental organisations in 25 European countries.

EHN plays a leading role in the prevention and reduction of cardiovascular disease through advocacy, networking and education so that it is no longer a major cause of premature death and disability throughout Europe.

Diet and physical inactivity are major modifiable risk factors involved in cardiovascular diseases (CVD). CVD is the largest cause of death of men and women in the European Union (EU) costing the EU economies 169 billion euros every year.

For many years, EHN has argued that there needs to be a comprehensive and integrated EU food and nutrition policy. EHN has also called for an EU health strategy promoting physical activity. The European Commission's Green Paper is a first step in that direction. It must, as such, be welcomed. But EHN considers that is it not sufficiently ambitious

EHN believes that:

IV.3. Health across EU policies

- There are a number of Community policies that can have an influence on people's choices and behaviours, including, consumer policy, information and media policy, regional policy/structural funds, transport policy and agricultural policy
- The simplification of the fruit and vegetable common market organisation in the EU presents an opportunity for inter-sectoral approaches to offer benefits to consumers and farmers alike, while improving the nutritional health of the European population

IV.4. The Public Health Action Programme

- It is necessary to raise the awareness of the measures/policies/interventions needed to promote healthy diets and physical activity
- The public health action programme can co-fund systematic reviews of evidence of effectiveness of measures/policies/interventions, training seminars and information meetings and help to identify which are the essential elements for making information campaigns effective
- Provide information about existing evidence directly to Member States as well as to relevant European umbrella oganisations, which will ensure further dissemination amongst their national member organisations

V.1. Consumer information, advertising and marketing

- There should be mandatory nutrition labelling of six nutrients. These are: energy, saturated fat/trans fats and sodium, but also total fat, added sugar and dietary fibre
- Better education for all age groups about nutrition and diet and about what is on the label accompanied by a harmonised signposting system will help consumers understanding the information provided in labels
- Voluntary codes ("self-regulation") are not an adequate tool for limiting the advertising and marketing of energy-dense and micronutrient-poor foods.

V.2. Consumer education

- Public-private partnerships could make a useful contribution to consumer education if public and private agencies send the same message and agree not to send conflicting messages
- Key messages have little importance if the surroundings environments are not supportive of them

V.3. A focus on children and young people

- Comprehensive policies in schools to ensure that children have education and practical skills provided enable them to eat a healthy diet. Food provided for them in schools should be a result of high nutritional quality standards for food in schools, whether provided as part of a meal or from vending machines or other outlets
- Energy-dense and high salt snacks, high sugar soft drinks and confectionery that is high in fat or sugar should not be available in schools
- Relevant sectors of industry should abstain from targeting their commercial communications/marketing of unhealthy food and drinks to children/young people in schools as elsewhere
- To improve the level of physical activity in schools, a number of measures must be envisaged including to increase the number of hours devoted to physical education in the curriculum across the EU with a statutory three-hour minimum per week dedicated to physical education
- To develop the concept of the Health Promoting School that takes a whole school approach to health (embracing all of the above), and ensure that physical activity is a core component
- Support in the wider community is also vital providing easier access to facilities and activities, especially those not solely competition and targeting disadvantaged areas.

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

- Every workplace should have a healthy work life balance policy in which employers have high quality standards for foods and provide clear information on the nutritional composition of the various offerings which makes it easy for employees to compare healthier/less healthy options
- Employers can introduce a number of measures to encourage physical activity, for instance give decision prompts, i.e. signposting to remind people to take the stairs and switch support away from company cars to support for cyclists/pedestrians

V.6. Addressing the obesogenic environment

- An obesogenic environment refers to all aspects of the environment that promote behaviour that contribute to overweight/obesity including aspects which promote unhealthy eating.
- To ensure that physical activity is part of people's daily routine, measures needed include the development of an integrated transport strategy that emphasises walking/cycling, ensuring that streets are safe and well-lit to encourage waking/cycling and that stairs are prominent, accessible and well-lit in new buildings. These policies can be achieved through public-private partnerships.

V.7. Socio-economic inequalities

- Measures that will help reduce inequalities include general (legislative) measures that reach the whole population, availability of inexpensive healthy food, such as fruits and vegetables and easy access to well kept and inviting recreation areas and to affordable activities in sports

V.11. Other issues

- Based on a consultation with eight European/International health organisations, the issues that should receive first priority at a European are: Controlling sales of foods in public institutions, controls on food and drink advertising, mandatory nutritional information labelling, Common Agricultural Policy reform/subsidies on healthy foods

Introduction

The European Heart Network (EHN) is a Brussels-based alliance of heart foundations and like-minded non-governmental organisations throughout Europe. EHN has member organisations in 25 European countries.

EHN plays a leading role in the prevention and reduction of cardiovascular disease through advocacy, networking and education so that it is no longer a major cause of premature death and disability throughout Europe.

Cardiovascular disease (CVD) - heart disease, stroke and other atherosclerotic vascular diseases - is the largest cause of death of men and women in the European Union (EU) and the second-heaviest disease burden expressed in DALYs (disability adjusted life years). CVD causes nearly half of all deaths (42%) and 11 million DALYs are lost due to CVD every year. CVD has been estimated to cost the EU economies 169 billion euros every year. Of the total costs of CVD, just under €105 billion in 2003 are costs to the healthcare systems of the EU. Production losses due to mortality and morbidity associated with CVD cost the EU over €35 billion. Cost of informal care is another important non-healthcare cost. In 2003, the total cost of providing this care was over €29 billion.

Diet and physical inactivity are major modifiable risk factors involved in CVD as is tobacco.

General comments

For many years, EHN has argued that there needs to be a comprehensive and integrated EU food and nutrition policy. EHN has also called for an EU health policy that enhances physical activity. The European Commission's Green Paper is a first step in that direction. It must, as such, be welcomed.

However, already in its White Paper on Food Safety, adopted in January 2000, the European Commission stated that it would adopt a Communication on an action plan on nutrition policy with a view to developing a comprehensive and coherent nutrition policy by December 2000. EHN considers that the Green Paper is not equal to an action plan nor is it sufficiently ambitious limiting itself to *open* a broad-based consultation process and *launch* an in-depth discussion to identify the *possible* contribution at Community level of promoting healthy diets and physical activity.

Equally, the 2000 White Paper planned a proposal for Council Recommendations on European dietary guidelines by December 2001. EHN is disappointed that such a proposal has not yet been adopted.

The Green Paper in its title states that it is on the prevention of overweight, obesity and chronic diseases. But, more often than not it limits itself to relate diet and physical activity to overweight and obesity. Beyond any doubt, overweight and obesity are factors of significant importance for the overall health status of the EU population and a significant risk factor for coronary heart disease. But, knowing the considerable impact that a poor diet and physical activity have on major EU health burdens, such as CVD, the Green Paper would have gained from making recurrent references to health burdens besides overweight and obesity. In Europe, most people afflicted with chronic preventable diseases are still not overweight or

obese. Strong and continued emphasis on the devastating disease-outcomes linked to poor diets and physical inactivity would have underlined the urgent need for a real EU strategy on diet and physical activity.

The Green Paper poses a number of questions. Below, EHN will respond to a number of these.

Specific comments

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 toward creating environments which make healthy choices easy choices?

There are a number of Community policies that can have an influence on people's choices and behaviours. They include:

Consumer policy

The proposed EU regulation on nutrition and health claims, which stipulates that in order for a food product to bear a nutrition and health claim, it has to have a certain nutrient profile (e.g. maximum levels of nutrients such as fat/saturated fat, sodium and sugar) is an example of a concrete contribution to promote healthier diets. EU legislation making nutrition labelling mandatory and in a format that can be understood by consumers is also an example of a concrete contribution to the promotion of healthier diets. Moreover, it would be possible to measure the health outcomes that such EU policies may have through models that analyse the impact of lower intake of fat/saturated fat, sodium and sugar on weight, blood cholesterol and blood pressure at a population level and thus on for instance CVD and diabetes.

Information and media policy

It has been firmly established that advertising of 'unhealthy' food and drink products have an impact on children's consumptions patterns. If the Television without Frontiers Directive were amended to prohibit advertising of such products to children and if advertising of 'healthy' food and drink products, such as fruits and vegetables, were broadcast instead, it could have a considerable impact on promoting healthier diets. Again, models could quantify the health outcomes of shifts away from high-calorie/low essential nutrients products to increased consumption of fruits and vegetables.

Regional policy/Structural funds

The EU's regional policy aims to redress the economic imbalance between the wealthiest and poorest regions of the Union. Regional policy is financed by the European Funds - the Structural Funds and the Cohesion Funds. These Funds account for over one third of the European Union budget and are used to tackle regional disparities and support regional development through actions including developing infrastructure and telecommunications, developing human resources and supporting research and development.

The EU's regional policy embraces a large number of EU policy areas including, transport (see also below), environment, employment, tourism and culture. There is no mentioning of public health in the policy areas considered by the EU's regional policy DG.

There is a growing evidence base to support changes to the environment which stimulate activity, such as building cycle lanes and walking trails, and improving the quality of parks and green space. Therefore, structural funds aimed at developing/improving infrastructure can have a favourable impact on promoting physical activity. This should be clearly brought out in the list of policy areas considered by the EU regional policy.

Transport policy

The EU's transport policy already recognises that shifting the balance of modes of transport will involve taking measures at national and regional levels in other policy areas, including social and education policies. It should also recognise the impact that shifting modes of transport may have on promoting physical activity.

Many transport policy interventions constitute natural experiments, in which effects on population health – through the promotion of physical activity - could and should be evaluated using well-designed prospective (and, where appropriate, controlled) studies. Assessment of the economic impact of redirecting transport from cars to cycling and walking should include an impact on health.

Agriculture policy

The Common Agriculture Policy (CAP) does not take explicit account of the need to produce foods that promote healthy diets. In Europe as a whole there should be a switch in production from animal-based products such as meat and dairy to plant-based products – in particular fruit and vegetables but also cereals. This would – all other things being equal - lead to a reduction in the consumption of fat, particularly saturated fat and other desirable changes to nutrient intakes. To ensure this, there needs to be a detailed investigation of how different aspects of the CAP influences consumption patterns and a subsequent realignment of agricultural subsidies to ensure that the food production system facilitates rather than mitigates against healthy eating.

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

The simplification of the fruit and vegetable common market organisation in the EU presents an opportunity for inter-sectoral approaches to offer benefits to consumers and farmers alike, while improving the nutritional health of the European population. In order to achieve public health gains there are key issues that the review of the fruit and vegetable COM should tackle, including:

- The fruit and vegetable regime should promote the reduction and eventual phasing out of withdrawal compensation. This could lead to falling prices which could stimulate purchase and consumption of fruit and vegetables.
- In the short term, any withdrawn produce should be used for human consumption. It should particularly aim to target those who eat less fresh fruit and vegetables, such as children and low income groups.

- The single farm payment scheme should be extended to include fruit and vegetables.
- Efforts to promote fruit and vegetables should be coordinated between the health and agricultural sectors for maximum effect.

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?

One clear role for the European Commission is to commission research into methods of health impact assessment – particularly in relation to its own policies – consumer, media, agricultural etc. and then to use those methods to model potential changes to those policies.

IV.4. The Public Health Action Programme

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 already a considerable knowledge about the health benefits of a healthy diet and a reasonably good knowledge about the health benefits of physical activity amongst the groups listed. Therefore, it is more relevant to ask how you *raise the awareness of the measures needed* to support and promote healthy diets and physical activity. For this, information on effectiveness of measures/policies/interventions is needed.

In some instances there is already considerable evidence for the effectiveness of particular measures/policies/interventions but it needs to be assembled in a systematic and transparent way by an authoritative body. The European Commission could be that body and act in a similar way to the National Institute for Health and Clinical Excellence (NICE) in the UK, or the Centre for Disease Control (CDC) in the US in doing so. Assembling the evidence for what is currently known about the effectiveness of interventions/measures is the first step in assessing the gaps in that evidence. It is likely that there will be many gaps. The European Commission should, of course, help to fill the gaps in co-operation with national and international bodies.

Once the evidence for the effectiveness of different interventions has been assembled then communication and advocacy skill is needed for health professionals; enhanced communication skills, for example in media relations, are needed for NGOs. The public health action programme can co-fund, training seminars, information meetings, etc.

For the public at large targeted information can be effective. The public health action programme can help to identify which are the essential elements for making such information campaigns effective.

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

EHN would suggest providing information about existing evidence directly to Member States as well as to relevant European umbrella oganisations, which will ensure further dissemination amongst their national member organisations.

V.1. Consumer information, advertising and marketing

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

EHN considers that there are six key nutrients relevant to public health. These are: energy, saturated fat/trans fats and sodium, but also total fat, added sugar and dietary fibre. EHN recommends that information about these six nutrients should be mandatory on all products.

It is important that people should avoid foods high in saturated fat, trans fats and sodium in order to reduce their risk of CVD. In addition they need to regulate their intake and expenditure of energy in order to avoid overweight and obesity.

It is important that people can make comparisons both between and within product categories e.g. to say which of two pizzas is healthier but also whether a pizza is healthier than a pasta dish. EHN therefore considers that when providing nutrition information to the consumer all categories of products should be considered including processed and un-processed products, packaged and unpackaged foods, foods eaten within in schools, workplaces, restaurants, snack bars, etc.

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 extensive research (reviewed by the EHN) demonstrating that the current format for nutrition labelling - as prescribed by the EU directive - is almost impossible to understand, even for a well educated consumer or nutrition professional. Guidance on how to make sense of current nutrition labelling could help educated consumers and nutrition professionals make better sense of the label e.g. providing people with 'rules of thumb' about what constitutes a lot of a nutrient in a food and setting Guideline Daily Amounts for different nutrients will help some people.

However, there needs to be radical revision of the prescribed format to make it simpler for all consumers to understand and more relevant to current the major health problems in Europe (chronic diseases and obesity). This will involve developing a harmonised signposting system to signal the levels of key nutrients in foods. Several surveys are ongoing to determine which signposting system is best understood by consumers.

Even with a harmonised signposting system there needs to be information from credible and authoritative sources, which include clear guidance about how the system is intended to be used. Such sources may differ among Member States but the European Commission could help in developing such guidance.

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?

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 consumer are not exploited by advertising, marketing and promotion activities?

Voluntary codes ("self-regulation") are not an adequate tool for limiting the advertising and marketing of energy-dense and micronutrient-poor foods.. This is because they do not address, and appear to be incapable of addressing, the quantity, location or emotional power of advertising and marketing but only focus on the content of individual marketing campaigns judging whether these are truthful and not offending.

In order to make self-regulation more effective, from a public health point of view, it would be necessary to have a multi-stakeholder involvement to agree on codes with specific and measurable content (e.g. if the target group is children, prohibitions on branded promotional activity for unhealthy food and drinks in schools, restrictions of certain marketing practices and on use of celebrities). Monitoring, including monitoring of the increased use of other ways of promoting unhealthy food to children, e.g. product placement and artefacts, is essential and should be undertaken by independent bodies/governments - prior authorisation may be required in certain cases, e.g. children and other vulnerable consumers. Adequate sanctions are needed to strongly dissuade non-compliance with codes.

If appropriate self-regulation as described above cannot be achieved, legislative measures must be enacted as a matter of urgency. .

V.2. Consumer education

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

Public-private partnerships are not different from any other kind of partnerships/cooperation. They can work only where:

- a common purpose is agreed between all partners;
- the pooling of the partners' resources provides a greater gain for all;
- the relationship between the partners is based on shared values, agreed aims and objectives – and honesty.

Provided a common purpose is agreed, public-private partnerships could make a useful contribution to consumer education if public and private agencies send the same message and agree not to send conflicting messages.

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

Key messages have little importance if the surroundings environments (largely influenced by European and national public policies) are not supportive of them.

Research shows that the home has a critical influence on children's dietary and physical activity patterns. Through EU-led policy, governments working across many government departments and health authorities, working conjointly need to provide greater support to parents, i.e. parenting courses, links with schools and the health services and through the workplace to help them influence positively their children's health.

V.3. A focus on children and young people

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

Comprehensive policies to ensure that children have education and practical skills provided in schools will enable them to eat a healthy diet. Food provided for them in schools should be a result of high nutritional quality standards for food in schools, whether provided as part of a meal or from vending machines or other outlets.

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

Expert reviews recommend:

- Increase the number of hours devoted to physical education in the curriculum across the EU. There should be a statutory three-hour minimum per week dedicated to physical education in schools across the EU for all ages of young people, all the year round. In countries with no existing statutory minimum, an initial aim should be for a statutory two-hour minimum per week. Schools should be encouraged to go beyond these minimum levels.
- Facilitate an increase in the quality of physical education and training for dedicated physical education teachers, through standardised training packages for specialist physical education teachers and non-specialists, for all age groups.
- Promote opportunities and practices to build activity into the rest of the school day, not just during the physical education lesson.
- Develop the concept of the Health Promoting School, embracing all of the above, that takes a whole school approach to health, and ensures that physical activity is a core component.
- Establish 'safe zones' around all schools where walking and cycling are prioritised and car travel is made difficult, and 'safe routes' to schools from neighbouring communities.
- Establish guidance and incentives for schools and local governments on improving the environment around schools to encourage walking and cycling. Consider guidance on establishment of locally-led networks of 'safe houses' on popular walk-to-school routes where children can go if in trouble from bullying etc.
- Provide safe parking places for bicycles within the school grounds.
- Establish the principle of schools as healthy living centres for pupils and for the wider community to increase the out-of-hours use of school sports facilities.

The school is not the only setting, which can influence children's activity levels, the community environment is a major influencer (see *V.6.*). Public-private partnerships could provide easier access to facilities and activities for young people. EU and governments policy should ensure that activities not solely focussed on competition are included and that disadvantaged areas are targeted.

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?

Apart from providing nutritious food at schools, energy-dense and high salt snacks, high sugar soft drinks and confectionery that is high in fat or sugar should not be available in schools

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?

Relevant sectors of industry, this includes media, should abstain from targeting their commercial communications/marketing of unhealthy food and drinks to children/young people in schools as elsewhere.

Other

It is also important to consider the very early childhood. EU should ensure that international conventions on infant feeding are adhered to. Pre-school years should also be the focus of attention.

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?

Every workplace should have a healthy work-life balance policy, where employers have high quality standards for foods and provide clear information on the nutritional composition of the various offerings which makes it easy for employees to compare healthier/less healthy options (see above on nutrition labelling/signposting). Employers can also make fruit available for free.

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

The below-listed measures have some evidence for effectiveness:

- Give decision prompts, i.e. signposting to remind people to take the stairs
- Switch support away from company cars to support for cyclists/pedestrians and provide bicycle shelters, showers
- Providing fitness-testing programmes and exercise facilities
- Host workplace sports and activity days
- Provide a free or subsidised company sports/health club
- Encourage managers and role modes to set an active example

V.6. Addressing the obesogenic environment

Just as a nota bene, an obesogenic environment refers to all aspects of the environment that promote behaviour that contribute to overweight/obesity – not just to those that encourage sedentary behaviour but also aspects which promote unhealthy eating.

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?

There is a body of research to support the below-listed measures:

- Develop an integrated transport strategy that emphasise walking/cycling

- Ensure that streets are safe and well-lit to encourage waking/cycling
- Provide and promote the use of local parks and green places
- Produce maps and guides of good places to walk/cycle
- Provide signs enabling people to measure the distances they walk/cycle
- Improve access to sports and leisure facilities for all section of the community by providing, for example, free crèches, discounted access for he unemployed, over 50s sessions and late-night sessions
- Stage 'taster days' for the non-exerciser at gyms and exercise facilities
- Ensure stairs are prominent, accessible and well-lit in new buildings
- Encourage town planners to provide facilities that can be walked to and around, such a local markets, town squares, pedestrianised areas

These policies can all be progressed through public-private partnerships.

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?

Measures that would be of benefit to population groups belonging to certain socio-economic groups include

- General (legislative) measures, such as health and nutrition claims regulation that requires respect of nutrient profiles and legible and understandable nutrition labelling with interpretative front-of-pack signposting schemes.

- Availability of inexpensive healthy food, such as fruits and vegetables.

- Easy access to well-kept and inviting recreation areas and to affordable activities in sports (for more detail see comments to *V.6.*)

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

The goal of a comprehensive and integrated EU food and nutrition strategy should be to address both the mean level of intake of certain key foods and nutrients and the distribution of intakes in the European population. In a similarly way a strategy to promote physical activity should address both the mean level and the distribution of those levels

The 'clustering of unhealthy' habits that has frequently been demonstrated for socio-economic groups should therefore be addressed at a European level by comprehensive and integrated policies which take into consideration equity and not just efficiency issues. E.g. proposals for reform of labelling policy should take account of different levels of education in the European population and not just the education level of the average consumer.

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?

See under IV.4.

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 healthy?

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

In the context of a pan-European project on *Children, obesity and associated avoidable chronic diseases*, which is co-funded by the European Commission, EHN organised a consultation meeting on policy options in the fight against childhood obesity on 29 November 2005. The purpose of the meeting was to agree on priory actions amongst European/International health organisations that are active in policy formulation to combat childhood obesity.

Out of 20 given policy options, the eight organisations[*] that participated selected five priority areas for action of which four policy options were on nutrition:

- Controlling sales of foods in public institutions: Controls on the provision and sale of fatty snacks, confectionery and sweet drinks in public institutions such as schools and hospitals

- Controls on food and drink advertising: Controls on the advertising and promotion of food and drink products

- Mandatory nutritional information labelling: Mandatory nutritional information labelling for all processed food, for example using energy density traffic light system

- Common Agricultural Policy reform: Reform of the EU's Common Agricultural Policy to help achieve nutritional targets/Subsidies on healthy foods: Public subsidies on healthy foods to improve patterns of food consumption

These issues should receive first priority at EU level.

[*] World Health Organisation; European Public Health Alliance; International Association of Consumer Food Organisations; International Obesity Task Force, European Association for the Study against Obesity; European Heart Network; International Paediatrics Association; EuroHealtNet