

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

I. STATE OF PLAY AT EUROPEAN LEVEL

I.1. Unhealthy diets and lack of physical activity are the leading causes of avoidable illness and premature death in Europe, and the rising prevalence of obesity across Europe is a major public health concern (*cf annex 2 for background information*).

I.2. The Council has invited the Commission to contribute to promoting healthy lifestyles⁽ⁱ⁾, and to study ways of promoting better nutrition within the European Union, if necessary by presenting appropriate proposals to that end². The Council has also called upon Member States and the Commission to conceive and implement initiatives aimed at promoting healthy diets and physical activity.

I.3. The Community has a clear competence in this area: Article 152 of the Treaty requires that a high level of human health protection be ensured in the definition and implementation of all Community policies and activities. A number of areas of Community policy are relevant to nutrition and physical activity, and the Council has confirmed the need to mainstream nutrition and physical activity into relevant policies at the European level.

I.4. Action at national level may usefully be complemented at the Community level. Without limiting the scope for actions which Member States may wish to initiate, Community action may exploit synergies and economies of scale, facilitate Europewide action, pool resources, disseminate best practice and thereby contribute to the overall impact of Member State initiatives.

I.5. The Council underlined that the multi-causal character of the obesity epidemic calls for multi-stakeholder approachness - for which the European Platform for Action on Diet, Physical Activity and Health (*cf section IV.1*) is a prominent example - and for action at local, regional, national and European levels⁶. The Council also welcomed the Commission's intention to present this Green Paper and to present in 2006 the results of the public consultation exercise initiated with the Green Paper.

I.6. The European Economic and Social Committee underlined that action at Community level can reinforce the effect of initiatives taken by national authorities, the private sector and NGOs.

I.7. A number of Member States are already implementing national strategies or action plans in the field of diet, physical activity and health. Community action may support and complement these activities, promote their coordination, and help to identify and disseminate good practice, so that other countries can benefit from experience gained.

II. HEALTH AND WEALTH

II.1. Apart from the human suffering it causes, the economic consequences of the increasing incidence of obesity are of particular importance. It is estimated that in the European Union, obesity accounts for

up to 7% of health care costs¹⁰, and this amount will further increase given the rising obesity trends. Although detailed data are not available for all EU countries, studies underline the high economic cost of obesity: A report prepared by the United Kingdom's National Audit Office in 2001 estimated that obesity in England alone accounted for 18 million days of sickness absence and 30,000 premature deaths, corresponding to an annual direct health care cost of at least GBP 500 million. The wider costs to the economy, which include lower productivity and lost output, were estimated at a further GBP 2 billion per year¹¹. The 2004 report from the United Kingdom's Chief Medical Officer on the impact of physical activity and its relationship to health estimated the cost of physical inactivity at GBP 8.2 billion annually (including both the health care cost and the wider cost to the economy, such as days lost from work)¹². In Ireland, the direct cost of treating obesity was estimated at some €70 million in 2002¹³. In the USA, the CDC estimated obesity-attributable health care costs at \$75 billion¹⁴. At an individual level, studies estimate that the average obese adult in the United States incurs annual medical expenditures that are 37% higher than an average person of normal weight¹⁵. These direct costs do not take into account reduced productivity due to disability and premature mortality.

II.2. An analysis made by the Swedish Institute of Public Health concludes that in the EU, 4.5% of disability-adjusted lifeyears (DALYs) are lost due to poor nutrition, with an additional 3.7% and 1.4% due to obesity and physical inactivity – a total of 9.6%, compared with 9% due to smoking¹⁶.

II.3. A recent report by the Netherlands Institute for Public Health and the Environment, RIVM, examined unfavourable dietary composition and health loss. One of the conclusions is that an excessive intake of the 'wrong' type of fats, such as saturated and trans fatty acids, increases the likelihood of developing cardiovascular disease by 25%, while eating fish once or twice a week will reduce this risk by 25%. In the Netherlands, every year, 38,000 cases of cardiovascular disease among adults aged 20 and above can be attributed to an unfavourable composition of the diet¹⁷.

II.4. Tackling overweight and obesity therefore is not only important in public health terms, but will also reduce the long-term costs to health services and stabilise economies by enabling citizens to lead productive lives well into old age. This Green Paper will serve to determine if, by complementing Member States' activities, action at Community level may contribute to reducing health risks, curbing health care spending, and improving the competitiveness of Member States' economies.

III. THE CONSULTATION PROCEDURE

III.1. As announced in the Communication "Healthier, safer, more confident citizens, a Health and Consumer Strategy"¹⁸, the Commission is preparing a series of Community strategies to tackle the most important health determinants, including nutrition and obesity. In this context, the present Green paper aims at opening a broad-based consultation process and at launching an in-depth discussion, involving the EU institutions, Member States and the civil society, aiming at identifying the possible contribution at Community level of promoting healthy diets and physical activity.

III.2. The Commission calls on all interested organisations to submit responses to the issues raised in this Green Paper, no later than 15 March 2006, to the following address

(preferably by e-mail):

European Commission

Directorate-General Health and Consumer Protection

Unit C4 – Health Determinants

E-mail: SANCO-C4-NUTRITIONGREENPAPER@cec.eu.int

Postal address: L-2920 Luxembourg

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These responses should not be scientific papers, but concrete and evidence-based proposals for policy building mainly at EU level. In particular, responses are expected from economic operators on issues within their specific area of interest (e. g. advertising and marketing, labelling...), patient associations and health and consumer protection NGOs.

III.3. Unless respondents make a declaration to the contrary, the Commission services will assume that they do not object to having their responses, or parts thereof, published on the Commission's website and/or quoted in reports analysing the outcome of the consultation process¹⁹.

III.4. Given the multifactorial nature of diseases linked to unhealthy dietary habits and physical inactivity, and the multi-stakeholder response needed to address them, this Green Paper includes certain issues that fall primarily under the competence of EU Member States (e. g. education, town planning); it should also contribute to determine where the EU could nevertheless provide added value, e.g. by supporting networking amongst stakeholders and disseminating good practice.

IV. STRUCTURES AND TOOLS AT COMMUNITY LEVEL

IV.1. European Platform for Action on Diet, Physical Activity and Health

IV.1.1. In order to establish a common forum for action the European Platform for Action on Diet, Physical Activity and Health was launched in March 2005. The Platform brings together all relevant players active at European level that are willing to enter into binding and verifiable commitments aimed at halting and reversing current overweight and obesity trends. The objective of the Platform is to catalyse voluntary action across the EU by business, civil society and the public sector. Members of the Platform include the key EU-level representatives of the food, retail, catering, and advertising industries, consumer organisations and health NGOs.

IV.1.2. The platform is to provide an example of coordinated but autonomous action by different parts of society. It is designed to stimulate other initiatives at national, regional or local level, and to cooperate with similar fora at national level. At the same time, the Platform can create input for integrating the responses to the obesity challenge into a wide range of EU policies. The Commission regards the Platform as the most promising means of non-legislative action, as it is uniquely placed to build trust between key stakeholders. First results from the Platform are encouraging: involvement of other Community policies is strong, Platform members are planning far-reaching commitments for 2006, and a joint meeting with US stakeholders will contribute to exchanging good practice. Moreover, agreement has been secured by Sports Ministers to offer support to the Platform. A first evaluation of the outcomes of the Platform will take place mid-2006²⁰.

IV.2. European Network on Nutrition and Physical Activity

IV.2.1. A network on Nutrition and Physical Activity composed of experts nominated by the Member States, the WHO and consumer and health NGOs has been established by the Commission services in 2003 to advise the Commission on the development of Community activities to improve nutrition, to reduce and prevent diet-related diseases, to promote physical activity and to fight overweight and obesity. The Network will be closely involved in analysing the feedback to the present Green Paper.

IV.3. Health across EU policies

IV.3.1. Preventing overweight and obesity implies an integrated approach to fostering health, an approach which combines the promotion of healthy lifestyles with actions aimed at addressing social and economic inequalities and the physical environment, and with a commitment to pursue health

objectives through other Community policies. Such an approach would need to cut across a number of Community policies (e. g. agricultural, fishery, education, sport, consumer, enterprise, research, social, internal market, environment and audio-visual policies), and to be actively supported by them.

IV.3.2. At Commission level, a number of mechanisms are currently operating in order to ensure that health is taken into consideration in other Community policy areas:

- on major policy proposals from other Commission services, the Health and Consumer Protection Directorate-General is systematically consulted;
- the inter-service group on health discusses health-related issues between all concerned Commission services;
- the Commission's impact assessment procedure, which has been established as a tool to improve the quality and coherence of the policy development process and which includes the assessment of health impacts.

Questions on which the Commission invites contributions include:

- What are the concrete contributions which Community policies, if any, should make towards the promotion of healthy diets and physical activity, and towards creating environments which make healthy choices easy choices?
- Which kind of Community or national measures could contribute towards improving the attractiveness, availability, accessibility and affordability of fruits and vegetables?
- 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?

IV.4. The Public Health Action Programme

IV.4.1. The importance of nutrition, physical activity and obesity is reflected in the Public Health Action Programme²¹ and its annual Work Plans. Under the health information strand, the Programme supports activities aimed at collecting more solid data on the epidemiology of obesity, and on behavioural issues²². The Programme is putting in place a comparable set of indicators for health status, including in the area of dietary intake, physical activity and obesity.

IV.4.2. Under the health determinants strand, the Programme is supporting pan-European projects aimed at promoting healthy nutrition habits and physical activity, including cross cutting and integrative approaches which foster the integration of approaches on lifestyles, integrate environmental and socio-economic considerations, focus on key target groups and key settings and link work on different health determinants.

IV.4.3. The Commission's proposal for a new Health and Consumer protection programme puts a strong focus on promotion and prevention, including in the area of nutrition and physical activity, and foresees a new action strand on the prevention of specific diseases.

Questions on which the Commission invites contributions include:

- How can the availability and comparability of data on obesity be improved, in particular with a view to determining the precise geographical and socioeconomic distribution of this condition?
- 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?
- Which are the most appropriate dissemination channels for the existing evidence?

The availability and comparability of data on obesity can be improved through the introduction of accurate measurement of height, weight and waist circumference in clinical practice. By contract, GPs should deliver more preventive care to their patients who should have their height, weight and waist circumference measured and should be advised against obesity.

The Public Health Action Programme can contribute to raising awareness of the potential of healthy/unhealthy lifestyles through the implementation of distance learning national training programmes for health professionals and television advertisement campaigns.

Information technology should be applied in developing novel interactive service platforms for preventive services to control and modify obesity, diet and physical activity.

The most appropriate dissemination channels are: television, web sites, spots before movies promoting physical activity and healthy diet, advertising posters along streets, in clinics, hospitals, pharmacies and consulting rooms.

IV.5. European Food Safety Authority (EFSA)

IV.5.1. The European Food Safety Authority can make an important contribution to underpinning proposed actions on nutrition (e. g. on recommended nutrient intakes, or on communication strategies

aimed at health professionals, food chain operators and the general public on the impact of nutrition on health) with scientific advice and assistance (*on the role of EFSA in the establishment of food-based dietary guidelines, cf section V.9 below*).

V. AREAS FOR ACTION

V.1. Consumer information, advertising and marketing

V.1.1. Consumer policy aims to empower people to make informed choices regarding their diet. Information about the nutritional content of products is an important element in this respect. Clear, consistent nutrition information about foods can, along with relevant consumer education, act as the foundation of informed dietary choice. With this objective, the Commission has submitted a proposal for a regulation to harmonise the rules on nutrition on health claims²⁵. This includes the principle of setting nutrient profiles, in order to prevent foods high in certain nutrients (such as salt, fat, saturated fat and sugars) making claims about their potential nutrition or health benefits. The Commission is also considering amendments to the current rules on nutrition labelling. V.1.2. As far as advertising and marketing is concerned, it has to be ensured that consumers are not misled, and that especially the credulity and lacking media literacy of vulnerable consumers and, in particular children, are not exploited. This regards in particular advertising for foods high in fat, salt and sugars, such as energy-dense snacks and sugar-sweetened soft drinks, and the marketing of such products in schools²⁶. Industry self regulation could be the means of choice in this field, as it has a number of advantages over regulation in terms of speed and flexibility. However, other options would need to be considered should self-regulation fail to deliver satisfactory results.

Questions on which the Commission invites contributions include:

- When providing nutrition information to the consumer, what are the major nutrients, and categories of products, to be considered and why?
- 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?
- 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 consumers are not exploited by advertising, marketing and promotion activities?

Comments:

The major nutrients to be considered when providing nutrition information to the consumer are: dietary fibre, sodium, saturated fat. As for categories of products, those with high amount of saturated fat, sodium and simple carbohydrates are in the category to be consumed in moderation; those with unsaturated fats, high in potassium, magnesium and calcium, and high in fibre should be promoted. In addition, the amount of energy for each product should be indicated. Food labels must be concise and very readable: the print should be big enough so that everyone can easily read it.

To enable consumers to fully understand the information given on food labels, food manufacturers and nutrition experts (supported by health professionals in clinical practice, teachers at schools) should provide a practical and specific message to people, outlining the health benefits of certain foods and the negative health effects of consuming foods high in fat, salt and simple sugars, and low in fibre and unsaturated fats.

Self-regulation is clearly not sufficient. An alternative to self-regulation is to provide all products which are beneficial to health if consumed daily or regularly with a green stamp.

To ensure that the credulity and lacking media literacy of vulnerable consumers are not exploited by advertising promotion activities, all nutrition policies must be supported by Ministries and Institutions which have a know-how and a reliable public image

V.2. Consumer education

V.2.1. Improving public knowledge on the relationship between diet and health, energy intake and output, on diets that lower risk of chronic diseases, and on healthy choices of food items, is a prerequisite for the success of any nutrition policy, whether at national or Community level. Consistent, coherent, simple and clear messages need to be developed, and disseminated through multiple channels and in forms appropriate to local culture, age and gender. Consumer education will also contribute to creating media literacy, and enable consumers to better understand nutrition labelling.

Questions on which the Commission, in view of identifying best practices, invites

contributions include:

- How can consumers best be enabled to make informed choices and take effective action?
- What contributions can public-private partnerships make toward consumer education?
- 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?

Comments:

The pricing of products is the most important issue: healthier choices must be cheaper than unhealthy ones.

Good food labelling is helpful.

People should be able to monitor the nutrient content of foods they purchase, not only through limited food labels but for instance through bar-code system that is available in most shops and could include not only the price but also the nutrient content of foods purchased – such systems are under development and testing.

The key message to be given to consumer is that physical activity means all sort of activities such as gardening, walking, dancing, etc. and not just “sport.

Most of health benefits of physical activity are gained by moving from a sedentary lifestyle to one with a moderate level of physical activity.

Another key message is that eating less helps to reduce the risk of diet-related diseases. As to the quality of diet, two issues are of primary importance: avoid saturated fat and eat as much as possible fruits, vegetables and berries and high fibre products made of rye, oats and barley and whole grain wheat.

V.3. A focus on children and young people

V.3.1. Important lifestyle choices pre-determining health risks at adult age are made during childhood and adolescence; it is therefore vital that children be guided towards healthy behaviours. Schools are a key setting for health-promoting interventions, and can contribute to the protection of children’s health by promoting healthy diets and physical activity. There is also growing evidence that a healthy diet also improves concentration and learning ability. Moreover, schools have the potential to encourage children to undertake daily physical activity²⁷. Relevant measures could be considered at the appropriate level.

V.3.2. In order to avoid that children are exposed to conflicting messages, health education efforts by parents and in schools need to be supported by efforts from the media, health services, civil society and relevant sectors of industry (positive role models...) (*for marketing towards children, cf section V.1*).

Questions on which the Commission, in view of identifying best practices, invites contributions include:

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

Comments:

To start with proper school meals should be available.

For fostering healthy dietary choices and thus improving the nutritional value of school meals, energy-dense snacks should be replaced by free baskets containing fresh fruits, light yoghurt and bread with dark chocolate. Schools should have information on health aspects of foods that are provided

Parents should receive the weekly/monthly menus provided in the schools and discuss these with their children and be able to give feedback to schools. Parents should also involve their children in planning meals, shopping and cooking.

As for physical activity in schools, children should make 1 hour of age appropriate physical activity every day. Physical education must be part of the teaching curricula in schools.

Health education efforts made by schools can be supported by advertising spots where celebrities from the world of show-business and sport are the main protagonists.

Vending machines with salty snacks and sugary drinks should not be allowed in schools. Instead, fruits and clean, tasty water should be available for free. There is only little use of industry-supported promotions in schools, and they should be carefully evaluated.

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

V.4.1. Work places are a setting which has a strong potential to promote healthy diets and physical activity. Canteens that offer healthy choices, and employers who foster environments which facilitate the practice of physical activity (e. g. provision of showers and changing rooms) can make important contributions towards health promotion at the workplace.

Questions on which the Commission, in view of identifying best practices, invites contributions include:

- How can employers succeed in offering healthy choices at workplace canteens, and in improving the nutritional value of canteen meals?
- What measures would encourage and facilitate the practice of physical activity during breaks, and on the way to and from work?

Comments:

For improving the nutritional value of canteen meals, the salt should be made available only at tables, and the foods should not be heavily presalted. Fresh fruits should be distributed during lunch time and healthy products should be provided for free or at very low price. Meals components and the preparation methods should be indicated.

Having shower facilities at work, making parking lots for bicycles, having free access to sporting facilities during break time, trying to form post-work clubs for activities are good examples of promoting physical activity. Instead smoking breaks, workers should have every hour 10 minutes for physical activity, if wanted.

V.5. Building overweight and obesity prevention and treatment into health services

V.5.1. Health services and health professionals have a strong potential for improving patients' understanding of the relations between diet, physical activity and health, and for inducing necessary lifestyle changes. Patients could receive important stimuli for such changes if health professionals included in routine contacts practical advice to patients and families on the benefits of optimal diets and increased levels of physical activity. Obesity treatment options need also to be addressed²⁸.

Questions on which the Commission invites contributions include:

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

V.6. Addressing the obesogenic environment

V.6.1. Physical activity can be integrated into daily routine (e. g. walking or cycling instead of using motorized transport in order to get to school or work). Transport and urban planning policies can ensure that walking, cycling and other forms of exercise are easy and safe, and address non-motorised modes of transportation. The provision of safe cycling and walking paths to schools could be one means to address the particular worrying trends for overweight and obesity in children.

Questions on which the Commission invites contributions include:

- 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?

Comments:

To ensure that physical activity be “built into” daily routines, safe cycling paths from and to school/work with the possibility of renting bicycles for free and public transportations for employees and students at low price should be provided; walking to school all together instead of taking the school bus should be proposed to students as well.

In addition, more staircases and less elevators should be built in workplaces. Elevators should be used only for emergency and posters claiming “burn calories ascending steps” should be put up to invite people to go up the stairs.

V.7. Socio-economic inequalities

V.7.1. Food choice is determined by both individual preferences and socio-economic factors²⁹. Social position, income and education are determinants of diet and physical activity. Certain neighbourhoods could discourage physical activity, lack recreation facilities and affect the disadvantaged more than those who can afford or have access to transportation. Lower levels of education and poorer access to relevant information reduce the capacity to make informed choices.

Questions on which the Commission invites contributions include:

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

Comments:

To enable population groups and households belonging to certain socio-economic categories to adopt healthier lifestyles, healthy food should be sold at low price and free access to sporting facilities should be provided.

For housewives, TV programmes on physical activity should be aired during morning and free courses for those accompanying their children to sports facilities should be organized.

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

V.8.1. A coherent and comprehensive approach aimed at making the healthy choices available, affordable and attractive involves taking account of mainstreaming nutrition and physical activity into all relevant policies at local, regional, national and European levels, creating the necessary supporting environments, and developing and applying appropriate tools for assessing the impact of other policies on nutritional health and physical activity³⁰.

V.8.2. The prevalence of chronic conditions related to diet and physical activity can vary greatly between men and women, age groups, and between socio-economic strata. Moreover, dietary habits, as

well as physical activity behaviours, are often embedded in local and regional traditions. Therefore, approaches aimed at promoting healthy diets and physical activity need to be sensitive to gender, socio-economic and cultural differences, and to include a life-course perspective.

Questions on which the Commission invites contributions include:

- 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?

V.9. Recommendations for nutrient intakes and for the development of food-based dietary guidelines

V.9.1 The WHO/FAO Report³¹ provides general recommendations on population nutrient intake and physical activity goals in relation to the prevention of major noncommunicable diseases.

V.9.2. The Eurodiet project³² has proposed quantified population goals for nutrients, and underlines the need for these to be translated into food-based dietary guidelines (FBDGs). FBDGs need to be based on customary dietary patterns, and take socioeconomic and cultural factors into account.

V.9.3. The Commission has asked the European Food Safety Authority (EFSA) to update the advice on energy, macronutrients and dietary fibre. Following on from this, EFSA will also advise on population reference intakes of micronutrients in the diet and, if considered appropriate, other essential substances with a nutritional or physiological effect in the context of a balanced diet. Moreover, EFSA will provide advice on the translation of nutrient based dietary advice into guidance on the contribution of different foods to an overall diet that would help to maintain good health through optimal nutrition.

Questions on which the Commission invites contributions include:

- 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?
- How can the gaps between proposed nutrient targets and actual consumption patterns be overcome?
- How can dietary guidelines be communicated to consumers?
- In which way could nutrient profile scoring systems such as developed recently in UK contribute to such developments³³?

V.10. Cooperation beyond the European Union

V.10.1. Some reflection is currently taking place at international level as regards the global involvement of Codex Alimentarius³⁴ in the field of nutrition. In line with the request in the WHO Global Strategy on Diet, Physical Activity and Health, the EU supports the view that general consideration should be given to how nutrition issues should be integrated into Codex work, while retaining the current mandate of Codex.

V.10.2. Nutrition, diet and physical activity should be the subject of close cooperation between regulators and stakeholders in the EU and in other countries where rising levels of overweight and obesity are of concern³⁵.

Questions on which the Commission invites contributions include:

- 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?

V.11. Other issues

Questions on which the Commission invites contributions include:

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

Comments:

In any nutrition policy to encourage physical activity and healthy diet it is critically important to emphasize the positive aspects of healthy eating and physical activity (beauty, more energy, less costs, longevity) rather than focusing on the effects of unhealthy eating and physical inactivity.

VI. NEXT STEPS

VI.1. The Commission services will carefully analyze all contributions received in reply to the consultation process launched by the present Green Paper. It is expected that a report summarizing the contributions will be published on the Commission's website by June 2006.

VI.2. In the light of the results of the consultation process, the Commission will reflect upon the most appropriate follow-up, and will consider any measures that may need to be proposed, as well as the instruments for their implementation. Impact assessment will be carried out as appropriate, depending on the type of instrument chosen.

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