

**Working Paper on
Public-Private Partnerships for Health**

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WHAT IS A PPP?

A public-private partnership (PPP) for health is an initiative established to address a health problem. In a PPP, the public and for-profit private sectors come together in some form to meet a shared goal via some degree of shared decision-making.¹ To avoid confusion, it is important to note that in many European government circles, “PPP” refers to the use of private contracts to run public services, e.g. railways, water services, hospitals, that is, “a contractual agreement between the public and the private sectors, whereby the private operator commits to provide public services that have traditionally been supplied or financed by public institutions.”² This is not what is meant by a “PPP for Health”. In public health, PPPs are quite different from the “private-contract” type of PPP.

Even within public health circles, perceptions of PPPs vary, some considering PPPs to be any form of engagement or interaction between the private and public sectors, others only defining this relationship as a PPP if it fulfils strict criteria. Thus whether an initiative that involves the private sector is defined as a PPP depends on who is doing the defining. The definition given here is broad enough to comprise a wide array of different arrangements, but does assume that a *partnership* involves shared objectives and some degree of shared decision-making. It also assumes that the “public” part of PPP is some form of governmental or inter-governmental agency or institution, not a not-for-profit organisation, and that the “private” part is a for-profit private sector organisation,³ not a non-profit organisation. It is recognized, however, that initiatives involving dialogue or funding arrangements with no clear shared objectives or decision-making processes may be perceived by some to be PPPs. Likewise initiatives involving non-governmental but public institutions (e.g. universities) as the “public” part, or not-for-profit organisation as the “private” part may also be perceived and labelled as PPPs.

Broader terms that cover all forms of relationship with the for-profit sector are “private sector engagement” or “private sector interaction”. Another relevant term is “multistakeholder partnership”, a term used widely in the field of sustainable development. Multistakeholder partnerships are “strategic alliances between business, government and civil society that strategically aggregate the resources and competencies of each to resolve key challenges and which are founded on principles of shared risk, cost and mutual benefit.”⁴ Multistakeholder partnerships – or the much broader “multistakeholder initiatives” and “multistakeholder dialogues” – are much more explicit in emphasising the inclusion of civil society and do not necessarily include governments or international agencies. In contrast, PPPs include some form of governmental input, but do not necessarily include civil society partners.

¹ This definition is broadly derived from Buse K, Harmer AM. Seven habits of highly effective public-private partnerships: practice and potential. *Social Science and Medicine* 2007; 64: 259-271.

² Renda A, Schrefler L. *Public-Private Partnerships: Models and Trends in the European Union* (IP/A/IMCO/SC/2005-161). Study commissioned by the European Parliament's committee on Internal Market and Consumer Protection.

³ That is, for-profit enterprises or companies, and the organizations that are funded to service them or advocate their interests, such as trade associations

⁴ Global Knowledge Partnership. *Multi-stakeholder Partnerships*.

Available at: http://www.globalknowledge.org/gkps_portal/index.cfm?menuid=178&parentid=179

1 WHAT ARE EXAMPLES OF PPPS FOR HEALTH?

PPPs for health are relatively new phenomena, developing most visibly at the global level. From just a handful in the mid-1990s, there are now over 100 global PPPs between private health-sector companies and the public sector. The vast majority of these involve pharmaceutical companies and are focused on addressing the burden of infectious diseases in the developing world. Major examples include the Mectizan Donation Program, Medicines for Malaria and the GAVI Alliance (The Global Alliance for Vaccines and Immunization). These PPPs are all concerned with meeting either one of two objectives: developing drugs and vaccines; and/or increasing access to medicines. They tend to be formalised entities with their own management structure and staff and often involve UN agencies. Some are mainly concerned with financing, others with distribution of medicines, and others with drug development.

At the European level, an example of a drug-related PPP is the “Innovative Medicines Initiative” (http://imi.europa.eu/index_en.html), a PPP between the European Federation of Pharmaceutical Industries and Associations (EFPIA) and the European Commission. The aim of this PPP is to identify and overcome bottlenecks to the development of innovative treatments.

The main partner in PPPs for health is the pharmaceutical industry, and to some extent the health insurance industry. But the food and drink industry has also been involved in PPPs for health. For example, in 2001 Coca-Cola and UNAIDS entered into a three-year PPP to “harness the company's marketing and distribution resources in the fight against HIV/AIDS in Africa.”

At the national and local levels, PPPs tend to be smaller and involve a wide variety of arrangements and governance mechanisms, as illustrated by the examples of PPPs for diet, nutrition and health below.

2 WHAT ARE EXAMPLES OF PPPS FOR DIET, NUTRITION AND PHYSICAL ACTIVITY, AND HOW ARE THEY GOVERNED?

2.1 Global

PPPs concerned with diet, nutrition and physical activity have been much slower to develop at the global level relative to drug-related PPPs. Just one of the around 100 global PPPs deals explicitly with nutrition. The Global Alliance for Improved Nutrition (GAIN) is a partnership between international agencies (WHO, UNICEF), NGOs (e.g. Helen Keller International) and the private sector (e.g. Danone, Unilever). It has the objective of reducing malnutrition through the use of food fortification. It has almost 50 staff working directly for the PPP, and a board made up with representatives from the public and private sectors. Much of the funding comes from the Gates Foundation.

Another initiative concerned with food fortification, the Micronutrient Initiative, has also been described as a PPP because it engages with the private sector to encourage food fortification. But it takes the form of an independent, not-for-profit organisation, is largely funded by governments and international organisations (just one private sector funder), and has no private health/food-sector companies on its board.

There is no formal PPP concerned with healthy diets, physical activity, obesity or diet-related chronic diseases at the global level. However, the Oxford Health Alliance (OxHA) is sometimes referred to as a PPP. It is a partnership between Oxford University and the Danish drugs company, Novo Nordisk A/S, but does not define itself as a PPP because it does not actively partner with government. The aim of OxHA is to address the rising global burden of chronic diseases. It is mainly funded by Novo Nordisk, but also receives funding from governments, NGOs and some private companies/foundations (Pepsico, Johnson and Johnson, Oventions). To guide the interaction between different stakeholders, OxHA has developed “The Oxford Health Alliance guidelines for funding and interaction with industry and other sectors.” It has a secretariat in an independent entity (a PR agency) with a handful of staff members, a board of advisors made up of academics, and a board of trustees with academic and private membership.

Another global partnership concerned with diet and physical activity is the Healthy Eating & Active Living Global Partnership (HEAL). HEAL’s objective is to promote and facilitate ways in which business can be part of the solution to the massive increase in lifestyle related chronic diseases around the world. A business-focused initiative with public-sector partners, it has one member of staff (a director) and is hosted by an independent entity, the International Business Leaders Forum, a not-for-profit organisation which promotes responsible business practice. HEAL is financed entirely from the private sector (food and media companies), but lists NGOs and international organisations among its partners.

2.2 European Region

At a regional level, the EU Platform on Diet, Physical Activity and Health (“EU Platform”) is also perceived by some as a PPP. But the EU Platform does not call itself a PPP; rather, it defines itself as a forum where members can make commitments to contribute to the pursuit of healthy nutrition, physical activity and the fight against obesity, and where those plans can be discussed. Hosted and funded entirely by the European Commission, the members are food companies and their trade associations, and NGOs. There is no board, just a chair and staff with time allocated to the Platform. Membership is only permitted for companies (and NGOs) that make commitments to the Platform, and monitor those commitments. Within the EU Platform, the NGOs do not partner directly with the food industry, but engage through dialogue.

Also at the European level is the European Technology Platform “Food for Life” (<http://etp.ciaa.be/asp/home/welcome.asp>). This is a PPP that aims to promote the development of innovative, novel and improved food products, especially more nutritious products. Established within the European Commission’s framework for technology platforms, the Food for Life secretariat is provided by the CIAA.

2.3 National

At a national level, there are many examples of what have been termed PPPs for diet, nutrition and physical activity. These range from small local initiatives with one industry partner to national PPPs with large numbers of partners. Many of these PPPs are listed in the report commissioned for the EU Platform by Netherlands-based

National Institute for Public Health and Environment (RIVM) “*Experiences of EU Member States on Public-Private Partnerships (PPPs) on initiatives to counteract obesity.*” The report, published in December 2007 and updated in October 2008, compiled the results of a survey which asked governmental representatives to list national PPPs addressing obesity. PPPs were defined broadly as not only partnerships with the for-profit sector but also the non-profit private sector.

Many of the PPPs involve **public education**, although many of these actually involve partnerships primarily between government and not-for-profit organisations. One example involving the for-profit sector comes from the Czech Republic. There, the Keep it Balanced! campaign managed by the National Institute of Public Health and supported by the Federation of the Food and Drink Industries of the Czech Republic, provide information leaflets about energy balance and ran an associated competition.

Many of the partnerships also involved **product development**, particularly for salt reduction. Salt reduction partnerships are found in several countries, including Ireland, Spain and the UK. Taking the case of the UK, in 2005, the governments Food Standards Agency started a program to reduce the salt content of the nations food supply. The program is managed and funded entirely by the Food Standards Agency (project manager, allocated staff time). NGOs and government entities are named partners, but the core activity was developing targets and requesting food companies to make commitments to meet these targets on a voluntary basis. Over 75 companies have made such commitments and monitoring suggests that progress had been made.⁵

Some of the partnerships involved **nutrition labelling**, and, to a much lesser extent, **advertising**. One (atypical) example is the Spanish Self-Regulatory Code on Food Advertising to Children. The Code is a partnership between the Ministry of Health and the Spanish Food and Drinks Federation (FIAB), with the additional participation of the Spanish advertising self-regulatory organisation, Autocontrol, and a consumer organisation. Although voluntary, participating companies are fined in case of violation. Enforcement is the responsibility of Autocontrol, although overall implementation is the responsibility of a committee comprising representatives from the Spanish Food Safety Agency (government), FIAB, the Spanish Advertisers Association, and a consumer’s organization, the Council of Consumers and Users.

There are also PPPs concerned largely with **research** (not all listed in the RIVM report). The *Diet and Health Research Industry Club (DRINC)* is managed and led by the Biotechnology and Biological Sciences Research Council, a British government funding agency. The goal of the PPP is to bring together food and drink companies, public research funders and academic scientists to support scientific research on the link between diet and health. One of the three core research areas is “how foods can be developed to help fight obesity”. The steering and management group includes representatives of the food and pharmaceutical industries, public research institutes and universities. There are 11 industry members including, such as Nestlé and PepsiCo, who provide 10% of the funding, with the rest being supplied by BBSRC. Another example is the *Top Institute of Food and Nutrition (TIFN)*, a PPP between private industry and public research centres, supported financially by the Dutch government. Industry partners include Unilever and Friesland Foods, and research

⁵ Food Standards Agency. Progress with industry in relation to salt reduction. Available at: <http://www.food.gov.uk/healthiereating/salt/saltprogressstatement/>

partners include the Universities of Maastricht and Wageningen. The aim of the Institute is to develop scientific breakthroughs in food and nutrition “resulting in the development of innovative products and technologies that respond to consumer demands for safe, tasty and healthy foods”. In another example listed in the RIVM report, the *Czech Technology Platform for Food Products* is led by the Federation of the Food and Drink Industries of the Czech Republic. It aims to integrate research in the area of nutrition towards the development of new and improved food products.

Platforms on Diet, Physical Activity and Health that mimic the EU Platform are also being set up at a national level. Such Platforms now exist in Austria, Germany, Hungary, Ireland, Italy, the Netherlands, Poland, Portugal and Spain.

There are also examples of very small-scale PPPs. For example, a rare case of a diet-related PPP being reported in the scientific literature involved a partnership between a public health agency in a town in the Netherlands and a chain of 12 butchers shops.⁶

2.4 Commitments to the EU Platform that involve PPPs

Some of these national PPPs are listed in the EU Platform database of commitments, such as the salt reduction initiatives. Some, however, are not listed, and some of the commitments made to the EU Platform that describe themselves as PPPs do not appear in the RIVM report. This partly reflects the fact that the RIVM report only covers PPP that were identified as such by national authorities (thus excluding EPODE in France—see below), but it is possible that other, more private-led PPPs (Health4Schools, Media Smart, Fit am Ball) are not listed because they are perceived in a different ways by public and private sector parties. Five key examples of PPPs listed in the commitments database are:

EPODE (“Ensemble, Prévenons l’Obésité Des Enfants”): EPODE is a partnership between French national/local ministries of health/education, the National Institute for Health Prevention and Education (INPES), the National Program for Nutrition and Health (PNNS), and three private companies: Nestlé, APS (a consortium of health insurance companies), and Fondation International CARREFOUR. Launched in 10 pilot cities in France, it aims to address excessive weight gain among children aged 5 to 12 through the integration of nutrition education into the curriculum. It has a central coordinating entity, and the content of the program is governed by a committee of nutrition experts from academia and public health. The three private partners fund the program (along with additional support from other private companies). Reportedly, they also contribute their expertise in consumer behaviour and marketing. Industry partners must sign the a “Charte D’engagement Des Partenaires”.

Food Dudes: The Food Dudes program in Ireland is a partnership between the government (funding comes from the Department of Agriculture and Food), Bord Bia (the Food Board, the managing entity) private industry (fruit and vegetable growers and distributors), schools and the European Commission. In the program, children are provided with free fruit and vegetables at school for 16 days and shown peer modelling videos. Children who first taste and eat what is given to them are rewarded.

⁶ van Assema P et al. Evaluation of a Dutch public-private partnership to promote healthier diet" Am J Health Promot. 2006 May-Jun;20(5):309-12.

Media Smart: Media Smart is a media literacy programme for school children that aims to develop and promote children's understanding of advertising. It brings together industry, academics, parents, teachers and governments. Established in the UK, it is essentially a private initiative with public participation through the involvement of government members in its expert group and the support of the UK's communications regulator, Ofcom. The initiative is supported by the British advertising industry, and housed at the Advertising Association. Media Smart has now spread to Belgium, the Netherlands and Germany as a result of the initiative taken by the Responsible Advertising and Children Programme of the World Federation of Advertisers.

Health4Schools: Health4Schools is a program being piloted in schools in Gloucestershire in the United Kingdom. A partnership between Kraft Foods, local government and Business in the Community (an alliance of private businesses), it has the objective of involving schools in "developing and enjoying activities which encourage a healthy lifestyle." It involves education activities such as teaching food growing and cooking skills. Health4Schools is managed from a coordinating office based at Kraft. Representatives of Kraft participate in the chief governance mechanism, the steering committee, alongside representatives of local government, Business in the Community and the Food and Drink Federation (a trade group).

Fit am Ball - Der Schul-Cup von funny-frisch: Fit Am Ball is a PPP between a leading potato crisp manufacturer in Germany, Intersnack (a member of the CIAA), the German Sports University, Cologne, with the support of the Regional Council Cologne and the Central Marketing Association of the German Agricultural Industry (CMA). With the underlying objective of addressing overweight and obesity among children and young people, Fit am Ball aims to promote sport at school and health education for children aged three to six. It consists of the formation of football teams and competitive events, as well as nutritional consultations. Since its inception in 2003, approximately 35,000 children from over 1,000 German schools have participated. In 2007 the programme was extended to Austria. Information about how it is governed could not be identified, but it appears that it is a program hosted and managed by the German Sports University with funding support from InterSnack.

2.5 Examples from the United States

A notable example of an obesity-related PPP in the United States is **VERB. It's what you do!**, a PPP between the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) and the advertising and communications industry. Running between 2002 and 2006, it aimed to increase and maintain physical activity among tweens (youth age 9-13). With 100% government funding and a secretariat hosted in the CDC, the partners were advertising agencies and community-based organisation. The content of the initiative – marketing strategies to encourage physical activity – was designed and managed by the commercial entities. Other examples are state-run initiatives. For example, the **Massachusetts Partnership for Healthy Weight** is a partnership between state government agencies (health, education), private companies (health insurance companies), health care providers and NGOs. It has the objective of "reducing chronic disease through community action and public policies."

3 HOW ARE PPPS ORGANISED AND WHAT ARE THEIR OBJECTIVES?

3.1 Organisation of PPPs

The examples shown above reveal the extent of the variation in the organisation of PPPs. They vary with regard to scale, management, participants, legal status, governance and policy-setting prerogatives. They exist at the global, regional, national and local scale, ranging from small collaborations with industry at a sub-national scale, to large entities hosted in United Nations agencies or NGOs. Important differences – and aspects of PPP governance as whole – are:

Leadership and management function: A crucial distinction between many PPPs is whether they were initiated by the public sector (e.g. the EU Platform; VERB), or by the private sector (e.g. Media Smart; HEAL). This influences whether the management functions of the PPP are hosted by the private or public partners. PPPs may also be managed by other entities. Reflecting the broader PPP environment, the PPPs exemplified here are managed by either:

- A governmental or intergovernmental agency or institution, e.g. EU Platform, UK salt reduction strategy, VERB, DRINC
- A private company partner, e.g. Health4Schools, Media Smart
- An academic or research institution, e.g. TIFN, Fit Am Ball
- A not-for-profit host, e.g. HEAL, EPODE
- A separate entity, e.g. GAIN, OxHA

Participation: As defined here, a PPP must involve a for-profit private partner and some form of governmental participation. Members of civil society may or may not be included. The relative degree of participation by the different actors may vary considerably, as does the type of participation, which can be categorised as funding, management, steering, provision of technical expertise, or meeting targets/making commitments. Private sector participation may thus involve:

- Leadership, management, steering and funding, e.g. HEAL, Media Smart
- Funding but no leadership or management, e.g. Fit am Bal.
- Funding with some management or provision of technical expertise, e.g. EPODE
- No leadership, management or funding but providing commitments to a public initiative or meeting targets set by the public sector, e.g. EU Platform, UK Salt Reduction Strategy
- Providing commitments to a public initiative or meeting targets set by the public sector with some management and steering function, e.g. PAOS Code
- Management function and funding but steered jointly with public sector, e.g. Health4Schools
- No leadership, management or funding, but provision of technical expertise, e.g. VERB
- Co-funding with public sector and role in steering and management, e.g. DRINC

Likewise, the degree of “public” participation varies greatly. The role of the public partner may be leadership, management and funding, e.g. EU Platform, UK Salt Reduction Strategy; provision of funding, e.g. TIFN; or some steering, e.g. presence of committee members in Media Smart Public participation maybe through a leading

governmental ministry or agency, or through a public institution (government-funded university or research agency).

The nature of civil society participation also varies. Academics are involved in several of the PPPs exemplified here, often as expert advisors or steering group members. NGOs are less commonly involved in private-led partnerships. In public-led partnerships, they may be the main “partners”, but act more as “observers” in others.

Accordingly, some of PPPs are effectively public initiatives with some private sector participation, or private initiatives with some public participation.

Funding: There is a huge variety in the way that PPPs are funded. VERB essentially involved the federal government paying private agencies to design and conduct marketing campaigns, whereas Fit am Bal involves one private company funding a university to conduct a physical activity program. EPODE involves government taking funding from industry. In contrast, TIFN involves the government providing funding, as does Food Dudes. The EU Platform and the UK Salt Reduction Strategy are funded entirely by government. DRINC is jointly funded by government and industry. Global PPPs for health are often funded by private foundations, notably the Gates Foundation. Some global PPPs are actually funding agencies (e.g. GAVI).

Management of conflict of interest and threats to the public interest: Threats to, and conflicts with, the public interest is an issue for any public-sector led PPPs and for any public-sector partners in a PPP (as discussed more comprehensively below). Some PPPs exemplified here therefore have statements/charters that aim to resolve any conflict of interest (e.g. OxHA, EPODE), but most do not (at least in a visible and publicly-available form).

3.2 Objectives of PPPs

Reflecting the broader PPP landscape, the PPPs exemplified here have a diversity of objectives. These can be categorised as follows (each is not mutually exclusive):

- **Public education:** This includes PPPs that involve education and training, such as the cooking and growing skills central to the Health4schools PPP, the nutrition education in EPODE, the teaching pack on media literacy provided by Media Smart, the teaching of sport in Fit Am Bal and the provision of nutritional leaflets in the Czech “Keep in Balance!” campaign. These initiatives sometimes also involve the use of competitions. The RIVM report found that public education was the most frequently cited objective of PPPs by governmental representatives, mainly in the form of promoting nutrition to the public, especially children. Many of these initiatives, however, primarily involved a non-profit partner.
- **Developing or improving products:** Product development is often the focus of PPPs. At a global level, this includes PPPs designed to support research and development of new or modified drugs and vaccines. For diet and physical activity-related issues, it includes public-led partnerships designed to reduce salt in food products, private-led commitments to expand company portfolios of more nutritious products, and research-based PPPs to develop foods to address obesity.

- ***Providing, distributing or improving access to a product:*** This objective is found most widely among PPPs concerned with increasing access to drugs and vaccines, which maybe donated or subsidized. This is not an objective found commonly in the field of obesity, but does include PPPs which deliver and provide fruits and vegetables, such as FoodDudes in Ireland. PPPs that increase access to physical activity equipment or spaces would also fit into this category.
- ***Marketing or communicating information about a product:*** These are PPPs that involve the development of commercial marketing materials to promote or inform about a product or service, or as aspect of that product (i.e., commercial marketing techniques, rather than “education”). VERB is one such example. It also includes commitments made about nutrition labelling.
- ***Improving the regulation of some aspect of a product:*** This includes PPPs that involve commitments by industry to changing their practices of marketing food to children (e.g. EU Platform) and those (atypical) PPPs which involve the active participation of both government and industry in the self-regulation of advertising (the only clear example bring the PAOS code).

4 PPPS BETWEEN THE PUBLIC HEALTH SECTOR AND THE PRIVATE SECTOR: WHAT ARE THE ISSUES?

The number of PPPs for health, including those addressing obesity, is increasing. Yet there remain many sources of tension and debate about their development. Six issues warrant particular attention, discussed here from the perspective of the public sector.⁷ All of them involve the issue of *governance* (see Box).

4.1 Defining “partnership”: issues of roles, responsibilities and transparency

There are many different perceptions of what constitutes a PPP. The examples given here include those that would be defined as a PPP by some and not by others. That there are differences between the way government representatives (as per the RIVM report) define PPPs relative to private sector participants (as per the EU Platform commitments database) illustrates these different perceptions.

Do issues of definition matter?

On the one hand, no. Arguing about “is it really a PPP” can be purely academic. If the public participants of the initiative perceive themselves as in partnership with the private sector, then that is all that matters. In this case, a PPP becomes defined as an initiative for which private sector participation is fundamental, whether in the form of funding, management, steering, expertise, and/or targets/commitments.

On the other hand, how PPPs are defined has important practical implications. For example, when NGOs are involved. The term “partnership” is problematic for NGOs

⁷ Although not specifically referenced, some of the observations here reflect discussions about PPPs at the McGill Health Challenge Think Tank on Obesity, Montreal November 2007.

who consider it ill-advised to work directly with the private sector due to public interest concerns (discussed below). NGOs invited by the public sector to participate in a “partnership” may thus be unwilling to join even if they do want to “engage” in discussion. The same applies to other members of civil society – notably academics – who want to protect their reputation for “independence”. In these situations, then, the initiative could be defined and structured in a way that is acceptable to all parties. NGOs could be “observers” or “advisors to the PPP” rather than a “partner”. The PPP is thus formed between the public and private sectors, with NGOs in an overseeing or advisory role. Or a different term could be used, such as “multistakeholder initiative,” a term often used when NGOs do play a role in decision making.

This term “partnership” can also lead to misunderstanding and false expectations by the participants about their roles and responsibilities within the partnership. For example, a public sector-led initiative may embrace the private sector as “partners” even though the “partnership” is essentially a funding arrangement. The term “partner” may then lead to expectations by private sector funders that they can use the partnership (not unreasonably) to serve their own interests in other ways and participate in steering the initiative. This in turn may lead to unease (not wrongly) among the public sector participants. Thus the term “partner,” in the absence of *clearly defined roles and responsibilities* from the outset, can lead to confusion.

The same applies to NGOs. The term “partnership” may imply to NGOs a certain equality, even though their role in the partnership may be (not unreasonably) very different to the private sector partners. An enlightening example of this situation comes from VERB. In this case, the government agency managing the PPP included community-based NGOs as part of the strategy based on the assumption that community partners were needed to build capacity and reflect community needs. But their role from the outset was not well thought through. As a result the “community partners did not understand that the media partners controlled the decisions affecting their own programs” and “wanted to create their own marketing and other materials”.⁸ This led to tensions about their role. Afterwards, it was realized that they would have been better engaged if brought into the campaign at a later stage.

The term “partnership” can also compromise the legitimacy of the initiative if there is insufficient transparency about how the partnership is governed. Many – probably most – of the PPPs exemplified in this report do not provide clear and understandable overviews of the roles and responsibilities of different partners on their websites and information material. In one example, the role of the private sector was described simply as funding on the website, despite the wider acknowledgement of the deeper private sector involvement in this particular PPP. In another case, the funder was clearly acknowledged but no description of their role in governance provided. In another, the only way of finding out who held the management function of the PPP was to look at the contact page of the website, or, even more obscure, to match the mailing address of the PPP against that of a private sector partner. In others, public sector involvement is described as participation in the “expert group” etc, but what this involves is not made explicit. This leaves outsiders rather in the dark. Thus even if the PPP functions well, lack of transparency about roles and responsibilities can lead to distrust of what “partnership” really means.

⁸ Wong FL, Greenwell M, Gates S, Berkowitz JM.. It's what you do! Reflections on the VERB campaign. Am J Prev Med. 2008 Jun;34(6 Suppl):S175-82, p. S180/181

What is good governance?

There are many ways of looking at “good governance”. Essentially “good governance” is about achieving desired results in the *right way*. It can be defined quite narrowly as governance that is free of abuse and corruption and has due regard for the rule of law, or much more broadly as degree of participation, transparency, responsiveness, consensus-orientation, equity and inclusiveness, effectiveness and efficiency and accountability.⁹ In the public health field, issues around the governance of global PPPs for health has focused on five core areas: legitimacy; representation and participation; accountability; transparency; and effectiveness.¹⁰ According to analysis of global PPPs for health, a well-governed PPP should be legitimate, representative and participatory, accountable, transparent and effective.

The greatest governance problems in PPPs for health have been identified as: failure to clearly specify partners’ roles and responsibilities; inadequate performance monitoring; insufficient oversight of corporate partner selection and management of conflict of interest; and a lack of transparency in decision- making.¹¹

While these examples raise concerns about the term “partnership,” the main point is that they raise concerns in the absence of *clearly defined roles and responsibilities and transparent communication about those roles and responsibilities*. In fact, the importance of defining of roles and responsibilities comes up time and time again in discussions about what is needed for successful, well-governed partnership. According to a report by McKinsey, insufficient clarity of roles and responsibilities to global PPPs for health often leads to sub-optimal working arrangements, performance monitoring and accountability.¹² Notably, a rare example of an analysis of private partnerships to address obesity concluded that: “for the strategy to be implemented *effectively*, it is important that the roles of all relevant organisations are clearly defined”[italics added].¹³

There are examples of initiatives that have made clear definition of roles and responsibilities and transparency central to the way they operate. The Marine Stewardship Council, a product of a partnership between the World Wide Fund for Nature and Unilever, explain their governance processes very clearly on their website, provide a contact point for further information, and have developed clear guidance on the roles of different partners.¹⁴

To define and communicate roles is, however, a second step after deciding what type and degree of participation is appropriate. This has been most widely discussed in the context of participation by the private sector.

⁹ United Nations ESCAP. *What Is Good Governance?* Available at:

<http://www.unescap.org/pdd/prs/ProjectActivities/Ongoing/gg/governance.asp>

¹⁰ Buse K. ‘Governing Public-Private Infectious Disease Partnerships’, *Brown Journal of World Affairs*, 10 (2) (2004): 225-242.

¹¹ Buse K, Harmer AM., 2007. Op Cit.

¹² McKinsey & Co, *Global health partnerships: Assessing country consequences*, (Seattle: Bill & Melinda Gates Foundation, 2005).

¹³ Webster J. *Signalling Change: Working with the private food sector to improve nutrition*. A comparative analysis of national strategies in the UK and the Netherlands. 2006. p.34

¹⁴ Marine Stewardship Council. Information Sheet 5 – Roles and responsibilities explained. Available at: http://www.scs-certified.com/fisheries/PDFS/Public_InfoSheet5Roles&Responsibilities.pdf. Also see “Governance” at <http://www.msc.org/about-us/governance>

4.2 Private sector participation in PPPs

The for-profit private sector is an implicit partner in any PPP. But the issue of representativeness and participation by the private sector – who participates and how – has been the source of much discussion around PPPs for addressing obesity. Experience suggests that the different types of participation by the private sector in the PPPs can yield different benefits for public health.¹⁵

Meeting government-set targets and making commitments: This has the advantage of achieving public health objectives at lower cost to governments, and faster relative to regulation. By keeping the targets/commitments voluntary, it is also a means of building trust and lowering industry resistance to change and has the advantage of being led and controlled by public health experts and policy makers. Private sector companies have an interest in participating in these initiatives as part of their “corporate responsibility” strategies and to deflect from binding regulation.

Funding from the private sector: This has the advantage of providing funding for cash-strapped public health initiatives. If the participation is limited to funding, there may be less likelihood of public health goals being compromised because the private sector party plays no role in the content of the initiative. The private sector has an interest in funding public sector initiatives because it contributes to their “corporate responsibility” portfolio and brands them as part of the solution to the problem.

Technical expertise from the private sector: Private companies have expertise that may be lacking in the public sector (e.g. the development of effective advertising campaigns and communications materials) or, indeed, may not be a public sector function (e.g. the production of packaged foods.) Through partnerships, technical expertise in these areas can thus be put to the public good. This is perhaps particularly the case for research and innovation for product development. The private sector has an interest in lending technical expertise if it is part of their market development strategy (e.g. relatively high margins from “better-for-you” products).

Private sector representation in steering: For example, as a board member, etc. This has the advantage of injecting insights and “business thinking” from the private sector into a public health initiative, and helping to move towards sustainable consensus in tackling problems that fall at the intersection between the public and private sectors.

Management function by the private sector: This has the advantage for government of “outsourcing” some of their public health activities as potentially lower cost.

Despite these potential advantages, serious concerns have been raised about all these forms of participation on the basis they compromise the public interest (discussed below). In particular, concerns have been raised about private sector participation in steering or management, as well as in funding. Yet, according to one of the leading scholars of global PPPs for health, Dr Kent Buse of the Overseas Development Institute, the inclusion of both private and public-sector representation in the governing bodies of PPPs is an important factor in their effectiveness.¹⁶ According to

¹⁵ This list was compiled using an array of documents discussing the benefits of different types of PPPs

¹⁶ Buse K, Harmer A. Global Health Partnerships: The mosh pit of global health governance. Forthcoming in Buse K, Hein W, Drager N (eds.) (in production) Making Sense of Global Health Governance – A policy perspective. Palgrave

Buse, PPPs for health have contributed impressively to public health goals, including improving access to health care, strengthening national health policies and raising the profile of health issues. And private sector participation in steering and management has played an important role in this by delivering consensus across a range of contested issues. “Through painstakingly and often time consuming deliberations at the level of the Board, and perhaps more importantly, in working groups and task teams,” Buse writes, “...common policy positions and strategies emerge.”¹⁷

Importantly, though, where global PPPs have shown success, it is not just because both public and private sector are represented, but because they have partnered in innovative ways, guided by the principle of achieving goals. The key has been not so much about imposing a model of “best practices” on the nature of the participation, but encouraging flexibility and innovation in the way an initiative is governed.

Concerns have also been raised about the private sector funding. But, again, Dr Buse suggests that the “staggering increase” in corporate giving stimulated by PPPs has contributed to public health goals. PPPs have also led to new and innovative ways of raising funds. These innovations would not, according to Buse, have materialized without interaction between industry, foundations and bilateral donors. Interestingly, however, the effect of the PPPs has been to stimulate funding from foundations and bilateral donors, rather than from private companies. With a few notable exceptions, pharmaceutical companies give comparatively small donations to PPPs for health.

It has been argued, then, that the involvement of the private sector in health partnerships has been an effective means of achieving public health goals. But the issue of the participation of the private sector in steering, managing or funding nonetheless remains complex. According to Buse’s analysis of good governance of partnerships (and the definition provided in this paper), a PPP *should* involve *shared decision making* between the public and for-profit private sectors. Yet many of the public-sector led PPPs for obesity exemplified here do not involve shared decision-making with the private sector at all. In fact, PPPs led by the public sector often *deliberately exclude* private sector partners from key decisions, limiting representation and participation to meeting targets, making commitments or funding. This situation actually also applies to global PPPs for health. An analysis of over 70 global PPPs for health found that less than 20 had representatives from both public and private bodies, and many of the highest profile PPPs for health have no private sector representation at all.¹⁸ But often this exclusion is for good reason and in line with “good governance” – to prevent conflicts with, and threats to, the public interest. Thus one aspect of good governance – participation and representation in decision making by all parties – is compromised by another – upholding legitimacy and accountability. Coming back to the issue of definition, Buse actually questions whether partnerships that *deliberately exclude* the private sector from decision making really is a partnership at all. According to Buse, “these partnerships, then and so many like them are more accurately described as Global Health Initiatives – rather than public-private partnerships.”

¹⁷ Buse K, Harmer A, forthcoming, Op Cit, p.381

¹⁸ Buse K, Harmer A, forthcoming, Op Cit

This analysis has direct implications for the nature of participation and governance of PPPs to address obesity. Take the case of EPODE. EPODE defines itself as a PPP because the project involves a partnership between industry and government. As well as funding, industry partners reportedly play an active role in the steering of the initiative. This represents a sign of good governance of a PPP: active participation by the partners. Yet others are concerned that this is *bad* governance because of concerns that it threatens the public interest, and makes it illegitimate and unaccountable. That this issue is not just one for relatively small PPPs concerned with obesity, but well-established and well-funded global PPPs indicates the overwhelming presence of concerns about the risks of engaging with the private sector

4.3 Risks of engaging with PPP for public authorities

There are several well-established risks of private sector participation in public sector initiatives. Those of particular concern for PPPs addressing obesity are:¹⁹

- Private partners using the interaction to set the policy agenda to address the problem in a way that avoids their own contribution to the problem, or divert attention away from potential solutions that do not serve private goals. An example from the processed food companies would be focusing only on physical activity initiatives, or on fortification/reformulation of processed foods rather than increasing access to non-processed foods and reducing production of energy-dense, nutrient-poor processed foods.
- Private partners using interaction directly or indirectly to influence the decisions made by the public sector participants. Governmental partners may develop an internal climate of censorship and self-censorship in order not to compromise their partnership with the private partner, or cease their efforts to regulate the private sector and hold them accountable for their actions. For example, if a government agency decided against regulating the ability of companies to advertise food to children, in order not to risk losing their voluntary partnership to reduce salt levels in foods.
- Private partners using the partnership to market their own products in a way that threatens public health. An example would be branding fundraising materials by companies selling foods inconsistent with dietary guidelines, such as the sponsorship of fundraising campaigns by fast food and soft drinks companies.
- Private partners using the interaction to gain political influence and/or a competitive edge over non-partnering companies.
- The partnership becoming an end in itself, thus losing sight of the actual objectives and losing strategic direction.

¹⁹adapted from J.Richter, 'We the Peoples' or 'We the Corporations? Critical reflections on UN-business 'partnerships', IBFAN-GIFA, Geneva (2003). Available at: http://www.ibfan.org/site2005/abm/paginas/articles/arch_art/393-1.pdf; and United Nations Standing Committee on Nutrition (UNSCN). A Draft Proposal for Initiating SCN Private Sector Engagement. 12 February 2007. Available at: http://www.unsystem.org/SCN/Publications/html/private_sector.htm

- Loss of legitimacy with key constituencies and funders due to perceived co-optation by private interests.

Involvement by the food industry in PPPs to address obesity raises particular risks. The food industry produces goods that are perceived as *undesirable* from a dietary perspective and thereby contribute to the problem. Thus, the argument goes, involving these companies in PPPs may deflect from addressing their role in causing the problem – for example by diverting from more effective forms of regulation – and as a result end up compromising efforts to address obesity in the most effective way.

There are several approaches that can be taken to manage these problems in PPPs. The first is to develop principles on relationships with the private sector. There is little guidance in this area in the field of public health or nutrition, especially with regard to partnerships with the food industry. The WHO has no comprehensive guidelines on partnering with the private sector. Discussions did lead to the drafting of “Guidelines on Interaction with Commercial Enterprises to Achieve Health Outcomes” (2000), which state that “WHO’s reputation and values must be ensured,” but these guidelines were never further developed. A recent development is the release by the UN Standing Committee on Nutrition (SCN) of a draft “Private Sector Engagement Policy.”²⁰ The policy sets out “principles of engagement” which include “relevance to vision and mandate” (i.e., nutrition-focused objectives), “effectiveness and efficiency”, “transparency and “management of conflict of interests.” The SCN also announced that a working group will develop guidance on the development of PPPs in nutrition, with particular consideration given to the role of the food industry.

Guidelines on private sector engagement were identified for just two obesity-related PPPs (more may exist but were not be identified). The OxHA guidelines stress that collaborations must have explicit public health objectives. They also define rules on the use of the logo, and state that conflicts of interests must be declared. In EPODE, industry partners must sign the a “Charte D’engagement Des Partenaires”, which requires them not to intervene in program content, and prevents them from using the EPODE logo to promote their brands. Their logos can be used in communication materials about the program.

Concerning “conflict of interest,” there is no single document that lists generally accepted principles on conflict of interest in the field of public health and nutrition. The WHO does, however, have a “[Declaration of conflict of interest for WHO Experts](#)”, in which participants of expert committees must declare conflicts.

PPPs may develop other forms of guidelines depending on their focus. The former director of Top Institute of Food and Nutrition (TIFN), Robert-Jan Brummer considers that the development of a strong Intellectual Property protection policy is fundamental to the successful operation of a research-focused PPP.

A second approach is to screen corporate partners for entry. This is not widely done in PPPs for health. A survey of PPPs for health by Dr Buse found that only four out of a sample of 18 partnerships implemented any entry criteria for potential partners. Buse

²⁰ United Nations Standing Committee on Nutrition (UNSCN). A Draft Proposal for Initiating SCN Private Sector Engagement. 12 February 2007. Available at: http://www.unsystem.org/SCN/Publications/html/private_sector.htm

found that the “lax attitudes towards scrutiny was often justified on the grounds that the very act of participation in a partnership for a public good provided a proxy measure of good corporate behaviour.”²¹ But he notes two important benefits of establishing standards to gain entry into partnerships: it diminishes a variety of risks for the PPP and its partners; and sends clear signals about ethical corporate behaviour. He notes that some PPPs, such as GAIN, have deliberated at length on corporate screening and “other partnerships ought to follow suit.”

A related approach is to assess whether the nature of the industry sector implicitly presents conflicts, and instead to look to other sectors. In PPPs for obesity, attention has focused largely on processed foods manufacturers (e.g. Nestlé, PepsiCo). But there is a great deal more private sector involvement in the food supply chain, such as food retailers, restaurants, caterers, fruit and vegetable distributors, agricultural producers etc. Other potential partners are not directly concerned with food – the media, pharmaceutical and health insurance industries. Likewise, there are many small and medium-sized enterprises (SMEs) which maybe overlooked owing to the visibility of the large multinationals. The DG Sanco supported project Food-pro FIT, for example, aims to work with SMES in the food service industry around Europe to reformulate processed foods and meals.

A third approach is to develop partnerships that coalesce around objectives where there are likely to be more shared interests. How to set and achieve objectives for the public interest is an important issue in itself.

4.4 Risks of engaging in PPP for the private sector

There are risks for the private sector in participating in PPP with the public sector. Since many PPP are created to address new issues and their nature evolves quickly, companies need to make strategic decisions about whether to participate without the ability to fully assess the implications of engagement. Participating in a partnership is likely to involve a commitment of time and resources which may not be adequately defined at the start. The parameters of the field of action may change, for example moving beyond the original remit and with a resulting impact on the core business of the company. The benefits of joining a PPP may be evident to departments that deal with government affairs, stakeholder relations or reputation management. However, other departments with responsibility for manufacturing, distribution, marketing and sales may have different assessments of the value of joining a PPP. Economic actors which operate in a highly competitive environment may have concerns about leadership of the PPP and agenda-setting because of the sensitivity to the presence or absence of competitors. Companies may wish to distinguish themselves from other operators in their sector by their initiatives on key issues of corporate social responsibility and corporate citizenship. This possibility is reduced if all companies in a sector are encouraged to take similar action.

Participation in a PPP comes with no guarantee of success for the initiative and therefore entails a reputational risk for the companies that are identified with the activities. Furthermore, the existence of a PPP does not ensure that public authorities

²¹ Buse K, Harmer AM. 2007, Op Cit

will not take regulatory or legislative action that affect the business environment. A PPP is likely to increase the transaction costs for the private sector which needs to be assessed against less easily measured elements such as institutional goodwill and positive media or stakeholder relationships. If a company or trade association participates in a PPP and makes a commitment for action or funding, this affects other areas of the business and therefore requires excellent internal coordination among the different sections of the company. An inability to deliver or inconsistency of performance raises the risk of high profile loss of reputation among government partners and key stakeholders. The decision to participate in a PPP needs to be taken at the most senior levels of the company with a full assessment of the potential risk and an assessment of the gains to the individual company and the economic sector.

4.5 Risks of engaging in PPP for NGOs

Public Private Partnerships by definition involve the public sector and economic operators. When NGOs become involved, the terminology used to describe the cooperation often changes to ‘multi-stakeholder partnerships’. Just as the public and private sectors face risks when engaging in PPP because of the dynamic and evolving nature of a PPP, NGOs have to address similar concerns about the goals, parameters of action and membership requirements.

NGOs are often established to promote key values, to achieve social objectives or to represent a specific community, often those with fewer opportunities. The management of membership-based NGOs face a specific accountability challenge – whether participation in the PPP furthers the interests of its members, and the extent to which participation by the umbrella organisation commits the members. Financial and human resources in non-profit organisations are often very limited. This means that decisions have to be made about how to reduce the existing workload in order to be able to invest scarce resources into engagement with the PPP. It may be difficult to justify how participation in a PPP furthers the NGO’s political goals or need for visibility.

For NGOs, one of their most valuable assets is their reputation and credibility – which may be affected by participation in PPPs. There is a danger of instrumentalisation, their reputations being invoked as guarantors of quality or credibility for the PPP or the actions of the private or public sector. NGOs may view their role as a watchdog or monitor of the actions of either the public or private sector. Within the PPP, NGOs can play a critical role in putting pressure on the private sector to make their commitments more ambitious or challenging the relevance of specific actions. They may participate with the objective of using their seat to advocate for stronger action by the public authorities. But membership of the PPP may limit the range of advocacy opportunities and has resource costs. This watchdog function could be fulfilled from outside the PPP and would arguably be more independent. The implication for NGOs is that most funders, whether governmental or philanthropic, require measurable political impact and the ability to demonstrate value for money and delivering the NGO’s mission statement. Certain funding restrictions may exist – for example grant recipients may be prohibited from political lobbying under the terms of their grant or may feel constrained about taking a strong position on an issue if it might affect future funds from that source - public, private or philanthropic. The executive board of the NGO may therefore decide that participation in a PPP involves too many risks and may not be the most effective way to achieve their goals.

4.6 Setting and achieving objectives for the public interest

As already discussed, PPPs for obesity have a diversity of objectives: public education; developing or improving products; providing, distributing or improving access to a product; marketing or communicating information about a product; or improving the regulation of some aspect of a product.

It is notable that global PPPs for health have largely focused on two of these objectives: developing products and improving access to products (drugs and vaccines). This clearly reflects a merger of interests. Pharmaceutical companies produce a product that the public health sector want to be more readily available to people in need, and the pharmaceutical companies likewise want to market their products, but also protect them and their bottom line. Thus even if the PPPs are not solving the underlying structural problems that make the goal of vaccines and drugs for all difficult to achieve in the first place, they are still creating greater incentives for private sector to produce and distribute a desirable product. Many of these global PPP have been created to address issues where there is unlikely to be a viable commercial market without government support such as new drugs, vaccines for diseases which affect developing countries. A similar merger of interests can be found in food fortification. It is within both the interests of the public health sector to increase the consumption of fortified foods. For the public health sector it means less micronutrient deficiencies; for the processed food companies, it means more consumption of their processed products. It is hardly surprising, then, that the only two nutrition-focused global initiatives that involve partnering with the private food industry address the issue of food fortification.

This is perhaps, too, why product development has been at the core of much private sector partnership and commitments in the field of obesity. It is in the interests of the food industry to benefit from the growing market for “better-for-you”, lower-fat, lower-salt products; and for the public health sector to work to increase this market – and to ensure that the reformulation efforts meet science-based targets.

This indicates that partnerships are most likely to coalesce successfully around issues that benefit the interests of all partners. But it also raises the serious risk that the presence of partnerships as a whole will skew the strategic direction of obesity prevention initiatives towards where those interactions of interests lie. PPP on nutrition in Europe tend to address the core revenue drivers for the private sector, that could affect their core business and where they face strong competitive pressure. It has been indicated, for example, that the food industry use partnerships to influence strategies, neutralize opposing approaches and shape the regulatory environment.²² Processed food companies still produce and market foods perceived as *undesirable*, raising concerns that product reformulation distracts attention away from these foods. This certainly suggests that partnerships must be placed in a larger strategic framework. As concluded by the analysis of governmental approaches to working with the private sector to address obesity already referred to: “The key issue is not the

²² Dixon J, Sindall C, Banwell C. Exploring the intersectoral partnerships guiding Australia’s dietary advice. *Health Promotion International* 2004; 19 (1): 5-13

approach [to working with the private sector], but that work with the private food sector is part of a clear strategy, with strong leadership from government.”²³

In the obesity area, it is nevertheless often perceived to be a “bad” thing if private partners use PPPs to advance their interests in any way at all, on the basis that the sole motivation should be public health concerns. But without their own interests, companies would not be motivated to join. In fact, experiences from PPPs show that they are more likely to be *effective* if indeed they do benefit the interests of the private sector in some way. The focus should therefore be on recognising and managing private sector interests to identify and pursue an objective in a way that will not undermine the broader strategic goal – and to avoid partnerships that pose too many risks.

There are also risks for the private partners. It has been suggested, for example, that if PPPs are effective in addressing obesity, they will damage the core business of food industry partners (i.e. reduce sales of certain products). But companies balance the range of risks and interests they have when considering participation (e.g. protecting other market sectors, preventing a bad reputation) and are therefore unlikely to join a partnership that does not serve any of these interests. An enlightening anecdote about this comes from OxHA. When asked why a company manufacturing drugs for diabetics would want to fund an initiative aimed at reducing diabetes, a representative of Novo Nordisk replied that even under the positive scenario that OxHA would contribute to preventing some diabetes, there will still be plenty of diabetics in the world, and raising awareness of the problem leads to increased demand for treatment.

One technique that can contribute to identifying what can be a complex web of different interests is to “map” the interests of the different potential partners. This tool is currently gaining greater prominence in global public health as a means of increasing the capacity of the health sector to conduct effective diplomacy and partnerships in an era of greater private sector involvement in health.²⁴ It is a tool that could identify what objectives are more amenable to effective partnerships than others.

A second key issue concerning objectives is the clarity of the objectives. Extensive analysis of global PPPs for health concludes that successful partnerships have clear objectives and clear objective setting processes. Concerns have been raised that the goal of PPPs is sometimes so broad that it is more of a vision than a measurable and objective. While it may be easier to form a partnership around a broad objective in the first place, it may lead to an ineffective partnership. Supposing, for example, that the agreed objective of the PPP was to “address obesity.” It is not hard to get partners to agree to such a broad objective, but there may be disagreements among partners about how to achieve it. The public health partner may, for example, want to focus on restricting marketing to children, which may lead to debates about how marketing should be dealt with, without any concrete action. A clearer approach would be to gather partners who agree with the more specific objective of “increasing advertising of foods with specific nutrition profiles”, in which case the debate and discussion would be more concretely focused on how foods should be profiled. A less focused

²³ Webster, 2006. Op Cit

²⁴ Fidler D. Navigating the global health terrain: preliminary considerations on mapping global health diplomacy. Draft conference paper, 2008

objective may be better served by a broader initiative that embeds specific commitments or conducts dialogues to build trust with industry.

Setting clear objectives has often been a problem in PPPs. According to analysis by Dr Buse, very few global PPPs for health articulate objectives in a specific and measurable manner. To address this issue, Dr Buse recommends structuring partnerships around SMART objectives, i.e. objectives that are specific, measurable, achievable, realistic and time-bound. Such objectives also make the partnership more amenable to what is widely considered to be an essential part of building trust and credibility in a partnership: monitoring.

Monitoring is a way to ensure that all partners are working towards their objectives. Monitoring, with targets and metrics, makes it clearer what the partnership is expected to achieve; inadequate monitoring, in contrast, can undermine accountability. The analysis of governmental approaches to working with the private sector already referred to constantly stressed the need for good monitoring, concluding that realistic targets and effective mechanisms for monitoring were essential for success.²⁵

Yet inadequate monitoring is identified as the second most problematic issue of poor governance in PPPs for health (see Box). Taking note of these concerns, some PPPs focus very strongly on monitoring. The UN Global Compact, the world largest global corporate responsibility initiative, has a strong emphasis on “communicating progress” and has developed a series of tools designed to facilitate this.²⁶

4.7 The role of NGOs

The role of NGOs in PPPs is an important consideration: in the survey by RIVM, 21 of the 37 described partnerships (57%) included non-profit organisations alongside government(al organisations) and for-profit companies. Moreover, there is a culture in public health in general that NGOs *should* be included because they reflect the public interest and/or are closer to the people who are supposed to benefit from the PPP.

As already noted, NGOs are not implicitly participants in PPPs, but they nevertheless can and do play many different roles in PPPs. As pointed out by the president of the Micronutrient Initiative, NGOs can bring specific advantages to a PPP:

They can balance the public and commercial interests and represent constituencies that have no voice in either setting policy or in shaping the market. Civic organizations could add value in terms of consumer protection, public education, media services, and research, as well as local commodity delivery.”²⁷

That said, concerns have been raised about the “under” representation of NGOs in the actual governance of PPPs. For example, Global PPPs for health that have strong private sector representation tend to have “under” representation of NGOs. In a

²⁵ Webster J. ,2006, Op Cit.

²⁶ <http://www.unglobalcompact.org/COP/Overview/index.html>

²⁷ Venkatesh Manar MG. Public-Private Partnerships for improved nutrition: how do we make them work for the public good? SCN News #26 July 2003

sample of 22 such PPPs, only 5% had representation by NGOs in their governance structures.²⁸ This is likely in part a reflection of real tensions and absence of trust between many of the more activist-oriented NGOs and the private sector in PPPs. The private sector may not invite them in; the NGOs may not want to participate if invited (as already discussed). Moreover, whereas private sector participation in PPPs may boost their image, the opposite may be the case of many NGOs. “Multistakeholder initiatives” are much more explicit about the inclusion of NGOs.

4.8 What can be learned about the governance of PPPs? Questions for discussion:

Defining “partnerships.” The term “partnership” can be used appropriately to describe a highly formalised PPP or loosely describe the nature of an initiative that involves the private sector. But caution in using the term is warranted. Hastily calling an initiative a “partnership” without thinking about the implications for participation or “good governance,” or the misunderstandings it may lead to by the partners and the public, may be regretted later. Few PPP have good transparency or screening criteria about how and on what criteria partners are selected. The key question is thus not “what type of partnership do we need” but *what type of interaction and engagement with the private sector will most effectively meet our objectives?* without a priori defining the initiative as a partnership. There are many other terms that can be used about interactions with the private sector if participants feel uncomfortable with the term.

Roles and responsibilities. One of the clearest conclusions to come out of analyses of PPPs is that roles and responsibilities must be clearly defined and transparent. Everyone should know what their role is, and what they will and will not do, not because they “should be” involved, but because they are needed to fulfil objectives. The key question here then is: *what partners are needed to fulfil our objectives in what roles, and how can we best define and communicate these roles and responsibilities among the partners and to the public to enhance effectiveness and legitimacy?*

Degree and type of participation. One of the key issues in PPPs is what type of participation by the private sector is needed and appropriate, given potential threats to the public interest. Different types of participation can have different benefits, but experience shows there is clearly no “right way” to define what the participation of the private sector “should be”. In some PPPs, the active participation of the private sector in steering and management would represent “good governance” and a means for achieving desired public health objectives; in others “good governance” would mean excluding the private sector from these functions and limiting participating to commitments/ targets, etc. Public authorities could consider how to maximise the leverage of participation in a PPP, for example by indicating that membership is dependent on consistency of approach, e.g not actively launching unhealthy new

²⁸ Buse K, Harmer A. Global Health Partnerships: The mosh pit of global health governance. Forthcoming in Buse K, Hein W, Drager N (eds.) (in production) Making Sense of Global Health Governance – A policy perspective. Palgrave

products while making commitments to inform consumers better. What appears to be more important is that flexibility and innovation is needed when thinking about what type of participation is needed to achieve objectives. Thus rather than asking, “what kind of participation is appropriate”, the question is: *what type of participation is most likely to meet the desired objective in an effective way without undermining broader strategic goals?*

Managing risk. There is little evidence on the effects of guidelines for private sector engagement, and little guidance of what these could or should contain. But experience suggests that the key to managing risk is placing PPPs into a larger strategic framework, setting shared objectives that reflect the interests of all partners, implementing some screening and conflict of interest policies, and avoiding partnerships that undermine the goals of the broader strategic framework. A key and often unasked question here is: *what are the interests of each potential partner and how can these interests be managed to reduce risk and meet public health goals?*

Setting objectives. While the motivations of the different partners to participate in partnerships are bound to differ, experiences suggest unity around a shared objective is essential to success. The partnership should thus focus on what can be achieved. Some objectives will be more amenable to effective partnerships than others. These objectives should be articulated in a specific, measurable and realistic way. As already indicated by the other discussion questions raised here, the focus should be on developing a governance structure that can then meet these objectives, rather than trying to set up a “well-governed” PPP *per se*. A “well-governed” PPP may not necessarily achieve its objective. The question here is: *what are our objectives, do they require engagement with the private sector to be achieved, and how can these objectives be articulated, achieved and measured with the partners we have?*

Monitoring progress. It is widely agreed that monitoring is crucial to achieving objectives, as well as building legitimacy, trust and credibility in the partnerships, and between the different partners. From the outset, there should be agreement about what will be monitored and reported upon. The question here is then: *what system should be put in place for monitoring, using what indicators and who will conduct the monitoring?*

5 ANNEX: LIST OF RESPONSES FROM MEMBER STATES ON PPP

Introduction

The information in this Annex was gathered through a questionnaire sent to all Member States. The data supplied reflects the different interpretations of the concept of a Public Private Partnership and the Annex is not a complete list of all the PPP that exist on nutrition policies. On 27 October 2008, a workshop was organised in Luxembourg to discuss Public Private Partnerships. The workshop was open to participation by the High Level Group and members of the Platform. Participants shared their experiences of public private partnerships, identifying the benefits and challenges that they had encountered.

This document was also discussed at the HLG meeting the 28 of October 2008 following a presentation of some ongoing PPPs.

Denmark: 6 a Day campaign (<http://www.6aday.com/>)

Germany: PEB (<http://www.ernaehrung-und-bewegung.de/>)

Slovakia: National campaign –Be Fit with gymnastics!

Poland: Platform for Action on Diet, Physical Activity and Health

UK: Change 4 Life (<http://www.nhs.uk/Change4Life/Pages/Default.aspx>)

Key messages:

The benefits of PPP are that they involve a broad change of organisations, helping to build consensus which can magnify impact. Changes can be delivered across all parts of the food chain, increased availability of improved food products with relatively small amounts of funding.

Many PPP are designed to be long-term collaborations designed around mutual benefit, and contractually regulated. Some aspects of nutrition tend to be easier to address, such as positive messages on health, because these are marketable; it can be harder to deal with the negative messages or restrictions because these can affect the core business of the private sector. Industry partners are often willing to work on educational campaigns and promotion of physical activity and may expect that engagement with the PPP will result in less regulatory pressure on other aspects of policy. In this context, clear guidelines on competition, commercial creativity and use of the PPP brand are essential.

Governance issues for PPP can be challenging, particularly the definition of the roles and responsibilities of the actors and addressing conflicts of interest. Independent monitoring of activities helps to build credibility and effectiveness. Public authorities must retain responsibility for setting the public health goals, parameters for action, and acting as final arbiters in decisionmaking. There are often tensions between NGOs and industry, it can be difficult and time consuming to build trust and develop constructive working relationships. Codes of good practice or rules of engagement help clarify what is expected from each partner.

Governments need to manage and maintain the tensions between stakeholders in order to achieve progress while maintaining the public interest. PPP can go through difficult and easier stages, so they should be viewed as a long-term commitment because it takes time to develop working relationships and methods. Well-defined rules of operation or principles are needed for governance of the system. The parameters of the actions need to be clear, including what the PPP is expected to deliver and the limits of the interventions. Some countries have created strict conditions for participation in the PPP, requiring the economic operators to deliver on difficult issues such as reformulation in order to be able to join the more attractive aspects of information campaigns. This highlights the importance of getting the right mix of content and tools for the PPP.

As part of the framework to monitor the EU Strategy, the European Commission is mapping national policies including PPP.

5.1 BULGARIA

Country: Bulgaria Questionnaire filled in by Name: Prof. Dr. Stefka Petrova Institute: National Center of Public Health Protection Date: 29 March 2007	
Partnership 1	
Title of the partnership	To promote healthy life style and to reduce risk of obesity of Bulgarian population with special focus on children.
Area/sector of action	Policy
When is the partnership established?	2005
Main objectives of the partnership)	To promote healthy diet and physical activity of children at municipal kindergartens and schools and to establish better conditions for physical activity at the municipalities
What categories of partners are involved?	National Coordination Committee of Food and Nutrition Action Plan and NGO - National Association of Municipalities in the Republic of Bulgaria (NAMRB)
Describe briefly the most important characteristics of the	Implementation of unified menus in crèches and kindergartens Control of children's nutrition in municipal child establishments by representatives of the association Control of the quality of foods offered for free in municipal schools for children from 1 st to 4 th grade within the National Program "A cup of warm milk and breakfast" Financing the renovation of kitchen facilities in specialized units for infant and young children food, crèches, kindergartens, schools Finances from municipal budgets to make food in municipal kindergartens and schools cheaper Within the National week for counteracting obesity in Bulgarian population – provision of free access to municipal sports grounds and facilities
Describe briefly the most important positive experiences within the partnership	Better understanding of the problems of nutrition and physical activity of the population and children in particular More adequate and targeted actions of the municipalities for improvement of the nutrition and creation of better conditions for physical activity. Proposal of NAMRB to the Parliament for regulation of assigning 1/3 of children' diet in municipal crèches and kindergartens to the municipality.
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	The collaboration at the first stage is only at central level – Coordination Council of Food and Nutrition Action Plan, 2005-2010 and the management of NAMRB and the Commission on Nutrition at NAMRB. The effectiveness of the partnership will be more effective when, at a further stage, are developed joint activities of health care bodies and representatives of the association at municipal level.
More information	Prof. Dr. Stefka Petrova- National Coordinator of Food and Nutrition Action Plan of Bulgaria – s.petrova@ncphp.government.bg Assist. Prof. Dora Ovcharova - Organizational secretary of Coordination Committee of Food and Nutrition Action

	Plan of Bulgaria – d.ovcharova@ncphp.government.bg Ginka Tchavdarova – Executive Director of NAMRB – g.tchavdarova@namrb.org
Partnership 2	
Title of the partnership	Promotion of healthy diet of children
Area/sector of action	Policy
When is the partnership established?	2005
Main objectives of the partnership	To improve nutrition knowledge and skills of children
What categories of partners are involved?	Governmental bodies - National Center of Public Health Protection (NCPHP) and Ministry of Education and Science, and manufacturing company (Danone)
Describe briefly the most important characteristics of the partnership	Development and publication of information materials (leaflet, brochure, games, test) for healthy nutrition of children aged 7 – 10. Development of a module for training on healthy nutrition in primary schools and pilot implementation at 10 schools. Campaigns for promotion of healthy nutrition among schoolchildren aged 7 – 10.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	The involvement of specialists in nutrition from NCPHP provided the inclusion in the information materials of current principles for healthy nutrition of children and national problems in child nutrition in Bulgaria, including obesity. The involvement of specialists - pedagogues from the Ministry of education contributed to the understandable way of submitting the information to the children. The financial support of the manufacturer enabled the realization of the project.
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	Although the information materials, the training module and the campaigns do not contain advertisement texts associated with the manufacturer's products, they still bear the logo of the company that supports the project financially – that is a hidden promotion..
More information)	Prof. Dr. Stefka Petrova- National Coordinator of Food and Nutrition Action Plan of Bulgaria – s.petrova@ncphp.government.bg Tsvetelina Georgieva, pr manager, tsvetelina.georgieva@danone.com
Partnership 3	
Title of the partnership	Promotion of fruit and vegetable consumption of children
Area/sector of action,	Policy
When is the partnership established?	November 2006
Main objectives of the partnership ()	To promote fruit and vegetable consumption of children in the frames of the National week for counteracting obesity (the first one was on 27 November- 3 December 2006 and will be organized every year)
What categories of partners are involved?	National Coordination Council of Food and Nutrition Action Plan and NGO - Bulgarian National Horticulture Union
Describe briefly the most important characteristics of the partnership	Within the National week for counteracting obesity – provision of free fruits and vegetables to children in kindergartens, participation at an exhibition of healthy foods with fruits and vegetables of local production.

Describe briefly the most important positive experiences within the partnership (at least from your perspective)	This project promotes the consumption of fresh fruits and vegetables by the children, supporting, at the same time, local producers.
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	The event is short (1 week) and changes in the nutritional behaviour of the children should not be expected.
More information	Assist. Prof. Dora Ovcharova - Organizational secretary of Coordination Council of Food and Nutrition Action Plan of Bulgaria – d.ovcharova@ncphp.government.bg Mariana Miltenova, Executive director - bnhu@mail.bg

5.2 CYPRUS

Country: CYPRUS Questionnaire filled in by Name: ELIZA MARKIDOU Institute: MINISTRY OF HEALTH Date: 27/3/2007	
Partnership 1	
Title of the partnership	National Committee for Nutrition
Area/sector of action	Education – Promotion
When is the partnership established?	1990
Main objectives of the partnership)	To Promote Healthy Diet and Nutrition Programmes to the Public
What categories of partners are involved? s,	Health professionals, Consumer organizations, exercise committee, private companies
Describe briefly the most important characteristics of the partnership (e.g. working procedure)	1. Identifying the problem 2. Discussing way to address the problem 3. Organizing activities
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	We hear different opinions and a number of activities can be planned in a number of ways
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	/
More information (e.g. website address and/or name and e-mail address of contact person of partnership)	Eliza Markidou eliza @ spidernet.com.cy
Partnership 2	
Title of the partnership	National platform for Food Based dietary Guidelines
Area/sector of action	Policy
When is the partnership established?	2007
Main objectives of the partnership	To produce the Food Based Dietary Guidelines and Exercise
What categories of partners are involved?	NGO, Consumer education, health professional industry media.
Describe briefly the most important characteristics of the partnership (e.g. working procedure)	- Gathering of information - Analysing the information - Produce working documents
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	We have a wide range of opinion
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	/
More information	Eliza Markidou eliza @ spidernet.com.cy
Partnership 3	
Title of the partnership	National Day of Nutrition

Area/sector of action	Cyprus Dietetic Association
When is the partnership established?	1990
Main objectives of the partnership	To organize the National Day of Nutrition
What categories of partners are involved?	Dieticians
Describe briefly the most important characteristics of the partnership	Well organized
Describe briefly the most important positive experiences within the partnership	/
Describe briefly the most important negative experiences within the partnership	/
More information)	Eliza Markidou eliza @ spidernet.com.cy

5.3 CZECH REPUBLIC

Country: Czech Republic Questionnaire filled in by Name: Eva Gottvaldova Institute: Ministry of Health of the Czech Republic Date: 28.8.2007	
Partnership 1	
Title of the partnership	Czech Technology Platform for Food Products
Area/sector of action	National and coordinate research; Education of consumers and food producers; development (or improvement) of new food products
When is the partnership established?	Czech Technology Platform for Food Products was established in March 2006.
Main objectives of the partnership	The Czech technology Platform represents an initiative of the Federation of the Food and Drink Industries of the Czech Republic. A great attention is paid in particular to development of new products and processes in the after-harvest chain.
What categories of partners are involved?	Government, manufacturing, retail, NGO's, consumer organizations, universities
Describe briefly the most important characteristics of the partnership	The vision of the Platform is that an effective integration of strategically focused, national and coordinated research in the area of nutrition, the food-processing and consumer's branches and control of the food chain will bring innovated, new and improved food products for regional, national and global market consistent with the needs and expectations of consumers. The Platform is characterised by the voluntary accessing of the participants who want to cooperate together in this area of interest.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	---
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	
More information)	http://www.foodnet.cz/
Partnership 2	
Title of the partnership	Keep it Balanced!
Area/sector of action	Education of consumers – campaign focused on healthy life style esp. prevention of overweight and obesity by balanced diet and physical activity.
When is the partnership established?	This year is the second year of the competitive campaign, first round (the pilot one) was held in 2006
Main objectives of the	The campaign is an educative and motivational one; a competition is part of it. Its motto is to balance consumed and spend energy.
What categories of partners are involved?	Ministry of Health of the Czech Republic National Institute of Public Health Federation of the Food and Drink Industries of the Czech Republic. Chain stores, retailers.
Describe briefly the most important characteristics of the partnership	Responsible body for the campaign is the National Institute of Public Health. The campaign is supported by the Ministry of Health of the Czech Republic and the Federation of the Food and Drink Industries of the Czech Republic. Distribution of leaflets is provided by the Regional Public

	Health Institutes, food chain stores, and food retailers; prizes are provided by producers of sport equipment (e.g. bikes, backpacks, flasks, etc.) The main task of participants is to fulfil one day energy intake and its expenditure in the leaflet and to compare these two received numbers if they are “in balance”. To win can everybody even though his/her energy is not “in balance” – more important is the motivation and received information.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	Involvement of food sellers in the problematic of overweight and obesity and public health; simple campaign focused mainly on the promotion of physical activity
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	---
More information)	http://www.foodnet.cz/ , www.szu.cz , www.mzcr.cz
Partnership 3	
Title of the partnership	Preparation of the National Action Plan on Counteracting Overweight and Obesity.
Area/sector of action	Advertising, education, urban planning, legislation, policy, research, food development., transport
When is the partnership established?	2005
Main objectives of the partnership	To prepare a comprehensive background document, which could serve as a basis for a multi-stakeholder action in the area of overweight and obesity
What categories of partners are involved?	Government, manufacturing, retailing/vending, health professionals, NGO's
Describe briefly the most important characteristics of the partnership	Strategy development
Describe briefly the most important positive experiences within the partnership (---
Describe briefly the most important negative experiences within the partnership)	---
More information	

5.4 DENMARK

Country: Denmark Questionnaire filled in by Name: Nina Mourier (Tatjana Hejgaard) Institute: The Danish Food Administration (The Danish National Board of Health) Date: 17 th September 2008 (22 September 2008)	
Partnership 1	
Title of the partnership	"6 a day – eat more fruit and vegetables"
Area/sector of	Cooperative venture by a range of health organisations and authorities.
When is the partnership established?	Initiated in 1998
Main objectives of the	"6 a day" consists of an information initiative and a development project which works to test and document initiatives that make it easier for Danes to eat more fruit and vegetables, preferably 600 g/d for adults and children (>10 years of age) and 400 g/d for children (4-10 years of age). This includes fruit and vegetable subscription schemes in schools, surveys of consumers' attitudes to frozen and processed fruit and vegetables and attempts to introduce more fruit and vegetables in canteens.
What categories of partners are involved	Government, authorities, manufacturers, consumer organizations, health professionals and organisations: <ul style="list-style-type: none"> - - The Danish Veterinary and Food Administration under the Ministry of Food, Agriculture and Fisheries - The Danish Consumer Information - The Danish Fruit, Vegetable and Potato Board - The Horticultural Marketing Board - The Danish Cancer Society - The National Board of Health under the Ministry of Health and Prevention - The Danish Heart Foundation - The Danish Meat Association - FDB, The Danish Consumers Co-operative Society
Describe briefly the most important characteristics of the partnership	The campaign is developed from a joint action plan and the partners coordinate their initiatives accordingly. All board members meet at four annual meetings, where acute as well as long-term decisions are discussed and agreed on.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	The partnership succeeded to provide a campaign that was well achieved by the public. Evaluation showed a very high knowledge of the campaign among the public and the consumption of fruit and vegetables increased. Furthermore, the "6 a day" campaign has been awarded by the advertising industry (the "Columbus Egg" prize), in recognition of "an outstanding example of the fact that a broad cooperation between interested parties in both the private and public sectors is the way forward in the long, tough haul of changing attitudes and modifying behaviour".
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	Even though the knowledge of the campaign is very high the effect on fruit and vegetable consumption has now declined.
More information	www.6omdagen.dk Campaign Coordinator Vibeke Toft: vit@6omdagen.dk

Partnership 2	
Title of the partnership	Collaboration on development of a “Tool box” for health care nurses for health consulting of obese children.
Area/sector of	Health consulting of obese school children by health care nurses.
When is the partnership established?	Initiated in 2004.
Main objectives of the partnership	Development of a “Tool box” for health care nurses. The tool box contains materials for treatment of school children with obesity.
What categories of partners are involved	Government, authorities, and manufacturers - a partnership between: <ul style="list-style-type: none"> - The National Board of Health under the Ministry of Health and Prevention - The National Consumer Agency - The Danish Dairy Board
Describe briefly the most important characteristics of the partnership	The “Tool box” is developed in collaboration between the three partners and all participated in process. The material is distributed by the Danish Dairy Board.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	The evaluation among health care nurses had very positive responses towards the practical use of the material. Primarily, because the children liked the appearance and the applied methods.
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	Some health professionals find the collaboration between authorities and the Dairy Board problematic due to risk of biased recommendations for milk consumption.
More information	The Danish Dairy Board: www.mejeri.dk and info@mejeri.dk The National Board of Health: www.sst.dk
Partnership 3	
Title of the partnership	Development of clinical guidelines for general practitioners concerning management of obesity in pre-school children
Area/sector of action	Clinical guidelines for general practitioners.
When is the partnership established? (date)	Initiated in 2005
Main objectives of the partnership	Development of clinical guidelines for general practitioners concerning management of obesity in children followed by implementation of the guidelines.
What categories of partners are involved?	Government and health professional organisation: <ul style="list-style-type: none"> - The National Board of Health under the Ministry of Health and Prevention - The Danish College of General Practitioners
Describe briefly the most important characteristics of the	The guidelines were developed in collaboration between the two partners and included an expert panel of health professionals with special insight in the area of childhood obesity. An external consultant was hired to write the draft version, which was revised by the National Board of Health.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	The collaboration resulted in publishing of joint guidelines for future recommendations in management of childhood obesity which increases the chance of successful implementation.
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	The partners have a different approach to the scientific level of the recommendations in the guidelines. As an authority the National Board of Health are responsible for recommendations being based on solid evidence.
More information	The Danish College of General Practitioners: www.dsam.dk

	The National Board of Health: www.sst.dk
Partnership 4	
Title of the partnership	Wholegrain
Area/sector of action	Cooperative venture by a range of health organisations, authorities and commercial partners.
When is the partnership established?	Initiated in 2006
Main objectives of the partnership	The purpose of the wholegrain partnership is to make the Danish population eat more whole grains. At least 75 grams a day.
What categories of partners are involved	Health organisations, authorities and commercial partners
Describe briefly the most important characteristics of the partnership	The campaign is developed from a joint action plan and the partners coordinate their initiatives accordingly. The members meet once a month. And in January 2009 a new logo will be presented on a range of different whole grain foods. The aim of the logo is to make it easier to choose the healthy whole grain products.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	Until now the most positive thing is the good cooperation between the very different partners. And the development of a joint logo.
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	-
More information)	www.fuld Korn.dk Campaign Coordinator Regitze Siggaard rsi@cancer.dk
Partnership 5	
Title of the partnership	Network to communicate the 8 dietary guidelines
Area/sector of action	Communicate the dietary guidelines
When is the partnership established?	Initiated in 2006
Main objectives of the	- To communicate the dietary guidelines in an identical way – to avoid confusion in the population. - To make sure that a lot of different interested parties communicate the guidelines to a different groups in the population.
What categories of partners are involved?	Everybody who are interested in communicating the guidelines.
Describe briefly the most important characteristics of the partnership	All partners do what they are good at. Together the partners stand stronger than they do alone.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	In Januar/Februar 2007 1500 people were asked about their knowledge about the guidelines. 48% knew the expression “the 8 dietary guidelines”. The guidelines were introduced in 2006.
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	The knowledge of the guidelines should increase the next couple of years.
More information)	www.altomkost.dk

5.5 ESTONIA

Country: Estonia Questionnaire filled in by Name: Aljona Kurbatova Institute: National Institute for Health Development Date: 27.03.2007	
Partnership 1	
Title of the partnership	
Area/sector of action	Education of the pre-school and school cooks and catering providers
When is the partnership established?	2005
Main objectives of the partnership ()	<p>Training of pre-school and school caterers. The main focus of the training lay on the use of fruits and vegetables in school menu, and the relevant topics: how to prepare menus and analyse the school menu; how to prepare a healthy school meal; how to make fruits and vegetables the children's favourites; the options for enriching school menus. When asked their opinion on whether the training was interesting, informative and beneficial, 90% of the participants gave the training high or very high grades. The practical information (new recipes and pointers) was mentioned as the most important and beneficial result of the training day.</p>
What categories of partners are involved?	National government Private company <i>ProfExpo LLC</i> Vocational Training Schools Nutritionists Local health promotion specialists
Describe briefly the most important characteristics of the	Each year partners draw up a training plan that is based on the previous experience, epidemiological situation and needs assessment (within the target group). Based on the training plan, the budget is prepared and roles of different partners are defined. National government, as a main financier, prepares cooperation agreements with other partners and acts as the coordinator for the partnership. <i>ProfExpo LLC</i> organizes the trainings whereas representatives of the National Institute for Health Development, professionals from the vocational training schools and nutritionists act as trainers.
Describe briefly the most important positive experiences within the partnership (at least from your perspective))	Most positive aspect of the PPP is "pooling" of the competence of different sectors and their perspectives. All partners were interested in giving the best possible to the activities that they jointly conducted. All partners worked together towards finding inner and outside recourses that were necessary for implementation of the joint goal.
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	Critical issue for the partnership was the first round of the negotiations that included budget negotiations. Also, at some point there were doubts whether it was a partnership or "buyer-seller" relationship.
More information	www.tai.ee
Partnership 2	

Title of the partnership	Local health promotion network
Area/sector of action	Urban planning, education etc
When is the partnership established?	2005
Main objectives of the partnership	<p>At the beginning of 2005, county health councils and health rooms were established, with a health promotion specialist available in each health room. Health rooms are non-medical, methodological rooms with the main task of implementing the activity plan of the regional strategy in co-operation with local governments and different networks. Health rooms have been opened in all county governments, Tallinn Social Welfare and Health Care Department, Tallinn Education Department, Narva and Tartu City Governments (a total of 19). The purpose of the health councils is to improve the health and quality of life of the county population by guaranteeing availability of the required activities and services.</p> <p>For example in the last years healthy menu competitions were organised in the counties for catering establishments, and the respective supervision conducted in order to determine healthy school buffets and catering establishments. The "Healthy school buffet" guidelines were prepared on the order of the Tallinn Health Council. In addition, health weeks were organised in schools and kindergartens, with sample menus and drawing competitions. Training seminars were held for different target groups (incl. school caterers).</p>
What categories of partners are involved?	<p>National government</p> <p>County governments</p> <p>Local municipalities</p>
Describe briefly the most important characteristics of the partnership	<p>The work of the health councils is co-ordinated by National Institute for Health Development who also provides counselling in fulfilment of the regional health promotion activity plans and purposeful use of the financial resources. The local health development council is set up under NIHD for evaluating preparation of activity plans and their implementation, including representatives of different ministries (Ministry of Social Affairs, Ministry of Education and Research, Ministry of Internal Affairs, financiers (Estonian Health Insurance Fund) and local governments (LG).</p>
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	<p>The most positive experience is that national and local activities are planned jointly and complement each other. It creates wider sense of ownership for the problems and their solutions.</p>
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	<p>Since there are more than 20 partners within the network, it is sometimes problematic to find common ground while planning the activities - as solutions for some of the problems are not within the reach of the network.</p>
More information	www.tai.ee

5.6 FINLAND

Country: Finland Questionnaire filled in by Name: Pekka Puska Institute: National Public Health Institute (KTL) Date: 19 March 2007	
Partnership 1	
Title of the partnership	National Nutrition Council
Area/sector of	Nutrition policy
When is the partnership established?	1956
Main objectives of the partnership	If possible, concerns development for healthy national nutrition
What categories of partners are involved?	Government, health NGOs, food industry, retailing, experts
Describe briefly the most important characteristics of the partnership	National recommendations and initiatives
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	Positive development in national nutrition Much increased interest of the food industry
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	--
More information	Pekka Puska, chair, pekka.puska@ktl.fi Raija Kara, Secretary General, raija.kara@evira.fi
Partnership 2	
Title of the partnership	ERA (Food & nutrition programme)
Area/sector of action	Development of health enhancing food items
When is the partnership established?	2006
Main objectives of the partnership	Collaboration of government, food industry and nutrition education organizations
What categories of partners are involved?	Various sectors of government (incl. MoH and KTL), food industry and other partners
Describe briefly the most important characteristics of the partnership	Strategy development, specific development projects
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	Good strategy development, involvement of the industry
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	Too early to say
More information	Anu Harkki, Project Leader, anu.harkki@sitra.fi

5.7 GERMANY

Country: Germany Questionnaire filled in by Name: Burkhard Viell Institute: Federal Ministry of Food, Agriculture and Consumer Protection Date: 18. September 2008	
Partnership 1	IN FORM Deutschlands Initiative für gesunde Ernährung und mehr Bewegung. Der nationale Aktionsplan zur Prävention von Fehlernährung, Bewegungsmangel, Übergewicht und damit zusammenhängenden Krankheiten
Title of the partnership	<i>Tentative:</i> Germany's initiative for a healthy diet and more physical activity. The action plan for prevention of false nutrition, lack of physical activity, overweight and associated illness
Area/sector of, <i>food development</i>)	<i>advertising, food labelling, education, urban planning, legislation, policy, research, food development</i>
When is the partnership established?	2008
Main objectives of the partnership	The objectives depend on the specific projects within the action plan, and the main objective is by networking with all relevant actors to improve quality of life of our citizens and to foster a better and healthier life,
What categories of partners are involved	Roughly there are three kinds of partners (1) The German Government together with the government of the 16 German Länder (2) Industry (, <i>manufacturing, retailing/vending, catering, advertising/marketing</i>) (3) the civil society, which means the integration of all actors, who wish to cooperate (<i>consumer organizations, health professionals, NGO's</i>)
Describe briefly the most important characteristics of the partnership	The partnership is characterized by (1) the intention to optimize the conditions for healthier nutrition and more physical activity (2) to create guides and incentives for our citizens to look more carefully after their health (3) to establish a concrete offer for all those who missed health promising opportunities in the past This year the following measures are set in place : - Quality standards for school meals - establishment of 16 focal-points for the quality assurance in school meals and food - quality standards for day care facilities for children - quality standards for staff and at the workplace canteens - program for fruits in schools (as an anticipation of the coming EU-Project)
Describe briefly the most important positive experiences within the partnership (at least from your perspective))	
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	
More information	www.bmelv.bund.de

Partnership 2	Plattform Ernährung und Bewegung (peb)
Title of the partnership	<i>Tentative:</i> Platform nutrition and physical activity
Area/sector of action	Mainly <i>education</i> targeted at parents, Kitas, elementary schools
When is the partnership established?	2004 SEP
Main objectives of the partnership	Peb bundles a multitude of social and societal bodies and institutions which are engaged in improving a balanced nutrition and in increasing exercise and activity as a relevant element of a healthy lifestyle of children and adolescents.
What categories of partners are involved?	Governmental bodies, scientific institutions, companies, marketing agencies, consumer organisations and other groups.
Describe briefly the most important characteristics of the partnership	PEB wants to address the problems of overweight in children in a playful way. It is believed that the best way to reach children is with a high degree of motivation. The central task is the fostering of a healthy lifestyle and a balanced nutrition with a substantial increase of exercise and activity of children and with much enjoyment and relaxation.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	
More information	http://www.ernaehrung-und-bewegung.de/
Partnership 3	Bundesvereinigung Prävention und Gesundheitsförderung e.V. (BVPg)
Title of the partnership	<i>Tentative:</i> Confederation prevention and health promotion
Area/sector of action	<i>Education, policy</i>
When is the partnership established?	2007 the then existing Bundesvereinigung Gesundheit (BfG) was joined with the Deutsches Forum Prävention und Gesundheitsförderung (DFPG) which summarized to 127 organisations as members (German Medical Association, head organisations of the social insurance carriers other and different associations of health care professions.
Main objectives of the partnership	Sponsored by the Federal Ministry of Health the BVPg represents the most important groups and stakeholder of our society at the national level in the area of prevention and health promotion
What categories of partners are involved?	BVPg links governmental institutions with associations, organisations or societies.
Describe briefly the most important characteristics of the partnership	BVPg is actively participating in the implementation of the National Action Plan with 3 working groups 1) healthy kindergarden and schools 2) workplace health promotion 3) healthy ageing The groups are engaged in - formulation of standards and requirements, and recommendations - dissemination of information via newsletter and/or website.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	
More information	www.bvpraevention.de

Partnership 4	GUT DRAUF
Title of the partnership	<i>Tentative:</i> An action of the Bundeszentrale für gesundheitliche Aufklärung (BZgA)
Area/sector of	Information/ education
When is the partnership established?	2008
Main objectives of the	GUT DRAUF addresses children and adolescents (12 y to 18 y) and aims at health improvements in the area of nutrition, exercise and activity, and regulation of stress in any setting of the children.
What categories of partners are involved?	mainly social welfare and youth associations
Describe briefly the most important characteristics of the	The partners fulfil defined standards in order to reach a sustainable improvement of how children and adolescents behave with regard to their nutrition and physical activity.
Describe briefly the most important positive experiences within the partnership (at least from your perspective))	
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	
More information	www.gutdrauf.net
Partnership 5	Kinderleicht-Regionen: 24 Vorreiter für ganz Deutschland
Title of the partnership	<i>Tentative:</i> KINDERLEICHT24 (child's play) 24 pioneers for the whole country. A model and demonstration project for the prevention of overweight in children Development and exploration of strategies for the primary prevention of overweight in children: exploration of methods and approaches within local networks. Bewusstsein für einen gesundheitsförderlichen Lebensstil in der Bevölkerung stärken Target groups: children, pregnant women, young parents, families, regional networks and actors, interested public, schools and kindergarden
Area/sector of action	Education and urban planning
When is the partnership established?	2005
Main objectives of the partnership	The aim of this project sponsored by the Federal Ministry of Food, Agriculture and Consumer Protection (BMELV) is to show which methods, which approaches and which partners could be selected in order to stop the development of overweight in children. The very different measures are targeted at children after birth up to the end of elementary schools. The different measures are addressed at children from birth to the end of the elementary school. to work out a highly convincing pedagogical and comprehensive concept to look after children below the age of 3 years
What categories of partners are involved?	Nursery and daycare schools (Kitas), elementary schools, societies and associations, parents.
Describe briefly the most important characteristics of the partnership	Stable structures are build with the different partners who are in the position to work against the formation of overweight in children from the outset.. Qualification of persons who are involved in the care of children.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	
Describe briefly the most important negative experiences within the partnership (at least	

from your perspective)	
More information	www.besseressenmehrbeewegen.de Frau Filipini besseressenmehrbeewegen@ble.de
Partnership 6	Unterwegs nach TutmirGut
Title of the partnership	<i>Tentative:</i> On the way to “good for me”.
Area/sector of action	Information and education An action of the <i>Bundeszentrale für gesundheitliche Aufklärung</i> (BZgA) (Federal Agency for Health Education)
When is the partnership established?	2005
Main objectives of the partnership	Addressed at children in the age of 5-11 y to better inform them about an integrated approach to good health
What categories of partners are involved?	Schools, Teachers, multipliers
Describe briefly the most important characteristics of the partnership	Partnership exhibitions and music shows. Portfolio of different media to support education in schools Certification of institutions, which fulfil the requirements for standards.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	
More information	www.tutmirgut.net
Partnership 7	Gesundheitsziel “Gesund aufwachsen”
Title of the partnership	<i>Tentative:</i> Forum health targets Germany.
Area/sector of action	Education, Policy
When is the partnership established?	200
Main objectives of the partnership	The Forum is established to formulate targets for health promotion and proposes measures The working group 7 from <i>gesundheitsziele.de</i> has identified Kindertagesstätten (KiTa), schools and families and leisure as relevant settings. The main targets for these settings were articulated. A major role is played by the development of offers to socially deprived girls and boys and mothers and fathers respectively.
What categories of partners are involved?	The implementation of the health target <i>growing up healthy</i> (“Gesund aufwachsen”) is carried out primarily in the German Forum prevention and health promotion. Several hundred measures are appointed to the office
Describe briefly the most important characteristics of the	On behalf of the Federal Health Ministry (BMG) and within the framework of the activities of the Deutsches Forum Prävention und Gesundheitsförderung a list of scopes is developed by the University of Lüneburg for the development und quality assurance for health promotion in schools
Describe briefly the most important positive experiences within the partnership (at least from your perspective))	
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	
More information	www.gesundheitsziele.de

Partnership 8	Der aid-Ernährungsführerschein
Title of the partnership	<i>Tentative:</i> A license to eat better: the aid driving license for nutrition
Area/sector of action	Education, Policy
When is the partnership established?	NOV 2007
Main objectives of the partnership	The aim is to contribute in a substantial manner - to the level of education in nutrition in primary schools and - to establish more all-day-competence, - to improve the knowledge about food and food preparation.
What categories of partners are involved?	Government (BMELV), ministers of culture of the German countries in cooperation with the German country women association.
Describe briefly the most important characteristics of the partnership	
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	
Describe briefly the most important negative experiences within the partnership	
More information	www.aid-ernährungsführerschein.de www.landfrauen.info aid-infodienst: Dr. Barbara Kaiser b.kaiser@aid-mail.de 0228-8499-191 LandFrauenverband: Jutta Kreibaum kreibaum@landfrauen.info 030-28-44-929-17 Webseite: www.aid.de
Partnership 9	FIT im ALTER
Title of the partnership	<i>Tentative:</i> Fit in the old age – healthy eating and better living
Area/sector of action	Education, policy
When is the partnership established?	
Main objectives of the partnership	
What categories of partners are involved?	Government (BMELV) in collaboration with consumer associations and the German Nutrition Society. <i>Bundesarbeitsgemeinschaft der Seniorenorganisationen (BAGSO)</i>
Describe briefly the most important characteristics of the partnership	The aim is - the improvement of the nutrition of persons in the older age - to offer a broad spectrum of information about improvements - to develop quality standards target groups: seniors, persons responsible for meals and catering, residential homes for the elderly
Describe briefly the most important positive experiences within the partnership (at least from your perspective))	
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	
More information	www.fitimalter.de Uta Eickmeier eickmeier@dge.de

	0228-3776-862 Ricarda Holtorf holtorf@dge.de 0228-3776-652
Partnership 10	Kooperationsverbund “Gesundheitsförderung bei Sozial Benachteiligten”
Title of the partnership	<i>Tentative:</i> Cooperation consortium “health promotion in socially deprived and handicapped persons
Area/sector of action	Policy
When is the partnership established?	2005
Main objectives of the partnership	
What categories of partners are involved?	An initiative of the <i>Bundeszentrale für gesundheitliche Aufklärung</i> (BzgA) of the Federal Ministry of Health in order to build up a consortium of 50 Organisations
Describe briefly the most important characteristics of the partnership	To create a data bank which enables an overview about running and successful projects, especially for people in a complex and complicated setting
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	
More information	www.gesundheitliche-chancengleichheit.de
Partnership 11	Bewegung und Gesundheit
Title of the partnership	<i>Tentative:</i> Physical activity and health
Area/sector of action	Policy and education. A campaign of the <i>Federal Ministry of Health</i>
When is the partnership established?	2005 May
Main objectives of the partnership	To motivate all citizens to move more extensively
What categories of partners are involved,	The German Olympic Sport Association and the German Rambling Association Numerous communities, clubs and societies
Describe briefly the most important characteristics of the partnership	Walking Actions, Step-Counter-Actions, Womens-Sport-Activity-Weeks, City-Walks
Describe briefly the most important positive experiences within the partnership (at least from your perspective))	
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	
More information	www.die-praevention.de
Partnership 12	FIT KID
Title of the partnership	<i>Tentative:</i> The healthy eating action for nursery schools and kindergarden
Area/sector of action	Policy

When is the partnership established?	2005
Main objectives of the partnership <i>lines</i>)	Improvement of meals and food for children in Kitas Special offers for information and advice about nutrition target groups: Kindergärten, Kindertageseinrichtungen (Kitas), staff members, parents, etc
What categories of partners are involved?	Government, German Society of Nutrition Consumer Association
Describe briefly the most important characteristics of the partnership	Kitas are supported in the development of meal plans training courses are organised
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	.
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	
More information	www.fitkid-aktion.de #(NAP) Sonja Hamacher hamacher@dge.de 0228-3776-863 Yvonne Kellerhoff kellerhoff@dge.de 0228-3776-680
Partnership 13	JOB&FIT Mit Genuss zum Erfolg
Title of the partnership	<i>Tentative:</i> With enjoyment and pleasure to success
Area/sector of action	Policy
When is the partnership established?	2005
Main objectives of the partnership	- to improve knowledge about nutrition and foods - to strengthen the skills of children in order to improve ready to go meals for adults and at the working place
What categories of partners are involved?	Quality standards for factory and staff canteens and campaigns in cooperation with enterprises and companies target groups: any person at a workplace, any entrepreneur
Describe briefly the most important characteristics of the	
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	
More information	www.jobundfit.de Katharina Goerg goerg@dge.de 0228-3776-864 Holger Pfefferle pfefferle@dge.de 0228-3776-865 Webseite: www.jobfit.de
Partnership 14	SCHULE+ESSEN = NOTE 1 Qualitätsstandards für die Schulverpflegung
Title of the partnership	<i>Tentative:</i> quality standards for school meals and foods offered in schools

Area/sector of action	Policy, education
When is the partnership established?	
Main objectives of the partnership	Improvement of meals and food in the world of children and adolescents.
What categories of partners are involved?	Any school in which meals are offered parents, teachers, caterers etc.
Describe briefly the most important characteristics of the partnership	
Describe briefly the most important positive experiences within the partnership (at least from your perspective))	
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	
More information	www.schuleplusessen.de Dr. Elke Liesen liesen@dge.de 0228-3776-816 Sandra Schuth schuth@dge.de 0228-3776-636
Partnership 15 (It Wbste)	Mach-Bar-Tour Verbesserung der Ernährungs- und Konsumkompetenz
Title of the partnership	<i>Tentative:</i> Strengthening and improvement of the competence in nutrition and consumption.
Area/sector of action	<i>Education.</i> Main target groups: children and adolescents
When is the partnership established?	
Main objectives of the partnership	
What categories of partners are involved?	project in collaboration with the consumer associations (Verbraucherzentralen)
Describe briefly the most important characteristics of the partnership	
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	
More information	Webseite: www.mach-bar-tour.de Gruppe Ernährung ernaehrung@vz-nrw.de 0211-3809-121
Partnership 16	Gesunde Kitas – Starke Kinder“
Title of the partnership	<i>Tentative:</i> healthy Kitas - tough children
Area/sector of action	<i>education</i>
When is the partnership established?	
Main objectives of the partnership	Improvement of childrens behaviour with respect to nutrition and physical activity. In-situ construction of problem solutions
What categories of partners are involved?	Target groups: families, children, pedagogues, responsible bodies

	Plattform Ernährung und Bewegung e.V. (see Partnership 2) Project cluster in Mühlheim a.d. Ruhr, Bielefeld, München, Augsburg, Halle a.d.Saale)
Describe briefly the most important characteristics of the	
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	
More information	Prof. Erik Harms harms@uni-muenster.de 0251-8347-731 Mirko Eichner m.eichner@pebonline.de 030-2787-9762 Webseite: www.ernaehrung-und-bewegung.de
Partnership 17	EU-Schulmilchprogramm“
Title of the partnership	<i>Tentative: School milk program</i>
Area/sector of action	<i>Policy.</i> The program is organised by the 16 German Länder.
When is the partnership established?	
Main objectives of the partnership	To improve milk consumption of children.
What categories of partners are involved?	Target groups: pre- and school children
Describe briefly the most important characteristics of the partnership	
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	
More information	423@bmelv.bund.de

5.8 ICELAND

Country: Iceland Questionnaire filled in by Name: Elva Gísladóttir Institute: Public Health Institute of Iceland Date: 29/03/2007	
Partnership 1	
Title of the partnership	5-a-day
Area/sector of action	Advertising and development of educational material for preschools, schools, workplaces, supermarkets.
When is the partnership established?	1996
Main objectives of the partnership	The aim is to encourage the general public to increase consumption of fruits and vegetables.
What categories of partners are involved?	Icelandic nutrition council (now Public health institute of Iceland), The Icelandic Heart Association, The Icelandic Cancer Society, distributors of vegetable and fruits and supermarkets.
Describe briefly the most important characteristics of the partnership	The making of educational material for preschools, schools, workplaces and supermarkets and to make advertising material.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	Possibly increased knowledge of the benefits of fruit and vegetable consumption and increased consumption.
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	n/a
More information	http://www.publichealth.is/
Partnership 2	
Title of the partnership	Cycle to Work
Area/sector of action	Active transport promotion
When is the partnership established?	In 2003
Main objectives of the partnership	Promote active transport (walking and cycling) to work.
What categories of partners are involved?	The National Olympic and Sports Association of Iceland (NGO) is head organizer. Partners involved are the Public Health Institute of Iceland, cycle clubs (NGO's) and The Icelandic National Broadcasting Service
Describe briefly the most important characteristics of the partnership	Financial and professional resources provided along with good access to national media (TV and radio).
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	Effective use of resources, working towards mutual goals.
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	No negative experience.

More information	http://hjolad.isisport.is/template1.asp?PageID=1 Jona Hildur Bjarnadottir, jona@isisport.is
Partnership 3	
Title of the partnership	Report (Green paper) from the Prime Ministers Office with suggestions on uniform actions on how to promote public health by promoting consumption of healthier food and increasing physical activity.
Area/sector of	Hopefully collaboration from this work will include advertising, food labelling, education, urban planning and legislation, food development, policy, research.
When is the partnership established?	The report was published in September 2006.
Main objectives of the partnership	Report from the Prime Ministers Office in Iceland that suggests collaboration among public and private partners to promote healthier lifestyle and thereby counteract obesity.
What categories of partners are involved?	Hopefully these suggestions will entail collaboration between public and private partners in Iceland such as Ministry of Health and Social Security, Public Health Institute of Iceland, Preschools, Schools, canteens in public and private companies/organisations, The Federation of Icelandic Industries , NGO's and private sports clubs in Iceland.
Describe briefly the most important characteristics of the partnership	Hopefully collaboration entailed from this report will help to counteract obesity and thereby promote public health. The report counts a total of 67 suggestions to promote public health.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	n/a
Describe briefly the most important negative experiences within the partnership (at least from your perspective) (n/a
More information	n/a
Partnership 4	
Title of partnership	Project on salt
Area/sector of	Bread
When is the partnership established?	2007
Main objectives of the partnership	<p>The goal of this study is to assess the amount of salt used in Icelandic breads and to see whether salt content in breads in Iceland is higher than needed according to technical qualities such as structure and water retain as well as taste.</p> <p>The foundation for this study was that the mean salt intake of Icelanders was around 9 g/day according to the dietary survey in Iceland conducted in 2002 (1). The recommendations are the same as for other Nordic countries, 6-7 g/day (2). Bread consumption is very common in Iceland and around 20% of salt in the diet originated from bread and like products in 2002 (1).</p> <p>This information will be used to calculate sodium content of Icelandic breads and compared to sodium content in bread in other countries.</p>

What categories of partners are involved?	Public Health Institute in Iceland in cooperation with the Federation of Iceland Industries
Describe briefly the most important characteristics of the partnership	The 13 largest bakeries are to be contacted and asked to provide information on salt content in their most popular breads.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	n/a
More information	

5.9 IRELAND

Country: Ireland Questionnaire filled in by Name: Ursula O' Dwyer Institute: Health Promotion Policy Unit, Department of Health & Children Date: 01/04/2008	
Partnership 1 (FSAI)	
Title of the partnership	Salt reduction strategy
Area/sector of action	Research, food innovation, labelling, education
When is the partnership established?	2004
Main objectives of the partnership	<ol style="list-style-type: none"> 1. Raise awareness in the general food industry of the salt and health issue, the role of processed food in salt intake and the health gains to the Irish population of reducing salt in processed food. 2. Focus on the manufacturers of food in the food groups that contribute most salt to the diet, and secure gradual and sustained reductions in the salt content of their food working on a united front across each sector. 3. Bring on board the manufacturers of food in other food groups that contribute to salt intake and secure gradual and sustained reductions in the salt content of their food working on a united front across each sector. 4. Work with the food industry to bring about the universal labelling of salt in packaged foodstuffs. 5. Target the retailers of food who set specifications for own brand processed food and also have strong influence on manufacturers through their buying power. Secure gradual and sustained salt reductions in own brand processed food and start to focus on stocking low salt options of branded processed food. 6. Target catering representative bodies and companies to secure a reduction in the use of salt in prepared food eaten outside the home. 7. Work with other State bodies who's role it is to increase consumer understanding of the salt and health issue and bring about behavioural change in consumers.
What categories of partners are involved?	Government, manufacturers, retailers, caterers, trade bodies and NGOs (e.g. Irish Heart Foundation)
Describe briefly the most important characteristics of the partnership	FSAI set an overall goal and a timescale (6g max intake salt by 2010). FSAI use consumption data to look at food groups contributing max salt. FSAI target manufacturers of the main contributing food groups. Manufacturers agree reductions with FSAI on an annual basis. There is an annual round of self reported progress on the last years targets and agreed targets for the coming year. This information is published. FSAI monitor reductions by analysing sodium in food on the

	market. FSAI model intake consequences of achieved reduction. Other State bodies and NGOs fund public awareness campaigns on salt and health and State bodies also fund 24h sodium excretion studies as a means of measuring salt intake. Other State bodies fund research into food innovation.
Partnership 2 (HAPPY HEART AT WORK)	
Title of the partnership	Happy Heart at Work Programme
Area/sector of	Workplace health promotion programme
When is the partnership established?	1992
Main objectives of the partnership	<p>Aims</p> <ul style="list-style-type: none"> To facilitate heart healthy eating choices in Irish workplaces (audit and monitoring). To encourage employees to choose the healthier choice (provision of healthy choices on menus, information, leaflets, posters, etc.). To support and motivate audited companies/hospitals to maintain heart healthy food choices (spot check, annual/biannual workshops, healthy eating updates, and presentation of award). <p>Objectives</p> <ul style="list-style-type: none"> To reduce fat Increase fruit and vegetable consumption Increase fibre Reduce salt and sugar
What categories of partners are involved?	IHF (NGO), Government, Private workplaces, national catering companies, HSE & DOHC
Describe briefly the most important characteristics of the partnership	<ul style="list-style-type: none"> One-to-one contact with an IHF dietician to conduct an independent assessment of facilities and to support the catering dept to make changes. Changes in food choices- more healthy food choices available and improved catering practices, Employee feeling of goodwill towards employer being concerned about health
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	<ul style="list-style-type: none"> Employee feeling of goodwill towards employer being concerned about health. Ensuring availability of healthy options to employees Developing relationships with key catering companies IHF acknowledged as leader in the field of healthy catering
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	<ul style="list-style-type: none"> Some difficulty with high turnover of catering staff More sustainable when in-house steering group supports catering manager esp. around health promotion element
What categories of partners are involved?	IHF (NGO), Government, Private workplaces, national catering companies, HSE & DOHC
Partnership 3 (FOOD DUDES)	
Title of the partnership	Food Dudes Healthy Eating Programme
Area/sector of action	Fruit and Veg children's education programme
When is the partnership established?	January 2005

Main objectives of the partnership	To increase the consumption of fruit & vegetables among primary school children on a sustained basis
What categories of partners are involved?	Bord Bia (Irish Food Board) Government (Department of Agriculture and Food Private industry- fruit and veg growers and distributors Schools EU Commission
Describe briefly the most important characteristics of the partnership	The partnership was formed to access funding for the expansion of the Food Dudes Programme to 150 schools. Previous work had involved a small number of schools.
Describe briefly the most important positive experiences within the partnership (at least from your perspective))	To be able to pilot the Food Dudes Programme in a large number of schools of varying types and sizes and to prove that it worked in all different kinds of primary schools throughout the country.
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	Sourcing funding from the industry partners was very difficult
More information	www.fooddudes.ie <i>email michael.maloney@bordbia.ie</i>

5.10 ITALY

Country: ITALY Questionnaire filled in by Name: MARCO SILANO Institute: ISTITUTO SUPERIORE DI SANITA' Date: 20/03/07	
Partnership 1	
Title of the partnership	GAIN HEALTH
Area/sector of action	Advertising, education
When is the partnership established?	February 2007
Main objectives of the partnership (Help consumers to make healthy choice. Particularly, this project is aimed to: increase the consumption of fruits and vegetables, - reduce the consumption of soft drink and high – caloric foods, - promote the physical activity. Besides those, this partnership is aimed to prevent people from smoking and consuming alcoholic drinks.
What categories of partners are involved?	Ministries of Health, of Agriculture, of Family, of Public Education, of Sport and Youth, of University and Research, of Transports, of Economics; retailing and vending private companies, employers, consumer organization.
Describe briefly the most important characteristics of the partnership	The present project has been just approved by the Italian Council of Ministries, so far no specific organization or Company have joined the programme.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	
More information)	

5.11 LATVIA

Country: Latvia Questionnaire filled in by Name: Ilze Straume Institute: Ministry of Health Date: 26.03.2007.	
Partnership 1	
Title of the partnership	Partnership between the Ministry of Health and the Latvian Dieticians' Association (LDA)
Area/sector of action	Nutrition Council, healthy nutrition, nutrition recommendations, participation in the working groups to elaborate draft legislation.
When is the partnership established?	Nutrition Council was officially established in March 21 2006, but the partnership actually was established earlier (in fact, it is hard to tell a date)
Main objectives of the partnership	LDA is one of the active members of Nutrition Council. Collaboration ensures better exchange of information between Ministry and dieticians. Point of view of LDA is necessary for the elaboration of nutrition policy.
What categories of partners are involved?	Government, manufacturing, retailing, health professionals, NGO's.
Describe briefly the most important characteristics of the	Collaboration ensures better exchange of information between Ministry and dieticians. LDA participates in the elaboration of draft legislation.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	LDA supports healthy nutrition policy and activities suggested by the Ministry, for example, agreed it is necessary to restrict the sale of beverages and foods of limited nutritional value in schools.
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	There are no negative experiences.
More information)	Chair of the Latvian Dieticians' Association is Dr Andis Brēmanis, drbremanis@inbox.lv
Partnership 2	
Title of the partnership	Partnership between the Ministry of Health and the Latvian Federation of Food Enterprises (LPUF)
Area/sector of action	Nutrition Council, food labelling, legislation, marketing
When is the partnership established?	Nutrition Council was officially established in March 21 2006, but the partnership actually was established earlier (in fact, it is hard to tell a date)
Main objectives of the partnership ()	LPUF is one of the active members of Nutrition Council. Collaboration ensures better exchange of information between Ministry and food producers. As the LPUF consists of enterprises that occupy more than 60% from the total food market in Latvia, it acts like mediator between the Ministry and food producers. It also co-participates in the elaboration of draft legislation.

What categories of partners are involved?	Government, manufacturing, retailing, health professionals, NGO's.
Describe briefly the most important characteristics of the	LPUF is one of the active members of Nutrition Council. Collaboration ensures better exchange of information between Ministry and food producers. As the LPUF consists of enterprises that occupy more than 60% from the total food market in Latvia, it acts like mediator between the Ministry and food producers. It also co-participates in the elaboration of draft legislation.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	LPUF expresses the will to self-regulate and to participate in the decision-making process. LPUF is well informed on the food industry market development tendencies in the EU and the new legislation.
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	As a representative of food producers, LPUF made its objections regarding legislation concerning restriction of the sale of beverages and foods of limited nutritional value in schools.
More information)	Executive director of the LPUF is Arlita Sedmale, arlita_puf@delfi.lv , http://www.lpuf.lv/eng/

5.12 LITHUANIA

Country: LITHUANIA Questionnaire filled in by Name: Mr. ALBERTAS BARZDA Institute: National Nutrition Centre Date: 18 April 2007	
Partnership 1	
Title of the partnership	NGO of obese people "XXL"
Area/sector of action	Education
When is the partnership established?	2006
Main objectives of the partnership	This NGO joins people with excessive weight. Partnership allows direct education of these people. The NGO take part in organization of this education and consulting during the preparation of National Obesity Control Programme
What categories of partners are involved? <i>health professionals, NGO's)</i>	NGO
Describe briefly the most important characteristics of the partnership	Mutual consultations, taking part in conferences, education
Describe briefly the most important positive experiences within the partnership (at least from your perspective))	Working closer with obesity affected people reveals actual needs and possibilities of that population. It warrants more useful and important results for both parities.
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	None
More information	None

5.13 MALTA

Country: MALTA Questionnaire filled in by Name: Charlo' Bonnici Institute: Education Channel 22 Date: 28 th March, 2007	
Partnership 1	
Title of the partnership	Health and Wellness TV
Area/sector of action	Television programme
When is the partnership established?	September 2006
Main objectives of the partnership	The aim of this partnership is to use the cable-based tv channel to bring about more awareness regarding the problem of obesity in the Maltese population. For Government it is considered an investment in people's health. For the producer it is an endorsement by the Ministry of Education of a TV programme with a mission to education and inform the viewers how to live a better life.
What categories of partners are involved?	Government and an independent producer
Describe briefly the most important characteristics of the	The Education Channel which is wholly owned by the Government of Malta allocates 8hrs a day of airtime to Bon Vivre productions, an independent producer.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	Viewers are able to watch a number of participants in a reality TV programme in their quest to live a healthier
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	The producer is responsible for the content within the 8hrs of transmission (a mix of live transmission and health related features). Sometimes its quite difficult to control the content although the producer is bound by a contract.
More information	Charlo.bonnici@gov.mt

5.14 NETHERLANDS

Country: Questionnaire filled in by Name: Ms. R. J. Metaal Institute: Ministry of Health, Welfare and Sport Date: 29 th march 2007	
Partnership 1	
Title of the partnership	Covenant on overweight (national)
Area/sector of action	Education, information, policy (agenda setting),
When is the partnership established?	27th of January 2005
Main objectives of the partnership	In 2010 there is: <ul style="list-style-type: none"> ▪ an increase of children with a healthy weight ▪ a stabilisation of adults with a healthy weight.
What categories of partners are involved?	Government, manufacturing, retail, national employers organisation, consumer organisation, NGO's
Describe briefly the most important characteristics of the partnership	<ul style="list-style-type: none"> ▪ To stimulate people and organisations to work on reducing overweight (and obesity) ▪ To extend the general knowledge on overweight and obesity an the knowledge on counteracting overweight and obesity ▪ Make the healthy choice the easiest.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	To discuss counteracting obesity and overweight with partners of different origins and sometimes conflicting interests.
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	It's a partnership based on self regulation. That's, in my opinion, too much of a liberal form to handle such a big health issue. The output is measurable to some extent; the outcome is almost not.
More information	www.convenantovergewicht.nl
Partnership 2	
Title of the partnership	Rotterdam Covenant On Nutrition and Physical Activity
Area/sector of action	Bestrijding overgewicht en bevorderen gezonde leefstijl (Counteracting overweight and promoting a healthy lifestyle)
When is the partnership established?	6 November 2006
Main objectives of the partnership	Rotterdam organizations are compelled to take their responsibilities towards children and adults to raise the awareness, increase the knowledge and teach skills with regard to the positive effects of healthy food and physical activity.
What categories of partners are involved?	Rotterdam organizations working in the area of sport and physical activity, food and health; examples: health care insurers, chains of sport, school boards (espec. secondary and vocational training), voc. Training for Sport and Phys. activity, partner from the food sector (Unilever)

Describe briefly the most important characteristics of the partnership	Covenant partners (including the City of Rotterdam itself) dedicate themselves to improving and enlarging the awareness, knowledge and skills in Rotterdam children, youngsters and parents. They implement this by sending one single message: less sweetened drinks, daily breakfast, more p.a./playing outside, less TV & computer watching, daily fruit, and healthy snacks. Each of the 14 covenant partners has drawn up an action plan in order to tune to the exact role and possibilities. The covenant is open for new partners.
Describe briefly the most important positive experiences within the partnership (at least from your perspective))	Most partners show willingness to contribute to the goals. It was possible to make concrete appointments about the contributions with some of the partners.
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	In practice it is difficult to make structural agreements of more than one year. The effort of some partners is disappointing.
More information	Drs. M. Berkhof m.berkhof@senr.rotterdam.nl

5.15 POLAND

Country: Questionnaire filled in by Name: Mirosław Jarosz. Institute: National Food and Nutrition Institute E-mail address (only for internal NPA-use): jarosz@izz.waw.pl Date: 11 September 2008	
Partnership 1	
Title of the partnership	Polish Platform for Action on Diet, Physical Activity and Health
Area/sector of action	Education, research, food development
When is the partnership established?	01.07.2005
Main objectives of the partnership	Prevention of overweight and obesity and other non-communicable diseases; - Improvement of dietary habits and physical activity in Polish population; - Actions related to food reformulation (reduction of salt, fat and sugar content in food products).
What categories of partners are involved?	— Governmental bodies, research institutes and universities, food producers, consumer and other non-governmental organizations, media
Describe briefly the most important characteristics of the partnership	The Polish Platform for Action on Diet, Physical Activity and Health is characterised by the voluntary accessing of the participants who want to cooperate together in the area of health protection by proper nutrition and physical activity. One of the main results of this partnership is elaboration of the National Programme for the Prevention of Overweight, Obesity and Non-Communicable Diseases through Diet and Improved Physical Activity (POL-HEALTH) by the National Food and Nutrition Institute, which was accepted by Minister of Health for realization. There were been also organized some conferences and workshops within the Platform.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	- Education and dissemination of recommendations on proper nutrition and physical activity and the prevention of overweight, obesity and other non-communicable diseases among the professionals and general public; - Strengthening the cooperation with food industry: establishment on food fortification with some minerals and vitamins (e.g. folic acids) and initial actions related to food

	reformulation (especially salt reduction).
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	<p>–</p> <p>The most negative experiences within the partnership are following:</p> <p>–the implementation of some ideas from the area of improvement of food quality and nutrition into practice is rather slow;</p> <p>nutritional education implementation is too slow.</p>
More information	<p>Mirosław Jarosz: jarosz@izz.waw.pl</p> <p>The National Food and Nutrition Institute.</p>
Partnership 2	
Title of the partnership	Council for Diet, Physical Activity and Health
Area/sector of action)	Education, opinions and advice
When is the partnership established?	12 th of November, 2007
Main objectives of the partnership	<ul style="list-style-type: none"> - Overweight and obesity prevention; - Healthy diet, physical activity and health promotion.
What categories of partners are involved?	Government, research institutes and universities, food industry, consumer and other non-governmental organizations, advertising, media
Describe briefly the most important characteristics of the partnership	<p>The Council was established according to the Order of the Minister of Health.</p> <p>It acts for counteracting obesity, including the realization of the National Programme for the Prevention of Overweight, Obesity and Non-Communicable Diseases through Diet and Improved Physical Activity (POL-HEALTH).</p> <p>Activities of the Council concentrate on presenting opinions and support to initiatives for public health, especially within the public-private partnership.</p>
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	
More information	<p>Ministry of Health</p> <p>www.mz.gov.pl</p>

5.16 PORTUGAL

Country: Portugal Questionnaire filled in by Name: João Breda Institute: Direcção Geral da Saúde Date: 2007.03.27	
Partnership 1	
Title of the partnership	No title
Area/sector of action	Agriculture; F&V nutritional value interest, education
When is the partnership established?	Is cooperation on informal but effective basis without exact starting day.
Main objectives of the partnership	F&V producers small farmers have the support of General Health Directorate and Regional Health Authorities with the view to increase consumption in the context of promoting health food habits & to increase nutrition education.
What categories of partners are involved?	Government, health professionals, F&V producers.
Describe briefly the most important characteristics of the partnership	It can be a Win-Win situation
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	Small farmers get support to the promotion of their healthy products & health sector contributes to the increase of F&V consumption especially among children.
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	There is no negative experiences from this partnership.

5.17 ROMANIA

Country: ROMANIA Questionnaire filled in by Name: CAMELIA PARVAN Institute: INSTITUTE OF PUBLIC HEALTH Date: 20.03.2007	
Partnership 1	
Title of the partnership	FOOD FOR LIFE
Area/sector of action	RESEARCH
When is the partnership established?	2007
Main objectives of the	-development of research for food related to healthy life - stimulation of food industry to produce high nutritive quality foodstuffs ; - development of fortified foodstuffs ; - high level of food safety
What categories of partners are involved?	- research institutes , Minister of Education and Research , food industry associations , NGO's , consumer organisation .
Describe briefly the most important characteristics of the partnership	The main participants are brought together to develop a Strategic research Plan (SRP) ; Develop activities for education and training at the European level . Implementation of the SRP by national and Community Framework Programmes funds .
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	No more overlap of research activities ; Create competitiveness .
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	Investments produces fewer that expected .
More information	www.bioresurse.ro
Partnership 2	
Title of the partnership	Common nutrition labelling scheme
Area/sector of action	Food labelling , education .
When is the partnership established?	2007
Main objectives of the partnership (to helping people make informed dietary choices and to make diet and lifestyle choices for a good health .
What categories of partners are involved?	Institute of Public Health , food company association , consumer organisation , NGO's
Describe briefly the most important characteristics of the	Working for a National Nutrition Labelling Scheme in working groups based on requirements of Directive 2000/13/EC on labelling , presentation and advertising of foodstuffs and CIAA guideline daily amounts ; Support for education programmes for consumers .
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	Opportunities to improve the nutrition labelling and consumer education for health .

Describe briefly the most important negative experiences within the partnership (at least from your perspective))	-
More information	www.romalimenta.ro

5.18 SLOVAKIA

Country: Slovakia
 Questionnaire filled in by
 Name: Petra Olvecka.
 Institute: Public Health Authority of the Slovak Republic
 Date: 11.09.2008.

Partnership 1	
Title of the partnership	National Program on Preventing Obesity
Area/sector of action	Public Health Authority of the Slovak Republic - Education of public, advertising, urban planning, legislation, policy, research, food development.,
When is the partnership established?	9.1. 2008
Main objectives of the partnership)	Ministry of Education of the Slovak Republic Ministry of Health of the Slovak Republic Ministry of Labour Social Affairs and Family of the Slovak Republic Ministry of Agriculture of Slovak Republic Ministry of Environment of SR Ministry of Transport, Posts and Telecommunications of the SR Ministry of Culture Ministry of Construction and Regional Development Association of Towns and Communities of Slovakia Regional government, consumer organization
What categories of partners are involved?	Government, manufacturing, retailing/vending, health professionals, NGO's
Describe briefly the most important characteristics of the	Targets of program are – prevent and decrease development of overweight and obesity of children and stop increasing number of citizens, which suffer from overweight and obesity. The most important characteristics are Nutrition and Physical Activity. On this activity participating - Education, Agriculture policy, social status, marketing strategy, health service, media, communication and transport.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	Participation of non – government organizations regarding public education.
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	---
More information	www.uvzsr.sk , www.mzsr.sk
Partnership 2	
Title of the partnership	National campaign –Be Fit with gymnastic !
Area/sector of action	Slovak Gymnastic Federation - Education and support from partners and sponsor with this current situation on development obesity in children and adolescent esp. prevention of overweight and obesity by balanced physical activity.
When is the partnership established?	January 2008

Main objectives of the partnership	The campaign is an educative and motivational one - schools with procedure tools and competition is part of it. Its motto is for joy, for life and for live!
What categories of partners are involved?	Ministry of Education of the Slovak Republic Slovak Olympic Company National Institute of Public Health Regional government consumer organization in future counterparts with other - Ministry of Health of the Slovak Republic, Ministry of Labour Social Affairs and Family of the Slovak Republic
Describe briefly the most important characteristics of the partnership	Responsible body for the campaign is the Public Health Authority of the Slovak Republic participate with National Program on Preventing Obesity. The campaign is supported by the Ministry of Education of the Slovak Republic, Slovak Olympic Company, National Institute of Public Health, Regional government, consumer organization and the Federation of the Gymnastic of the Slovak Republic. Distribution of activity is provided by the Regional Public Health Institutes.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	participate with school in Trnava Region, this participation will be expanded on other schools, distribution of leaflets is provided by the Regional Public Health Institutes, Children and public had joy from move, that they could change, program of culture was joined with food and drink, and mainly on the promotion of physical activity
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	---
More information	www.sfg.sk , www.uvzsr.sk
Partnership 3	
Title of the partnership	Update Preparation of the Programme of improvement of Nutrition of Slovak Inhabitants
Area/sector of action	Advertising, education, urban planning, legislation, policy, research, food development., transport
When is the partnership established?	2008
Main objectives of the partnership	To prepare a comprehensive background document, which could serve as a basis for a multi-stakeholder action in the area of nutrition
What categories of partners are involved?	Government, manufacturing, retailing/vending, health professionals, NGO's
Describe briefly the most important characteristics of the partnership (e.g. working procedure)	Strategy development
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	---
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	---
More information (www.uvzsr.sk www.mzsr.sk

5.19 SPAIN

Country: Questionnaire filled in by Name: Juan-Manuel Ballesteros Institute: Spanish food safety & Nutrition Agency Date: 12/04/2007	
Partnership 1	
Title of the partnership	
Area/sector of action	Food labelling, food composition & advertising.
When is the partnership established?	February 2005
Main objectives of the partnership	<ul style="list-style-type: none"> - Include nutritional labelling on products - Gradually reduce proportion of salt, sugar and fats in products - Develop and implement a self-regulation code on advertising - Promote campaigns concerning lifestyles
What categories of partners are involved	Ministry of Health with the National Federation of Food and Beverage Industries (FIAB) Ministry of Health with the 2 National Associations of Distribution Companies (ANGED & ASEDAS)
Describe briefly the most important characteristics of the partnership	They are agreements coming from the private sector to achieve public health objectives proposed from the Administration, with a monitoring commission where the ministry is represented
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	This agreements have caused a tendency in the companies to a major sensibility towards the problems of public health, which has derived, between other performances, in changes in the composition of the products and in the publicity of the food
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	Not all the companies are moving at the same speed. Need to explore ways to improve this voluntarily support
More information	You can find the Spanish strategy on nutrition, physical activity and prevention of obesity where this agreements are described in: www.aesan.msc.es
Partnership 2	
Title of the partnership	
Area/sector of action	Food labelling, food composition & advertising.
When is the partnership established?	February 2005
Main objectives of the partnership	<ul style="list-style-type: none"> - Include nutritional information - Gradually reduce proportion of salt, sugar and fats in products - Not to encourage consumption of huge portions - Promote campaigns concerning lifestyles
What categories of partners are involved	- Ministry of Health with the National Association of Modern Restaurant Chains (FEHRCAREM)

	- Ministry of Health with the Spanish Association of social catering (schools) (FEADRS)
Describe briefly the most important characteristics of the partnership	They are agreements coming from the private sector to achieve public health objectives proposed from the Administration, with a monitoring commission where the Ministry is represented
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	This agreements have caused a tendency in the companies to a major sensibility towards the problems of public health, which has derived, between other performances, in changes in the composition of the products and in the publicity of the food
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	Not all the companies are moving at the same speed. Need to explore ways to improve this voluntarily support
More information	You can find the Spanish strategy on nutrition, physical activity and prevention of obesity where this agreements are described in: www.aesan.msc.es
Partnership 3	
Title of the partnership	
Area/sector of action	Salt reduction on bread
When is the partnership established?	February 2005
Main objectives of the partnership	- Gradually reduce salt in bread (2005-2009)
What categories of partners are involved? (e.g.	Ministry of Health with the Spanish Confederation of Bakeries (CEOPAN)
Describe briefly the most important characteristics of the partnership	Idem
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	Idem
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	Idem
More information	
Partnership 4	
Title of the partnership	
Area/sector of action	Automatic Food distribution at schools
When is the partnership established?	February 2005
Main objectives of the partnership (<ul style="list-style-type: none"> - Not to locate vending machines in areas accessible to pupils from 4 to 12 years old. - Remove advertising from machines - Substitute products for others low in salt, sugar or fat - Develop a guide of good practice
What categories of partners are involved?	Ministry of Health with the National Association of Automatic Distributors (ANEDA)

Describe briefly the most important characteristics of the partnership	Idem
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	Idem
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	Idem
More information	

5.20 SWEDEN

Country: Sweden Questionnaire filled in by Name: Associate professor Ulla-Kaisa Koivisto Hursti Institute: National Food Administration Date: 20 October 2008	
Partnership 1	
Title of the partnership	To promote healthy eating at preschool and school
Area/sector of action	Policy
When is the partnership established?	2002
Main objectives of the partnership	To offer an instrument for testing the quality of food served at preschools and schools.
What categories of partners are involved	School meals in Sweden (Skolmatens vänner) is an organisation owned by the Federation of Swedish Farmers (LRF) - an interest and business organisation representing those who own or work farm and forest land, and their jointly owned companies in the Swedish agricultural co-operative movement.
Describe briefly the most important characteristics of the partnership	An instrument to measure the quality of the food served at schools was developed in 2002 shortly after the first guidelines for school meals were published in 2001. New guidelines for food at school and food at preschool were published in 2007. The instrument to test the quality of food served at schools was revised according to the new guidelines and a new instrument to measure the quality of food served at preschools was developed
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	There is a vast interest among schools and preschool to test the quality of food using the instrument. The instrument is web based and can be filled out by both the personnel, the parents and the school children. Also, School Meals in Sweden offer a diploma to those schools and preschools getting a high rating.
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	
More information	
Partnership 2	
Title of the partnership	Food in the workplace - promoting healthy eating at work
Area/sector of action	Policy
When is the partnership established?	2006
Main objectives of the partnership	Raise awareness and provide tools for unions, employers and health professionals in their work with healthier choices in the workplace.
What categories of partners are involved	Unions, employee organisations, NGO:s working with

	health.
Describe briefly the most important characteristics of the partnership	The first step of the partnership was to produce a documentation and tool-box for how to work with the food in the workplace. The second step is to inspire to action by seminars around the country.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	Food at work has not been in focus in Sweden before this project started. But we found a high level of interest among a wide range of organisations and government agencies. Food at work also seems to have created quite a lot of change in the restaurang/catering industry already.
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	We have to put more effort in the second step of the project to get more participants in the seminars.
More information	
Partnership 3	
Title of the partnership	Keyhole labelling
Area/sector of action	Labelling
When is the partnership established?	1989
Main objectives of the partnership	To enable consumers to make healthier choices when buying foods
What categories of partners are involved? (e.g.	Food industry, retailing
Describe briefly the most important characteristics of the partnership	National Food Administration has developed criteria for the keyhole labelling (revised in 2006) in dialogue with food industry and retailing. From the beginning only fat and fibre content were included in the criteria but in the 2006 revision several other nutrients were included. The use of the label is voluntary but the criteria are regulated (LIVSFS 2005:9).
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	There is both consumer demand and great interest from the food industry and retailing to be able to use the keyhole label on different food products. Some of the big food retailers have been informing the consumers about the general idea with the keyhole branding.
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	
More information	
Partnership 4	
Title of the partnership	Keyhole at restaurants
Area/sector of action	Food/catering development
When is the partnership established?	2007
Main objectives of the partnership (To enable consumers to choose healthier foods when eating out. -

What categories of partners are involved?	SHR (the Swedish hotels and restaurant organisation), privately owned restaurants as well as community owned restaurants.
Describe briefly the most important characteristics of the partnership	Restaurants serving foods fulfilling the criteria for the Keyhole (e.g. on energy, fat and salt content and the quality of the fat/carbohydrates of the foods served) can apply for a diploma in order to be able to market the restaurant as a Keyhole restaurant. All the employees have to take part in a course organised by the National Food Administration before the restaurant can apply for a diploma.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	There is a vast interest among the restaurants on keyhole labelling. In some companies the KeyHole labelling in the company restaurants has been combined with health awareness and information for the staff.
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	
More information	

5.21 UNITED KINGDOM

Country: Questionnaire filled in by Name: Mark Browne Institute: UK Food Standards Agency Date: 27 March 2007	
Partnership 1	
Title of the partnership	Reformulation of processed and prepared foods to reduce salt content.
Area/sector of action	Product reformulation
When is the partnership established?	The partnership has developed rather than being formally established on a given date. However, the UK Government began working with individual companies in this area following the publication in May 2003 of the Scientific Advisory Committee on Nutrition's <i>Salt and Health</i> report.
Main objectives of the partnership)	<p>The UK's nutrition action plans (for England, Scotland, Wales and Northern Ireland) recommend that the Government work with industry to encourage healthy eating, including increasing the availability of healthier foods by reducing levels of salt, fat and sugar.</p> <p>The FSA's strategic plan 2005-10 includes a specific target to work with Health Departments and other Stakeholders to reduce average adult population intakes of salt to 6g per day (from the current 9.5g per day) by 2010.</p> <p>The main objective of this partnership is therefore to work with individual food companies to encourage voluntary commitments for action that will result in the reduction of levels of salt in their products, thus contributing to a reduction in population intakes.</p> <p>This work has been supported throughout by a public health campaign to promote consumer awareness of the need to reduce salt consumption, and what individual consumers can do to reduce their intakes.</p>
What categories of partners are involved?	Government. Food Industry (retail, manufacturing and catering sectors) NGOs
Describe briefly the most important characteristics of the partnership	<p>In February 2004, Food Standards Agency officials began an ongoing series of meetings with key food industry organisations, across all sectors, on salt reduction. To help guide the food industry as to the type of foods in which reductions are required, and the level of reductions that are needed to help reduce consumers' intakes, in March 2006, the Agency published salt targets for the 85 key product categories that contribute most to salt intakes. These targets, which will be reviewed in 2008, were agreed following a public consultation on proposed targets in August 2005, and further stakeholder meetings throughout January 2006.</p> <p>The public health campaign in support of this work has included three phases (launched in September 2004, October</p>

	2005 and March 2007) of national TV and outdoor advertising, with a range of supporting activities by key stakeholders.
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	<p>To date the Agency has secured written commitments to salt-reduction work from 70 organisations and individual companies, the majority of whom are working to the published salt targets.</p> <p>A summary of these commitments was published on the Agency and Department of Health websites in April 2005, and updated in October 2005 and again in June 2006. The Agency has recently launched a Self Reporting Framework, the purpose of which is to track companies' progress towards meeting the Agency's published salt targets, and to inform the review of the targets in 2008. The system will enable individual companies to report their progress with a minimal administrative burden.</p> <p>Since the salt campaign was launched in August 2004, the number of adults from the target audience who claim they are trying to cut down on salt by checking labels has more than doubled (increase from 8% pre Aug '04 to 19% post Oct '06); and the proportion of those claiming to make a special effort to cut down on salt in their diets has increased by around one third (increase from 40% pre Aug '04 to 55% post Oct '06).</p> <p>More generally, the trust that has been established between Government and Industry players was successful in creating a non-competitive environment for action. This was important in allaying companies' fears that unilateral action might risk the loss of customers to competitors not participating in the project. The partnership has also demonstrated that step by step salt reduction (and therefore reformulation more widely) can be achieved, and that significant consumer benefit can be delivered.</p>
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	A very small number of companies found that by taking too much salt out of their products too quickly, sales of those products were affected. This served to reiterate the point (acknowledged by the key players) that a gradual, step-by-step approach to reductions was important for maintaining consumer acceptability.
More information	<p>More information on the activities described above can be viewed on the Agency's website at http://www.food.gov.uk/healthiereating/salt/</p> <p>The Agency has also launched a dedicated website www.salt.gov.uk which provides information and advice for consumers on salt and on how to reduce individual intakes.</p>
Partnership 2	
Title of the partnership	Girls on the Move
Area/sector of action (e.g. advertising, food labelling, education, urban planning, legislation, policy, research, food development)	Promotion of physical activity in adolescent girls and young women
When is the partnership established?	April 2005

Main objectives of the partnership (<ul style="list-style-type: none"> • to improve the physical activity levels of girls and young women in Scotland • to engage harder to reach groups including girls displaying “at risk” behaviour, girls with disabilities or mental health issues, young mothers and girls from ethnic minorities and disadvantaged and deprived communities in positive physical activities. • to involve more young women as leaders in physical activities for girls
What categories of partners are involved?	<p>Funding partner 1: Government (Scottish Executive Health Department)</p> <p>Funding partner 2: NGO (Robertson Trust which provides support to charities operating in four priority areas, one of which includes health)</p> <p>Previous delivery partner: NGO (up to March 2007 a major proportion of the project delivered by the Scottish Sports Association)</p> <p>Current delivery partner: NGO (From April 2007 the project will be delivered by Youth Scotland)</p>
Describe briefly the most important characteristics of the	<p>“Girls On the Move” is a funding programme designed to increase the physical activity levels of girls and young women in Scotland. “Girls on the Move” has been designed to address the barriers which prevent girls and young women from participating in physical activity. The programme aims to give girls and young women opportunities and choices to achieve the social, psychological and physical benefits possible through physical activity. The programme has two strands: participation and leadership which are designed to offer opportunities to participate in a wide range of physical activities coupled with opportunities to gain a nationally recognised qualification in leisure and recreation leadership.</p>
Describe briefly the most important positive experiences within the partnership (at least from your perspective)	<p>Positive Partnership Experiences</p> <ul style="list-style-type: none"> • Allowed the Executive to access and support a national priority group • Helped deliver a number of shared objectives / outcomes • Developed personal experience of the work of a range of organisations • Potential now to take forward other programmes of work <p>Positive Programme Experiences</p> <ul style="list-style-type: none"> • Awards made to 58 groups that have offered a wide variety of physical activity opportunities • 43% of these awards have been based in the 20% most deprived areas of Scotland • 67% of participants reported being more active after their involvement in the programme • 11 leadership courses have been delivered across Scotland • 124 young women between the ages of 16 and 25 have gained a leadership qualification
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	<p>Negative Partnership Experiences</p> <ul style="list-style-type: none"> • In hindsight initial delivery organisation didn’t have the capacity to fully deliver the objectives but we were “locked into” the partnership. • The programme was sometimes inhibited by the constraints placed on partnership agencies (e.g. could only support registered charities) <p>Negative Programme Experiences</p>

	<ul style="list-style-type: none"> Establishing links between the Participation and Leadership elements has proven difficult. However, the programme is currently being re-structured so this should be addressed Long-term sustainability is an ongoing challenge but it is hoped that by training girls in leadership they can then go back to their communities to deliver quality local physical activity opportunities.
More information	Girls on the Move Website: http://www.girlsonthemove.org.uk/ Name of Contact: Matthew Lowther (matthew.lowther@scotland.gsi.gov.uk)

UNITED KINGDOM (WALES)

Country: Wales, UK Questionnaire filled in by Name: Maureen Howell Institute: Welsh Assembly Government Date: 27/3/07	
Partnership 1	
Title of the partnership	Community Food Co-operative Programme in Wales
Area/sector of action	Food access
When is the partnership established?	April 2004
Main objectives of the partnership	The key focus is to supply, from locally produced sources as far as possible, quality affordable fruit and vegetables to disadvantaged communities through the development of sustainable local food distribution networks.. The project aims to connect farmers and communities, cutting down the distribution chain and thus being able to provide food at prices attractive to both parties, returning a healthier diet and lifestyle to the communities, and viable trade to the farmer.
What categories of partners are involved?	The main partners are government and a not for profit company. Other partners include volunteers, farmers and wholesalers.
Describe briefly the most important characteristics of the partnership	<p>The government provide funding to the Rural Regeneration Unit, a not for profit company, to employ Food Development Workers who work within communities to establish local food co-operatives and stimulate and support complimentary activities.</p> <p>The food co-ops work by linking local volunteers, who run the food co-operatives, to a local supplier, who is a farmer and/or local wholesaler. A simple payment and delivery system is agreed which enables the volunteers to order and pay weekly in advance for the fruit and vegetable bags. Customers then collect their fruit and vegetables at an agreed venue during food co-op opening times and place their orders (and pay) for the following week. Over 100 food co-operatives have been established.</p> <p>The government manages a steering group, which includes all partners which provides direction for the programme.</p>
Describe briefly the most important positive	The Rural Regeneration Unit had experience of operating a

experiences within the partnership (at least from your perspective)	<p>similar scheme in Cumbria, England and were able to bring their expertise to the programme in Wales ensuring that the programme was quickly and effectively established. Working through a third party has enabled a greater input to the programmes development than would have been possible if it had been directly delivered by Government.</p> <p>The pilot has been externally evaluated and it concluded that most people buying from the co-ops were eating more fruit and vegetables.</p> <p>The value of the fruit and vegetables supplied to the food co-operatives in Wales is currently £0.5 million per annum. This is helping to support local farmers in Wales.</p>
Describe briefly the most important negative experiences within the partnership (at least from your perspective)	Challenges have been experienced in engaging directly with farmers and convincing them to supply direct to food co-operatives.
More information	maureen.howell@wales.gsi.gov.uk