REPORT
ON THE CONTRIBUTIONS
TO THE GREEN PAPER

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

The Netherlands, October 2006

EXECUTIVE SUMMARY

In the response to the Green Paper consultation by the Commission (launched on 8 December 2005) a total of 287 contributions were received from a range of stakeholders including civil society, government and industry sectors, professional organizations and individuals. Contributions to the Green Paper varied from concrete and evidence-based proposals for intervention strategies and policy building at the local, national and EU level, to general remarks on the importance of such strategies. This summary briefly describes the key messages of the contributions.

The consultation indicates that the Community should contribute by strongly supporting a multi-sector approach, which involves other policy areas such as agriculture, transport and urban planning and a range of different stakeholders across national, regional and local levels. In this respect the European Platform for Action on Diet, Physical Activity and Health is an example of cross-sector dialogue. There is also a need for consistency and coherence among policies, for EU coordination of actions, for collection and exchange of best practices across Member States and for evidence-based guidelines for nutrition and physical activity (Ch 3.1).

Incorporation of 'health in all policies' was strongly advised. In particular the reformulation of the Common Agricultural Policy (CAP) was frequently suggested. Health impact assessment (HIA) and cost-benefit analyses of policies and interventions could be performed to increase awareness among decision makers. It was suggested that availability and comparability of data on obesity could be improved by standardisation of the type of data and the method of assessment. The Public Health Action Programme was proposed as a mechanism to support further integration and dissemination of data, knowledge on effective strategies and strengthen linkages between sectors, such as policy, science, education and health care. The Public Health Action Programme should support dissemination through networks such as the Health Enhancing Physical Activity (HEPA) and Nutrition and Physical Activity (NPA) network (Ch 3.2).

Respondents believe that consumer information, including labelling, should be clear, consistent and evidence-based and disseminated through multiple channels such as the media, health care sector, schools, government and other authorities. Advertising, manufacturing and retail sectors are in favour of self-regulation. However most health professionals, consumer organisations and NGOs do not believe that self-regulation will be effective in limiting advertising of energy-dense and micronutrient poor foods (Ch 4.1).

In addition to nutritional information, there is strong need to create and raise awareness, increase knowledge, and provide consumers with appropriate skills to make healthier choices. Healthier choices should be widely available, accessible and cheaper. The key messages related to diet are: increase fruit and vegetable consumption; limit total fat and/or saturated fat intake; promotion of a balanced diet; increase consumption of whole grain, starchy or fibre-rich products; reduce consumption of sugar and soft drinks; reduce salt intake; and reduce portion size. The key messages related to physical activity are: be (more) active; exercise may include a variety of different activities; physical activity is more than just sports; regular exercise is good for mental health; and emphasizing the "fun effect" of physical activity (Ch 4.2).

Respondents believe that examples of best practice for improving the nutritional value of school meals are: education programmes for healthy diet for children, offering free or subsidized fruit, vegetables and drinking water; training of kitchen staff and general guidelines and/or standards for school meals including regular control enforcement. Good practice interventions suggested to encourage physical activity at school are the introduction of mandatory physical education and the creation of safe walking or biking paths to school (Ch 4.3).

As far as the workplace is concerned, the first step to encourage a healthy diet and physical activity is to make the healthier choice available. This means increasing the available healthier foods in the canteens or in vending machines, reducing the availability of foods that are high in energy (fat and sugar) or in large portion sizes, stimulating sport activity or daily physical activity in or around the work site or encouraging walking or biking to and from work (Ch 4.4).

Respondents believed that one of the most promising measures to ensure health promotion in the health care setting is to train health professionals about the impact of nutrition and physical activity on health during their professional and/or post graduate training (Ch 4.5).

There are several measures proposed to address the obesogenic environment so that it encourages physical activity. In particular it was felt that physical activity would be encouraged when accessible, safe and affordable facilities are in place. There was also felt to be a role for financial incentives in encouraging physical activity (Ch 4.6).

To address socio-economic inequalities both environmental and health education measures can be taken. Environmental measures mentioned by the respondents with a potentially important impact are pricing policies and improvement of quality and accessibility of nearby facilities (Ch 4.7).

To foster an integrated and comprehensive approach towards healthy diets and physical activity it is vital that the Community set up a framework for action, and national (or local) authorities should set up strategies and action plans and take care of implementation (Ch 4.8).

Many contributors to the Green paper have expressed the need for general, neutral, simple and flexible food-based dietary guidelines (FBDGs) at a European level that can be adapted to different cultures, regions and countries. These should be scientifically based. The EFSA (European Food Safety Authority) is singled out as playing an important role in the process of developing such FBDGs. Nutritional labelling is considered as an important way to communicate dietary guidelines to consumers. One quarter of the respondents, mainly from the public sector, do not support Nutrient Profile Scoring System (NPPS). However, majority of the respondents favour NPSS (Ch 4.9).

The majority of respondents support the exchange of experience and best practice beyond the EU. Particularly mentioned was the collaboration with WHO CODEX and it was indicated that the European Commission should convey a strong message and an action plan for the Ministerial Conference on Counteracting Obesity in Istanbul, November 2006 (Ch 4.10).

There is general consensus about most, but not all issues. Issues that are supported by almost all countries and organizations are (a) the importance of a multi-policy or a multi-strategy approach in prevention overweight and obesity, (b) a special focus on children and youth and (c) education is an essential part of the overweight prevention approach. The most controversial issue is regulation of advertising and marketing (4.11).

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1. INTRODUCTION

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

Action at national level may usefully be complemented at the Community level. Community action may exploit synergies and economies of scale, facilitate Europe-wide action, pool resources, disseminate best practice and thereby contribute to the overall impact of Member State initiatives.

The Council underlined that the multi-causal character of the obesity epidemic calls for multi-stakeholder approaches and for action at local, regional, national and European levels.

The Council also welcomed the Commission' intention to prepare the Green Paper "Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases". The Green Paper aims at opening a broad-based consultation process and at launching an in-depth discussion, involving the EU-institutions, Member States, and the civil society, aiming at identifying the possible contribution at Community level of promoting healthy diets and physical activity.

In Chapter 2 of this report the public consultation process is described, and in the subsequent chapters the outcomes of the consultation: in Chapter 3 the views on Structures and Tools at Community level, and in Chapter 4 the views on the Areas for Action.

2. THE CONSULTATION PROCESS

The Green Paper was launched on 8 December 2005. It was indicated that the responses should not be scientific papers, but concrete and evidence-based proposals for policy building at EU level. In order to give structure to the consultation issues, the questions to which the

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[i] Council Conclusions of 2 December 2003 on healthy lifestyles: education, information and communication (2004/C 22/01) – Official Journal of the European Union C 22/1 of 27.1.2004
http://europa.eu.int/comm/health/ph_determinants/life_style/nutrition/documents/ev_20050602_en.pdf

[ii] Council Resolution of 14 December 2000 on health and nutrition (2001/C 20/01) – Official Journal of the European Communities C20/1 of 23.1.2001

[iii] Council conclusions on obesity, nutrition and physical activity (adopted on 03.06.2005)
http://europa.eu.int/comm/health/ph_determinants/life_style/nutrition/documents/ev_20050602_en.pdf

Commission invited contributions were categorized into 13 question blocks: two question blocks dealt with Structures and Tools at Community level, and eleven with various Areas for Action. Although some respondents contributed to all question blocks (mainly governments), most respondents reacted on a selection of question blocks, and some contributions dealt with just one question block. Nevertheless the blocks each received between 64 and 194 responses (see ANNEX 1). This number of responses enables the analysis of representative views for each block of questions.

Responses are received from all 25 EU Member States (see also ANNEX 2). From 8 Member States there is just 1 contribution and from another 6 Member States there are 2-5 contributions. The main numbers of contributions come from the United Kingdom (19%), Germany (12%) and Italy (10%; mainly from individual citizens). From the remaining 8

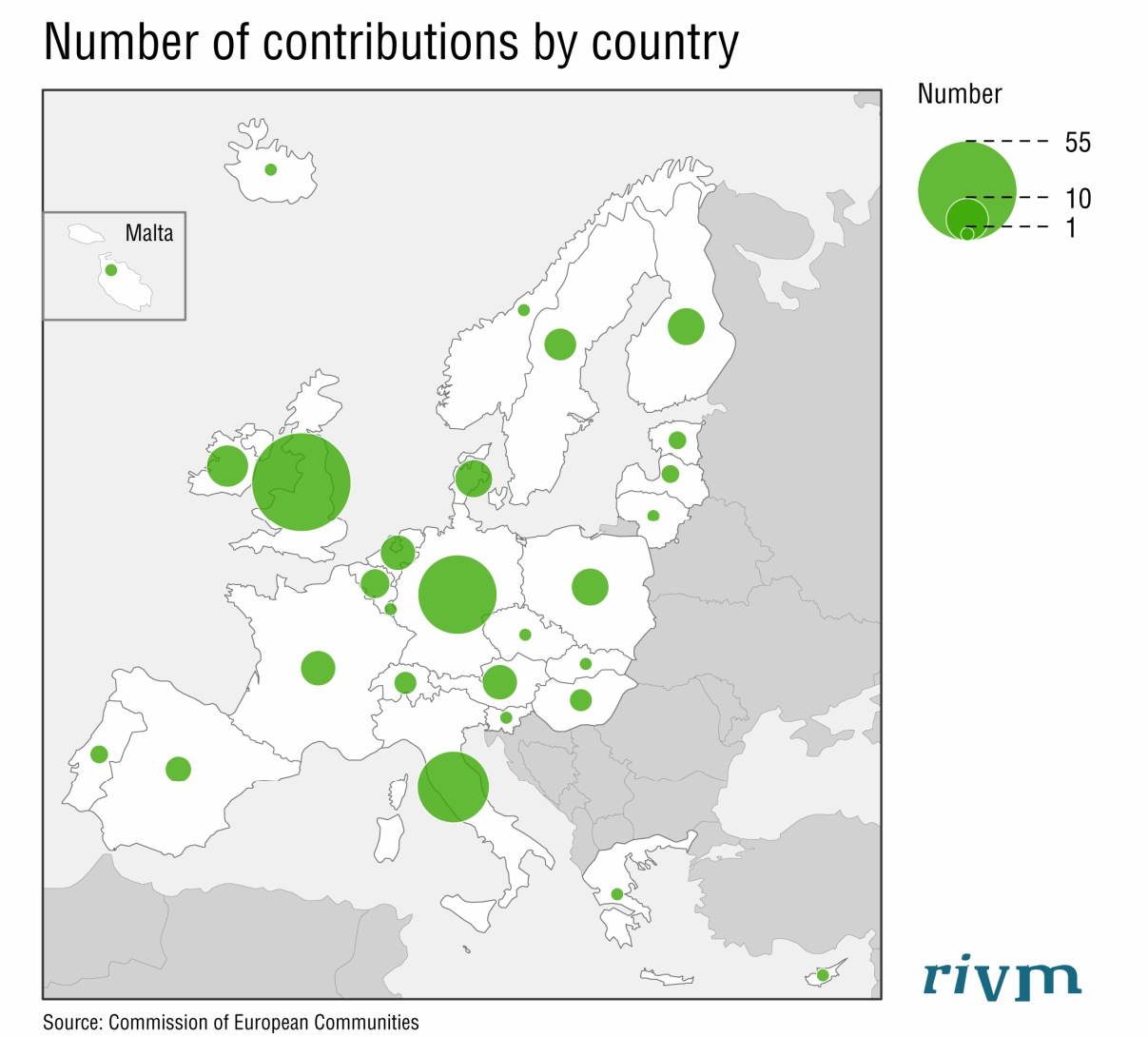

FIGURE 1. Number of contributions by the 25 EU countries and by 3 EFTA (European Free Trade Association) countries (Iceland, Norway, and Switzerland)

countries 6 to 10 contributions have been submitted. Except for Poland, these countries are from northern and western Europe (Finland, Sweden, Denmark, Ireland, France, the Netherlands, Belgium, and Austria) (ANNEX 2). Therefore northern and western Europe is more strongly represented in the consultation than southern and eastern Europe (see FIGURE 1).

Two out of the 287 respondents indicate that their response should not be published on the internet, although their responses have been included in the present report. The 287 respondents are classified into 12 categories (see TABLE 1) based on type of organization. ANNEX 3 gives an overview of all respondents classified according to type of organization. Some respondents are difficult to classify in a valid way. Therefore it is possible that some respondents could also have been classified in a different category, but given the numbers involved such a 'misclassification' is not likely to influence the overall analyses presented in this report.

TABLE 1. Contributions by type of organization

Type of Organizations	**Frequency (%)**
• Government (national, regional, local)	51 (18)
• United Nations	1 (0)
• Academia and Research institutes	24 (8)
• Health Professionals	13 (5)
• Advertising, Marketing, Media organizations	14 (5)
• Food industry, Primary producers, Sports Industry, Pharmaceutical Industry	34 (12)
• Retailers	8 (3)
• Catering	3 (1)
• Consumer organizations	13 (5)
• NGOs	92 (32)
Main focus:	
- Health or disease	28 (10)
- Nutrition	6 (2)
- Physical activity	22 (8)
- Breastfeeding	13 (5)
- other	23 (8)
• Citizens	31 (11)
• Others	3 (1)
	Total: 287 (100)

About 21% of the respondents are economic operators (food industry, primary producers, advertising, marketing, media, retailers and catering) (see Table 1). Health professionals and consumer organizations each contribute to 5% of the responses, and NGOs to 32%. The total number of contributions from patient and health associations and NGO's (42%) is double the number of contributions from economic operators. There is also a large number of responses from individual EU-citizens (11%), however 80% of these responses are from just one country (Italy) and the content of those responses was quite similar.

3. STRUCTURES AND TOOLS AT COMMUNITY LEVEL

3.1 HEALTH ACROSS EU POLICIES (IV.3)

Preventing overweight, obesity and chronic diseases implies an integrated approach to fostering health, an approach that combines the promotion of healthy lifestyles with actions aimed at addressing social and economic inequalities and the physical environment, and with a commitment to pursue health objectives through other Community policies.

Contributions the Community policies might make

The responses to the Green Paper indicated that the main contribution the Community could make concerns an integrated multi-sector approach [i,1] Not only should health be integrated in other policy areas, such as agriculture, transport and urban planning, but the involvement of a variety of different stakeholders across national, regional and local levels, is also considered to be essential. In this respect the European Platform for Action on Diet, Physical Activity and Health is mentioned more than once as an example of cross-sector dialogue.

It was also suggested that there is a need for consistency and harmonization among policies, for EU coordination of actions, for collection and exchange of best practices across Member States and for evidence-based guidelines for nutrition and physical activity.

As mentioned before, general incorporation of health in all related areas of policy is highly recommended[2]. In particular the reformulation of the Common Agricultural Policy (CAP) is cited frequently by various sectors[3]. The general view is that the CAP should be directed to support healthy diets and to take into account public health priorities. Subsidies such as those on the promotion of (local) production of fruit and vegetables, and to switch support from animal-based products to plant-based products are just a few of the examples mentioned. Other important policies that are highlighted are transport and urban planning[4]. It is suggested that in order to increase physical activity, the present policies on these fields should be modified.

Concrete contributions that Community policies might make in relation to either nutrition[5] or physical activity and sports[6] include the establishment of a comprehensive and integrated food and nutrition policy, the development of a coherent sports policy, and the promotion of everyday physical activity in health and education policies. Environmental actions mostly refer to physical activity and sport[7], such as access to and availability of areas for exercise, and to prioritization of safe walkways and cycle paths. The regulation of advertising is also often cited[8], in particular of advertising aimed at vulnerable groups such as children and adolescents. Amendment of the Television Without Frontiers (TWF) directive has been mentioned several times.

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[1] Acronyms of respondents are grouped per endnote in ANNEX 4. In ANNEX 5 the acronyms of the respondents are ordered in alphabetical order.

Contributions with respect to fruit and vegetables

Many suggestions were provided as to the kind of Community or national measure that might contribute towards improving the attractiveness, availability, accessibility and affordability of fruit and vegetables. Most frequently suggested measures relate to the affordability of fruit and vegetables[9] and the availability of (free) fruit and vegetables for children at schools[10]. It was suggested that other locations where fruit and vegetables should be promoted or made available are the work place, hospitals and supermarkets[11]. Besides children, low-income households are a group that needs special attention[12]. There is also strong support and encouragement of local fruit and vegetable production (including the promotion of home-grown products)[13].

About half of the contributions regarding fruit and vegetable consumption relate to policy measures such as the collaboration of health and agricultural sectors or the promotion of fruit and vegetables via pan-European advertising campaigns, community programs on usage of fruit and vegetables, or websites. A few respondents specifically cite a role for the food and drink industry in developing, promoting and supplying more healthy foods[14]. A few times subsidies or tax reductions on fruit and vegetables are suggested for socio-economically vulnerable groups[12] and remote EU areas[15].

The attractiveness of fruit and vegetables might be improved through education programs at schools and work places or by local cooking classes[16], and by promotion of fruit and vegetables through advertising and marketing[17]. The need for more research is indicated with respect to topics as the effect of in-store promotion of fruit and vegetables, social marketing interventions, cost-effectiveness analysis and health impacts.

Areas on which more research is needed

The most cited area for further research concerns consumer behaviour and consumer understanding[18]. Questions such as “What determines food choice?”, “What impact do parents have on children?” and “What is the impact of marketing and environment on human behaviour?” are often raised. A second main area relates to methodological issues[19], in particular to tools for the evaluation of interventions, for assessing the (health) impact (HIA, Health Impact Assessment) of Community policies, and for monitoring of programs.

In the area of physical activity and sports[20], the need for further research on the impact of the spatial environment on the level of physical activity, and on the effectiveness of different types of long-term interventions of (non) participation in sport was identified.

In the area of nutrition, it was indicated that there should be a continuous monitoring of intake of foods and nutrients for the whole population, but also of nutritional status[21]. Sometimes specific target groups are indicated such as children, youth, older people, minority ethnic groups or socio-economic vulnerable groups. Some respondents[22] suggest performing more research on the effects of portion sizes, and others believe that more research is needed on the relation between diet and health[23].

Several respondents suggested more research on issues related to education, dissemination and marketing[24]. Examples are research on effective health promotion, on how to increase

common knowledge on diet and physical activity and on food labelling, on how to make fruits and vegetables more attractive to consumers, and on how to communicate to different target groups.

A few respondents highlight the relationship between mental health and overweight/obesity[25], the treatment of obesity[26], or the collection and (economic) evaluation of information on incidence and mortality from diseases targeted by preventive health promotion[27].

3.2 THE PUBLIC HEALTH ACTION PROGRAMME (IV.4)

A summary of the responses relating to the public health action programme is grouped here by specific topic.

Standardization of methods and development of common indicators
The availability and comparability of data on obesity would be improved by standardizing of the methods of data collection[28]. Standardization is needed in relation to the type of data collected as well as for the assessment methods. With regard to the type of data, internationally accepted criteria for overweight and obesity should be used (e.g. those of IOTF for children). In addition common indicators for health, diet, and physical activity should be developed. With regard to the assessment methods, standardization is needed for the collection (questionnaires vs. anthropometrical or biomedical measurements), merging and processing of data. Specific advice on this issue includes the formulation and dissemination of recommendations for weight and other anthropometric measurements, the performance of actual measurements rather than making use of self-reported data, the use of uniform registration systems, etc.

Monitoring systems
Monitoring systems for diet, physical activity or obesity should be developed and implemented or expanded[29]. Monitoring can be performed through systematic detection and monitoring of subjects via health care services, schools or (national) surveys. Children are considered as an important target group for monitoring[30]. Other target groups that are mentioned are (low) socio-economic groups[31], the elderly[32] and ethnic minorities[33].

Integration and dissemination of data
According to many respondents[34], the Public Health Action Programme should be used to support further integration and dissemination of data. Concrete actions might include the provision of funding for combining datasets and re-analysis (secondary analysis), development of a common website, or development of a network of Public Health Centres.

Identification and dissemination of best practice
The Public Health Action Programme should identify and disseminate good practice and successful interventions. In order to increase awareness amongst decision makers, health impact assessment (HIA) and cost-benefit analyses of policies and interventions should be undertaken[35]. In addition the Public Health Action Programme should support dissemination

of good practice among decision makers, health professionals, education and the general public, across different Member States.

Improving linkages between sectors
The Public Health Action Programme should strengthen linkages between sectors, such as policy, science, education and health care. The Public Health Action programme should support dissemination through networks such as the HEPA (Health Enhancing Physical Activity) and NPA (Nutrition and Physical Activity) networks. In addition, the Public Health Action Programme could co-fund seminars, expert meetings, etc.[36].

Clear, consistent messages
With regard to raising public awareness, a frequently made remark is that messages should be clear and consistent and evidence-based[37]. Some respondents think the focus should be on positive messages. Other respondents stress the importance of practical advice and 'interpretation' of messages for specific audiences.

Appropriate dissemination channels for the existing evidence
With regard to the best dissemination channels for the existing evidence, the responses suggest that a multi channel approach is probably needed to target the messages to specific groups[38]. The dissemination channels that are mentioned most often are the (mass) media (TV, websites, magazines, news papers, etc)[39], the health care sector[40], schools[41], government and other authorities[42].

4. AREAS FOR ACTION

4.1 CONSUMER INFORMATION, ADVERTISING AND MARKETING (V.1)

Consistent nutrition information to consumers about nutrients and foods can be considered, along with relevant consumer education, as the foundation of informed dietary choice.

Type of nutrition information to be provided
Nutrition information should preferably include the 'big eight' (energy, total fat, saturated fat, carbohydrates, (added) sugar, protein, fibre, salt or sodium)[43] and otherwise at least elements thereof[44]. However, *trans* fatty acids[45], some other fatty acids[46] and micronutrients (minerals and vitamins)[47] are also named quite often. Alcohol[48], additives[49], allergens[50], type of protein[51], conservation[52], meat or fruit and vegetable content[53], portion size[54], empty calories[55] and GMOs (genetically modified organisms)[56] were cited occasionally. The indicated rationale for including nutrients relate to their impact on health, e.g. the observed associations between salt and blood pressure, saturated fat and coronary heart disease, energy and overweight. There was not a unified view with respect to whether the nutrition information should be given per 100g[57] or per serving[58]. It was suggested that labelling can be improved using the Guideline Daily Amounts[59].

Nutrition labelling

Nutrition labelling should be mandatory, at least according to consumer organizations and health NGO's[60]. Labelling should be clear, simple, and standardized (whether or not using a format that is prescribed by the EU)[61]. Other suggestions include defining a minimum size of letters to be used, using the country language as first language on the label, and using a visual attractive information system. Many consider the use of a signposting system on the front of the package to indicate nutritional qualities at a glance to be an attractive system[62]. Colour coding (e.g. traffic light) is the most cited example[63]. Some respondents think that all foods should be labelled for nutrition content[64], others suggest doing so only for pre-packed or processed foods[65], but the majority indicates that at least certain food categories should be labelled, including snacks, soft drinks, ready-to-eat meals, "unhealthy" products, convenience foods, and enriched foods[66]. An adapted concept might be developed for labelling of meals in restaurants[67].

Understanding information given on food labels

Education on nutrition and labelling should start at (pre) school age, and should continue throughout the whole school system[68]. However, adults should also be targeted[69]. In this respect it is suggested to launch public campaigns to educate people on nutrition in general and to improve the ability of consumers to interpret the nutrition label[70]. Such campaigns should be pan-European, using various media and/or supported by various stakeholders[71]. Media, websites and leaflets are named as communication channels. Government or public authorities are most often mentioned as being responsible for education, followed by independent bodies or third parties, such as health professionals.

Voluntary codes ("self-regulation") and legislation as tools for limiting the advertising and marketing of energy-dense and micronutrient-poor foods

Most respondents from advertising, manufacturing, catering and retail sector are in favour of self-regulation[72]. However, most respondents from health professionals and the majority of consumer organizations and NGOs do not believe that self-regulation will be effective in limiting advertising of energy-dense and micronutrient-poor foods[73].

Arguments put forward in favour of self-regulation are that self-regulation might be quick and flexible, so it can respond easily to changing demands of society. It was also suggested that what has been agreed on a voluntary basis would have a greater chance of success. Several respondents share the opinion that self-regulation is complementary to legislation and that current self-regulation practices and legislation provide sufficient safeguards for appropriate advertising. Therefore, in their view no further regulations are necessary as long as advertising is decent, honest and truthful.

Many already at this stage call for further regulations concerning the advertising of foods[74]. In particular, a restriction on or even a ban on advertising of ("unhealthy") products to children is considered to be one of the concrete actions that should be taken. The respondents who oppose self-regulation and ask for further regulation do so because they believe that self-regulation will not work adequately. In their view, self-regulation will simply result in recommendations, will probably not take into account the amount of advertising, and will hamper the provision of consistent nutrition information. Furthermore, it may take too long before a clear set of rules might be agreed that is fully supported by both the private and public sector. It is suggested that clear criteria for self-regulatory codes need to be established,

possibly defined in legislation. The EU could have a role in defining the codes, as well as health professionals and the advertising sector.

Effectiveness of self-regulation
One of the most often addressed issues regarding the efficiency of voluntary codes is the need to establish clearly agreed standards[75]. This requires involvement of different stakeholders, including industry and civil society, as efficiency depends on commitment from industry and public credibility. The EASA (European Advertising Standards Alliance) has a self-regulation charter that established ten principles for effective self-regulation. Further development of voluntary codes can be based on this charter and could benefit from the Advertising Round Table initiative set up by the Commission. This initiative is considered to be useful and should be pursued[76].

Monitoring the effectiveness of self-regulation should be the responsibility of independent bodies or government according to most of the respondents[77], including representatives from the manufacturing and retailing sectors as well as NGOs and governments. A few others, however, from the advertising, manufacturing and retailing sectors, consider that it should be the responsibility of industry itself[78]. Monitoring the consumption of specific foods, eating patterns in general, food-purchases and money spent on advertising are mentioned as ways of evaluating the effectiveness of self-regulatory codes. Respondents considered that self-regulation works best when supported by a legal framework, noting adequate sanctions are needed to dissuade non-compliance with the codes. A few times it was stated that effectiveness should not be defined, implemented or monitored, since this would not favour self-regulation.

Measures to protect vulnerable consumers
Several suggestions are made to protect vulnerable consumers from being exploited by advertising, marketing and promotion activities, including the provision of media literacy programmes[79]. The Media Smart Campaign, targeted at 6-12 year old children, is an example of an initiative that it was felt could be adopted by more Member States. Another option is the control of advertising and marketing, specifically aimed at children[80]. Restrictions could be voluntary, and include the control of content and timing of advertisements. Other respondents prefer to go further and advocate a total ban on the advertising of "unhealthy" products, or a ban on all advertising aimed at children[81].

4.2 CONSUMER EDUCATION (V.2)

Enabling consumers to make informed choices
Consumers can only make informed choices if provided them with clear, reliable, consistent, and objective nutritional information[82] through (mass media) campaigns[83] and labelling[84]. In addition to nutritional information, the need to create and raise awareness, increase knowledge, and provide consumers with appropriate skills were indicated[85]. The surrounding environment needs to be supportive for people to make the right choices[86]. Healthy choices should be widely available, accessible and cheaper. Some suggest making use of subsidies, policies or legislation. Besides the important role of schools in education[87], it was suggested

that government and the health professionals should play a key role in educating consumers[88]. The manufacturing sector notes that the food industry is very well placed to provide information about foods to the consumer[89] but also states that individuals should be encouraged to take responsibility for their own health[90].

Contributions public-private partnerships may make toward consumer education
Most respondents are positive about the role that public-private partnerships may play in education, as long as it is carefully scrutinized by public agencies and independent of commercial interest. Public-private partnerships may play a role in education campaigns by i.e. developing, funding, expanding reach or impact of campaigns, and social marketing of health[91]. Funding of i.e. research, local initiatives, production of education material and support of i.e. good policy and information provision are often cited by public organizations, as contributions public-private partnerships may make[92]. In addition, sending out the same message has often been indicated as a useful contribution that public-private partnerships can make[93]. Most contributions addressed clear labelling[94] and education e.g. development of education materials[95]. Nevertheless, some public organizations and NGOs remain completely against the involvement of public-private partnerships or food industry in consumer education[96].

Key messages on nutrition and physical activity
The key messages related to diet are: increase fruit and vegetable consumption[97]; limit total fat and/or saturated fat intake[98]; promotion of a balanced diet[99]; increase consumption of whole grain, starchy or fibre-rich products[100]; reduce consumption of sugar and soft drinks[101]; reduce salt intake[102] and reduce portion size[103].

Key messages related to physical activity are: be (more) active[104]; exercise may include a variety of different activities[105]; physical activity is more than sport;[106] regular exercise is good for mental health[107]; and the importance of emphasizing the "fun effect" of sports[108]. Messages related to both aspects of the energy balance should emphasize the importance of healthy diet and regular exercise and the balance between those components[109]. Other topics that have been mentioned by respondents to be addressed in key messages are "balance between energy intake and energy expenditure"[110], in general "a healthy lifestyle"[111] and "even small changes may have big effects"[112].

Delivering key messages
There is a need for consistent, coherent, simple and clear key messages[113]. The messages should be positively formulated and appropriately targeted to different groups e.g. risk groups, and should be evidence-based. Most respondents are of the opinion that health professionals and health organizations[114], governments[115] or independent/credible bodies[116] should be the key players in bringing the messages. Various distribution channels have been mentioned as school[117], media[118] and parents[119].

4.3 A FOCUS ON CHILDREN AND YOUNG PEOPLE (V.3)

Improving the nutritional value of school meals and home meals
Examples given for improving the nutritional value of school meals are: (a) education programs on healthy diet for children; (b) offering free or subsidized fruit, vegetables and drinking water; (c) training of kitchen staff [for example: less fat, more vegetables]; (d) general guidelines and/or standards for school meals including regular control and enforcement.[120].

Educational programs for parents are considered as the best way to improve the nutritional value of home meals[121]. Activities may include family focused counselling or short courses on healthy diet, by providing the parents with menus, involvement of nutritionists when having contact with parents, and cooking demonstrations. An example given is the website of Jamie Oliver who provides a user-friendly source of advice to parents[122].

Good practice for the provision of physical activity in schools on a regular basis
The following were cited as good practice: (a) a minimal amount of time per week should be spent on physical education: schools should increase the mandatory hours of physical education in the curriculum to at least 3 times per week or to more than 3 hours per week[123]; (b) stimulating sport projects between the school and local sport clubs or associations[124]; (c) taking care of environmental aspects such as safe walking or biking to school [car free zones, safe routes and parking spaces for bikes] and facilities for play and exercise around the school [sport facilities, recreational areas, etc.][125]; (d) governmental guidelines or legislation [126]; and finally (e) involvement of family and community to stimulate physical activity[127].

Good practice for fostering healthy dietary choices at schools
Good practice here is considered to be: (a) banning energy dense snacks and sugar sweetened drinks [soft drinks] from the school premises [no vending machines and no sales in canteens, or at least limiting access][128]; (b) education on healthy diet focused on children; a 'whole school food approach' is suggested with a focus on explaining the concept of labelling [129]; (c) involvement of dieticians or nutritionists at school[130]; (d) free drinking water/fruit[131]; (e) involvement of parents[132].
The importance of developing national or local standards for regulating vending machines and advertising is highlighted. Vending machines and school tuck shops should include healthy foods and drinks and have limited energy dense foods and drinks[133].

Supporting health education efforts made by schools
Financial support could be an important way to help schools with health promotion materials, sports participation, the distribution of school milk or fruit and vegetables. Financial support is expected to be of particular importance to support children from low-income families.

Furthermore the government sector (at the appropriate level) could support the evaluation of school interventions and exchange of best practices[134]. In addition, some respondents mention joint action and activities at local level, such as support from food providers or local sport clubs[135]. However, it was proposed that independent authorities should lead public private partnerships. Involvement of all stakeholders is cited to be important[136].

Some respondents mention restricting access to unhealthy food and restricting food industry activities in schools as ways of supporting health education efforts made by schools[137].

Finally, the creation of a safe environment for physical activity is generally considered essential.

Some respondents mention that the food sector could also support health education in schools financially[138]. However, other respondents explicitly stress the importance of industry not being involved in health education in schools.

The media could help to provide consistent and clear health messages and form positive health attitudes[139], for example, by using role models or cartoons. Many respondents mention restricting advertising in the media[140].

A few respondents make specific suggestions for health services. It is suggested that health services should explore, with industry, programmes to make fruit and vegetables more available[141]. Furthermore, it is suggested that health authorities should work together with information authorities to raise awareness among consumers and to agree on targets to be achieved and methods to be used[142].

4.4. FOOD AVAILABILITY, PHYSICAL ACTIVITY AND HEALTH EDUCATION AT THE WORK PLACE (V.4)

Work places can be an important setting to promote a healthy diet and physical activity. This paragraph describes the possibilities that employers have, according to the respondents of the Green Paper, to provide an environment that facilitates regular physical activity and a healthy diet.

Strategies for improving healthy eating at work

There are several ways to improve healthy eating in a work setting. The most evident way is to make healthy choices available in the canteens or in vending machines (fruit and vegetables)[143] and reduce the availability of foods high in energy (fat and sugar) and large portion sizes. Provision of healthy meals in canteens might require training of the catering staff or negotiation with an external catering company. In France, there is a program GPEMDA (Groupe Permanent d'Étude des Marchés de Denrées Alimentaires) that particularly addresses how to make healthier meals in canteens of schools and work places but also provides information on the health impact of high fat and high sugar food products.

In order to stimulate the employees to consume the healthier choice products there are several options. First of all the choice for healthier foods can be made more attractive by making it cheaper or offering it for free (e.g. fruit)[144]. Furthermore, labelling of foods (energetic value, fat content) might make it easier for employees to choose healthier food products[145].

Finally, to raise awareness among employees about healthy eating the employer can organize a health promotion campaign or a workshop[146]. Training of and guidelines for catering staff, quality control of caterers and guidelines for healthy food in canteens[147] can support and encourage employers to improve healthy eating in the work setting.

Strategies for improving physical activity at work
Improving physical activity at work can be done by stimulating sporting activities or daily physical activity in or around the work site or by stimulating walking or biking to and from work[148]. The provision of onsite sport-facilities, including good changing and showering facilities may be an effective way to improve physical activity at the work place[149]. If onsite facilities are not an option, employers can also provide free or discounted memberships for sport facilities in the neighbourhood[150]. The introduction of flexible working hours[151] and the possibility of longer lunch breaks might stimulate sport activity during the day[152]. Employers can take responsibility for disseminating good practices for physical activity to their employees by e.g. organizing seminars and workshops on incorporating regular physical activity in daily life[153], distributing posters and leaflets (take the stairs instead of the elevator)[154], provide attractive stairwells[155], provide sport activities (charity runs or sport competition)[156] or providing instructions for physical activity or information on health and well-being e.g. through email and internet bulletins[157]. In order to stimulate biking or walking to work the employer can provide places to store bikes, provide free bikes, decrease insurance premiums for bikers, or change the dress code to more informal. The employers can also make car use less attractive, by reducing the amount of parking space, or reduce subsidy of travel expenses. Although employers often do not have the power to influence this, the built environment around the work site can determine the attractiveness of active transport[158].

4.5. BUILDING OVERWEIGHT AND OBESITY PREVENTION AND TREATMENT INTO HEALTH SERVICES (V.5)

The health care setting can play an important role in improving patients' knowledge and awareness of the importance of diet and physical activity for their health. Lifestyle interventions through the health care setting are therefore potentially effective. This paragraph describes measures and conditions that can be addressed, according to the respondents of the Green Paper, to ensure a stronger integration of health promotion interventions directed at diet and physical activity into health services.

Important conditions: education of staff and compensation of time
One of the most important measures to ensure health promotion in the health care setting is training of health professionals about the health impact of nutrition and physical activity on health during their professional and/or post graduate training[159]. Specific areas identified in which more training is needed are health promotion, (treatment of) obesity, and communication and motivational skills. Respondents believe that without proper education the professional is not capable of providing health promotion to his patients. A potential barrier for lifestyle interventions by physicians is the fact that it is costly and time consuming. However, it is suggested that this could be overcome if health insurance companies are integrated[160].

Integrated approach: overweight prevention among all care providers
Most if not all health care providers should give health promotion. That means that it should have a place in primary care, in hospitals and in long-term care[161]. In particular, health promotion in primary care is considered important, because it is easily accessible.

Cooperation and dissemination within the health sector could be improved by forming multidisciplinary working groups, using clear referral pathways, better use of nutrition and physical activity specialists, and improved cooperation between health centres (hospitals, nursing homes etc.)[162]. In addition it is suggested that the health sector should strengthen its cooperation with researchers, local community and policy makers, schools and other stakeholders[163].

If appropriate, lifestyle advice should be incorporated into the treatment of disease or as part of rehabilitation. Besides education, physicians can also refer their patients to a dietician or a local sport facility or provide (group) counselling on a regular basis[164]. Furthermore, health care settings can be used for media campaigns for the general population or high-risk groups[165] as well as for the screening of obesity and early identification of cardiovascular risk factors[166].

Doctors/health services as role models
Some respondents[167] indicated that health professionals should be role models for their patients and/or that health services should be a role model for other workplaces. Thus, health services should promote healthy lifestyle among their staff, and make provisions to enable healthy diets and physical activity for their staff, patients and visitors (e.g. travel plans, sporting opportunities, etc.).

4.6 ADDRESSING THE OBESOGENIC ENVIRONMENT TO STIMULATE PHYSICAL ACTIVITY (V.6)

In order to make people regularly active, physical activity promotion should focus on activities that are easily built into daily routine (e.g. walking or cycling to work instead of taking the car). Transport and urban planning policies can ensure safe and pleasant walking and cycling. This paragraph addresses ways that, according to the respondents, public policies can contribute to ensure that physical activity is built into daily routines and describes measures that foster the development of environments conducive to physical activity.

Accessible and safe recreational facilities in neighbourhood
There are several measures that can be taken to address the obesogenic environment.

First of all, providing sufficient facilities can encourage physical activity. The most obvious measure is the provision of safe cycling and walking paths[168]. Reducing the rate for rental bikes and providing bike-parking facilities can further support this. Secondly it is considered that the availability of parks, playgrounds and other public places that are safe, well lit, clean and attractive will encourage physical activity in the neighbourhood[169]. Thirdly, the availability and accessibility (low cost, flexible opening hours) of sports facilities such as swimming pools and fitness centres in the neighbourhood, or near public transport links may encourage physical activity[170]. Sport initiatives in the community can also increase physical activity, e.g. by dog walking services, walking buses and cultural events in parks[171]. Such initiatives are generally more easily organized with financial support from the local government. Apart from accessibility, safety is also an important condition for encouraging

physical activity. Road safety as well as personal safety needs to be addressed when seeking to increase levels of cycling and walking[172]. Road safety may be increased by the reduction of speed limits and the control of traffic for certain areas, e.g. around schools and in residential areas.

Discouraging car use and encouraging active and public transport
Discouraging car use by increasing the cost of petrol, removing mileage allowances or taxes on road use may also lead to more use of slow transport or public transport[173]. Both will lead to increase in physical activity in daily life. The use of public transport can be stimulated by making it cheaper, by providing bike carriages on trains, free parking places for bikes and by situating sports facilities near public transport links[174].

Physical activity promotion by in- and outdoor facilities
Other suggested ways of building exercise into a daily routine is to encourage the use of stairs rather than elevators or escalators[175]. This requires stairs to be prominent, accessible and well lit. Also sports facilities within the building will support indoor physical activity[176]. These facilities can be provided at the work place (gyms, showers, parking lots for bicycles) or at school (walking buses, more physical education classes, playgrounds).

Financial incentives
Physical activity could also be promoted by financial incentives[177]. On an individual level this could consist of free or subsidized services, bonuses for healthy transport and incentives from insurance companies (e.g. physical activity prescriptions). On a more general level this may imply that sufficient funds should be provided to local authorities to implement policies and provide facilities, such as playing fields.

Promotion of physical activity is also an issue for other sectors
From the above it becomes apparent that increasing physical activity cannot solely be performed by the health sector[178]. In particular, urban planning, transport and housing are important sectors that can play an important role in promoting physical activity in daily life. It is considered that authorities at EU, national and local levels should cooperate and support each other when implementing these kinds of policies. To better account for the effects of other policies on health aspects, health impact assessments may be useful[179]. Health impact assessments should be part of transport, planning, housing and other policymaking.

4.7 ADDRESSING SOCIO-ECONOMIC INEQUALITIES (V.7)

Unhealthy behaviour cannot be considered separately from the environment in which people live, work and participate in recreational activities. It is noted that certain neighbourhoods can discourage physical activity because of safety reasons or lack of recreation facilities and may affect disadvantaged people more, because they are more dependent on their direct environment. Furthermore low levels of education and poorer access to relevant information reduce the capacity to make informed choices. This section addresses measures that, according to the respondents, can be taken to promote healthy diets and physical activity among disadvantaged groups. Furthermore, it addresses measures to be taken to counteract

clustering of unhealthy lifestyle habits. The measures can be generally divided into environmental and health education measures.

Environmental measures to address socio-economic inequalities
Environmental measures mentioned by the respondents with a potentially important impact are pricing policies[180] and improvement of quality and accessibility of local facilities[181]. Examples of the latter are near-by playgrounds, access to school based facilities outside school hours, attractive and safe layout of the neighbourhood (urban planning), food coops and community gardens in disadvantaged areas. Potentially effective examples of pricing policies that stimulate consumption of fruit and vegetables and regular physical activity among subjects with a disadvantaged socio-economic status are: free fruit and free healthy meals in schools, in hospitals or at workplaces, reducing prices of healthier food options, fiscal policies on fruit and vegetables, free or at least affordable facilities for exercise or play.

Health education measures to address socio-economic inequalities
Health education is important for the general public, but more specifically for those with a low socio-economic position. Health education can be focused on the promotion of affordable healthier foods, but also on learning cooking skills. Raising awareness and changing attitudes are considered prerequisites for change in lifestyle and should therefore receive special attention[182]. Young people in particular are an important target group since they may benefit throughout their lives. It is suggested that role models[183] are used among this age group and special attention is given to the prevention of alcohol abuse and binge drinking[184]. Another important target group is the unemployed[185]. Nutrition education should be tailored, using a bottom up approach and preferably run at the local level, with local parties involved (e.g. community interventions)[186].

Addressing clustering of unhealthy habits
Only a few respondents commented on this item, but most of them emphasize the importance of a comprehensive and holistic approach to address the clustering of unhealthy behaviours[187]. This approach should be targeted at different subgroups of society and tailored to their specific situations. Tackling clustering of unhealthy habits is considered to be beyond the scope of only public health and should also involve strategies to cancel out poverty. The 'healthy choice' should become the 'affordable, available and attractive choice'[188]. Health impact assessment (HIA) is considered appropriate to address the effects of policy on health status of lower socio economic groups[189]. Finally more research is needed to investigate determinants of clustering of unhealthy behaviour[190].

4.8 FOSTERING AN INTEGRATED AND COMPREHENSIVE APPROACH TOWARDS THE PROMOTION OF HEALTHY DIETS AND PHYSICAL ACTIVITY (V.8)

In order to make the healthy choice the available, affordable and attractive choice, a coherent and comprehensive approach is needed involving relevant policies at local, regional, national and European levels. These approaches should be sensitive to gender, socio-economic and cultural differences and include a life-course perspective. This section addresses the most

important elements of an integrated and comprehensive approach towards the promotion of healthy diets and physical activity at the national and Community level according to respondents.

Division of roles at the Community, national and local level

In order to foster an integrated and comprehensive approach towards healthy diets and physical activity it is crucial that Community and national policies complement each other. The Community can set up a framework for action, whereas national (or local) authorities can set up strategies and action plans, and oversee implementation. Action at the (sub) national level is especially important to ensure policies are tailored to cultural, social and environmental circumstances and citizen involvement. Some concern is expressed about potentially restricting national rights or self-regulation[191]. Inter-sectoral collaboration, e.g. between governments, public health agencies, NGOs, education, sports and recreational sectors at European and national level is considered very important. Involvement of all stakeholders is important, including the private sector. The European community could regulate the involvement of (private) stakeholders[192].

Important roles for the Community

Respondents have suggested several roles for the Community. Firstly, the Community could support health promotion campaigns aimed at increasing knowledge and raising awareness about healthy lifestyles, and make sure consistent, unambiguous messages are disseminated across the EU[193]. Secondly, many respondents regard health impact assessment of all Community policies as an important element. For example, the European policies influence the price and availability of (healthy) foods. To make the healthy choice more affordable restructuring of food subsidies and CAP might be necessary[194]. Tools for assessing the impact of other policies on nutritional health and physical activity ('Health Impact Assessment') should be developed and applied[195]. Thirdly, the Community could support evaluation of interventions and programs locally, nationally and EU-wide and consequently could support dissemination of best practices across Europe (through strengthening of European networks), develop criteria for the guidelines, for data collection and finally data analysis[196]. Fourthly, the Community can play a role through legislation. Food labelling, health claims, advertising and marketing and breast-feeding, are a few of the areas where EU legislation may be required[197]. Finally, the Community could support research (by coordination and financing) at the European level[198].

4.9 RECOMMENDATIONS FOR NUTRIENT INTAKES AND FOR THE DEVELOPMENT OF FOOD-BASED DIETARY GUIDELINES (V.9)

Food-based dietary guidelines at a EU level or at a national level

Many have expressed the need for general, neutral, simple and flexible FBDGs (food-based dietary guidelines) at a European level so that they can be adapted to different cultures, regions and countries[199]. The US pyramid model was mentioned as a good example that allows different foods from different cultures to be slotted into the various segments.

Some respondents consider the attention to social and cultural variation as over-stated and therefore for them EU-wide food-based dietary guidelines would be sufficient[200]. However, the majority of respondents indicated that common FBDGs at EU level are difficult to establish, not appropriate, not desirable or even not meaningful. They explicitly indicate that FBDGs should be provided at national level to account for social and cultural differences[201]. Although five national governments advocate for EU-wide dietary recommendations, translations into FBDGs is suggested to take place at Member State level[202].

Process of FBDG development

Food-based dietary guidelines should be scientifically based[203]. The costs of promoted diets should be investigated so that they are affordable to all social-economic groups[204]. A common methodology for assessment of food intake should be developed at EU level to successfully take into account social and cultural differences[205]. EFSA (European Food Safety Authority) should play an important role in the process of FBDG development[206].

How gaps between proposed nutrient targets and actual consumption patterns might be overcome

Gaps between proposed nutrient targets and actual consumption patterns might be bridged by a (1) clearer labelling[207] and by (2) more positive simple and clear messages on recommendations[208]. Several respondents addressed (3) appropriate information and nutritional education to consumers as the solution to close the gap[209]. (4) Tighter control over advertising and promotion and, (5) limitations regarding advertising and marketing aimed at children as useful mechanisms to overcome the gap[210]. (6) Statutory maximum permitted levels for key nutrients (e.g. salt, sugar, fat) in processed foods [211]and (7) further harmonization of food supplement legislation on European level [212]are also considered as appropriate measures. (8) Healthy food policies and (9) stricter foods standards in schools [213] are frequently addressed. Sometimes (10) the availability of foods (e.g. fruit and vegetables) can be improved [214]but also (11) pricing policies [215] or (12) subsidies on healthy foods may overcome the gap[216]. (13) Product reformulation as reduction of fat, sugar and salt levels might also be helpful[217].

More research is necessary on e.g. actual consumption, nutrient targets, identifying key foods responsible for the gap and obstacles preventing consumers from following nutritional guidelines[218]. Special attention should be given to vulnerable and high-risk groups[219].

Communication of dietary guidelines to consumers

Nutritional labelling is considered as an important way to communicate dietary guidelines to consumers[220]. Labelling may include guidance on GDA (Guideline Daily Amount) [221]and should consist of simple, front of pack nutritional information[222]. Signposting systems are considered as attractive approaches[223]. The needs for harmonized food labelling and improved labelling legislation are also highlighted[224].

Information campaigns and in particular mass media campaigns are considered important ways to communicate dietary guidelines to consumers[225]. Communication channels mentioned more frequently are the internet[226], printed media [227] and radio[228]. The need to make use of multiple communication channels was also expressed[229]. Finally, individually tailored advice[230] and interactive communication are also important communication tools[231].

Respondents believe that it is mainly health professionals[232], education authorities[233], government[234], and health services[235] that should communicate dietary guidelines to consumers. Dietary guidelines should be communicated through clear, consistent, simple, positive messages[236]. More research is needed on the ability of consumers to interpret and act on the guidelines[237].

Nutrient profile scoring systems (NPSS)
About one quarter of the respondents, mainly from the public sector, do not support NPSS because NPSS categorize products in 'bad' and 'good' foods, which is in conflict with the basic nutrition principle that it is the combination and amount of foods eaten that counts[238]. A similar number of respondents are concerned about NPSS[239]. They suggest that such a system needs more research e.g. to determine which nutrients should be targeted, should not be used to decide which foods can be advertised and marketed and, should not make comparison across food categories. Finally, it was substantiated that the UK model has been developed as a means of restricting adverts for certain food to children and therefore has limited potential for developing other uses. It was suggested that the UK NPSS project should be evaluated to test the impact in practice[240].

However, the majority of respondents favour NPSS and some of them give suggestions of ways in which it could contribute to communication of dietary guidelines to consumers[241]. They indicate that the potentials of NPSS are obvious: (1) NPSS could be used to enforce restrictions in the use of health and nutrition claims[242] or help guide these claims *within* product categories[243]; (2) NPSS could be used to design a simple, coherent, clear and consistent common EU nutrition label[244]; (3) NPSS could be used to limit advertising/marketing of 'unhealthy' foods to children[245]; (4) NPSS could be used to develop more consistent and clearer messages to consumers[246]; (5) NPSS might encourage and promote 'healthier' product development [247] which will increase 'healthier' consumer choices[248].

4.10 COOPERATION BEYOND THE EUROPEAN UNION (V.10)

Support for exchange of experiences and best practices
The overwhelming majority of the respondents support the exchange of experiences and best practices beyond the EU[249]. Many respondents mention in particular that the Commission should sustain and/or intensify its collaboration with WHO CODEX[250]. It was also indicated that the Commission should convey a strong message and an action plan for the Ministerial Conference in Istanbul, November 2006[251]. Exchange of experiences and best practices with the USA is also mentioned quite often[252]. Another important issue raised by the respondents concerns the communication within the EU and the strengthening of European networks[253].

Conditions for exchange experiences and best practices
Exchange of information with non-EU countries may only be useful when the cultural and/or political conditions are comparable and/or when differences in circumstances are taken into account[254].

Means of dissemination
Strengthening cooperation between European and non-European networks[255], meetings of policy makers[256], and exchange programs for health professionals[257] are some of the suggested means of dissemination.

4.11 OTHER ISSUES (V.11)

This section describes issues that, according to the respondents, are not addressed in the Green Paper, but need consideration when looking at the European dimension of the promotion of diet, physical activity and health. It also describes the priorities that respondents give to the issues that are addressed in the Green Paper.

Insufficiently addressed issues
According to several breastfeeding organizations, individuals supporting the view of the World Alliance for Breastfeeding Action, and some other respondents, more attention should have been paid to the promotion and support of breastfeeding in the Green Paper[258] as breastfeeding can play a role in the prevention of overweight later on in life. Furthermore, several organizations in the field of physical activity believe that physical activity in general and sports in particular could have received more attention[259]. They consider physical activity as the most important issue and believe it should receive highest priority. Target groups that received too little attention in the Green Paper are the elderly, women, minority groups, post-educational leavers and the family or community as a whole[260]. Furthermore, it is stated that the focus of the Green Paper is too much on obesity and would have been strengthened if, besides overweight, more references and linkages were made to chronic diseases (as the title of the Green Paper suggests). Heart Associations mainly addressed this[261].

Finally, issues under-reported in the Green paper are the relation between nutrition (and physical activity) and mental health (mainly raised by academia and governments)[262], malnutrition and deficiencies [263], alcohol and supplements[264].

Priorities: children, education, multi-policy approach and research
Many respondents mention that priority should be given to the children[265], not only because this is an important group for prevention (‘what is learnt in the cradle lasts to the tomb’) but also as this will benefit them throughout their lives. In addition, many respondents mentioned education as a first priority[266]. For people to adopt a healthy lifestyle, education on diet, physical activity and health is essential. Education needs to be targeted and may be embedded in school education. The message should be clear, consistent and unbiased. European Guideline Daily Amounts might be useful[267]. One of the measures to provide clear information to consumers is labelling of products. NGOs, consumer organizations and government, proposed the use of mandatory standardized nutrition labelling, for example “traffic lights”[268].

In addition, the actual adoption of a healthy lifestyle should be facilitated. This can be done using pricing policies, by increasing the availability of healthy foods (e.g. fruit and vegetables), or by changing the composition of products[269]. Besides enabling people to make

healthy dietary choices, the physical environment could be made conducive to a healthy lifestyle and encourage people to engage safely in physical activity[270]. According to many NGOs, national governments and consumer organizations, priority should further be given to incorporating nutrition and physical activity into policies other than health, including agricultural, transport and spatial planning policies[271]. In particular the common agricultural policy should be reformed, for example by providing subsidies on healthier foods. The approach to reducing overweight should be multi-factorial (nutrition and physical activity), pay attention to primary, secondary and tertiary prevention, and make use of multiple strategies and integrated action from different stakeholders[272]. Many respondents (mostly manufacturing organizations, government or consumer organizations) believe research is the first priority[273]. Specific research topics mentioned are behavioural change, consumer behaviour, identification of (cost-) effective measures, and monitoring. Other priorities mentioned by respondents include: avoiding social-economic inequalities, supporting and implementing interventions, and promoting community involvement.

There is consensus about most, but not all priorities. One of the most controversial issues is the regulation of advertising and marketing. Regulation of advertising and marketing, whether or not through legislation, do many NGOs, consumer organizations and governments consider a priority issue[274]. They believe that the advertisement and marketing of unhealthy products (high in fat, sugar and/or salt) particularly aimed at children should be regulated or even banned. However, organizations from advertising and manufacturing sectors consider bans or restrictions on advertising as ineffective[275].

Annex 1: Number of contributions per question block as used in the Green Paper (question blocks: IV.3 and IV.4, V.1 up to V.11)

Blocks	Total number
• Health across EU policies (IV.3.)	
a) concrete contributions	152
b) fruit and vegetables	95
c) research areas	121
• The Public Health Action Programme (IV.4.)	94
a) availability and comparability data	120
b) raising awareness and dissemination channels	
• Consumer information, advertising and Marketing (V.1.)	
a) major nutrients	123
b) education with respect to labeling	114
c) voluntary codes	134
d) effectiveness self-regulation	102
• Consumer education (V.2.)	
a) enabling informed choices	138
b) contribution public-private partnerships	109
c) key messages	131
• A focus on children and young people (V.3.)	
a) nutritional value of school meals	175
b) good practice physical activity at school	167
c) good practice healthy dietary choices	145
d) support media, civil society and industry in health education	141
• Food availability, physical activity and health education at the work place (V.4.)	
a) canteen meals	103
b) physical activity during after work	105
• Building overweight and obesity prevention and treatment into health services (V.5.)	98
• Addressing the obesogenic environment (V.6.)	111
• Socio-economic inequalities (V.7.)	168
• Fostering an integrated and comprehensive approach towards the promotion of healthy diets and physical activity (V.8.)	94
• Recommendations for nutrient intakes and for the prevention of food-based dietary guidelines (V.9.)	
a) social and cultural variation	83
b) gaps nutrient targets and consumption	68
c) communication dietary guidelines	74
d) nutrient profile scoring systems	64
• Cooperation beyond the European Union (V.10.)	75
• Other Issues (V.11.)	194

ANNEX 2: Number of contributions by type of organization and by area/country (n)

	Government (national, regional, local)	Academia/Research Institutes	Health Professionals	Advertising/ Marketing/ Media	Food industry/ Primary producers/ Sports Industry/ Pharmaceutical Industry	Retailers	Catering	Consumer Organizations	NGOs	Others[1]	Total
Worldwide	1	1	-	2	8	-	-	-	6	-	18 (6%)
European	1	5	3	6	13	4	3	2	18	1	56 (20%)
Several countries[2]	-	-	-	-	-	-	-	-	3	-	3 (1%)
EU 15											
• Belgium	2	-	-	-	1	-	-	-	2	-	5 (2%)
• Germany	5	1	3	3	2	3	-	1	11	6	35 (12%)
• France	2	-	-	-	1	-	-	-	4	-	7 (2%)
• Italy	-	1	-	-	-	-	-	1	7	20	29 (10%)
• Luxembourg	-	-	-	-	-	-	-	-	1	-	1 (0%)
• The Netherlands	1	2	-	-	-	-	-	-	3	1	7 (2%)
• Denmark	2	1	-	-	1	-	-	1	3	-	8 (3%)
• Ireland	4	-	3	-	1	-	-	-	2	-	10 (4%)
• United Kingdom	14	8	3	1	4	1	-	4	18	2	55 (19%)
• Greece	-	-	-	1	-	-	-	-	-	-	1 (0%)
• Spain	2	1	-	-	-	-	-	-	-	1	4 (1%)
• Portugal	-	1	-	-	1	-	-	-	-	-	2 (1%)
• Austria	3	1	-	-	1	-	-	-	-	2	7 (2%)
• Finland	2	-	-	1	-	-	-	2	3	-	8 (3%)
• Sweden	3	-	-	-	-	-	-	1	2		6 (2%)

	Government (national, regional, local)	Academia/Research Institutes	Health Professionals	Advertising/ Marketing/ Media	Food industry/ Primary producers/ Sports Industry/ Pharmaceutical Industry	Retailers	Catering	Consumer Organizations	NGOs	Others[1]	Total
EU 10											
• Cyprus	-	-	-	1	-	-	-	-	-	-	1 (0%)
• Estonia	1	-	-	-	1	-	-	-	-	-	2 (1%)
• Hungary	1	-	-	-	-	-	-	1	1	-	3 (1%)
• Latvia	1	-	-	-	-	-	-	-	1	-	2 (1%)
• Lithuania	1	-	-	-	-	-	-	-	-	-	1 (0%)
• Malta	1	-	-	-	-	-	-	-	-	-	1 (0%)
• Poland	1	-	1	-	-	-	-	-	5	1	8 (3%)
• Slovenia	1	-	-	-	-	-	-	-	-	-	1 (0%)
• Slovakia	1	-	-	-	-	-	-	-	-	-	1 (0%)
• Czech Republic	-	-	-	-	-	-	-	-	1	-	1 (0%)
NON EU											
• Norway	1	-	-	-	-	-	-	-	-	-	1 (0%)
• Iceland	1	-	-	-	-	-	-	-	-	-	1 (0%)
• Switzerland	-	2	-	-	-	-	-	-	1		3 (1%)

[1] Includes 32 responses from citizens.
[2] Two contributions represent organizations from the Nordic countries and one contribution represents organizations from Austria, Czech Republic, Finland, France, Germany, Italy, Luxembourg, The Netherlands, Poland, Switzerland.

ANNEX 3: List of respondents (with acronym) by type of organization and by country

Organization	Acronym	Country
Government (National, Regional, Local)		
Århus Kommune	Århus	Denmark
Austrian Federal Chamber Labour	BAK	Austria
Belgian Federal Government	SPF	Belgium
Bundesministerium für Gesundheit und Frauen	AUT GOV	Austria
Bundesregierung der Bundesrepublik Deutschland	DE Gov	Germany
City of Stockholms Executive Office	Stockholm	Sweden
Danish Government	DK Gov	Denmark
Department of Health and Children	IRL DOPHGov	Ireland
EU Working Group on Sport and Health	EUWGSH	EU
Flanders Government	Flanders Gov	Belgium
Food Safety Authority of Ireland	FSAI	Ireland
French Permanent Representation	FR Gov	France
Gesundheitsamt Landkreis Böblingen	LKBöb	Germany
Gloucestershire Food Vision	GFV	UK
Group Premanent d'Etude des Marchés de Denrées Alimentaires	GPEMDA	France
Health and Social Services Committee Wales	Wales HSSGov	UK
Health Service Executive	HSE	Ireland
Hungarian Ministry of Health	Hu HGov	Hungary
Icelandic Consumer Spokesman	ICS	Iceland
Kent Council	Kent Gov	UK
Lithuanian Government	LT Gov	Lithuania
Local Government Association & Local Government International Bureau	LGA & LGIB	UK
Ministerium für Ernährung und Ländlichen Raum Baden-Württemberg	MELR	Germany
Ministeriums für Umwelt und Naturschutz, Landwirtschaft und Verbraucherschutz des Landes Nordrhein-Westfalen	MUNLV	Germany
Ministry of Agriculture, Fisheries and Food	ES AFFGov	Spain
Ministry of Health Malta-Permanent Representative	MT HGov	Malta
Ministry of Health of the Republic of Latvia	LV HGov	Latvia
Ministry of Health of the Republic of Slovenia	SI HGov	Slovenia
Ministry of Health of the Slovak Republic	SK HGov	Slovak Republic
Ministry of Social Affairs and Health in Finland	FI SAGov	Finland
Ministry of Social Affairs of Estonia	EE SAGov	Estonia
National Health Service	NHS	UK
National Nutrition Council Finland	NNC FI	Finland
Netherlands Government	NL Gov	Netherlands
Niedersachsens Ministerium für Soziales (MS) and Ministerium für Landwirtschaft (ML)	MS&ML	Germany
North West Food & Health Task Force	NW_FHTF	UK
North West Physical Activity Task Force	NW_PATF	UK
Norwegian Ministry of Health and Care Services	NO HCSGov	Norway
Permanent Representation of the Republic of Poland	PL Gov	Poland
Programme of Action for Children-Health Service Executive North-West	PAC_HSEB	UK
Regional Health and Physical Activity Coordinator (North West England)	RHPAC	UK
School Food Trust	FOODTRUST	UK

Organization	Acronym	Country
School Fruit and Vegetables Team Governmental Office	SFVT_GO	UK
Scottish Executive and the Department of Health	SEHD	UK
Spanish Food Safety Agency	AESA	Spain
Swedish Association of Local Communities and Regions	SKL	Sweden
Swedish Government	SE Gov	Sweden
West Midlands Obesity Steering Group	WMOSG	UK
West Midlands Regional Health Partnership	WMRHP	UK
Wirtschaftskammer Österreich	WKO	Austria
Women's Health Council	WHC	Ireland
United Nations		
World Health Organisation	WHO	Worldwide
Academia and Research Institutes		
Bissaya Barreto Foundation	FBB	Portugal
Cancer Research UK	CancerResUK	UK
Danish Food and Veterinary Research	DFVF	Denmark
Der Pädagogischen Hochschulen St.Gallen und Rorschach; Kompetenzzentrum Forschung, Entwicklung und andere Dienstleistungen	PHS-PHR	Switzerland
European Health Observatory, Andalucia School of Public Health	EASP	Spain
European Network for Public Health Nutrition	ENPHN	EU
European Policy Centre; Risk Forum	EPC_RF	EU
European Respiratory Society	ERS	EU
Home Economics Department-St Angela's College	HED-AC	UK
Human Nutrition Research	HNR	UK
International Food Policy Research Institute	IFPRI	Worldwide
International Life Sciences Institute Europe	ILSI	EU
Johannes Kepler Universität Linz	JKUL	Austria
Netherlands Institute for Health Promotion and Disease Prevention	NIGZ	Netherlands
North West of England Nutrition and Physical Activity Stakeholders Meeting (1)	NWESM1	UK
North West of England Nutrition and Physical Activity Stakeholders Meeting (2)	NWESM2	UK
Ost-Schweiz: Zentrum für Prävention	ZEPRA	Switzerland
Padua Therapeutic Education Laboratory	LETP	Italy
Policy Research Insititute on Ageing & Ethnicity	PRIAE	EU
Research Centre for the Prevention of Overweight Zwolle	OPOZ	Netherlands
The Nutrition Society	NS	UK
Weight Concern and University College London	UCL	UK
Wellcome Trust	WELLCOME	UK
Working Party 'Lifestyle and other Health Determinants' Technische Universität Dresden	TU-DRESDEN	Germany
Health Professionals		
All Island Community Nutrition and Dietetic Partnership Group	AICN&DPG	Ireland
Arbeitskreis Ernährung in der Gesellschaft anthroposophischer Ärzte in Deutschland	AEGAAD	Germany
British Dietetic Association	BDA	UK
Community Dietitians Republic of Ireland	CDRI	Ireland
Deutsche Netz Gesundheitsfördernder Krankenhäuser e.V.	DNGfK	Germany

Organization	Acronym	Country
European Union Geriatric Medicine Society	EUGMS	EU
Klinik Prinzregent Luitpold in Scheidegg	KPLS	Germany
M&R Genesis Clinic	M&R	Poland
Pharmaceutical Group of the European Union	PGEU	EU
Royal College of Nursing	RCN	UK
Royal College of Physicians	RCP	UK
Standing Committee of European Doctors	CPME	EU
Weight Management Interest Group-Irish Nutrition and Dietetic Institute	WMIG	Ireland

Advertising, Marketing, Media organizations

Advertising Association	AA	UK
Association of Television and Radio Sales Houses	EGTA	EU
Bertelsmann Media Worldwide	BeMeWo	Worldwide
Der Zentralverband der Deutschen Werbewirtschaft	ZAW	Germany
European Advertising Standards	EASA	EU
European Association of Communications Agencies	EACA	EU
European Federation of Magazine Publishers	FAEP	EU
European Newspaper Publishers' Association	ENPA	EU
European Publishers Council	EPC	EU
Finnish Food Marketing Association	FFMA	Finland
German Federation of Magazine Publishers	VDZ	Germany
Moeller Associates	MOELLER	Germany
Project Management & Marketing	PMM	Greece
World Federation of Advertisers	WFA	Worldwide

Food industry, Primary Producers, Sports Industry, Pharmaceutical Industry

American Chamber of Commerce to the European Union	AMCHAM	National
American Peanut Council - European Office	APC	USA
Amway	AMWAY	Worldwide
Bayerischer Bauernverband	BBV	Germany
Cadbury Schweppes	CadS	UK
Comité des Salines de France	CSP	France
Comité Européen des Fabricants de Sucre	CEFS	EU
Committee of Professional Agricultural Organisations in the EU- General Confederation of Agricultural Co-operatives in the EU	COPA_COGECA	EU
Confederation of the food and drink industries of the EU	CIAA	EU
Danish Brewers' Association	DBA	Denmark
DANONE Portugal	DANONE P	Portugal
European Association of Fish Producers Organisations	EAPO	EU
European Dairy Association	EDA	EU
European Federation of Food, Agriculture and Tourism Trade Unions	EFFAT	EU
European Natural Soyfoods Manufacturer Association	ENSA	EU
European Responsible Nutrition Alliance	ERNA	Worldwide
European Salt Producers' Association	ESPA	EU
European Snacks Association	ESA	EU
Federation of European Play Industry	FEPI	EU
Food and Drink Federation	FDF	UK
Food and Drink Industry Ireland	FDII	Ireland
Food Industries Association of Austria	FIAA	Austria

Organization	Acronym	Country
Forum for the fresh produce industry	FRESHFEL	EU
GlaxoSmithKline	GSK	UK
Johnson & Johnson	J&J	Worldwide
Kraft Foods	KRAFT	Worldwide
Nike	Nike	Worldwide
Novartis Medical Nutrition	NMN	Worldwide
Sanofi-Aventis	S_A	Worldwide
The Association of Estonian Food Industry	AEFI	Estonia
Trading Standards Institute	TSI	UK
Unilever	UNILEVER	Worldwide
Union of European Beverages Associations	UEBA	EU
Zentrale zur Bekämpfung unlauteren Wettbewerbs	WBZ	Germany
Retailers		
Andretta Fruchtimport GmbH	ANDRETTA	Germany
Bund für lebensmittelrecht un lebensmittelkunde e.V.	BLL	Germany
Confederation of German Retail / Hauptverband des Deutschen Einzelhandels	HDE	Germany
EuroCommerce	Ecom	EU
European Vending Association	EVA	EU
Sainsbury's	SAINSBURY	UK
Union of groups of independent retailers of Europe	UGAL	EU
Catering organizations		
European Federation of Contract Catering Organisations	FERCO	EU
European Modern Restaurant Association	EMRA	EU
Hotels, Restaurants & Cafés in Europe	HOTREC	EU
Consumer Organizations		
Altroconsumo	ALTROCONSUMO	Italy
Consumer Agency & Ombudsman	CAO	Finland
Danish Consumer Council	DCC	Denmark
European Community of Consumer Cooperatives	EUROCOOP	EU
European Consumers' Organisation	BEUC	EU
Finnish Consumers' Associations	FCA	Finland
Foodaware: the Consumers' Food Group	FOODAWARE	UK
National Association for Consumer Protection in Hungary	NACPH	Hungary
National Consumer Council	NCC_UK	UK
Swedish Consumers' Association	SCA	Sweden
UK Food Commission	UK_FOODCOM	UK
Verbraucherzentrale Bundesverband	VZBV	Germany
WHICH	WHICH	UK
Non-Governmental Organizations		
All-Poland Association of Optimal Brotherhoods; Anna Kazuba	APAOBAK	Poland
All-Poland Association of Optimal Brotherhoods; Jaworzno	WBT_OPTYMALNI	Poland
All-Poland Association of Optimal Brotherhoods; Szprotawa	OSBO	Poland
All-Poland Association of Optimal Brotherhoods; Zuzanna Rzepecka	APAOBZR	Poland
Association Belge des Patients Obèse	BOLD	Belgium
Baby Milk Action	BMA	UK
Bertelsmann Stiftung	BERTELSMANN	Germany

Organization	Acronym	Country
Branch of the All-Poland Association of Optimal Brotherhoods in Łazy	APAOBŁazy	Poland
Breastfeeding Promotion and Protection Association of Latvia	BPPAL	Latvia
Breastfeeding Network	BFN	UK
British Heart Foundation	BHF	UK
British Nutrition Foundation	BNF	UK
BSS Berufsverband Schweizerischer Stillberaterinnen IBCLC	IBCLC	Switzerland
Bund Deutscher Hebammen e.V.	BDH	Germany
Bundesvereinigung für Gesundheit e.V.	BfGe	Germany
Central Council of Physical Recreation	CCPR	UK
Child Growth Foundation	CGF	UK
Claritas Child Rights Protection Association	CLARITAS	UK
COFACE	COFACE	EU
Danish Company Sports Confederation	DFIF	Denmark
Danish Garden Society	HAVEN	Denmark
Danish Gymnastics & Sports Association	DGI	Denmark
Deutsche Sozialversicherung Europavertretung	DSV	Germany
Deutscher Bundestag	Bundestag	Germany
Deutscher Caritasverband	DCV	Germany
Deutscher LandFrauenverband e.V.	DLFV	Germany
Deutscher Sportbund	DSB	Germany
Deutscher Turner-Bund	DTB	Germany
English Premier League	EPL	UK
EU Office of German Sports	EU_SPORTS	EU
Eurohealtnet	EUHN	EU
Europe Region of the World Association of Girl Guides and Girl Scouts	WAGGGS	EU
European Heart Network	EHN	EU
European Hospital and Healthcare Federation	HOPE	EU
European Institute of Women's Health	EIWH	EU
European Lactation Consultant Association	VELB	EU
European Men's Health Forum	EMHF	EU
European Network of Academic Sports Services	ENAS	EU
European Network of regions improving citizens' health	ENRICH	EU
European Nutrition for Health Alliance	ENHA	UK
European Public Health Alliance	EPHA	EU
European Social Insurance Platform	ESIP	wider Europe
Familias del Mundo	FAMILIASMUNDO	Worldwide
Finnish Heart Association	FHA	Finland
Food and Nutrition programme-Finnish national fund for Research and Development	SITRA	Finland
Football Foundation	FFUK	UK
Gruppo Aiuto Allatamento Materno	GAAM	Italy
Heart of Mersey	HoM	UK
Hungarian Heart Foundation	HHF	Hungary
Il Marchio Mangia E Gioca	IMMEG	Italy
Institute Danone CZ	DANONE	Czech Republic
International Code Documentation Centre- International Baby Food Action Network	ICDC_IBFAN	Worldwide
International Diabetes Federation	IDF	Worldwide
International Obesity TaskForce-European Association for the Study of Obesity	IOTF_EASO	EU
International Sport and Culture Association	ISCA	EU
International Union for Health Promotion and Education	IUHPE	Worldwide
Irish Heart Foundation	IHF	Ireland

Organization	Acronym	Country
Italian Aerobic and Fitness Federation	FIAef	Italy
Italian Association of Clubs of Alcoholics in Treatment	AICAT	Italy
Italian Association of Sports for All	UISP	Italy
Italian Task Force	ITF	Italy
La Chaisse Nationale dÁssurance Maladie des Travailleurs Salaries	CNAMTS et CCMSA	Belgium
Landesvereinigung für Gesundheit Bremen	LGB	Germany
Manchester Institute of Sport and Physical Activity.The North West Health and Physical Activity Forum/Urbanwalks UK Ltd	MISPA	UK
Meat and Livestock Commission	MLC	UK
Medusana Stiftung	Medusana	Germany
Movimento Allattamento Materno Italiano, the WABA National Focal Point for Italy	MAMI	Italy
National Childbirth Trust	NCT	UK
National Coalition for Active Ageing	NCAA	UK
National Federation of Women's Institutes	NFWI	UK
National Heart Alliance	NHA	Ireland
National Heart Forum	NHF	UK
National Olympic Committee and National Sports Federation	NOC*NSF	Netherlands
Netherlands Nutrition Centre	NNC_NL	Netherlands
Netherlands Obesity Association	NOV	Netherlands
Nordic Network for associations for outdoor activities/Nordisk Friluftsnettverk	Friluftsradet	Several
Nordic working group for international breastfeeding initiative	NAFIA	Several
NRO; Initiativ Liewensufank asbl	NRO	Luxemburg
Physical Activity Network for the West Midlands	PAN-WM	UK
Régional Jeunesse et Sports de Lille	RJSL	France
Rural Women's Advisory	RWA	Finland
Slovenian Heart Foundation	SHF	EU
Sustrans	Sustrans	UK
Swedish Nursing Mothers Support Group	AMNINGSHJALPEN	Sweden
Swedish Sports Confederation	SSC	Sweden
Task Force Physical activity of the European Platform on Public Health Nutrition	TFP-EUPHN	EU
Union Fémine Civique et Sociale	UFCD	France
Union Nationale des Associations Familiales	UNAF	France
Union Sportive de l' Enseignement du Premier degré	L'USEP	France
Weight Watchers	WW	EU
World Alliance for Breastfeeding Action	WABA	Worldwide
Youth Organization of European Non-Governmental Sport Organisation	ENGSOyouth	EU
Citizens		
Annalisa Piani	A.P	Italy
Antonella Chiurco	A.C	Italy
Carla Gigli	C.G	Italy
Carla Scarsi	C.S	Italy
Chiara Marina Toti	C.M.T	Italy
Christiane Bergmann	C.B	Germany
David Pinder	D.P	UK
Giuditta Mastrototaro	G.M	Italy
Lara Sabbatini	L.S	Italy
Laura Catellarin	L.C	Italy
Luana Tadolini	L.T	Italy
Lynne Kennedy	L.K	UK

Organization	Acronym	Country
Mag Angelika Stocker	M.A.S	Germany
Margherita Locatelli	M.L	Italy
Maria Bonaria Atzori	M.B.A	Italy
Maria Gasparini	M.G	Italy
Maria Jesus San Ceferino	M.J.S.C	Spain
Maria Rita Inglieri	M.R.I	Italy
Meijke R. van Herwijnen	M.R. v H	Netherlands
Monica Pieratelli	M.P	Italy
Ornella Maggiore	O.M	Italy
Paola Martini	P.M	Italy
Patrizia Antimi	P.A	Italy
Presidente Associazione Culturale Pediatri	ACP	Italy
Sandra Winkler	S.W	Germany
Sofia Quintero Romero	S.Q.R	Italy
Tadeusz Wojtaszek	T.W	Poland
Uli Sparringa	U.S	Germany
Univ.Prof. Dr. Kurt Widhalm	K.W	Austria
Ursula Umfahrer Ernahrungsconsultung	U.U.W	Austria
Others		
Pets in Europe	PIE_EU	EU
Plattform Ernährung und Bewegung	PEB	Germany
Verband der Privaten Krankenversicherung e.V.	PKV	Germany

ANNEX 4: Respondents (acronyms) as grouped per endnote [see Annex 5 for full names of respondents]

1. BNF, CCPR, CDRI, EIWH, EPHA, WHO, UNILEVER, ENHA, FAMILIASMUNDO, FBB, FDF, FERCO, HHF, IDF, IHF, Kent Gov, SI Hgov, FI SAGov, ESIP, MT Hgov, PAC_HSEB, PGEU, RCN, RCP, SHF, PAN-WM, SCA, M.S, WKO, NL Gov, Hu Hgov
2. ALTROCONSUMO, BEUC, FOODAWARE, CDRI, DCC, D.P, EASP, EHN, EIWH, ENRICH, UNILEVER, FAMILIASMUNDO, FSAI, ILSI, KRAFT, LGA & LGIB, SI Hgov, SK Hgov, FI SAGov, NHF, NCAA, NHS, NO HCSGov, NWESM2, PL Gov, PGEU, UK_FOODCOM, UEBA, NW_FHTF, WMOSG, WMRHP, CIAA, IUHPE, FR Gov, EVA, NHA, NCT, IRL DOPHGov
3. ALTROCONSUMO, BAK, BEUC, BHF, FOODAWARE, DFVF, EASP, EHN, EPHA, NWESM1, Flanders Gov, FRESHFEL, HNR, HoM, IDF, SK Hgov, MISPA, NHF, NHS, IOTF_EASO, PAC_HSEB, IUHPE, NHA
4. BAK, BNF, EHN, AESA, NWESM1, HSE, LGB, MISPA, NHF, NW_PATF, NO HCSGov, NS, RHPAC, ZEPRA, IUHPE, NHA
5. AICN&DPG, BAK, BNF, FOODAWARE, CDRI, DCC, EDA, EHN, DK Gov, AESA, FRESHFEL, Friluftsradet, MUNLV, IUHPE, APC, NHA, BMA
6. CCPR, EIWH, ENGSOyouth, NWESM1, FAMILIASMUNDO, U_SPORTS, HSE, NCAA, NHS, MT Hgov, NOC*NSF, ZEPRA, FEPI, EUWGSH, AUT GOV
7. BDA, BOLD, HAVEN, DGI, DSV, EHN, K.W, AESA, FDII, FIAef, IDF, SI Hgov, SK Hgov, PGEU, RCP, Sustrans, UEBA, CIAA, IUHPE, AUT GOV, NHA
8. AICN&DPG, ALTROCONSUMO, BAK, BEUC, BHF, C.B, EHN, EPHA, K.W, DK Gov, Flanders Gov, FRESHFEL, FSAI, IDF, Kent Gov, LV Hgov, SK Hgov, NACPH, NHF, NHS, NO HCSGov, ICS, WMIG, IUHPE, NHA, BMA
9. BHF, CDRI, D.P, EHN, ENRICH, ENSA, EPHA, PKV, AESA, FERCO, Flanders Gov, FRESHFEL, Friluftsradet, FSAI, HHF, HoM, IHF, SI Hgov, SK Hgov, FI SAGov, NHF, NS, SPF, CancerResUK, ICS, NWESM2, RCP, SITRA, SCA, UK_FOODCOM, UNAF, WMOSG, WMIG, LT Gov, ITF
10. BAK, CDRI, C.B, UNILEVER, AESA, ANDRETTA, FBB, FRESHFEL, Friluftsradet, FSAI, EE SAGov, NO HCSGov, RCN, FOODTRUST, UCL, WMOSG, WMRHP, WMIG, ZEPRA, NL Gov, WHICH, IRL DOPHGov
11. DK Gov, Flanders Gov, FRESHFEL, IDF, LV Hgov, SI Hgov, FI SAGov, EE SAGov, SPF, PL Gov, UK_FOODCOM, WHICH
12. ALTROCONSUMO, BEUC, SI Hgov, MUNLV, U.U.W, FR Gov
13. FOODAWARE, COFACE, CDRI, D.P, PRIAE, UNILEVER, FAMILIASMUNDO, IDF, Kent Gov, LV Hgov, SI Hgov, SK Hgov, EE SAGov, NS
14. BHF, FDII, NO HCSGov, WHICH
15. IDF
16. BAK, FOODAWARE, ESA, DK Gov, FERCO, FSAI, HNR, Kent Gov, EE SAGov, MISPA, MISPA, UCL, WKO, AUT GOV
17. BAK, BOLD, FOODAWARE, CDRI, D.P, ENRICH, FBB, FERCO, Flanders Gov, SI Hgov, NHF, SPF, CancerResUK, UK_FOODCOM, Hu Hgov, APC, DE Gov, WHICH
18. FOODAWARE, CDRI, D.P, C.B, EASP, ENRICH, EPHA, ESA, DK Gov, AESA, SEDH, NWESM1, FDF, FHA, Flanders Gov, FSAI, IDF, ILSI, Kent Gov, SI Hgov, EE SAGov, MISPA, MLC, NHS, NO HCSGov, NS, CancerResUK, Ecom, NWESM2, SITRA, SCA, UGAL, UEBA, NW_FHTF, UCL, WELLCOME, WMIG, CIAA, NL Gov, Hu Hgov, EVA, DE Gov, EUWGSH, ENPHN
19. ALTROCONSUMO, BEUC, CDRI, DFVF, EHN, TSI, DK Gov, FDII, FRESHFEL, FSAI, HHF, HNR, HoM, IHF, SK Hgov, NHF, NCC_UK, NHS, NO HCSGov, CancerResUK, Ecom, NWESM2, PL Gov, Sustrans, SSC, UK_FOODCOM, UEBA, NW_FHTF, UCL, WELLCOME, M.S, WMIG, CIAA, IUHPE, ENPHN, WHICH, NHA, IRL DOPHGov
20. CadS, CCPR, HAVEN, ENGSOyouth, DK Gov, UNILEVER, UK gov, NWESM1, FERCO, Flanders Gov, Friluftsradet, HoM, HSE, LGB, SK Hgov, MISPA, NW_PATF, NOC*NSF, RHPAC, PAN-WM, Stockholm, SSC, NIKE, AMCHAM
21. CadS, FOODAWARE, Bundestages, DCV, EDA, ESA, UNILEVER, SEDH, FBB, FDF, FSAI, EE SAGov, UEBA, NW_FHTF, CIAA, LT Gov, FR Gov
22. FSAI, WMIG

23. LT Gov, NL Gov
24. BNF, DSB, UNILEVER, FRESHFEL, FSAI, SI Hgov, SK Hgov, MUNLV, NHS, SPF, ICS, NWESM2, RCP, CIAA, COPA_COGECA, IUHPE, FR Gov, BLL, FEPI
25. FSAI, SK Hgov, WMIG, DE Gov
26. UNILEVER, WMIG
27. CadS, FDF, M.S
28. BAK, CDRI, D.P, DNGfK, EASP, ENRICH, ENSA, K.W, PKV, PRIAE, WHO, DK Gov, UNILEVER, AESA, Flanders Gov, FSAI, EU_SPORTS, HoM, SK HGov, EE SAGov, MISPA, NACPH, NCC_UK, NHS, NW_PATF, SPF, Ecom, IOTF_EASO, NWESM2, LETP, PL Gov, RCN, S_A, RHPAC, SITRA, TFP-EUPHN, PAN-WM, UEBA, WMOSG, WMRHP, WMIG, CIAA, LT Gov, SFVT_GO, FR Gov, AUT GOV, BLL
29. CDRI, DFVF, D.P, EASP, ENRICH, SE Gov, WHO, CNAMTS et CMSA,. FBB, FDII, FSAI, HNR, HoM, ILSI, SK HGov, FI SAGov, MISPA, MLC, NCC_UK, NHS, NS, IOTF_EASO, NWESM2, S_A, Stockholm, UCL, WELLCOME, TU-DRESDEN, Hu Hgov, ENPHN, DE Gov, IRL DOPHGov
30. CDRI, DSB, UNILEVER, FBB, FSAI, HNR, HoM, SK HGov, NHS, IOTF_EASO, PL Gov, SITRA, PAN-WM, Stockholm, UK_FOODCOM, WMOSG, WMRHP, CIAA
31. EASP, EMHF, UNILEVER, HNR, SK HGov
32. PRIAE
33. EMHF, HNR
34. BAK, BEUC, BHF, CadS, CDRI, DNGfK, EMHF, ENRICH, FDF, IDF, LV HGov, SK HGov, NO HCSGov, RCP, TFP-EUPHN, SCA, WELLCOME, NL Gov, NHA
35. BEUC, BHF, BNF, FOODAWARE, CDRI, EASP, EHN, EMHF, ENRICH, ESA, PRIAE, UNILEVER, UK gov, FDF, FDII, Flanders Gov, FSAI, EU_SPORTS, HHF, HoM, IDF, IHF, Kent Gov, LGA & LGIB, SI HGov, SK HGov, EE SAGov, MISPA, MLC, NHF, NCAA, NO HCSGov, IOTF_EASO, PGEU, S_A, IUHPE
36. BDA., FOODAWARE, CDRI, EMHF, ENRICH, ENGSOyouth, ESA, WHO, ENHA, FAMILIASMUNDO, FSAI, HHF, HNR, HoM, IDF, IHF, ILSI, Kent Gov, LV HGov, SI HGov, SK HGov, MLC, NHF, SPF, Ecom, NWESM2, S_A, WMOSG, WMRHP, WMIG, Hu HGov, NHA
37. BAK, BEUC, BNF, CadS, CDRI, DSV, ESA, PRIAE, UFCD, DK Gov, ENHA, FDF, HoM, SI HGov, EE SAGov, MISPA, MLC, NACPH, NHS, NS, RCP, RWA, UGAL, UK_FOODCOM, WKO, IUHPE, APC
38. BAK, BDA, BEUC, FOODAWARE, D.P, EASP, ENRICH, ERS, PRIAE, UFCD, DK Gov, UNILEVER, FAMILIASMUNDO, FBB, FDF, FDII, FRESHFEL, Friluftsradet, HHF, HNR, HoM, IDF, Kent Gov, LV HGov, SI HGov, SK HGov, MLC, NACPH, NHF, NCAA, NHS, NRO, NS, SPF, Ecom, NWESM2, PL Gov, PIE_EU, PMM, RCP, S_A, SHF, TFP-EUPHN, Stockholm, SCA, UK_FOODCOM, UEBA, JKUL, WMIG, CIAA, LT Gov, NL Gov, Hu HGov, EUWGSH
39. BEUC, BHF, CCPR, FOODAWARE, D.P, EASP, ENRICH, ENPA, PKV, PRIAE, UNILEVER, AESA, FAMILIASMUNDO, FBB, FDII, FHA, Flanders Gov, FRESHFEL, Friluftsradet, HoM, IDF, Kent Gov, LV HGov, SK HGov, NACPH, NHF, NCC_UK, NRO, NS, Ecom, EPC, NWESM2, PL Gov, PIE_EU, PMM, RCP, S_A, SHF, TFP-EUPHN, Stockholm, UEBA, WMOSG, WMRHP, CIAA, LT Gov, Hu HGov, AUT GOV, BLL
40. BNF, CDRI, D.P, DNGfK, C.B, EASP, ENRICH, ERS, UNILEVER, FAMILIASMUNDO, FBB, FDII, Flanders , Gov, HNR, IDF, Kent Gov, LV HGov, SI HGov, MISPA, NHF, NHS, NW_PATF, NO HCSGov, NRO, Ecom, NWESM2, PL Gov, PIE_EU, PMM, RCP, RHPAC, TFP-, EUPHN, Stockholm, UK_FOODCOM, UEBA, WMIG, CIAA, LT Gov, NL Gov, Hu HGov, IUHPE, EUWGSH
41. BAK, BNF, DCV, ERS, UNILEVER, FAMILIASMUNDO, FBB, FDF, FDII, FHA, IDF, SI HGov, SK HGov, NRO, Ecom, PL Gov, PMM, SITRA, Stockholm, SCA, CIAA, DE Gov, ITF
42. FOODAWARE, D.P, EASP, EHN, ENRICH, SE Gov, DK Gov, FDF, Flanders Gov, FSAI, HHF, HoM, IHF, SI HGov, NACPH, NCAA, SPF, IOTF_EASO, PL Gov, PMM, SHF, Sustrans, SCA, WMIG
43. ALTROCONSUMO, BEUC, NACPH, NCC_UK, CadS, UNILEVER, KRAFT
44. FBB, FSAI, HNR, CancerResUK, EMRA, FERCO, ALTROCONSUMO, BEUC, FOODAWARE, DCC, EUROCOOP, NACPH, NCC_UK, Flanders Gov, SI HGov, SK HGov, FI SAGov, NO HCSGov, PL Gov, Hu HGov, CDRI, WMIG, CadS, ESA, UNILEVER, FDII, KRAFT, COPA_COGECA, BNF, EHN, FHA, HHF, IDF, IHF, MLC, NHF, SITRA, SHF, TFP-EUPHN, WMOSG, WMRHP, Ecom, SAINSBURY, UGAL, HoM, NFWI, IOTF_EASO, WBT_OPTYMALNI, D.P, FRESHFEL, WHO,

NS, BDA, DFIF, SCA, LV HGov, BHF, NHS, AUT GOV, BLL, WHICH, WW, NHA, IRL DOPHGov, ENPHN

45. FSAI, NS, BEUC, NACPH, Flanders Gov, SI HGov, NO HCSGov, TSI, BHF, EHN, HHF, IHF, NHF, SHF, U.U.W, NHA, IRL DOPHGov
46. FSAI, SI HGov, NO HCSGov, LT Gov, DFIF, SITRA, FRESHFEL, APC, WHO, AUT GOV
47. HNR, PMM, FERCO, FOODAWARE, SI HGov, SK HGov, PL Gov, LT Gov, CDRI, FDII, ITRA, T.W, FRESHFEL, VZBV, MUNLV, ENPHN
48. WHO
49. D.P, DFIF, U.U.W
50. M.J.S.C, U.U.W
51. SI HGov, APC
52. PMM
53. HNR, SK HGov
54. NNC_NL, BLL, IRL DOPHGov
55. Hu HGov
56. DFIF
57. EUROCOOP, KRAFT, IDF
58. CDRI, FSAI, KRAFT, SAINSBURY, ESA
59. UNILEVER, EUROCOOP, FDF, KRAFT, EMRA, FERCO, MLC
60. EE SAGov, COFACE, BEUC, MISPA, DCC, NACPH, IHF, HHF, EHN, EUROCOOP, WHICH
61. BOLD, DSV, EMRA, FERCO, BEUC, FOODAWARE, DCC, NACPH, SPF, CDRI, WMIG, CadS, FDF, AMCHAM, EHN, IDF, MLC, NFWI, WAGGGS, M.J.S.C, FRESHFEL, WHO, BLL, WHICH, IRL DOPHGov
62. COFACE, BAK, HNR, EMRA, FERCO, ALTROCONSUMO, BEUC, FOODAWARE, DCC, NACPH, NCC_UK, UK_FOODCOM, Flanders Gov, Kent Gov, FI SAGov, ICS, CDRI, CPME, RCN, RCP, UNILEVER, KRAFT, EHN, FHA, HoM, IHF, NOV, NFWI, NHS, IOTF_EASO, SHF, D.P, FRESHFEL, EUHN, NHA
63. HNR, FERCO, FOODAWARE, NCC_UK, UK_FOODCOM, Kent Gov, CPME, RCP, EHN, HoM, IHF, NOV, IOTF_EASO, FRESHFEL, ITF, BMA
64. EE SAGov, EVA, FDII, HHF, EHN, HNR, SCA, WHICH
65. SEDH, FSAI, Kent Gov, SI HGov, ALTROCONSUMO, RCN, NACPH, BEUC
66. CDRI, D.P, ESA, WHO, FERCO, IDF, NO HCSGov, MT HGov, WAGGGS, UCL, DFIF, HoM, LV HGov, MUNLV, DK Gov
67. DCC, EMRA
68. HED-AC, NNC_NL, DK Gov, EE SAGov, CDRI, EMRA, Flanders Gov, ESA, TSI, BDA, FDII, FFMA, FHA, KRAFT, HDE, IDF, LV HGov, SI HGov, FI SAGov, PL Gov, PMM, SCA, NW_FHTF, IUHPE, BLL, WHICH
69. CDRI, EMRA, FI SAGov, KRAFT, PMM, SCA, PL Gov, EVA, AUT GOV
70. FSAI, BHF, CDRI, CDRI, D.P, NCC_UK, EMRA, PRIAE, FERCO, KRAFT, PMM, DK Gov, AESA, EE SAGov, IRL DOPHGov
71. WKO, BfGe, U.U.W., EMRA, NCC_UK, WAGGGS, WMIG, FSAI, AUT GOV
72. HNR, NS, AA, EACA, EGTA, ENPA, FAEP, EMRA, FERCO, EUROCOOP, SPF, NL Gov, CadS, ENSA, ESA, UNILEVER, FDF, FIAA, GSK, KRAFT, DBA, UEBA, CIAA, BNF, MLC, D.P, FRESHFEL, HDE, Ecom, WHO, EASA, S_A, AMCHAM, FDII, EPC, SAINSBURY, WFA, ZAW, BeMeWo, COFACE, Bundestages, PKV, KPLS, WKO, EVA, JKUL, IRL DOPHGov
73. BDA, BEUC, BHF, FOODAWARE, CAO, EHN, EPHA, TSI, FBB, FSAI, HHF, HoM, Kent Gov, LV HGov, SI HGov, SK HGov, MISPA, MUNLV, NHF, NCC_UK, NOV, UGAL, IOTF_EASO, NWESM2, PGEU, SHF, TFP-EUPHN, UK_FOODCOM, NW_FHTF, WMIG, CDRI, DCC, ENRICH, K.W., NFWI, NIGZ, CancerResUK, RCN, RCP, SCA, UCL, LT Gov, SFVT_GO, Hu HGov, BAK, C.B, FAMILIASMUNDO, EE SAGov, NRO, ZEPRA, VDZ, BfGe, ENPHN, AUT GOV, WHICH, IFPRI, EUHN, NHA, BMA
74. BEUC, BHF, CDRI, DCC, ENRICH, K.W, TSI, FERCO, FRESHFEL, FSAI, HoM, Kent Gov, SI HGov, FI SAGov, MUNLV, NHF, NCC_UK, NOV, NFWI, NHS, NIGZ, CancerResUK, IOTF_EASO, PGEU, RCN, RCP, SCA, UK_FOODCOM, NW_FHTF, UCL, WMIG, LT Gov, SFVT_GO, Hu HGov, WHO, BAK, BfGe, DSV, DK Gov, AESA, VZBV, WBZ, AUT GOV, ITF, NHA

75. EACA, EASA, EGTA, EHN, UNILEVER, EUROCOOP, HHF, IDF, IHF, NS, AMCHAM, DK Gov, WHICH, BMA
76. AA, EACA, EASA, EGTA
77. D.P, EHN, TSI, FDF, HHF, IHF, Kent Gov, NFWI, UGAL, COPA_COGECA, LT Gov, NL Gov, DK Gov, ENPHN, NHA, BMA, IRL DOPHGov
78. AA, ENPA, FDII, HDE, KRAFT
79. AA, ALTROCONSUMO, BEUC, EACA, EASP, EGTA, EMRA, UNILEVER, Flanders Gov, Hu HGov, FAMILIASMUNDO, AUT GOV, IRL DOPHGov
80. BNF, FOODAWARE, CAO, EASP, SE Gov, UNILEVER, EUROCOOP, HNR, Wales HSSGov, NHF, NNC FI, IOTF_EASO, ICS, SCA, WMOSG, WMRHP, SFVT_GO, C.B, IRL DOPHGov
81. ALTROCONSUMO, BEUC, CAO, D.P, TSI, Flanders Gov, NWESM2
82. BDA, FOODAWARE, DCC, D.P, ESA, UFCD, FERCO, Friluftsradet, HDE, HNR, J&J, NCC_UK, Sustrans, UGAL, U.U.W, UNAF, UCL, WHC, COPA_COGECA, AMCHAM, ENPHN, DE Gov, AUT GOV, WHICH, ITF
83. MT HGov, AMWAY, CDRI, LT Gov, FRESHFEL, NIKE, PL Gov, WHO, EMRA, DFIF, NL Gov, Ecom, BHF, DCC, SI HGov, AEFI, T.W, D.P, FOODAWARE, BfGe, COFACE, EE SAGov, VZBV
84. NWESM2, TFP-EUPHN, PGEU, DFVF, KRAFT, NFWI, WMOSG, WMRHP, BDA, EMRA, DCC, WMIG, D.P, NO HCSGov, BHF, SAINSBURY, Wales HSSGov, EASP, LETP, SKL, NS, FSAI, PRIAE, IDF, SK HGov, SI HGov, SITRA, EPHA, DBA, BAK, PKV, DK Gov, EE SAGov, WHICH
85. ALTROCONSUMO, BEUC, DFIF, EASP, TSI, WHO, UNILEVER, ENHA, FDF, Flanders Gov, FSAI, SI HGov, NCC_UK, NMN, NO HCSGov, SPF, BLL, WW, IRL DOPHGov
86. CDRI, DCC, DFIF, EMRA, FSAI, HoM, FI SAGov, MISPA, NOV, NIGZ, RWA, TFP-EUPHN, WHICH
87. BNF, COFACE, DCC, DFIF, DCV, DLFV, EMRA, ENSA, ESA, SE Gov, WHO, UNILEVER, EUROCOOP, FIAA, HNR, MLC, NO HCSGov, RCP, Stockholm, SCA, U.U.W, WHICH, EUHN, IRL DOPHGov
88. AMWAY, CadS, CDRI, EMRA, ENSA, EPHA, ERS, FBB, FDF, FHA, HDE, NFWI
89. CadS, FDF, FIAA, J&J
90. CadS, ESA, FDF, FFMA, CIAA
91. CIAA, D.P, DK Gov, EASP, EGTA, FFMA, FRESHFEL, HNR, IDF, Kent Gov, NFWI, NHF, RCP, SK Hgov
92. PRIAE, FOODAWARE, WMIG, FSAI, KRAFT, NHF, RWA, LT Gov, WW
93. HHF, NOC*NSF, SHF, CDRI, HoM, IHF, NW_FHTF, EHN, DFVF, UGAL, DK Gov, NHA
94. Flanders Gov, Hu HGov, M.J.S.C, SPF
95. ESA, COPA_COGECA, DFIF, SCA, PRIAE, MLC, EASP, NL Gov, FRESHFEL
96. UK_FOODCOM, SFVT_GO, BPPAL, BAK, NRO, BMA
97. BAK, BDA, CDRI, CNAMTS et CCMSA, D.P, ESA, FERCO, FRESHFEL, HNR, HoM, NO HCSGov, NWESM2, , SI HGov, WHO, WHICH, ITF
98. BDA, CDRI, WHO, FERCO, HNR, HoM, SI HGov, NWESM2, BAK, ENPHN, WHICH
99. AEFI, ESPA, WMOSG, WMRHP, TU-DRESDEN, ZAW, AMCHAM, CadS, WKO, ENPHN, BLL
100. BDA, ESA, WHO, FERCO, HNR, HoM, NO HCSGov, ENPHN, WHICH
101. BDA, WHO, HNR, HoM, SI Hgov, ENPHN, WHICH , IRL DOPHGov
102. ESA, FERCO, HNR, HoM, SI HGov, NHS, ENPHN, WHICH
103. CDRI, FERCO, HNR, IRL DOPHGov
104. CDRI, PAN-WM, CNAMTS et CCMSA, ENRICH, ESA, KRAFT
105. CCPR, ENGSOyouth, EU_SPORTS , IRL DOPHGov
106. D.P, TFP-EUPHN, EMRA
107. CCPR, ENGSOyouth, EU_SPORTS, EUWGSH
108. ESA, BFN, NO HCSGov
109. BHF, AMCHAM, CadS, CCPR, EMRA, ENGSOyouth, EPC, EPHA, ESA, EU_SPORTS, HDE, IDF, NL Gov, PL Gov, RCP, WKO, AUT GOV
110. FERCO, EMRA, SPF, UCL, Flanders Gov, HNR, NNC_NL, ENPHN
111. EASP, PRIAE, SI HGov, RWA
112. CCPR, ENGSOyouth, EU_SPORTS

113. AESA, BNF, CadS, CDRI, COPA_COGECA, DSB, EASP, EUROCOOP, ENRICH, EPL, ERS, ESA, EU_SPORTS, FAEP, FBB, FDF, FOODAWARE, FRESHFEL, Friluftsradet, HSE, Hu HGov, IDF, Kent Gov, NHS, RJSL, UFCD, BHF, NCC_UK, NS, DE Gov
114. AEGAAD, BAK, EASP, EE SAGov, ENRICH, ERS, FAMILIASMUNDO, FDII, Flanders Gov, FRESHFEL, HNR, HoM, HSE, MUNLV, NHS, NO HCSGov, NS, PKV, SI HGov, SK HGov, TSI, AUT GOV
115. APAOBZR, BHF, CancerResUK, D.P, DK Gov, EHN, HHF, KRAFT, LT Gov, NL Gov, NWESM2, SCA, WHC, WHICH, ITF
116. HoM, NHF, CIAA, NRO
117. FRESHFEL, D.P, PRIAE, WMOSG, WFA, WMIG, CDRI, BDH, NRO, AEGAAD, AUT GOV, ITF
118. FRESHFEL, D.P, PRIAE, WMIG, EGTA, MISPA, FBB
119. WMOSG, WFA, SSC, NHA
120. GPEMDA, DE Gov, AUT GOV, NHA, IRL DOPHGov
121. Århus, BDA, COFACE, CDRI, CPME, D.P, EDA, ENRICH, ESA, K.W, PKV, TSI, UFCD, AESA, ANDRETTA, FBB, FDF, FERCO, FHA, FRESHFEL, FSAI, IDF, Kent Gov, LGA & LGIB, SK HGov, MLC, NACPH, NS, SPF, LETP, PGEU, RCN, S.W, SITRA, SKL, Stockholm, SCA, JKUL, VZBV, WMOSG, WMIG, COPA_COGECA, IUHPE, ENPHN, AUT GOV, IRL DOPHGov
122. NHF, SAINSBURY, WMOSG, EDA, Kent Gov, WHICH
123. CPME, ESA, NHA, TFP-EUPHN, ZEPRA, EUWGSH, WW, IRL DOPHGov
124. AEGAAD, AESA, BDA, BHF, Bundestages, CCPR, CDRI, CIAA, CPME, D.P, DSB, DSV, EUROCOOP, Ecom, EHN, EIWH, ENAS, ENGSOyouth, ESA, EU_SPORTS, FBB, FDF, FHA, FIAef, Flanders Gov, Friluftsradet, FSAI, GSK, HHF, HNR, Hu HGov, IDF, IHF, IOTF_EASO, IUHPE, JKUL, LETP, LT Gov, L'USEP, LV HGov, MAMI, MELR, MISPA, NHF, NHS, NL Gov, NOC*NSF, NS, PAC_HSEB, PHS-PHR, PL Gov, RCP, RHPAC, RWA, SCA, SHF, SI HGov, SK HGov, SPF, SSC, TFP-EUPHN, UGAL, UK_FOODCOM, WAGGGS, WHO, WKO, WMIG, ZEPRA, ENPHN, DE Gov, EUWGSH
125. Århus, BHF, CDRI, CIAA, EUROCOOP, Ecom, EIWH, ENAS, ESA, Flanders Gov, HHF, IDF, IOTF_EASO, IUHPE, LV HGov, MAMI, NHF, NW_PATF, PL Gov, RHPAC, SCA, SPF, Stockholm, Sustrans, WHO, WW, NHA
126. HHF, Kent Gov, NOC*NSF, SE Gov, WMIG, EUWGSH, WW, IRL DOPHGov
127. CIAA, FBB, HHF, NHS, NS, PAN-WM, PGEU, PHS-PHR, EUWGSH, WW
128. AESA, Århus, BAK, BHF, COFACE, D.P, DCC, EDA, EHN, BEUC, FDF, FERCO, Flanders Gov, FRESHFEL, FSAI, HHF, HoM, HSE, IDF, IHF, IOTF_EASO, Kent Gov, LV HGov, MELR, NACPH, NFWI, NHF, NNC_NL, RCP, SHF, SK HGov, Stockholm, TFP-EUPHN, TSI, WHO, WMIG, NHA
129. Århus, BfGe, BHF, BNF, CadS, CDRI, CPME, D.P, DCC, DLFV, EUROCOOP, Ecom, EE SAGov, EHN, ENAS, ESA, FCA, FDF, FERCO, FHA, FOODAWARE, FSAI, HNR, HoM, Kent Gov, KRAFT, M.A.S, MELR, NL Gov, SI HGov, SK HGov, SPF, U.U.W, UGAL, SEDH, K_FOODCOM, WMIG, WMOSG, BLL, EUWGSH
130. CadS, FERCO, HNR, HSE, MELR, NL Gov, PL Gov, Stockholm, UK_FOODCOM, EUWGSH
131. AGov, CDRI, DCC, EDA, EE, ESA, FFMA, Flanders Gov, FOODAWARE, FRESHFEL, KRAFT, NACPH, NL Gov, NO HCSGov, NS, RCP, SITRA, SK HGov, Stockholm, TFP-EUPHN, UK_FOODCOM, WHO, ZEPRA, EUWGSH
132. CadS, Flanders Gov, MELR, NL Gov, SCA, WKO
133. CDRI, D.P, EDA, EE SAGov, ESA, FBB, FDII, FERCO, FHA, Flanders Gov, FOODAWARE, FRESHFEL, GPEMDA, HNR, IDF, IOTF_EASO, LV HGov, NACPH, NL Gov, NO HCSGov, RCP, SCA, SI HGov, UK_FOODCOM, WMIG, IRL DOPHGov
134. BAK, CDRI, EPHA, FSAI, IDF, NHS, NS, SFVT_GO, WMIG
135. BfGe, CDRI, CIAA, COPA_COGECA, EASP, EPL, EU_SPORTS, FFUK, Flanders Gov, MUNLV, NW_FHTF, PKV, SK HGov, AUT GOV
136. CDRI, CNAMTS et CCMSA, EIWH, ENHA, FDF, Kent Gov, NWESM2, ENPHN, FEPI
137. Århus, CDRI, CIAA, CPME, FDF, FRESHFEL, HHF, IOTF_EASO, IUHPE, NS, SPF, WMIG
138. BDA, BDH, BERTELSMANN, CDRI, CPME, D.P, DCC, EPHA, HSE, IHF, J&J, LKBöb, LT Gov, MELR, NACPH, NHS, NL Gov, NW_FHTF, PL Gov, SCA, SI HGov, WMOSG, WMRHP
139. ALTROCONSUMO, Århus, BDA, BHF, CadS, CDRI, CIAA, EUROCOOP, EE SAGov, ENPA, FDF, FRESHFEL, HNR, HSE, Kent Gov, LT Gov, MLC, NNC_NL, PKV, RCP, SITRA, SPF, T.W, TFP-EUPHN, TSI, UGAL, WKO, AUT GOV, ITF

140. ALTROCONSUMO, BAK, BHF, BPPAL, EHN, EPHA, BEUC, Flanders Gov, FOODAWARE, HHF, HoM, IDF, IHF, LKBöb, NACPH, NHF, PL Gov, SK HGov, UK_FOODCOM, VZBV, WHO, WHICH, NHA
141. FRESHFEL,
142. EASP, Flanders Gov, NNC_NL, SPF, AUT GOV
143. BDA, CCPR, CDRI, DFVF, DFIF, DCV, DNGfK, EASP, ENRICH, PKV, UNILEVER, AESA, EUROCOOP, FDF, Flanders Gov, FSAI, HoM, Kent Gov, SK Hgov, MLC, NO HCSGov, SPF, EFFAT, Ecom, IOTF_EASO, NWESM2, PL Gov, RCN, RCP, U.U.W, NW_FHTF, WMOSG, WMRHP, COPA_COGECA, NL Gov, NNC_NL, AUT GOV, ITF, BMA
144. CDRI, D.P, DFIF, DFVF, EASP, EE SAGov, FCA, FHA, FRESHFEL, FSAI, HHF, HoM, IOTF_EASO, Kent Gov, LETP, NHF, NNC_NL, SI Hgov, SITRA, SK Hgov, T.W, TFP-EUPHN, U.U.W, UK_FOODCOM, WMIG, NHA
145. CadS, CSP, EASP, EHN, Flanders Gov, FSAI, IHF, Kent Gov, SK Hgov, EE SAGov, NHF, SPF, SHF, TFP-EUPHN, WMIG, NNC_NL
146. BDA, BHF, CadS, CDRI, DFVF, EASP, EMRA, ENRICH, ESA, UNILEVER, EUROCOOP, FAMILIASMUNDO, FRESHFEL, KRAFT, L.K., MLC, EFFAT, UGAL, WMOSG, WMRHP, CIAA, NL Gov, AUT GOV
147. BHF, ENRICH, FAMILIASMUNDO, Flanders Gov, GPEMDA, LV Hgov, SI Hgov, NHF, PL Gov, SHF, NW_FHTF, AUT GOV
148. BfGe, DSV, EASP, EHN, EPHA, Fanders Gov, FSAI, GSK, HHF, IHF, Kent Gov, NHF, NHS, NO HCSGov, SPF, IOTF_EASO, SHF, Sustrans, WMOSG, WMRHP, WMIG, LT Gov, NL Gov, IUHPE, BDH, DE Gov
149. AMWAY, BHF, CCPR, CDRI, DFIF, D.P, EASP, ENRICH, ESA, DK Gov, AESA, FAMILIASMUNDO, FBB, FDF, FHA, FIAef, EU_SPORTS, HSE, IDF, Kent Gov, LV Hgov, SK Hgov, EE SAGov, MISPA, NHS, NO HCSGov, NS, SPF, NWESM2, LETP, RCN, TFP-EUPHN, Stockholm, WKO, CIAA, COPA_COGECA, LT Gov, Hu Hgov, AMCHAM, EVA, DE Gov, AUT GOV, NHA
150. CCPR, CDRI, D.P, EASP, ENRICH, EPHA, DK Gov, EUROCOOP, Flanders Gov, FSAI, GSK, EU_SPORTS, HHF, HSE, Kent Gov, LV Hgov, NHF, NOC*NSF, PL Gov, WMOSG, WMRHP, WMIG, NIKE, EUWGSH
151. CCPR, UFCD, FAMILIASMUNDO, FSAI, EU_SPORTS, IDF, NHS, NW_PATF, NO HCSGov, RCP, RHPAC, SKL, Stockholm, SCA, WMOSG, WMRHP, WMIG, NIKE, ENPHN, EUWGSH
152. AEGAAD, BDA, BHF, CadS, CDRI, DFIF, EASP, GSK, EU_SPORTS, SK Hgov, MISPA, NS, TFP-EUPHN, NL Gov, NIKE, AMCHAM, ENPHN
153. CCPR, ESA, DK Gov, APAOBAK, EU_SPORTS, NO HCSGov, CIAA
154. CCPR, CDRI, EHN, EPHA, ESA, EUROCOOP, HHF, IHF, MISPA, NHF, NHA
155. EPHA, ESA, DK Gov, Flanders Gov, WMOSG, WMRHP, SPF
156. CadS, CDRI, D.P, ENRICH, AESA, HHF, KRAFT, SK Hgov, NHF, NWESM2, PL Gov, TFP-EUPHN, SCA, Hu Hgov, AUT GOV, EUWGSH, NHA
157. AMWAY, BAK, BHF, DFIF, EASP, EPHA DK Gov, SEDH, KRAFT, M&R, SI Hgov, MISPA, NO HCSGov, PL Gov, SKL, Stockholm, WMOSG, WMRHP, CIAA, AMCHAM, DE Gov, AUT GOV, EUWGSH
158. CDRI, D.P, ENGSOyouth, ESA, DK Gov, FBB, IDF, LV Hgov, SI Hgov, SK Hgov, MISPA, NHS, IOTF_EASO, NWESM2, PL Gov, RCP, Sustrans, AMCHAM, EUWGSH
159. BfGe, BOLD, CDRI, DCC, DSB, EASP, PRIAE, WHO, DK Gov, ENHA, FBB, Flanders Gov, FSAI, HNR, HSE, SK HGov, NHS, NMN, NS, SPF, IOTF_EASO, PL Gov, RCP, S_A, SKL, PAN-WM, Stockholm, Sustrans, ENPHN
160. BAK, CDRI, CPME, DNGfK, C.B, PRIAE, FAMILIASMUNDO, FIAef, EU_SPORTS, SK HGov, EE SAGov, NOC*NSF,
PAN-WM, U.U.W, CIAA
161. BAK, BHF, CDRI, CPME, DSB, DSV, EASP, EPL, PKV, SE Gov, CNAMTS et CCMSA, Flanders Gov, EU_SPORTS, IDF, LV HGov, SI HGov, NMN, SPF, PL Gov, PGEU, RCP, RHPAC, PAN-WM, SCA, UK_FOODCOM, IUHPE, ITF, IRL DOPHGov
162. AEGAAD, BERTELSMANN, DCC, EIWH, EPL, ENPHN, K.W, DK Gov, FAMILIASMUNDO, FBB, Flanders Gov, HNR, J&J, Kent Gov, NO HCSGov, SPF, Ecom, PGEU, RCN, RCP, SKL, Stockholm, WKO, TU-DRESDEN, CIAA, LT Gov

163. AEGAAD, BDA, BHF, DCC, D.P, FBB, PL Gov, PGEU, IUHPE, DE Gov, EUWGSH
164. BDA, CCPR, D.P, FIAef, Flanders Gov, Friluftsradet, FSAI, EU_SPORTS, IDF, NHS, NMN, NOC*NSF, U.U.W, Hu Hgov
165. D.P, DSV, EASP, ERS, UFCD, AESA, FDII, FIAef, Flanders Gov, Friluftsradet, FSAI, EU_SPORTS, J&J, LV HGov, NS, PL Gov, PGEU, CIAA, LT Gov, Hu HGov
166. BfGe, CPME, EASP, DK Gov, AESA, IDF, SPF, PL Gov, PGEU, PAN-WM, WMOSG, WMRHP, LT Gov, IUHPE, AUT GOV
167. CDRI, CPME, FSAI, MISPA, IOTF_EASO, NWESM2, Sustrans, UK_FOODCOM, WMIG, Hu HGov
168. BfGe, BHF, CCPR, COFACE, CDRI, CPME, DFVF, EASP, ENGSOyouth, PKV, SE Gov, UFCD, DK Gov, AESA, FDF, Flanders Gov, Friluftsradet, EU_SPORTS, HHF, HoM, HOTREC, IDF, LV HGov, SK HGov, EE SAGov, NHF, NCAA, NHS, NW_PATF, NS, SPF, IOTF_EASO, LETP, PIE_EU, RCN, RCP, SKL, SHF, TFP-EUPHN, SCA, UK_FOODCOM, WMIG, LT Gov, FAMILIASMUNDO, DE Gov, AUT GOV, EUHN, EUWGSH, IRL DOPHGov
169. BfGe, CCPR, CDRI, D.P, DCV, EASP, ENRICH, ENGSOyouth, SE Gov, DK Gov, AESA, FBB, FDF, Friluftsradet, HHF, HoM, HOTREC, Kent Gov, LV HGov, LGA & LGIB, SI HGov, SK HGov, EE SAGov, NHF, NS, RHPAC, SHF, Stockholm, WMOSG, WMRHP, NIKE, HED-AC, FAMILIASMUNDO, DE Gov, AUT GOV, EUWGSH, FEPI, NHA, IRL DOPHGov
170. BfGe, CCPR, CDRI, CPME, DFIF, EASP, ENRICH, EPL, ENGSOyouth, ENSA, DK Gov, AESA, FDF, EU_SPORTS, HHF, LV HGov, EE SAGov, NHF, NOC*NSF, LETP, RCP, SHF, LT Gov, NIKE, HED-AC, AUT GOV, EUWGSH, NHA, IRL DOPHGov
171. CCPR, EASP, ENGSOyouth, FBB, FFUK, PIE_EU, SKL, Stockholm, DE Gov, EUWGSH, NHA, IRL DOPHGov
172. BHF, EHN, EPHA, ESA, FBB, Flanders Gov, FSAI, HoM, HOTREC, IHF, NHF, NOV, IOTF_EASO, SHF, UK_FOODCOM, WAGGGS, WMIG, CIAA, DE Gov, EUWGSH, FEPI, NHA, IRL DOPHGov
173. PKV, HoM, NHF, NHS, IOTF_EASO, RCN, Sustrans, UK_FOODCOM, AUT GOV, IRL DOPHGov
174. CCPR, DFVF, ENGSOyouth, EU_SPORTS, HoM, IDF, NHF, IOTF_EASO, TFP-EUPHN, UK_FOODCOM, NHA, IRL DOPHGov
175. EHN, Flanders Gov, Friluftsradet, FSAI, HHF, IHF, NHF, SPF, SHF, TFP-EUPHN, WMIG, UFCD, NHA
176. CCPR, ENGSOyouth, FBB, ITF
177. DSB, PRIAE, AESA, Flanders Gov, EU_SPORTS, Kent Gov, LV HGov, NHF, SPF, Ecom, NOC*NSF, LETP, PAC_HSEB, RCN, RHPAC, PAN-WM, UK_FOODCOM, EU_SPORTS, SSC, AUT GOV, ITF, EUWGSH, FEPI
178. BDA, BfGe, BHF, BNF, CCPR, D.P, EASP, EHN, ENGSOyouth, ENSA, ESA, PRIAE, AESA, FSAI, EU_SPORTS, HHF, HNR, HoM, IDF, IHF, LGA & LGIB, SI HGov, SK HGov, EE SAGov, MISPA, NHF, NCAA, NHS, NW_PATF, NO HCSGov, SPF, NOC*NSF, NWESM2, RCP, RHPAC, SHF, PAN-WM, Stockholm, Sustrans, SCA, UK_FOODCOM, UNAF, WMOSG, WMRHP, CIAA, COPA_COGECA, IUHPE, NNC_NL, FAMILIASMUNDO, DE Gov, BLL, FEPI, IRL DOPHGov, ENPHN
179. D.P, SE Gov, FSAI, HNR, HOTREC, SK HGov, NO HCSGov, Sustrans
180. AEGAAD, ALTROCONSUMO, BAK, BHF, BHF, CDRI, D.P, DFVF, EDA, EE SAGov, EHN, EPHA, BEUC, FFMA, Flanders Gov, FRESHFEL, FSAI, HHF, HoM, IDF, IHF, IOTF_EASO, NACPH, NHF, NHS, NO HCSGov, NWESM2, PL Gov, SHF, SI HGov, SK HGov, TFP-EUPHN, UNILEVER, WAGGGS, WHO, WMIG, ENPHN, DE Gov, AUT GOV, WHICH, EUWGSH, NHA
181. EE SAGov, EU_SPORTS, FBB, Flanders Gov, FSAI, HHF, HoM, IHF, LT Gov, NCAA, NHF, NHS, NL Gov, NOC*NSF, NS, NWESM2, RCP, RHPAC, SHF, SI HGov, TFP-EUPHN, TU-DRESDEN, WHO, WMIG, ZEPRA, AUT GOV, EUWGSH, FEPI
182. ALTROCONSUMO, BDA, BHF, CCPR, CDRI, CIAA, COFACE, D.P, DK Gov, DSV, EASP, EE SAGov, EPHA, ESA, UROCOOP, FDII, FFUK, Flanders Gov, FSAI, HoM, LT Gov, LV HGov, NACPH, NHF, NNC_NL, NO HCSGov, NWESM2, PIE_EU, PL Gov, PMM, SPF, T.W, TFP-EUPHN, U.U.W, UGAL, WMIG, ZEPRA, DE Gov, NHA, ENPHN
183. ZEPRA
184. WMIG, FSAI
185. U.U.W.

186. AEGAAD, ALTROCONSUMO, BAK, BDA, BHF, CDRI, COFACE, DK Gov, DSV, ENGSOyouth, EPHA, ESIP, BEUC, Flanders Gov, FSAI, HSE, Hu HGov, IDF, IUHPE, LT Gov, NCAA, NHS, NL Gov, PL Gov, PMM, PRIAE, RCP, SI HGov, SK HGov, SPF, SEDH. BLL
187. BDA, BfGe, BHF, CDRI, CIAA, D.P, EE SAGov, EU_SPORTS, FDF, Flanders Gov, FSAI, HHF, HNR, IDF, IOTF_EASO, MLC, NCAA, NHF, NO HCSGov, NWESM2, SHF, SI HGov, SK HGov, SPF, Stockholm, TSI, UNILEVER, NHA
188. CDRI, DK Gov, DSB, IDF, WHICH
189. CIAA, Kent Gov, LT Gov, MISPA, NS, WMIG
190. BfGe, BHF, CadS, FDF, FSAI, NHS, NL Gov, WMIG
191. BfGe, CCPR, FOODAWARE, CDRI, DFVF, D.P, DSV, EASP, ENGSOyouth, EPHA, EUGMS, PKV, SE Gov, TSI, WHO, DK Gov, UNILEVER, FAMILIASMUNDO, FBB, FDF, Flanders Gov, FSAI, GSK, EU_SPORTS, HNR, HoM, IDF, Kent Gov, SI HGov, SK HGov, EE SAGov, MLC, NRO, NS, SPF, Ecom, IOTF_EASO, ICS, NWESM2, LETP, PIE_EU, RCN, RCP, Sustrans, SCA, UGAL, UK_FOODCOM, UNAF, WKO, WMIG, BeMeWo, LT Gov, NIKE, BDH, AMCHAM
192. CadS, CCPR, CDRI, DFVF, D.P, DSV, EASP, EMHF, ENRICH, ENGSOyouth, EPHA, SE Gov, TSI, DK Gov, UNILEVER, AESA, ENHA, FBB, FDF, Flanders Gov, FSAI, GSK, EU_SPORTS, HoM, HSE, IDF, Medusana, EE SAGov, NHS, NO HCSGov, NS, SPF, NOC*NSF, PL Gov, RCP, Sustrans, SCA, UNAF, WMOSG, WMRHP, WKO, WMIG, BeMeWo, LT Gov, NL Gov, NIKE, AMCHAM, FR Gov, DE Gov, WHICH, FEPI
193. BDA, DFVF, DSV, ENGSOyouth, WHO, DK Gov, UNILEVER, FAMILIASMUNDO, FDF, Flanders Gov, FRESHFEL, GSK, EU_SPORTS, IDF, LV HGov, SI HGov, SK HGov, EE SAGov, NHS, NRO, SPF, Ecom, IOTF_EASO, PIE_EU, RCP, SCA, COPA_COGECA, NL Gov
194. BAK, BDA, BfGe, CadS, CCPR, DFVF, D.P, DSV, ENGSOyouth, ENHA, FAMILIASMUNDO, FDF, FSAI, Ecom, IOTF_EASO, RCP, SCA, UK_FOODCOM, UNAF, WMIG, BDH, WHICH, IRL DOPHGov
195. BfGe, FOODAWARE, CDRI, EASP, EPHA, PKV, DK Gov, UNILEVER, FBB, Flanders Gov, FSAI, HoM, HSE, SK Gov, NHS, SPF, NWESM2, RCN, WKO, WMIG, IUHPE, BDH, EVA
196. BfGe, FOODAWARE, DSV, ENRICH, EPHA, DK Gov, UNILEVER, Flanders Gov, FSAI, EU_SPORTS, Medusana, SPF, Ecom, ICS, PL Gov, Sustrans, WKO, WMIG, BeMeWo, COPA_COGECA, IUHPE, DE Gov, BLL, WHICH
197. D.P, DSV, EPHA, DK Gov, UNILEVER, ENHA, Flanders Gov, FSAI, HoM, HSE, IDF, SI HGov, SK HGov, EE SAGov, NHS, NMN, NRO, SPF, IOTF_EASO, ICS, NWESM2, OSBO, LETP, RCP, SCA, UK_FOODCOM, WMIG, LT Gov, BDH, AMCHAM, WHICH
198. DFVF, DSV, EPHA, DK Gov, UNILEVER, AESA, FDF, WKO, BLL
199. CadS, CDRI, ESA, FDF, Flanders Gov, HNR, SI, HGov, NO HCSGov, NS, EDA, FAMILIASMUNDO, HNR, IDF, DFVF, LV HGov, SI HGov, WHO, COPA_COGECA, TU-DRESDEN, AUT GOV, EUWGSH
200. BEUC, BAK, PL Gov, WHICH
201. AESA, ALTROCONSUMO, BNF, CadS, D.P, DK Gov, ESA, FDII, FI SAGov, Flanders Gov, HDE, HoM, MLC, NACPH, NL Gov, NWESM2, RWA, SE Gov, SK HGov, SPF
202. NL Gov, FI SAGov, DK Gov, Flanders Gov, SPF
203. BDA, WHO, FRESHFEL, EE SAGov, ESPA
204. FSAI, WMIG, FRESHFEL
205. HoM, NWESM2
206. EPHA, HoM, J&J, NWESM2, RCP
207. ALTROCONSUMO, BEUC, NACPH, PL Gov, BAK, SAINSBURY, ICS
208. CadS, COFACE, CDRI, RCP, ENSA, ENRICH, EPHA, TSI, DK Gov, FDF, FBB
209. LV HGov, D.P, LT Gov, SK HGov, PL Gov, SCA, PL Gov, NNC_NL, Ecom, ESPA, BLL, ITF
210. ALTROCONSUMO, BAK, BEUC, NACPH, BDH
211. NWESM2, HoM
212. ERNA, AMWAY
213. ALTROCONSUMO, BEUC, NACP, CDRI, BAK
214. UNILEVER FRESHFEL, WHO, IOTF_EASO
215. UK_FOODCOM, WHO
216. RCP
217. BEUC, TSI, UNILEVER, NACPH, EE SAGov

218. BAK, EPHA, HoM, NWESM2, SI HGov, NS, Ecom, WKO, WMIG, TU-DRESDEN
219. FRESHFEL, FSAI, WMIG, NL Gov
220. ALTROCONSUMO, BEUC, FOODAWARE, CadS, D.P, EASP, EPHA, K.W, AESA, FDF, FDII, FRESHFEL, HoM, NWESM2, IOTF_EASO, NACPH, ICS, UFCD, APC, EVA
221. ALTROCONSUMO, BEUC, AESA, FIDII, APC
222. ALTROCONSUMO, BEUC, NACPH
223. FOODAWARE, CadS, FDF, FDII, HoM, NWESM2, IOTF_EASO, ICS
224. FOODAWARE, EPHA.
225. BfGe, PKV, TSI, AESA, Flanders Gov, SI HGov, EE SAGov, SPF, RCP, LT Gov, NL Gov, BDH, IRL DOPHGov
226. CDRI, EMRA, UNILEVER, ENSA Gov, K.W , TV K.W, FRESHFEL, EVA, BBV, BAK
227. FRESHFEL, ENSA, K.W, BNF
228. ENSA, K.W.
229. BNF, EMRA, ENSA, UNILEVER, MLC, ENPHN
230. BfGe, Unilever
231. ENHA, BAK
232. ALTROCONSUMO, BDA, BEUC, CDRI, EASP, ENHA, IDFM EE SAGov, NACPH, NL Gov
233. IDF, SCA, NL Gov, ENSA, PKV, K.W, AESA, LT Gov, AUT GOV, ITF
234. ALROCONSUMO, BAK, BEUC, EE SAGov, NACPH, SCA
235. EASP, SCA, NL Gov, LT Gov
236. BAK, DK Gov, DK Gov, UNILEVER, HNR, NACPH, NS, Ecom, RCP, UNAF
237. FSAI, HNR, AMWAY
238. BfGe, CadS, EACA, EDA, ESA, AESA, FDF, FDII, HDE, Ecom, ESPA, UGAL, BLL
239. BNF, EMRA, UNILEVER, FSAI, KRAFT, EE SAGov, SCA, WMIG, BeMeWo, BDH, MLC, NCC_UK, NS, AUT GOV
240. BDA, DK Gov, HNR, SK HGov, WMIG, DE Gov
241. PL Gov, LV HGov, SI HGov, Flanders Gov, LT Gov, DK Gov, D.P, DFVF, FRESHFEL, HNR, IDF, PKV, TSI, WHO, BEUC, ALTROCONSUMO, NACPH, ENPHN
242. BEUC, ALTROCONSUMO, NACPH, NCC_UK, WHICH
243. KRAFT
244. ALTROCONSUMO, BEUC, DK Gov, UNILEVER
245. BEUC, ALTROCONSUMO, NACPH, NCC_UK, NS, ICS, WHICH
246. BEUC, ALTROCONSUMO, NACPH
247. KRAFT, PL Gov
248. LV HGov, SI HGov
249. CadS, CCPR, CSP, D.P, EASP, EHN, ENGSOyouth, ENSA, EPHA, DK Gov, SEDH, CNAMTS et CCMSA, FBB, FDF, FRESHFEL, FSAI, LV HGov, SK HGov, EE SAGov, MISPA, NW_PATF, NS, Ecom, IOTF_EASO, PL Gov, RHPAC, SHF, Stockholm,SSC ,WMIG ,BeMeWo , COPA_COGECA, LT Gov,NL Gov , NIKE, AMCHAM, FR Gov, DE Gov, WHICH, EUWGSH, NHA, BMA
250. BAK, BEUC, FOODAWARE, CSP, ENSA, WHO, IDF, EE , SAGov, NACPH, NO HCSGov, SPF, Ecom, COPA_COGECA, NL Gov, NIKE, WHICH
251. BAK, BEUC, WHO, IRL DOPHGov
252. CadS, PKV, UNILEVER, FBB, MISPA, NW_PATF, RCP, RHPAC, Sustrans, NIKE, AMCHAM, WHICH
253. BNF, CCPR, CDRI, EASP, EHN, ENGSOyouth, TSI, CNAMTS et CCMSA, FBB, HHF, IHF, MLC, NW_PATF, NO HCSGov, NRO, PL Gov, SHF
254. BfGe, CCPR, COFACE, ENGSOyouth, UFCD, WMIG, BeMeWo, COPA_COGECA, BDH
255. ENGSOyouth, ENSA, EPHA, SE Gov, TSI, WHO, UNILEVER, SEDH, FSAI, HHF, HNR, HoM, IHF, SK HGov, NHF, NW_PATF, RCP, RHPAC, SSC, WMIG, LT Gov, conferences BAK, BEUC, CSP, EHN, WHO, LV HGov, PL Gov, SHF, NL Gov, websites CSP, EASP, NL Gov
256. FBB, FDF, MISPA, BeMeWo
257. CCPR, CSP, NHA
258. AMNINGSHJALPEN, CDRI, WABA, BFN, NWESM1, HoM, IBCLC, ICDC_IBFAN, MAMI, NWESM2, VELB, NL Gov, NAFIA, DK Gov, NRO, ENPHN, WHICH, BMA, NCT

259. BfGe, CCPR, DGI, DTB, EPL, ENGSOyouth, NWESM1, FIAef, Friluftsradet, FSAI, EU_SPORTS, HSE, NS, PAN-WM, WMIG, ITF, FEPI
260. BAK, BHF, CCPR, CDRI, DCV, EPHA, ESA, PRIAE, UNILEVER, EU_SPORTS, NCAA, RCN, BfGe, BLL, ITF, IRL DOPHGov
261. HHF, HoM, IHF, FI SAGov, SHF, DE Gov
262. PKV, PRIAE, NWESM1, FSAI, SK HGov, PAC_HSEB, WMRHP, WMIG, SFVT_GO, NW_FHTF
263. ERNA, EUGMS, ENHA, SPF, ESPA, CSP, HOPE, EE SAGov, BLL
264. AMWAY, ERNA, ESA, APAOBAK, SCA, Hu HGov, EE SAGov, LV HGov, AICAT, ITF
265. AICN&DPG, BBV, D.P, EASP, ENRICH, ESA, Flanders Gov, FRESHFEL, Friluftsradet, NS, SPF, IOTF_EASO, ICS, PL Gov, PGEU, RCP, M.S, DANONE, LT Gov, NL Gov, CDRI, DFVF, PMM, DK Gov, MS&ML, LV HGov, LKBöb, ITF, EUWGSH, IRL DOPHGov
266. AMNINGSHJALPEN, AMWAY, CCPR, EASP, ENRICH, ENGSOyouth, EPHA, EUROCOOP, FDII, HOTREC, IDF, M.R. v H, SI HGov, Wales HSSGov, BPPAL, Ecom, PL Gov, PIE_EU, RCP, TFP-EUPHN, SCA, CIAA, LV HGov, MUNLV, WMOSG, FAMILIASMUNDO, WHICH, ITF
267. ALTROCONSUMO, BAK, BEUC, CadS, DCC, EMRA, UNILEVER, FDF, FI SAGov, NACPH, NNC FI, PAN-WM
268. ALTROCONSUMO, BAK, BEUC, CDRI, EHN, EUROCOOP, FSAI, HHF, IDF, IHF, NACPH, Wales HSSGov, NHF, NOV, NO HCSGov, SPF, SHF, SCA, WMIG, EE SAGov, DK Gov, WHICH, NHA
269. ALTROCONSUMO, BEUC, CadS, DCC, EHN, TSI, APAOBAK, EAPO, FRESHFEL, HHF, HoM, IHF, NACPH, NHF, NOV, NNC FI, SPF, EFFAT, NWESM2, PAC_HSEB, FOODTRUST, SHF, WBT_OPTYMALNI, MS&ML, MUNLV, WHICH, NHA
270. EASP, ENGSOyouth, FSAI, SK HGov, Sustrans, WMOSG, WMIG, D.P, ESA, HSE, MISPA, NS, CIAA, UFCD, LV HGov, FEPI
271. EHN, HDE, HHF, HoM, IHF, SK Gov, MISPA, NACPH, NHF, NNC FI, NW_PATF, IOTF_EASO, NWESM2, LETP, RHPAC, SHF, WHC, SFVT_GO, PRIAE, SI HGov, SKL, LV HGov, WHICH, NHA
272. AMWAY, AEGAAD, BfGe, EASP, EMHF, ENGSOyouth, TSI, UNILEVER, FIAef, FSAI, J&J, LGA & LGIB, FI SAGov, MLC, WAGGGS, WMIG, NL Gov, NIKE, PKV, EVA, EUWGSH
273. APAOBŁazy, CDRI, DCC, ESA, UNILEVER, J&J, L.K., NNC FI, NW_PATF, NO HCSGov, Ecom, ESPA, RHPAC, TU-DRESDEN, SFVT_GO, CadS, FDF, FSAI, PL Gov, SCA, DK Gov, FAMILIASMUNDO, ENPHN, BLL
274. ALTROCONSUMO, BAK, BEUC, FOODAWARE, CDRI, DCC, EHN, EUROCOOP, EU_SPORTS, HHF, IDF, IHF, SI HGov, NACPH, Wales HSSGov, NHF, NOV, NNC FI, BPPAL, IOTF_EASO, MT HGov, NWESM2, PAC_HSEB, SHF, SCA, UK_FOODCOM, DK Gov, WHICH, NHA
275. UEBA, EPC, WFA, ZAW.

ANNEX 5: List of respondents by acronym, full name of respondent and by country

Acronym	Full name of respondent	Country
A.C	Antonella Chiurco	Italy
A.P	Annalisa Piani	Italy
AA	Advertising Association	UK
ACP	Presidente Associazione Culturale Pediatri	Italy
AEFI	The Association of Estonian Food Industry	Estonia
AEGAAD	Arbeitskreis Ernährung in der Gesellschaft anthroposophischer Ärzte in Deutschland	Germany
AESA	Spanish Food Safety Agency	Spain
AICAT	Italian Association of Clubs of Alcoholics in Treatment	Italy
AICN&DPG	All Island Community Nutrition and Dietetic Partnership Group	Ireland
ALTROCONSUMO	Altroconsumo	Italy
AMCHAM	American Chamber of Commerce to the European Union	National
AMNINGSHJALPEN	Swedish Nursing Mothers Support Group	Sweden
AMWAY	Amway	Worldwide
ANDRETTA	Andretta Fruchtimport GmbH	Germany
APAOBAK	All-Poland Association of Optimal Brotherhoods; Anna Kazuba	Poland
APAOBŁazy	Branch of the All-Poland Association of Optimal Brotherhoods in Łazy	Poland
APAOBZR	All-Poland Association of Optimal Brotherhoods; Zuzanna Rzepecka	Poland
APC	American Peanut Council - European Office	USA
Århus	Århus Kommune	Denmark
AUT GOV	Bundesministerium für Gesundheit und Frauen	Austria
BAK	Austrian Federal Chamber Labour	Austria
BBV	Bayerischer Bauernverband	Germany
BDA	British Dietetic Association	UK
BDH	Bund Deutscher Hebammen e.V.	Germany
BeMeWo	Bertelsmann Media Worldwide	Worldwide
BERTELSMANN	Bertelsmann Stiftung	Germany
BEUC	European Consumers' Organisation	EU
BfGe	Bundesvereinigung für Gesundheit e.V.	Germany
BFN	Breastfeeding Network	UK
BHF	British Heart Foundation	UK
BLL	Bund für lebensmittelrecht un lebensmittelkunde e.V.	Germany
BMA	Baby Milk Action	UK
BNF	British Nutrition Foundation	UK
BOLD	Association Belge des Patients Obèse	Belgium
BPPAL	Breastfeeding Promotion and Protection Association of Latvia	Latvia
Bundestag	Deutscher Bundestag	Germany
C.B	Christiane Bergmann	Germany
C.G	Carla Gigli	Italy
C.M.T	Chiara Marina Toti	Italy
C.S	Carla Scarsi	Italy
CadS	Cadbury Schweppes	UK
CancerResUK	Cancer Research UK	UK

CAO	Consumer Agency & Ombudsman	Finland
CCPR	Central Council of Physical Recreation	UK
CDRI	Community Dietitians Republic of Ireland	Ireland
CEFS	Comité Européen des Fabricants de Sucre	EU
CGF	Child Growth Foundation	UK
CIAA	Confederation of the food and drink industries of the EU	EU
CLARITAS	Claritas Child Rights Protection Association	UK
CNAMTS et CCMSA	La Chaisse Nationale dÁssurance Maladie des Travailleurs Salaries	Belgium
COFACE	COFACE	EU
COPA_COGECA	Committee of Professional Agricultural Organisations in the EU- General Confederation of Agricultural Co-operatives in the EU	EU
CPME	Standing Committee of European Doctors	EU
CSP	Comité des Salines de France	France
D.P	David Pinder	UK
DANONE	Institute Danone CZ	Czech Republic
DANONE P	Danone Portugal	Portugal
DBA	Danish Brewers' Association	Denmark
DCC	Danish Consumer Council	Denmark
DCV	Deutscher Caritasverband	Germany
DE Gov	Bundesregierung der Bundesrepublik Deutschland	Germany
DFIF	Danish Company Sports Confederation	Denmark
DFVF	Danish Food and Veterinary Research	Denmark
DGI	Danish Gymnastics & Sports Association	Denmark
DK Gov	Danish Government	Denmark
DLFV	Deutscher LandFrauenverband e.V.	Germany
DNGfK	Deutsche Netz Gesundheitsfördernder Krankenhäuser e.V.	Germany
DSB	Deutscher Sportbund	Germany
DSV	Deutsche Sozialversicherung Europavertretung	Germany
DTB	Deutscher Turner-Bund	Germany
EACA	European Association of Communications Agencies	EU
EAPO	European Association of Fish Producers Organisations	EU
EASA	European Advertising Standards	EU
EASP	European Health Observatory, Andalucia School of Public Health	Spain
Ecom	EuroCommerce	EU
EDA	European Dairy Association	EU
EE SAGov	Ministry of Social Affairs of Estonia	Estonia
EFFAT	European Federation of Food, Agriculture and Tourism Trade Unions	EU
EGTA	Association of Television and Radio Sales Houses	EU
EHN	European Heart Network	EU
EIWH	European Institute of Women's Health	EU
EMHF	European Men's Health Forum	EU
EMRA	European Modern Restaurant Association	EU
ENAS	European Network of Academic Sports Services	EU
ENGSOyouth	Youth Organization of European Non-Governmental Sport Organisation	EU
ENHA	European Nutrition for Health Alliance	UK
ENPA	European Newspaper Publishers' Association	EU
ENRICH	European Network of regions improving citizens' health	EU

ENSA	European Natural Soyfoods Manufacturer Association	EU
EPC	European Publishers Council	EU
EPC_RF	European Policy Centre; Risk Forum	EU
EPHA	European Public Health Alliance	EU
EPL	English Premier League	UK
ERNA	European Responsible Nutrition Alliance	Worldwide
ERS	European Respiratory Society	EU
ES AFFGov	Ministry of Agriculture, Fisheries and Food	Spain
ESA	European Snacks Association	EU
ESIP	European Social Insurance Platform	wider Europe
ESPA	European Salt Producers' Association	EU
ENPHN	European Network for Public Health Nutrition	EU
EUWGSH	EU Working Group on Sport and Health	EU
EU_SPORTS	EU Office of German Sports	EU
EUGMS	European Union Geriatric Medicine Society	EU
EUHN	Eurohealtnet	EU
EUROCOOP	European Community of Consumer Cooperatives	EU
EVA	European Vending Association	EU
FAEP	European Federation of Magazine Publishers	EU
FAMILIASMUNDO	Familias del Mundo	Worldwide
FBB	Bissaya Barreto Foundation	Portugal
FCA	Finnish Consumers' Associations	Finland
FDF	Food and Drink Federation	UK
FDII	Food and Drink Industry Ireland	Ireland
FEPI	Federation of the European Play Industry	EU
FERCO	European Federation of Contract Catering Organisations	EU
FFMA	Finnish Food Marketing Association	Finland
FFUK	Football Foundation	UK
FHA	Finnish Heart Association	Finland
FI SAGov	Ministry of Social Affairs and Health in Finland	Finland
FIAA	Food Industries Association of Austria	Austria
FIAef	Italian Aerobic and Fitness Federation	Italy
Flanders Gov	Flanders Government	Belgium
FOODAWARE	Foodaware: the Consumers' Food Group	UK
FOODTRUST	School Food Trust	UK
FR Gov	French Permanent Representation	France
FRESHFEL	Forum for the fresh produce industry	EU
Friluftsradet	Nordic Network for associations for outdoor activities/Nordisk Friluftsnettverk	Several
FSAI	Food Safety Authority of Ireland	Ireland
G.M	Giuditta Mastrototaro	Italy
GAAM	Gruppo Aiuto Allatamento Materno	Italy
GFV	Gloucestershire Food Vision	UK
GPEMDA	Group Premanent d'Etude des Marchés de Denrées Alimentaires	France
GSK	GlaxoSmithKline	UK
HAVEN	Danish Garden Society	Denmark
HDE	Confederation of German Retail / Hauptverband des Deutschen Einzelhandels	Germany
HED-AC	Home Economics Department-St Angela's College	UK
HHF	Hungarian Heart Foundation	Hungary

HNR	Human Nutrition Research	UK
HoM	Heart of Mersey	UK
HOPE	European Hospital and Healthcare Federation	EU
HOTREC	Hotels, Restaurants & Cafés in Europe	EU
HSE	Health Service Executive	Ireland
Hu HGov	Hungarian Ministry of Health	Hungary
IBCLC	BSS Berufsverband Schweizerischer Stillberaterinnen IBCLC	Switzerland
ICDC_IBFAN	International Code Documentation Centre- International Baby Food Action Network	Worldwide
ICS	Icelandic Consumer Spokesman	Iceland
IDF	International Diabetes Federation	Worldwide
IFPRI	International Food Policy Research Institute	Worldwide
IHF	Irish Heart Foundation	Ireland
ILSI	International Life Sciences Institute Europe	EU
IMMEG	Il Marchio Mangia E Gioca	Italy
IOTF_EASO	International Obesity TaskForce-European Association for the Study of Obesity	EU
IRL DOPHGov	Department of Health and Children	Ireland
ISCA	International Sport and Culture Association	EU
ITF	Italian Task Force	Italy
IUHPE	International Union for Health Promotion and Education	Worldwide
J&J	Johnson & Johnson	Worldwide
JKUL	Johannes Kepler Universität Linz	Austria
K.W	Univ.Prof. Dr. Kurt Widhalm	Austria
Kent Gov	Kent Council	UK
KPLS	Klinik Prinzregent Luitpold in Scheidegg	Germany
KRAFT	Kraft Foods	Worldwide
L.C	Laura Catellarin	Italy
L.K	Lynne Kennedy	UK
L.S	Lara Sabbatini	Italy
L.T	Luana Tadolini	Italy
LETP	Padua Therapeutic Education Laboratory	Italy
LGA & LGIB	Local Government Association & Local Government International Bureau	UK
LGB	Landesvereinigung für Gesundheit Bremen	Germany
LKBöb	Gesundheitsamt Landkreis Böblingen	Germany
LT Gov	Lithuanian Government	Lithuania
L'USEP	Union Sportive de l' Enseignement du Premier degré	France
LV HGov	Ministry of Health of the Republic of Latvia	Latvia
M&R	M&R Genesis Clinic	Poland
M.A.S	Mag Angelika Stocker	Germany
M.B.A	Maria Bonaria Atzori	Italy
M.G	Maria Gasparini	Italy
M.J.S.C	Maria Jesus San Ceferino	Spain
M.L	Margherita Locatelli	Italy
M.P	Monica Pieratelli	Italy
M.R. v H	Meijke R. van Herwijnen	Netherlands
M.R.I	Maria Rita Inglieri	Italy
MAMI	Movimento Allattamento Materno Italiano, the WABA National Focal Point for Italy	Italy
Medusana	Medusana Stiftung	Germany

MELR	Ministerium für Ernährung und Ländlichen Raum Baden-Württemberg	Germany
MISPA	Manchester Institute of Sport and Physical Activity.The North West Health and Physical Activity Forum/Urbanwalks UK Ltd	
MLC	Meat and Livestock Commission	UK
MOELLER	Moeller Associates	Germany
MS&ML	Niedersachsens Ministerium für Soziales (MS) and Ministerium für Landwirtschaft (ML)	Germany
MT HGov	Ministry of Health Malta-Permanent Representative	Malta
MUNLV	Ministeriums für Umwelt und Naturschutz, Landwirtschaft und Verbraucherschutz des Landes Nordrhein-Westfalen	Germany
NACPH	National Association for Consumer Protection in Hungary	Hungary
NAFIA	Nordic working group for international breastfeeding initiative	Several
NCAA	National Coalition for Active Ageing	UK
NCC_UK	National Consumer Council	UK
NCT	National Childbirth Trust	UK
NFWI	National Federation of Women's Institutes	UK
NHA	National Heart Alliance	Ireland
NHF	National Heart Forum	UK
NHS	National Health Service	UK
NIGZ	Netherlands Institute for Health Promotion and Disease Prevention	Netherlands
Nike	Nike	Worldwide
NL Gov	Netherlands Government	Netherlands
NMN	Novartis Medical Nutrition	Worldwide
NNC FI	National Nutrition Council Finland	Finland
NNC_NL	Netherlands Nutrition Centre	Netherlands
NO HCSGov	Norwegian Ministry of Health and Care Services	Norway
NOC*NSF	National Olympic Committee and National Sports Federation	Netherlands
NOV	Netherlands Obesity Association	Netherlands
NRO	NRO; Initiativ Liewensufank asbl	Luxemburg
NS	The Nutrition Society	UK
NW_FHTF	North West Food & Health Task Force	UK
NW_PATF	North West Physical Activity Task Force	UK
NWESM1	North West of England Nutrition and Physical Activity Stakeholders Meeting (1)	UK
NWESM2	North West of England Nutrition and Physical Activity Stakeholders Meeting (2)	UK
O.M	Ornella Maggiore	Italy
OPOZ	Research Centre for the Prevention of Overweight Zwolle	Netherlands
OSBO	All-Poland Association of Optimal Brotherhoods; Szprotawa	Poland
P.A	Patrizia Antimi	Italy
P.M	Paola Martini	Italy
PAC_HSEB	Programme of Action for Children-Health Service Executive North-West	UK
PAN-WM	Physical Activity Network for the West Midlands	UK
PEB	Plattform Ernährung und Bewegung	Germany
PGEU	Pharmaceutical Group of the European Union	EU

PHS-PHR	Der Pädagogischen Hochschulen St.Gallen und Rorschach; Kompetenzzentrum Forschung, Entwicklung und andere Dienstleistungen	Switzerland
PIE_EU	Pets in Europe	EU
PKV	Verband der Privaten Krankenversicherung e.V.	Germany
PL Gov	Permanent Representation of the Republic of Poland	Poland
PMM	Project Management & Marketing	Greece
PRIAE	Policy Research Insititute on Ageing & Ethnicity	EU
RCN	Royal College of Nursing	UK
RCP	Royal College of Physicians	UK
RHPAC	Regional Health and Physical Activity Coordinator (North West England)	UK
RJSL	Régional Jeunesse et Sports de Lille	France
RWA	Rural Women's Advisory	Finland
S.Q.R	Sofia Quintero Romero	Italy
S.W	Sandra Winkler	Germany
S_A	Sanofi-Aventis	Worldwide
SAINSBURY	Sainsbury's	UK
SCA	Swedish Consumers' Association	Sweden
SE Gov	Swedish Government	Sweden
SEHD	Scottish Executive and the Department of Health	UK
SFVT_GO	School Fruit and Vegetables Team Governmental Office	UK
SHF	Slovenian Heart Foundation	EU
SI HGov	Ministry of Health of the Republic of Slovenia	Slovenia
SITRA	Food and Nutrition programme-Finnish national fund for Research and Development	Finland
SK HGov	Ministry of Health of the Slovak Republic	Slovak Republic
SKL	Swedish Association of Local Communities and Regions	Sweden
SPF	Belgian Federal Government	Belgium
SSC	Swedish Sports Confederation	Sweden
Stockholm	City of Stockholms Executive Office	Sweden
Sustrans	Sustrans	UK
T.W	Tadeusz Wojtaszek	Poland
TFP-EUPHN	Task Force Physical activity of the European Platform on Public Health Nutrition	EU
TSI	Trading Standards Institute	UK
TU-DRESDEN	Working Party 'Lifestyle and other Health Determinants' Technische Universität Dresden	Germany
U.S	Uli Sparringa	Germany
U.U.W	Ursula Umfahrer Ernahrungsconsultung	Austria
UCL	Weight Concern and University College London	UK
UEBA	Union of European Beverages Associations	EU
UFCD	Union Fémine Civique et Sociale	France
UGAL	Union of groups of independent retailers of Europe	EU
UISP	Italian Association of Sports for All	Italy
UK_FOODCOM	UK Food Commission	UK
UNAF	Union Nationale des Associations Familiales	France
UNILEVER	Unilever	Worldwide
VDZ	German Federation of Magazine Publishers	Germany
VELB	European Lactation Consultant Association	EU
VZBV	Verbraucherzentrale Bundesverband	Germany
WABA	World Alliance for Breastfeeding Action	Worldwide

WAGGGS	Europe Region of the World Association of Girl Guides and Girl Scouts	EU
Wales HSSGov	Health and Social Services Committee Wales	UK
WBT_OPTYMALNI	All-Poland Association of Optimal Brotherhoods; Jaworzno	Poland
WBZ	Zentrale zur Bekämpfung unlauteren Wettbewerbs	Germany
WELLCOME	Wellcome Trust	UK
WFA	World Federation of Advertisers	Worldwide
WHC	Women's Health Council	Ireland
WHICH	WHICH	UK
WHO	World Health Organisation	Worldwide
WKO	Wirtschaftskammer Österreich	Austria
WMIG	Weight Management Interest Group-Irish Nutrition and Dietetic Institute	Ireland
WMOSG	West Midlands Obesity Steering Group	UK
WMRHP	West Midlands Regional Health Partnership	UK
WW	Weight Watchers	EU
ZAW	Der Zentralverband der Deutschen Werbewirtschaft	Germany
ZEPRA	Ost-Schweiz: Zentrum für Prävention	Switzerland