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HEALTH & CONSUMERS DIRECTORATE-GENERAL

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**FIRST JOINT MEETING OF THE HIGH LEVEL GROUP ON NUTRITION
AND PHYSICAL ACTIVITY (HLG) AND THE EU PLATFORM FOR ACTION
ON DIET, PHYSICAL ACTIVITY AND NUTRITION**

DRAFT MINUTES

2 JULY 2008

1. INTRODUCTION FROM THE CHAIR

This is the first joint meeting between the High Level Group on Nutrition and Physical Activity and the EU Platform for Action on Diet, Nutrition and Physical Activity. It is a unique opportunity to gain insight into the context and viewpoints of other stakeholders.

**2. MESSAGE OF WELCOME AND SUPPORT FROM THE COMMISSIONER
(VIDEO)**

3. ADOPTION OF THE AGENDA

The agenda was adopted without amendments.

4. MINUTES OF THE LAST MEETING.

The minutes were adopted without amendments.

5. AN EU FRAMEWORK FOR NATIONAL SALT INITIATIVES

Following the discussions in the High Level Group yesterday (1 July 2008), there are two changes to the document outlining the Framework. The history of the initiative is described in more detail, highlighting the high level political commitment from the Council and putting the salt reduction into the wider context of reformulation activities. There is a great deal of consensus between Member States on the timetable and how the priority sectors will be selected. The initiative will be discussed in more detail in the High Level Group in October 2008 and presented to the Ministers before the end of the year.

This framework on salt initiatives is a test for stakeholder cooperation and of the added value of an EU approach. The benchmarks are deliberately ambitious. Member States and

the European Commission seek economies of scale in discussions with economic operators at national and European level. Awareness raising for consumers of the importance of salt reduction is a precondition for success. Experience from a number of countries shows that all stakeholders can support this process. Salt reduction is a public health challenge which is owned by public authorities but social marketing campaigns demonstrate that governments may not be the only legitimate conveyor of messages.

The European Commission will hold a workshop on monitoring in the Autumn. The key participants will be the WHO and Member States. Platform members may recommend experts that could provide added value to the discussion on monitoring.

6. COMMON FRAMEWORK FOR NATIONAL SALT REDUCTION INITIATIVES

The common framework emerged from two expert workshops of national experts organised by the European Commission. The joint goal is to support Member State initiatives to meet national and WHO guidelines for population salt intake. From an initial long-list of 12 food categories, Member States have identified 4 priority categories which represent the major sources of salt in diet. These are bread, ready meals, cheese and meat products. All countries will work on the first two categories, although there may be greater variation on the second two categories. The common goal is to achieve a 16 % reduction in salt over 4 years. Using a percentage system to measure salt reduction rather than a specific figure means that high consumption countries will have to reduce by more than the countries with lower consumption patterns. In September 2008, Member States will need to complete a template, identifying which sectors they will prioritise.

The initial focus will be to work with the food industry within the EU, addressing intra-EU trade. As consumers palate's adjust to a less salty diet, this may lead to non EU food producers reformulating their products to reduce salt because of consumer demand. Several Member States have experienced that progress by domestic industry which was matched by international producers. Lessons learned from the salt framework can be used for other reformulation targets on sugar, fat and saturated fat.

The flexible approach of the framework is designed to respect the progress that some Member States have already achieved and to provide some room for further progress. Creating a European benchmark of 'best in class' for food items or categories could help industry by demonstrating what is possible and promote exchange of ideas on technology on how to achieve salt reduction. The need for an information sharing mechanism and clearing house on technology options for salt reduction has been raised and needs to be explored further.

The role of civil society and health professionals was highlighted as key to ensuring public awareness of the need to reduce salt intake. Communicating the real health benefits for individuals in terms of potential lives saved or reduced risk of strokes could increase the impact of the message. The focus on reducing salt in manufactured food items was welcomed although it was noted that an increasing proportion of meals are eaten outside the home and therefore catering and restaurant services also need to engage in salt reduction. An area of potential European added value could be identifying information materials that exist in different Member States which could be adapted and shared.

Member States had requested a framework to be established by July so that by the end of the French Presidency, the nuances of the national approaches and stakeholders would be clearer.

Key points from the discussion:

1. Implementing the salt reduction framework will require collaboration at national and local level between national authorities and stakeholders from the Platform. All participants at the meeting are invited to inform their colleagues and counterparts about the coming framework to prepare the ground for implementation.
2. The Commission may approach Platform members during the summer for bilateral discussions to develop the framework further. Platform members are invited to explore how the salt reduction framework fits within their existing and future commitments.
3. The European Commission, WHO and Member States will have a working group meeting on monitoring in the autumn, which will also cover the salt initiative. If Platform members have experience on this issue, they can suggest an expert that may be invited to participate in the meeting.
4. Awareness raising campaigns have not been discussed in detail yet but the interest in this aspect of the framework has been noted. HLG and Platform members could be part of a brainstorm in the early autumn on tools, experience and quick start actions on awareness raising.

7. POTENTIAL FOR COOPERATION AND MODALITIES BETWEEN PLATFORM, HLG AND NATIONAL PROCESSES

A paper was distributed with some preliminary ideas on ways to find linkages between EU level activities and initiatives that may take place at national level. The Commission's nutrition strategy identifies the need for new ways of communication between stakeholders and EU/national and local levels. Several participants from the HLG and Platform welcomed this first joint meeting as an opportunity to exchange information and learn more about the commitments system.

The next HLG meeting on 28 October 2008 will focus on dialogue with national platforms and processes. Members of the Platform and HLG are invited to identify organisations and individuals with expertise to share that could be invited to the October meeting.

The role of public private partnerships (PPP) for delivery of health objectives was discussed. An independent monitoring process is important combined with clear guidance on appropriate interaction with the private sector. PPP can have very different goals, it is important to distinguish between those which are commercially based and PPP that are aimed at promotion of public health. The [AIM](#) Charter on Brands for Health and Wellbeing was mentioned as an interesting example of economic operators seeking ways to contribute towards broader health of consumers and seeking advice from health professionals on what to do. This is not privatisation of goal setting but shared delivery.

It is useful to enshrine that public health goals are owned by government officials and that stakeholders should act within their domain and area of expertise. The term 'partnership' could be re-named as 'coalitions of interest' bringing together governments,

industry and civil society. Several Member States have similar style concepts for specific issues such as workplace health or patient safety. The added value at European level could be to create networks between organisations that seek dialogue. It can improve the visibility of public health policy and ensure consistency between data collection to allow comparability and scientific reliability.

The Chair concluded that this was a useful initial exchange about partnerships which will inform the work of developing a monitoring framework for the EU nutrition strategy. Some issues that could be explored further include how to deal with legitimate concerns about PPP, and whether publicly established objectives such as the [Istanbul Charter](#), Platform Commitments, EU [Nutrition Strategy](#), and the Salt Framework can build confidence in a partnership approach. Acknowledging that no organisation chooses to be diverted from their core business by a partnership, this leaves open the question of what is considered as core business. Many of the boundaries are becoming blurred. For example, in the context of social marketing campaign for health, the roles of marketing experts, health professionals and public authorities are evolving. Within the framework of maintaining public health in the authority of public health officials, ownership could be shared among several hands. Platform members were invited to send their comments on these discussion topics by the end of August 2008.

8. CIAA REFORMULATION MONITORING SURVEY

The CIAA is undertaking a survey to understand the extent to which industry is reformulating and updating labelling. The survey provides a representative snapshot of the entire industry, covering small family owned businesses to large multinationals. The goal is to use a research methodology that is rigorous and delivers results of a standard for peer review. The survey sets out a benchmark so that change over time can be measured focusing on **what** companies are doing. There is an opportunity for further research to indicate **why** these actions are being taken. The initial results show that reformulation and innovation is widespread, and the amount and type of information being provided to consumers is increasing.

HLG and Platform participants put forward a number of questions about the survey:

- Why was only western Europe covered?
- Is there an independent, external review of the methodology and results?
- 2,000 responses from 8,500 questionnaires - what about follow-up of non responders?
- What is the market share of reformulated products and the share of the labelled products within the product range?
- What kind of labelling was being produced – GDA or traffic lights?
- Did the survey distinguish between companies that had taken action and those that planned to?
- Was any data collected on the levels of nutrient reduction through reformulation?
- Were any products withdrawn from the market rather than just reformulated?
- Is there any evidence that companies have a financial incentive to change, e.g improved products have led to higher sales?

These questions were welcomed and by the CIAA researchers and many of them will be answered when the full results of the survey are available later this year. Unanswered questions could be integrated into the next round of research.

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Afternoon session of the Diet Platform only

9. DEBATE ON PLATFORM COMMITMENTS ON LIFESTYLES EDUCATION

A background paper on nutrition information and lifestyles education has been prepared by the contractor ECO. This sets out a series of questions for Platform members to reflect upon and use as a basis for discussion.

Nutrition education: “that group of communication activities aimed at achieving a voluntary change in nutrition related behaviour to improve the nutritional status of the population” M. Andrien, FAO

- The majority of Platform members have made commitments for action on various types of nutrition education. For the purposes of monitoring, the RAND Institute Europe has grouped these commitments together into the following categories:
 - Active education involving interaction with the target audience
 - Passive nutrition education - one-way
 - Education in schools through the formal curricula
 - Education in schools through informal routes

The link between education and action

- Do initiatives on nutrition education by Platform members have an explicit goal of behaviour change?
- How are the nutrition education initiatives designed to change behaviour?
- How was the baseline measured at the start of the intervention?
- Is there evidence that one way information to consumers can lead to measurable behaviour change?
- Do more active education initiatives achieve measurable behaviour change?

Rationale and Impact

- How does nutrition education interact with other communication tools such as labelling?
- Can the long-term impact of nutrition education be demonstrated?
- Is there a robust educational theory behind the media literacy initiatives?
- Do media literacy initiatives deliver long-term attitudinal or behavioural change?

Scalability and Feasibility

- How much have the initiatives and projects undertaken under the auspices of the Platform cost?
- How cost-effective have those initiatives and projects been?
- Under what conditions, and at what cost, could they be extended and scaled up to cover the entire potential target audience?
- Given the evidence of a positive impact of point of sale nutrition information, why have only a small minority of catering outlets’ representatives undertaken to provide this?

The EU funded [HELENA](#) project was also presented. The objective was to obtain reliable and comparable data of a representative sample of European adolescents, concerning: foods and nutrients intake, food choices and preferences, obesity prevalence,

dislipidemia, insulin resistance, vitamin and minerals status, immunological markers for subclinical malnutrition, physical activity and fitness patterns, and variations of the nucleotide sequence in selected genes. The project will contribute to understanding why health-related messages are not as effective as expected in the adolescent population.

The researchers found that two thirds of adolescents generally know what foods are healthy, they just don't apply the knowledge. There is a need to motivate them and work at the individual level to promote change and an environment that supports their behaviour change. No direct relationship was found between level of food knowledge and BMI. The two extremes of socio-economic classes had lower levels of obesity.

Platform discussion:

The economic operators outlined the rationale behind many education campaigns: more informed consumers make better decisions about their food choices and this leads to behaviour change. However, the discussion paper highlighted that there is little evidence that information campaigns alone can deliver behaviour change. This was acknowledged and confirmed in the discussion by Platform members. Even the well funded and highly visible, large-scale education campaigns such as the US [VERB](#) and the BBC '[Fighting fat, fighting fit](#)' have failed to deliver sustainable change.

Therefore, the focus should move towards an '*education/information plus*' approach, with interventions tailored towards the explicit goal of behaviour change. It was proposed that rather than trying to educate population to behave differently, greater emphasis could be placed on influencing the environment within which choices are made. This might imply that economic operators could avoid education campaigns and focus more on their core expertise of reformulation and marketing.

The question for projects which have been aimed at behaviour change such as Food Dudes or EPODE is whether they can be delivered at scale over the next few years, what this would cost and who would pay for it. When the Commission reviews the nutrition strategy, it would be useful to be able to identify with some confidence what interventions work at local level, are scalable and affordable, in contrast to activities that are too complex or costly to take to scale.

The issue of corporate involvement and funding of public health initiatives was raised, particularly how conflicts of interest are addressed. Questions elaborated in the discussion include:

- How do companies assess return on investment for funds provided to health campaigns?
- To what extent do they feel that they gain reputation or sales advantage?
- What if the success of a health initiatives means the end of a successful business model of selling a product – e.g alcoholic beverages or unhealthy food?
- Are food companies committed to coherence of their corporate social responsibility (CSR) and marketing– for example removing cartoon characters from high sugar breakfast cereals?

The EU funded [Response](#) project by a consortium of business schools identifies that CSR only delivers when it is a strategic commitment at the centre of business decision-making. It needs to be a deep internal change rather than just external engagement with stakeholders. There are lessons from this project for Platform members on building meaningful relationships between economic operators and civil society and on the broader issues of society's expectations of the private sector.

A more in-depth discussion on governance aspects of public private partnerships in the area of public health would be useful. For example, what checks and balances are needed to ensure that the public interest is protected? What is the appropriate role for the private sector - is it sufficient that companies have no branding or strategic involvement in a project? What is the common understanding of an 'arms length' relationship? What are the rules of engagement for all partners in a multi-stakeholder approach?

Platform members were invited to volunteer to help the Commission define the scope of a future discussion on governance issues.

10. NEXT STEPS - TOWARDS 2009

Phillipe Roux, DG SANCO

The few remaining Platform members that had not identified a commitment for 2008 have now done so. Platform members that do not have a commitment will be suspended rather than excluded until the time that they are ready to re-enter the process with a new commitment. The Commission is implementing an early warning system to alert Platform members of when their commitments will expire, thus acting as a prompt for creating new commitments. Early in 2008, the Commission undertook to make the database available online and this has now been achieved.

Platform members will need to report on their commitments in the next quarter. It is therefore time to start gathering information from the networks and members in order to deliver an improved and comprehensive monitoring of activities. In April 2008, the Chair set the Platform the challenge that 80 % or more of the monitoring would receive a score of 3/5 or higher.

The next dates for meetings are 17 September (focus on physical activity) and 19 November.

In the coming weeks, Platform members are invited to provide comments and feedback on the paper on cooperation mechanisms between the HLG and the Platform, to express interest in being part of discussions on monitoring of the EU nutrition strategy, awareness raising on the salt reduction framework, and/or governance of public private partnerships.