

# **NINETEENTH MEETING OF THE HIGH LEVEL GROUP ON NUTRITION AND PHYSICAL ACTIVITY**

25<sup>th</sup> November 2013 10.00-16.00

**VENUE : CCAB  
ALBERT BORSCHETTE CONFERENCE CENTRE  
36 RUE FROISSART - [ROOM : 4A-4B]  
B – 1040 BRUSSELS**

**CHAIR: Acting Director John Ryan**

## **Final Minutes**

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### **1. INTRODUCTION BY THE EUROPEAN COMMISSION**

**The Chair, Mr John Ryan**, opened the meeting by welcoming participants and explaining that the main purpose of the session was to discuss the proposal for an Action Plan on Childhood Obesity.

The Chair reminded the participants that on 26 November 2013 (the day after this High Level Group meeting), the first Recommendation on promoting health-enhancing physical activity would be adopted by the Council. This recommendation supports work conducted as part of the Strategy for Europe on Nutrition, Overweight and Obesity-Related Health Issues and, given the conclusions of the Strategy evaluation indicating that greater focus on physical activity was required, it has been very encouraging to see that Council negotiations have led to an agreement on this issue. The final text was circulated to the members of the High Level Group.

The Chair also welcomed for the first time the Croatian delegate, Dr Sanja Musić Milanovic, as well as the new Greek representative, Ms Trichopoulos, who is also coordinating the High Level Presidency Conference on Nutrition and Physical Activity that will take place in Athens on 25 and 26 February 2014.

The Chair confirmed that there were no comments on the minutes of the previous High Level Group or the Joint meeting of the High Level Group and the Platform for Action on Diet, Physical Activity and Health held on the 20<sup>th</sup> June 2013. These minutes were therefore adopted.

### **2. JOINT RESEARCH CENTRE – SCIENTIFIC SUPPORT TO THE HIGH LEVEL GROUP PRESENTED BY THE COMMISSION’S JOINT RESEARCH CENTRE**

**Mr Stefan Storcksdieck**, first presented work from the Commission’s Joint Research Centre which is providing scientific support to the High Level Group with an analysis on school food

standards in the EU28 + Norway and Switzerland. School meals are the focus of this work given that both national and international strategy papers and policies have highlighted school settings as important places in which children learn about healthy diet and lifestyle. As a basis for this exercise, the Joint Research Centre identified the most relevant and recent national policy documents using the WHO-EC European Database on Nutrition, Obesity and Physical Activity<sup>1</sup>, Ministerial websites, input from members of the High Level Group and national dietitians.

Some results from the mapping exercise include:

- all 30 countries have school food policies in place,
- the majority of policies entail voluntary guidelines rather than obligatory standards,
- countries differ in terms of their history and in the extent of school food provision,
- often responsible parties are several ministries, which can make coordination a challenge,
- a descriptive map of European school food policies can be used by policymakers to facilitate exchange of experiences and can support researchers to assess the impact of school food policies on population health.

The findings will be summarised in a final publication. The Joint Research Centre also proposed to organise a workshop on school meals, to take place in May 2014 in Ispra, Italy.

**Mr Philippe Roux** reminded the Group that it had asked the Joint Research Centre for support, particularly in relation to the Action Plan on Childhood Obesity. Mr Roux asked the Joint Research Centre whether the High Level Group would be invited to the workshop.

Mr Storcksdieck replied that it would make good sense to bring the Group together with other relevant stakeholders and would have to come back to DG Sanco regarding the financing of the Group's participation.

**The Chair** also mentioned the importance of communicating health messages to other ministries besides those responsible for Health e.g. education or agriculture.

**Cyprus** informed the Group that in Cyprus, children leave school at 12.45, so no food is provided on school premises. Cyprus informed of a new pilot project, in which some children will stay on school premises until 15.00 and small shops/canteens will offer them breakfast and lunch.

**Spain** suggested that school meals could be part of the Joint Action that will be discussed later in the meeting. There could be a focus on school meal menus, canteens etc. Perhaps the Group could aim to develop some High Level Group recommendations on school food based on the analysis presented by the Joint Research Centre.

**UK** reminded the group of the challenge that some parents don't want their children to eat the food served at school i.e. "mothers pushing burgers over the fence". Parents and children need to be encouraged, so they want to buy school food instead of giving the children lunch from home. UK proposed to share their experience in this area.

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<sup>1</sup> <http://data.euro.who.int/nopa/>

**Hungary** explained the national situation, where children are offered three meals per day in pre- and elementary school according to specific standards. Until two years ago, they had a regulation in the area, but now the system is based on guidelines.

**Slovenia** found this school meal analysis an important policy tool. Slovenia has a ban on vending machines.

**France** mentioned that it is important to see available food options for children outside of the home, including options provided by vending machines. A global/overall approach is needed.

**Greece** mentioned that it is important to educate the families and not only the children.

**Italy** mentioned that for the Italian Presidency in the 2<sup>nd</sup> half of 2014, preparation of the Milan EXPO2015 will be a priority.

**Sweden** explained that in Sweden it is mandatory to serve a hot meal in schools. The food must be nutritious and tasty. At the same time, the surroundings are also important.

**Finland** informed the Group that they are probably the country with a longest experience in school meals (more than 60 years). It is important to involve the families and look at the food culture and social perspective. Finland offered to share best practice with other Member States.

**Croatia** informed the Group that it also in Croatia is mandatory to serve a meal to the children at lunch. The meal is cooked at the school. Last year Croatia developed new guidelines on school meals, in order to improve the standard of the meals. They have identified three problems: 1) vending machines; the government can't ban them, and instead recommend changing the food offered via the machines. 2) Children don't always eat the meal, even though it is very cheap. The children often eat chocolate instead brought from home. 3) There is not enough time for the children to eat the food.

**Spain** mentioned that at the schools in Spain, children can have a meal and they can also bring food from home. There are standards/guidelines on food in vending machines. The families/parents need to know what is on the menu at the school so that they can serve something complementary at home. Due to the economic crisis, children often bring lunch from home. So it has been arranged that children can access refrigerators in order to keep their food fresh. Furthermore, it is not possible to advertise at places where children eat or at other school environments.

**The Chair** mentioned that the Joint Research Centre is preparing the study for publication, but in advance of this, they will check the data with the Member States. He also recommended that the final report should be circulated to DG AGRI. Member States must circulate the report at regional and local levels. The Joint research Centre will clarify the financial issues around the May event. We will have the school meals on the agenda for the next meeting.

**Mr Philippe Roux** added that it is important that the members now reflect on how we can build on the initial work of the Joint Research Centre. The Joint Research Centre and the WHO could include the school meals information in the NOPA database. On the education side, the Joint Research Centre could discuss with DG EAC regarding use of the eurodice

system. For the EXPOMilan 2015, the Group could think of presenting guidelines on school meals during the event. School meals could also be included as a work package under the Joint Action, with priority areas including tasting and healthy meals as well as looking at the school food environment.

### **3. DRAFT ACTION PLAN ON CHILDHOOD OBESITY, PRESENTATION BY MS URSULA O'DWYER, IRISH MEMBER OF THE HIGH LEVEL GROUP ON NUTRITION AND PHYSICAL ACTIVITY**

**Mrs Ursula O'Dwyer**, Department of Health, Ireland, presented the draft proposal for an Action Plan on Childhood Obesity as prepared by a subgroup of the High Level Group including Ireland, France, Germany, Cyprus, Greece, Finland, Slovenia, Hungary, Belgium, Netherlands and Switzerland. The overarching goal of this 6 year Action Plan would be to contribute to halting the worrying rise in childhood obesity by 2020. The action plan will focus on a limited number of working areas, operational objectives and concrete EU targets. Childhood obesity was a major theme of the Irish Presidency Informal meeting of EU Health Ministers in Dublin in March 2013. Following this meeting, the Commissioner supported the Irish request to mandate the EU High Level Group on Nutrition and Physical Activity to draw up an Action Plan to address the issue of childhood obesity. The writing group met on 25 October and 7 November 2013 and has given their support to the draft Action Plan on Childhood Obesity.

This Action Plan will play a key role in implementation of the Strategy for Europe on Nutrition, Overweight and Obesity-Related Health Issues. For its implementation, the main actors and competences will be:

- EU Member States,
- EU Commission,
- Civil Society Stakeholders,
- with a supportive role for WHO and other international agencies.

A Joint Action can be used by Member States as one of the Action Plan implementation tools from 2015 onwards.

Finally, Ms O'Dwyer explained that the actions currently included in the draft Action Plan on Childhood Obesity were colour coded based on input from the writing group: green (realistic), yellow (ok, but specific Member States were not in favour of the action) and red (not realistic).

**Mr Philippe Roux** added that the rather large writing group (11 Member States) showed interest in policies on childhood obesity. He also added that in the current draft of the Action Plan a column on EU targets was added for each of the actions. The writing group has so far worked on the introduction of the text and today's focus should be on the structure of the Action Plan and contributions to the specific actions.

Member States not taking part in the writing group now need to examine the document and colour code actions according to the same criteria as the writing group (green, yellow and red). Member States are requested to send written comments on the Action Plan on Childhood Obesity to DG SANCO before the deadline of 6th January 2014. The EU Platform for Action on Diet, Physical Activity and Health will be invited to propose actions to help achieve the operational objectives agreed by the High Level Group. The Platform proposals on possible

actions will be then discussed at a Platform plenary on 6<sup>th</sup> February 2014. The aim is to have the Action Plan endorsed during a High Level Greek Presidency Conference on Nutrition and Physical Activity taking place on 25<sup>th</sup> -26<sup>th</sup> February 2014 in Athens. The next meeting of the High Level Group is scheduled to take place on the 24<sup>th</sup> of February 2014 in Athens, where the final Action Plan will be discussed in advance of the Greek Presidency Conference. Therefore, based on contributions from the Platform, a final version of the Action Plan will be sent to the High Level Group prior to the Greek Presidency Conference. Mr Roux invited the members to take ownership of the Action Plan and adopt the document at the Greek Conference. The Action Plan can be included in Council Conclusions on nutrition and physical activity.

**The Chair** thanked the writing group for their work and invited the members to discuss the actions starting on page 17 with ‘Area 1: a healthy start in life’, where four operational objectives have been outlined.

**Germany** explained that the recommendation on breastfeeding is now 4-7 months of breast feeding (and not 6 months).

**Italy** informed the Group that they would have a study on breastfeeding ready in 2014.

**France** mentioned that the EU target can complement national targets and that it is not mandatory for Member States to follow this, but instead it should be considered as a guideline.

**The Chair** informed the Group that the targets indicate where we want to be after three years. Furthermore, it will be difficult to evaluate the results if there are no targets.

**UK** asked whether the Action Plan would be a menu of options or whether it would be a set of targets.

**Philippe Roux** reminded the Group that the same procedure was used for setting up the targets for the salt reformulation framework. All Member States do not have to do all the actions or achieve every objective in the Action Plan as some are more advanced.

**Finland** preferred a limited number of areas for action. The examples of “make the healthy option available” and “promotion of physical activity” could be included in other areas for action. For the area for action targeting families, they should not only be informed, but should focus on empowerment. Despite these suggestions, Finland supported the areas for action but mentioned that, given the overall target of halting obesity rates, not all actions are required.

**UK** also supported the proposal for including fewer areas of action and noted the need to acknowledge the significant role that the food industry plays in promoting healthy options.

**Italy** supported the UK’s suggestion of a more active role for the food industry.

**The Chair** responded that at tomorrow’s Platform meeting (26th November), the Action Plan will be discussed and Platform members are invited to send commitments that could support work in this area.

**Ireland** mentioned that the Group needs to agree to the text before it is sent to the Platform.

**Spain** mentioned that the first part of the document gives a good overview of the topic. However, labelling has not been addressed. Spain will look into this. They see the plan as overarching lines for negotiations. They also asked why the target group has been set at the ages of 0-18 years.

**Mr Roux** answered that the 0-18 years age group was set by the writing group.

**UK** mentioned that targets are important, but queried the necessity of EU targets when there are national and WHO targets.

**The Chair** remarked that WHO Geneva currently has 10,000 resolutions in place but no system in place for tracking these. Therefore, EU level targets and reporting mechanisms are an important mechanism to ensure that policies are followed up.

**Germany** reminded the Group that this is a political Action Plan in response to the Irish ministerial conference back in March 2013. She commented that the time table until the Greek Presidency Conference is ambitious.

**Mr Roux** mentioned the next steps: The Group was invited to send comments on the draft and colour code the specific actions in green (achievable), yellow (ok, but specific Member States were not in favour of the action) and red (not realistic). Furthermore, the Group was encouraged to add new actions, if something is missing. The deadline will be **6<sup>th</sup> of January 2014**. Sanco will, together with Ireland, integrate the ideas received and review the colour coding of the individual actions. Sanco will need 10 working days for this and then will send a consolidated version back to the Group. The document will not be forwarded to the Platform before the High Level Group has agreed on the current draft. When the Group has agreed to the areas for action, these could be sent to the Platform for the members to suggest commitments that could support the work under the Action Plan. The High Level Group will choose among the received commitments. The final discussion of the High Level Group will then be planned for the 24<sup>th</sup> of February in Athens. Mr Roux urged the Group to contact Sanco if documents are not received.

**The Chair** also mentioned the possibility of organising audio conferences in January or early February. There will however be no interpretation facilities available for this.

#### **4. JOINT ACTION, PRESENTATION BY MR PHILIPPE ROUX, DG SANCO**

**Mr Philippe Roux** informed the Group of the possibility of Member States engaging in a Joint Action (a financial tool under the EU Health Programme) as a possible means to develop actions under the Action Plan. It is important to note that this will not be a Commission led process. The Member States must lead, and the Commission can only act in a supportive capacity. A leading Member State is therefore required, and France has so far suggested taking the lead. Therefore, the Joint Action could be aimed at building the base for a follow-up of the Irish Presidency debate on childhood obesity and also look into the French idea of developing a tool to share ideas/good practices regarding monitoring of self-regulation initiatives (e.g. the OQUALI model, which was presented at a previous High Level Group meeting).

The lead Member State would have the administrative burden. There could be 4-5 work packages and for each individual Member State could each take lead. By early January, the Commission would need confirmation of participation in the Joint Action.

At the moment there is an ongoing Joint Action on alcohol, where Portugal has the lead which could serve as an example.

**Hungary** expressed willingness to participate, but will not lead the whole project. The member needed still to check the Ministry before giving their final confirmation.

**Italy** expressed interest but requested more information on the different work packages.

**Germany** also showed interested, especially to be involved in a work package on physical activity.

**Finland** wanted to be part of the Joint Action.

**UK** expressed interest in principle but requested additional information on content. He asked whether recommendations on school meals would be covered.

**Luxembourg** informed that they would get back to the Commission regarding their participation.

**Belgium** would like to be involved.

**Spain** confirmed that they would take part.

**France** would be interested, especially when it comes to monitoring of best practices.

**Croatia** would be interested in work packages on both nutrition and physical activity.

**Bulgaria** would like to participate in the Joint Action but requests more information.

**Mr Roux** explained that it will be up to participating Member States to decide what could be relevant to have as work packages in the Joint Action. It can be specific guidelines, recommendations or standards. The minimal action will be sharing of good practice.

For the members it will be important to discuss back home at the Ministries but also with the other High Level Group colleagues in order to see where Member States could collaborate. The Joint Action will be added in the Action Plan as a contribution. From now until the end of 2014, the contract with the Executive Agency for Health and Consumers needs to be drafted. The group can further discuss the Joint Action at the next meeting in February in Athens. A document on the implemented Joint Actions (2008-2011) has been published. We will circulate this to the group. At the moment there are 9 ongoing actions, e.g. on cancer and chronic diseases. The Commission promised to send information on these Joint Actions [this information will be sent at the latest on the 20<sup>th</sup> January 2014].

**The Chair** concluded that, by 15<sup>th</sup> of January 2014, Member States are requested to send proposals for possible initiatives. These will contribute to a discussion at the next meeting as well as to confirm participation.

## 5. HOW WEIGHT WATCHERS CAN SUPPORT NATIONAL AUTHORITIES IN THE AREA OF WEIGHT MANAGEMENT SOLUTIONS, PRESENTED BY MS ZOE HELLMAN AND MS GILLIAN MERRON, WEIGHT WATCHERS

**Mrs Zoe Hellman**, Head of Public Health for Weight Watchers and **Mrs Gillian Merron**, Weight Watchers European Representative, presented some of their work developing weight management solutions and how this could support national authorities in their efforts to tackle overweight and obesity through lifestyle interventions. With over 50% of people across the EU now recognised as being overweight or obese<sup>2</sup>, policy makers increasingly have to concentrate their efforts on avoiding the growing financial challenge that this will create for healthcare providers in the future – already healthcare costs related to obesity drain Europe of at least €59bn every year<sup>3</sup>. Prevention isn't enough. It must be combined with treatment through weight management solutions. These need to consider low socio economic groups. Mrs Merron mentioned that the new EU strategy should include this best practice and invites the group to look at Weight Watchers policy brief that was circulated in advance of the meeting.

**Philippe Roux** clarifies that the current Strategy will continue and there will not be a new strategy. In addition there will be an Action Plan focusing on childhood obesity.

**Greece** asked for the costs of using this programme and whether it was for the general population.

**Finland** wanted to know whether Weight Watchers have any data on long term results. She was aware of the short term data that have been published.

**France** mentioned the necessity of the public system to give access to everyone.

Ms Hellman replied that, in UK, the Weight Watchers programme is part of the national health care system. In Germany, Sweden and Netherlands they have partnerships with local professionals and local Weight Watchers groups. Weight Watchers provides 3 weeks of intensive support, with weekly meetings that aim to change behaviour. The costs are 60 euro per person per course. The long term results are a 5-10% weight loss, which is seen as a successful weight loss.

**The Chair** concluded that the structure of the national health systems and the issue of costs can make it difficult to choose specific actors.

## 6. CONCLUSIONS OF THE CHAIR

The Chair concluded that

- The Joint Research Centre will continue to support the High Level Group, especially in relation to the Action Plan on Childhood Obesity.

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<sup>2</sup> More than half (52%) of the adult population in the European Union are overweight or obese: OECD (2012), Health at a Glance: Europe 2012, [http://ec.europa.eu/health/reports/european/health\\_glance\\_2012\\_en.htm](http://ec.europa.eu/health/reports/european/health_glance_2012_en.htm).

<sup>3</sup> Weight Watchers presented the data cited in FACTSHEET on Nutrition and obesity prevention, September 2006 Commission services

- The Joint Research Centre will involve the members of the High Level Group before their analysis on the school meals is considered final.
- Members were encouraged to attend the Greek Presidency Conference on 25-26 February 2014.
- Written comments on the Action Plan on Childhood Obesity are to be sent to DG SANCO by the 6th of January 2014.
- Based on contributions as well as input from the Platform, a final version of the Action Plan will be sent to the High Level Group in advance of the Greek Presidency Conference.
- The Commission called for Member States to participate in the possible Joint Action, and to inform the Commission of this by the 15<sup>th</sup> of January 2014.
- The next meeting of the High Level Group is scheduled to take place on the 24th of February 2014 in Athens, where the final Action Plan will be discussed in advance of the Greek Presidency Conference on Nutrition and Physical Activity.