1. INTRODUCTION BY THE COMMISSION

The 23rd meeting of the High Level Group on Nutrition and Physical Activity was chaired by John F. Ryan, Acting Director SANTE C. Krysztof Maruszewski, Director of the Institute for Health and Consumer Protection at the Joint Research Centre, focused his address on the mission of the Joint Research Centre and its support to the policy work of the Commission. Its main role is advisory and for that purpose the institution does research itself, including in the area of public health and consumer protection.

Ciaran Nicholl, Head of Public Health Policy Support at the Institute for Health and Consumer Protection, provided additional detail and noted that his unit was created in October 2012 and now counts with 40 people. Several relevant projects are underway. A software package will be offered to all the cancer registers in the EU and allow for the consolidation of data previously scattered all over Europe. An EU platform for 600 registers of rare diseases is being created, along with two related databases, ensuring sustainability of action in these areas. Screening and diagnosis guidelines on breast cancer will be updated and all the other stages of the care pathway will be included. Behavioural (economics) is also a major and growing of importance.

The minutes of the previous meeting were adopted and the agenda of the meeting was approved.

2. PROMOTE HEALTHIER ENVIRONMENTS

Silvia Tokarova, Ministry of Education, Science, Research and Sport, Slovakia, presented the Member State's recent action relevant to area 2 of the Action Plan on Childhood Obesity.

School meals are supported since 2008 in primary schools only. Their composition and price are regulated and validated by the central government (although it was considered that meals should not be free, the parents' contribution is symbolic). The coordinator of nutrition activities in the schools is a teacher and the headmaster is also involved, cooperating both with the coordinator and with nutritionists. The good functioning of the scheme is dependent on the good relationships between several actors, including teachers, students, canteen staff and food producers. Work with industry was not always easy.

This is part of a comprehensive policy that includes promoting the reduction of sweetened beverages, increased physical activity, daily breakfast, reducing portion sizes, among others.
A new action plan has been recently approved, privileging fruits and vegetables and milk over other snacks. Vending machines have now supplied with healthier offer but it is envisaged that they will be removed from schools altogether. Work at national level is made much easier whenever European sources of information, policy documents and databases are available. More work would thus be welcomed in this area.

Slovenia noted that they have established a strong structure for school meals (94% of schools are involved and kindergarten participation is now increasing). Vending machines are off limits of school premises in their country. Increasing water intake is being experimented with at the moment and sharing of practices would be useful in this area. Tests are underway to verify whether children are able to read food labels in practical ways. Public procurement is an area that presents major challenges and for which EU support would be welcomed. This happens because there are complex and sometimes conflicting objectives (centralising nutrition criteria may hinder the resort to shorted supply chains, for instance) and especially because schools are more vulnerable in face of most suppliers (there asymmetry of information and bargaining power, fear of rejecting the delivery of substandard food, etc.). Slovenia includes 5 lessons a week of physical activity in schools. Further, open sport and playground areas belonging to schools are now slowly being reopened to the local community during the afternoons (after a period during which safety concerns prevailed and led to closed-gates policies).

The Eurydice database could be further used to improve the monitoring of nutrition and physical activity initiatives in schools. It would be important that all Member States suggest that the Eurydice network is used for this purpose.

Germany noted that promoting healthy diets and physical activity is a priority of the national government until 2020 and dozens of related projects have been supported. A new study of school food has shown a positive evolution but the typical meal does not yet include enough fruits and vegetables while too much meat and too little fish is on offer. Also because of this, the validation of school food providers by a central nutrition authority will be introduced and this will entail difficult negotiations with the Länder. Physical activity is also deemed an area needing improvement, as only two lessons per week is not enough (again this is under the direct responsibility of the Länder). An all-day school policy is being implemented in Germany and this will be an opportunity; it is hoped that additional physical activity will take place during the afternoon, with cooperation from local sports clubs.

Sweden emphasized the importance of involving the headmaster of the school in the nutrition policy. Sweden also faces challenges related to public procurement. There are very few companies providing food to schools. For this reason, breaking down the scope and duration of the contracts may allow for more competition and for more SMEs to access the market. In any case, it would be timely that additional support work is undertaken on the topic of public procurement guidelines.

The Netherlands have no mandatory school meals but rather a strong policy of providing consultancy to schools to promote that they offer healthy options to kids, and a covenant between caterers and school food providers to make the healthier option easier. This goes in parallel with reformulation efforts (a conference on reformulation will take place under their Presidency on 22 and 23 February 2016).
France
School meals exist in France since the Second World War. There is a national law that stipulates how meals should be provided and the price is defined in accordance with the economic situation of the parents (and decided at local level). No vending machines are allowed in schools and no beverage other than water. Any nutrition-related initiatives that take place in schools have to be validated by the government (thus controlling access of industry to that environment). A major problem is that too many kids arrive at school without having had breakfast (this can be related to the economic background but distance to school plays an important role as well, for instance). A snack was being provided in mid-morning and it was hoped that this action would compensate for such cases. This, however, proved to be promoting excessive intake of energy for those that had taken breakfast. A campaign was then initiated to withdraw the mid-morning snack and at same time address the issue of breakfast.

3. JRC RESEARCH PRIORITIES ON NUTRITION AND PHYSICAL ACTIVITY

3.1 WHAT IS NEW

The Joint Research Centre provided an in-depth overview of their work in the field of nutrition and physical activity. Jan Wollgast, Joint Research Centre, provided an overview of scientific news and developments in the fields of nutrition and physical activity. It was suggested that the topic of microbiota could be a focus of a coming presentation. Slovenia noted that intestinal microbiota is becoming a more and more important area of research (also related to sugar) and suggested that the Joint Research Centre considers an overview of the topic. Belgium offered to provide additional information on this topic.

Philippe Roux, DG SANTE, congratulated the group and the Joint Research Centre for the success of the healthy school meals initiative. He also provided an update on the results of the Informal Council of Health Ministers that took place in Riga in April. The Ministers issued a strong call for the High Level Group to proceed with the work under the Action Plan on Childhood Obesity and also to advance with work on tackling sugar and other nutrients (under the EU Framework for National Initiatives on Selected Nutrients) and he recalled the cooperation on this topic with the upcoming presidency of The Netherlands. The next steps in these areas should be reported back to the Council (and when relevant developed under the Joint Action).

3.2 NUTRITION AND HEALTH SUPPORT ACTIVITIES AT THE JRC

Several projects being led by the Joint Research Centre in the area of nutrition and physical activity were presented by Sandra Caldeira, Joint Research Centre. The scenarios of the foresight exercise were presented. Slovenia commented that the scenario setting methodology is very interesting and knowledge about how to use it is being shared with other national institutions, with the support of the Joint Research Centre.

3.4 PEER-ACTIVE: PEER INCENTIVES FOR INCREASING PHYSICAL ACTIVITY IN CHILDREN

The presentation by Eugenia Polizzi, Joint Research Centre, focused on the role of peers and personal networks in nutrition and physical activity. Obesity can be said to behave as if spreading through social ties. Peer pressure arguably plays an important role in promoting
malnutrition and also in increasing smoking, drinking, inactivity and drug use. The project was meant to investigate whether such effect could be reversed and social-based incentives used to promote healthier lifestyles. During the intervention, kids received points whenever their friends increased their levels of physical activity, and vice-versa. Options of reciprocity, exchange and team performance were also tested (this was adequately controlled against the alternatives of points being awarded for individual performance alone or awarded with no relation to activity). The experiment was performed over a total of 140,000 hours (circa 40 days), one of the longest existing dataset in literature. Reciprocity and group treatments were the two options that showed statistically significant effects (against the individual performance and the control group). The group effect seems to be more effective for boys while the peer effect is more relevant for girls.

4. SOCIAL DETERMINANTS OF HEALTH AND HEALTH INEQUALITIES

Gwen Nightingale, Department of Health, United Kingdom, mentioned that in the UK, the income-related life expectancy gap is of 9 years for men and 7 for women. Poorer people eat less fruits and vegetables. Obesity is more prevalent in the most deprived communities. A number of policies are trying to address these problems.

The Change4Life program is targeting lower income families and providing simple tools to support families making realistic improvements, one step at a time (nevertheless, it is difficult to link the campaign, which is well known, to direct impacts in obesity). The National Health Service Health Check is a risk assessment and management programme for preventing chronic diseases. More than 9 million people have participated in it so far. It is a universal service but targeting vulnerable groups so it contributes to fighting inequalities. The Family Nurse Partnership is also supporting home visits for first time young mums. It has improved breastfeeding rates, among other successes.

The Trouble Families programme supports families with problems related to unemployment, housing, crime, education, child protection, etc. 93% of the members of such families between 35 and 54 years of age have obesity problems.

The authorities have been working with industry to remove calories from all sorts of products (e.g. sandwiches sold in large supermarkets). They were successful in agreeing with a cinema chain to change the default option for beverages to the low calorie version. The portion size of some chocolate bars was also reduced.

Several initiatives support healthy meals in schools, such as setting standards and distributing subsidised milk.

Slovenia mentioned that while election years can be a challenge for policy continuity, they can also be an opportunity to introduce new ambitious policies, if politicians are well briefed on these occasions.

Germany noted that in the when citizens applying for places in German kindergartens, they are asked whether they have been to health checks. This is a good way to cooperate horizontally and support the work between government services.

France reminded that within the deprived population, different categories exist. In France, almost 3 million have to resort regularly to food aid. It is very important to work especially with these subgroups in dire need so as to help them access food of higher nutritional quality. More than 80% of the people that can be joined via nutrition-related communication initiatives for the vulnerable are women. However, men are important decision makers within the families so it is important to find ways to bridge this gap and reach them whenever
possible. Health at work policies could be especially important in this respect, as (male) workers could be reached via their employers.

It is further important to note that on hard times, food expenditure is almost the only available adjustment variable for the family budget (as housing, fuel/electricity and even telephone/communication are almost incompressible).

When applying the funds made available by the European Union via the Fund for European Aid to the Most Deprived (http://ec.europa.eu/social/main.jsp?catId=1089), Belgium established a list of foods to be distributed that supports its nutrition policy (even if fresh fruits and vegetables remain very difficult to include, due to their particular logistics and storage requirements and shorter shelf life).

Slovenia described how it was possible to increase the engagement of working class men in a public health action by having famous football players participate in friendly games and then only allowing families with improving food quality standards to join their teams.

Finland mentioned that school meals are an important tool to successfully fight nutrition inequalities. Breastfeeding remains an area where inequalities are felt. This relates to the recent changes in infant formula legislation: the fact that the EC authorises increased fortification with vitamin D will probably lead to more inequalities. Better health impact assessment of other policies should be done, as very often they have an impact (not only on health but also on health inequalities).

Germany commented that more vulnerable groups can have entirely different health behaviours not just on nutrition but on all lifestyle-related issues. A cross-sectorial approach is thus needed.

5. NATIONAL POLICY UPDATES

5.1 DUTCH RESEARCH RESULTS – POSSIBLE POLICIES ON MARKETING TO CHILDREN

Jasper Lok, Ministry of Health, Welfare and Sport, The Netherlands, shared that the renewed Advertising Code regulates the restriction of advertising of food products targeting children up to 13 years (except for packaging and point-of-sale; the food-related criteria are based on the EU Pledge). Monitoring will be done by independent researchers. To consider different possible policy-options on this topic, research is executed in 11 different EU member states. Legislative and self-regulatory approaches both appear to have advantages and drawbacks. One of the disadvantages of legislation is that it is limited to the national jurisdiction.

Ireland added that a voluntary code for advertising is being prepared and results are expected within 18 months.

Slovenia reminded that full implementation of the Audiovisual Media Services Directive and the WHO Nutrient Profiles are major available tools to address this topic. Based on them, Slovenia is preparing guidelines to be included in legislation.

The UK highlighted that promotion was the one subject where the UK was unable to move forward with industry agreement. Companies show a lot of reluctance to self-regulate in the area of advertising.

5.2 RESULTS OF GREEK STUDY ON FOOD HABITS

The Hydria survey was presented by Antonia Trichopoulou, High Level group Member for Greece. Final results will be available by the end of June but it is already clear that 1 in 3 Greek adults face important nutrition-related problems. Consumption of soft drinks remains a public health challenge. The initial project budget was supported in 97% by EU Structural Funds.

France mentioned that a nutrition cohort that is contacted via Internet has been created in 2005. It is recognised that it is not perfectly representative but these flaws can be partially compensated for with statistical analysis. The tool has proven to be very useful and very high value for money.

It was proposed that structural funds should be the topic of one of the future meetings.

6. THE NATIONAL DIETARY SURVEYS INITIATIVE

Mary Gilsenan, European Food Safety Authority, presented the European Food Consumption Database, which is the most comprehensive available source on the topic even if it suffers from methodological problems. Currently, the food classification does not provide detail in important areas such as consumption of energy drinks. EFSA is working to improve the harmonisation of the collection of nutritional data in Europe. This is what the EU Menu project aims at by 2020. A call has been launched on 4 May, with a July deadline, to support the use of a common survey methodology by competent authorities (it does not finance the actual surveys).

The Chair compared the exercise with the data collection performed by the European Centre for Disease Prevention and Control on communicable diseases (that has a substantially larger budget).

7. COUNTRY HEALTH PROFILES ON NUTRITION AND PHYSICAL ACTIVITY

Artur Furtado, DG SANTE, introduced the Commission's objective of improving the support provided to Member States by targeting the use of available instruments to the particular needs of (groups of) Member States. The Chair emphasized that this initiative would be an opportunity to look more closely –and support– the prevention activities of both the Member States and the EU.

Finland voiced a general support for the initiative. Greece commented on the importance of calculating the DALYs for several diseases. This would be a means of assessing the overall cost to society of the lack of prevention.

8. ANY OTHER BUSINESS

Stephanie Bodenbach, DG SANTE, described the current legislative framework and noted the importance of the High Level Group being informed on this topic (as it is sometimes up to Member States' representatives from other ministries to react on it).
Slovenia noted that limits for certain nutrients should be applied to baby products. Finland further added that it is important that references values concerning certain (micro)nutrients should be understood as limits, and not as target values. This is especially important for vitamin D fortification. It will be essential to monitor the market situation once these legislative changes take place.

8. CONCLUSION

The Chair concluded:

- Measures targeting schools are of high relevance to address the nutrition and physical activity challenges in Europe;
- Fighting health inequalities remains a top and horizontal priority;
- Action at EU level can be of high relevance for Member States and further avenues for support will continue to be discussed in the future.
- Structural funds should be the topic of one of the future meetings;
- The High Level Group will work on sugar under the EU Framework for National Initiatives on Selected Nutrients.

The next meeting will be on 28 October in Luxembourg. One of the main topics that will be addressed is support a healthy start in life (area 1 of the Action Plan on Childhood Obesity).