Overview of the Joint Action

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At EU and international level:

since 2000, many political initiatives

Since 2000, at EU level, 16 Council conclusions on topics related to nutrition, physical activity, obesity, or lifestyle

Many EU actions and research projects
The HLG elaborated the EU Action Plan on Childhood Obesity 2014-2020

Goal: To contribute to halting the rise in overweight and obesity in children and young people (0-18 years) by 2020

Areas for action (with operational objectives, actions, indicators, targets)

- Support a healthy start in life;
- Promote healthier environments, especially in schools and pre-schools;
- Make the healthy option the easier option;
- Restrict marketing and advertising to children;
- Inform and empower families;
- Encourage physical activity;
- Monitor and evaluate;
- Increase research.
Joint Action on Nutrition and Physical Activity

**JANPA General objective**

To contribute to halting the rise in overweight and obesity in children and adolescents by 2020 in EU, within the global frame of the “EU Action plan on childhood obesity 2014-2020”, and in close link with the “European action plan for a nutrition and food policy 2015-2020”.

Duration: 27 months, Sept. 2015 to Nov. 2017
JANPA’s overarching characteristics

- The question of **social inequalities**
- A **life course approach**: promotion of a healthy diet and physical activity in children already starts during pregnancy and early age
- A **multi-sectorial approach**, with integrated actions better coordinated, government actions between the social, employment, education, health, agriculture, transport and private sectors
- A **diversity of issues**: economic aspects for advocacy, information, food reformulation, physical environment, stakeholder involvement-dissemination,
- A **variety of settings**: pre-natal, kindergartens and schools, home, health facilities, retailers, ...
JANPA Partners

26 countries/ 39 associated partners (ministries, public health and nutrition agencies and institutes, universities, ...) & collaborative partners

1. Austria
2. Bulgaria
3. Belgium
4. Croatia
5. Cyprus
6. Czech Republic
7. Estonia
8. Finland
9. France
10. Germany
11. Greece
12. Hungary
13. Ireland
14. Italy
15. Latvia
16. Lithuania
17. Luxembourg
18. Malta
19. Norway
20. Poland
21. Portugal
22. Romania
23. Slovakia
24. Slovenia
25. Spain
26. Sweden

In addition to:
– WHO-Europe
– JRC, EC
Technical work packages

- **WP4** Evidence and Economic rationale for action on childhood obesity: **Ireland**
- **WP5** Nutritional information monitoring and food reformulation prompting: **France**
- **WP6** Healthy environments by integrated approaches: **Hungary**
- **WP7** Early interventions: **Finland**

Transversal work packages

- **WP1** Coordination (administrative, financial, technical, ...): **France**
- **WP2** Dissemination (stakeholder analysis, website, poster, social media, ...): **Italy**
- **WP3** Evaluation (performance as to relevance, effectiveness, efficiency, impact): **Greece**
Objective of WP6

Help Member States to identify ways to create healthier environments in kindergartens and schools by providing guidance on policy options and programmes.

To complement the theoretical framework with rigorously selected examples and ideas from the ground that can inspire other countries to act and move such initiatives forward.
WP6 Work Plan

Task 6.1: Definition and criteria of good practice for childhood obesity prevention programs in kindergartens and schools

Task 6.2: Collection and analysis of national good practices using a standardized protocol and gather country context data

Task 6.3: Policy capacity assessment for childhood obesity prevention in different sectors

Task 6.4: Create a Guide and an online Toolbox for decision makers and programme planners

1. HUNGARY
2. GERMANY
3. GREECE
4. POLAND
5. ROMANIA
6. BULGARIA
7. ESTONIA
8. FRANCE
9. ITALY
10. LATVIA
11. LUXEMBOURG
12. SLOVAKIA
13. SLOVENIA
14. SPAIN
15. IRELAND
16. MALTA
### Task 6.1: Definition and criteria of good practice

A *good practice* is an initiative that has been proven to work well (i.e. process evaluation) and produce good results (i.e. output and outcome evaluation), and is therefore recommended as a model.

It is a sustainable and efficient experience, with clear objectives and clearly defined target groups that is aimed to be empowered. Its activities use existing structures and it has a broad support amongst the target population, thus deserves to be shared so that a greater number of people can adopt it.

<table>
<thead>
<tr>
<th>Intervention characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The approach is proven to be successful and effective in practice (has had a positive impact on individuals and/or communities)</td>
</tr>
<tr>
<td>• Objectives are clear and SMART (specific, measurable, achievable, realistic and time-bound)</td>
</tr>
<tr>
<td>• Target group is clearly defined (including age, gender and socio-economic status)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Activities are using/integrating existing structures</td>
</tr>
<tr>
<td>• Target group is aimed to be empowered (enhance their knowledge, skills and competences so that they can make decisions independently)</td>
</tr>
<tr>
<td>• There is broad support for the intervention amongst the intended target populations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monitoring and evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Outcome/impact evaluation showed significant contribution to the target behavior or its determinants</td>
</tr>
<tr>
<td>• Most of the planned activities have been performed and most of the objectives have been reached</td>
</tr>
<tr>
<td>• Financial and human resources are in place for evaluation</td>
</tr>
</tbody>
</table>
**WHAT actions have been done in the participating Member States?**

Science- and practice-based guide on establishing a school environment supportive of healthy eating and physical activity.

**Structure:** EU Action Plan recommendations to create healthy environment:

1) facilitate physical activity  
2) provide easy access to the healthy options and eliminate unhealthy foods  
3) restrict marketing  
4) improve the education on nutrition and healthy lifestyle  
5) care for overweight children  
6) monitor and screen for overweight children
1. Facilitate physical activity

Case study from JANPA: Multi-level tournaments in Romania

The National Schools Sport Olympiad (ONSS) is a sport competition taking place each year in the Romanian schools. The program is coordinated by the Ministry of Education and it is implemented at school level by the Physical Education teachers. The program involves children from 1st grade (age 7 years) to 12th (age 18-19 years). The competition develops in multiple consecutive rounds, from school level to local level, regional and the final tournaments at national level. There are separate competitions for boys and girls and for each school cycle (primary, secondary and high-school). Children are engaged in several sports such as athletics (different field events), badminton, football, rugby-tag, cycling, swimming, roller-skating, tennis, archery, handball, oina (Romanian traditional sport), table tennis, basketball, volleyball, chess etc. The competition calendar is established by the Ministry of Education at the beginning of each school year. According to the ONSS rules, each school has to organize competitions in at least 5 individual sports and 3 team sports. The ONSS engages children from all around the country in sport competitions within the school environment, being the only national program promoting physical activity in the children and youth population.
Search by Country

Bulgaria
- National Programme for Prevention of NCDs 2014-2020

Estonia
- Personalized approach in child obesity management

France
- Morning Snacks
- Prolimap
- Food supply in middle and high schools
- Prolimap INES

Germany
- IDEPICS
- Klasse2000
- Besser essen. Mehr bewegen.
- Anerkannte Bewegungskindergarten

Greece
- Greek School Canteen Policy
- EY2HN
- Hellenic National Action Plan against CHO

Hungary
- HAPPY
- Everyday PE
- Public Catering Act

Ireland
- Easright
- Little bites
- Healthy Lunchboxes

Italy
- PA promotion in primary school children. Intervention-study centered on playground marking.
- OKRO ALLE 3A
- EU SFS teachers' training
- Target Snack
- Peer educators mothers promoting health
- EU SFS accompanying measures

Latvia
- Sports for all students
- Restriction of unhealthy foods in kindergarten and schools

Luxembourg
- Healthy and balanced nutrition

Malta
-
HOW should these measures be implemented in other contexts?

1. Use an integrated approach
   - multi-component
   - multi-actor / inclusive approach
   - multi-sectoral
2. Ensure sustainability
3. Increase capacity for transferability and reproducibility
4. Consider dimensions around equity
5. Include a robust process and impact evaluation
Conclusions of WP6

• The online Toolbox *facilitates interactions* between programme coordinators and those who would like to act, which is essential to connect national teams

• Give special attention to and *develop systematic evaluations* on the impact of initiatives, focusing on the reduction of social inequalities if possible through harmonized indicators

• The analysis of conditions for the *inter-country transferability* of “good practices” should be strengthened

• More work should be done on the area of *marketing* and *care for overweight children*

• After JANPA ends, this work with the *Toolbox should be continued* and probably extend to other areas
OBJECTIVES
WP7 | EARLY INTERVENTIONS

1. To find the best programmes/interventions in Member States concerning pregnant women and families with children up to 36 months

2. To develop information on models of good practice, with special attention to social inequality

3. To improve the quality of public policies and interventions promoting healthy diets and physical activity
WP7 work plan

Task 7.1: Defining criteria for good practices and selecting practices

Task 7.2: Analyses of selected interventions
Collecting information on policies

Task 7.3: Selection of good models to be developed further

Task 7.4: Compilation of relevant information on good models for future actions

50 interventions from 9 countries
I Pre-conditions for decision making

- Good, longitudinal data
- Availability of information through adequate public health monitoring
- Political commitment is a basis to decisions
- Communication plan is a mean for actions
- A common vision of the importance of health promotion in all levels of decision making
- A forum for decision makers
II Conditions for the design

- Research and independent expertise are needed to give decision-makers up-to-date information
- A concrete plan for each stage of preparation and implementation and a willingness to learn from evaluated feedback
- A unified governance center or network that actively and regularly keeps stakeholders committed
- Continuation and evaluation of the programme/intervention ensured in planning phase
III Ideal conditions for implementation

– Governing bodies need to support implementing authorities
– Appropriate financial and staff resources
– Multisectoral participation also in implementation level
– Continuous participatory training
– Attractive tools and training for the professionals in the public health and social services systems
– Modern and modifiable validated tools for health promotion
JANPA RECOMMENDS:

– Starting from the Toolbox created by JANPA, **set up a sustainable and user-friendly platform** or database which promotes and facilitates interaction between the initiators of actions and professionals

– Special attention be paid to **the initiatives on the reduction of social inequalities** through the identification of specific indicators

– The **database created by JANPA should be kept “alive” and extended** to other determinants of chronic diseases after the end JA ends

– **Improving the wide scale implementation of practices and experiences** identified as important during the Joint Action with the support of the steering group for prevention and promotion of DG Santé

– Strengthening the analysis of **conditions for the inter-country transferability of good practices** through a specific call for proposal
OBJECTIVES OF THE WP5

– Incite manufacturers to improve the nutritional quality of their products

– Contribute to improving:
  • the understanding on food information by all families
  • and the use of food information by the MS

⇒ Harmonisation of nutritional information (and the way it is collected and used in Europe)
WP5 working plan

Task 5.1: Identification of available food information / surveillance tool

Task 5.2: Analysis of uses of food information for nutrition policy

Task 5.3: Analysis of uses of food information by families

Task 5.4: Pilot studies implementation: nutritional composition comparison and monitoring network

In the 9 participating countries:
- Austria
- Romania
- France
- Soft drinks
- Breakfast cereals

France / Austria / Romania / Belgium / Bulgaria / Lithuania / Norway / Slovakia / Slovenia
**Task 5.1 identification of available food information**

A need to develop monitoring tools to follow the nutritional composition of the food supply

**Task 5.2 use of the food information by government**

A need to combine several types of actions to improve the situation (information, reformulation, food environment – ads, serving sizes)

**Task 5.3 use and understanding by consumers of the information on labels**

Necessity to simplify / homogenize food labeling; Front Of Pack labels should be: Simple / interpretive / ordinal; necessity to combine with other type of actions
Task 5.4 Pilot studies

- **Aims**
  - ✔ Collect the nutritional information: harmonize the analysis and presentation of the data
  - ✔ Present comparisons and identify best formulations
  - ✔ Test the Oqali model from France

- **Results:**
  - Methodology easily transposable to other European countries
  - Data gathered for 520 breakfast cereals and 890 soft drinks (in only 2 months)
  - Data collected and treated following harmonized rules
**Segmentation of the market by family of product** for regular soft drinks

**Proportion of the different families of products for regular soft drinks (in number of references)**

- **Austria 2016**
  - 43% Tonics and bitters (sugar > 2.5g/100 ml)
  - 10% Flavoured waters (sugar > 2.5g/100 ml)
  - 18% Lemonades (sugar > 2.5g/100 ml)
  - 32% Colas (sugar > 2.5g/100 ml)
  - 6% Beverages with tea (sugar > 2.5g/100 ml)
  - 0% Non carbonated beverages with fruits (sugar > 2.5g/100 ml)
  - 16% Carbonated beverages with fruits (sugar > 2.5g/100 ml)
  - 1% Fruit based beverages with fruit content >50%

- **France 2013**
  - 3% Tonics and bitters (sugar > 2.5g/100 ml)
  - 5% Flavoured waters (sugar > 2.5g/100 ml)
  - 7% Lemonades (sugar > 2.5g/100 ml)
  - 34% Colas (sugar > 2.5g/100 ml)
  - 8% Beverages with tea (sugar > 2.5g/100 ml)
  - 3% Non carbonated beverages with fruits (sugar > 2.5g/100 ml)
  - 16% Carbonated beverages with fruits (sugar > 2.5g/100 ml)
  - 1% Fruit based beverages with fruit content >50%

- **Romania 2016**
  - 43% Tonics and bitters (sugar > 2.5g/100 ml)
  - 5% Flavoured waters (sugar > 2.5g/100 ml)
  - 7% Lemonades (sugar > 2.5g/100 ml)
  - 64% Colas (sugar > 2.5g/100 ml)
  - 5% Beverages with tea (sugar > 2.5g/100 ml)
  - 5% Non carbonated beverages with fruits (sugar > 2.5g/100 ml)
  - 16% Carbonated beverages with fruits (sugar > 2.5g/100 ml)
  - 1% Fruit based beverages with fruit content >50%

**Different food offer in the 3 countries (in number of references)**

⇒ Prevalence of beverages with fruits in the 3 countries (60-80%)

⇒ Much more non carbonated beverages with fruits in Romania

⇒ Different definition of flavoured waters, lemonades

* Products with similar characteristics e.g. colas or beverages with tea among soft drinks
Segmentation of the market by type of brand for soft drinks

Different structuration of the market in the 3 countries (in number of references)
Comparison of sugar content in soft drinks between countries

Example for carbonated beverages with fruits with sugar

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of products</th>
<th>Mean value</th>
<th>Standard deviation</th>
<th>Minimum value</th>
<th>Maximum value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria (2016)</td>
<td>114</td>
<td>6,8 &lt;sup&gt;c&lt;/sup&gt;</td>
<td>2,8</td>
<td>2,7</td>
<td>13,0</td>
</tr>
<tr>
<td>France (2013)</td>
<td>150</td>
<td>8,7 &lt;sup&gt;b&lt;/sup&gt;</td>
<td>1,7</td>
<td>3,3</td>
<td>12,8</td>
</tr>
<tr>
<td>Romania (2016)</td>
<td>57</td>
<td>9,5 &lt;sup&gt;a&lt;/sup&gt;</td>
<td>2,6</td>
<td>3,8</td>
<td>13,8</td>
</tr>
</tbody>
</table>

⇒ High variability
  ⇔ different offer (type of products / flavoured waters type products)
  ⇔ Type and percentage of fruit
⇒ Reformulation possible

⇒ Significant difference between the 3 countries but same variability of results
## Comparison of sugar content in soft drinks between countries

<table>
<thead>
<tr>
<th>Family of product</th>
<th>p-value</th>
<th>Number of references</th>
<th>Mean value</th>
<th>Number of references</th>
<th>Mean value</th>
<th>Number of references</th>
<th>Mean value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruit based beverages with fruit content &gt;50%</td>
<td>1,4E-06</td>
<td>21</td>
<td>7,0b</td>
<td>76</td>
<td>10,4a</td>
<td>3</td>
<td>8,7</td>
</tr>
<tr>
<td>Carbonated beverages with fruits (sugar &gt; 2,5g/100 ml)</td>
<td>3,7E-12</td>
<td>114</td>
<td>6,8b</td>
<td>150</td>
<td>8,7</td>
<td>57</td>
<td>9,5a</td>
</tr>
<tr>
<td>Non carbonated beverages with fruits (sugar &gt; 2,5g/100 ml)</td>
<td>4,8E-07</td>
<td>78</td>
<td>9,5a</td>
<td>292</td>
<td>8,9b</td>
<td>227</td>
<td>9,7a</td>
</tr>
<tr>
<td>Beverages with tea (sugar &gt; 2,5g/100 ml)</td>
<td>0,67</td>
<td>63</td>
<td>6,2</td>
<td>117</td>
<td>6,1</td>
<td>23</td>
<td>6,4</td>
</tr>
<tr>
<td>Colas (sugar &gt; 2,5g/100 ml)</td>
<td>0,09</td>
<td>26</td>
<td>9,9</td>
<td>61</td>
<td>9,2</td>
<td>17</td>
<td>9,1</td>
</tr>
<tr>
<td>Lemonades (sugar &gt; 2,5g/100 ml)</td>
<td>4,0E-04</td>
<td>35</td>
<td>8,4b</td>
<td>95</td>
<td>8,2b</td>
<td>16</td>
<td>10,9a</td>
</tr>
<tr>
<td>Flavoured waters (sugar &gt; 2,5g/100 ml)</td>
<td>0,66</td>
<td>1</td>
<td>3,5</td>
<td>35</td>
<td>3,6</td>
<td>4</td>
<td>3,9</td>
</tr>
<tr>
<td>Tonics and bitters (sugar &gt; 2,5g/100 ml)</td>
<td>2E-06</td>
<td>15</td>
<td>10,4a</td>
<td>28</td>
<td>7,4b</td>
<td>6</td>
<td>9,8a</td>
</tr>
<tr>
<td>Beverages with fruits (sugar ≤ 2,5g/100 ml)</td>
<td>0,05</td>
<td>17</td>
<td>0,8</td>
<td>73</td>
<td>0,8</td>
<td>45</td>
<td>1,2</td>
</tr>
<tr>
<td>Beverages with tea (sugar ≤ 2,5g/100 ml)</td>
<td>5,4E-04</td>
<td>4</td>
<td>1,5a</td>
<td>25</td>
<td>0,2</td>
<td>10</td>
<td>0,04b</td>
</tr>
<tr>
<td>Colas (sugar ≤ 2,5g/100 ml)</td>
<td>0,77</td>
<td>15</td>
<td>0,1</td>
<td>82</td>
<td>0,04</td>
<td>15</td>
<td>0,2</td>
</tr>
<tr>
<td>Lemonades (sugar ≤ 2,5g/100 ml)</td>
<td>0,78</td>
<td>10</td>
<td>0,2</td>
<td>31</td>
<td>0,1</td>
<td>42</td>
<td>0,03</td>
</tr>
<tr>
<td>Flavoured waters (sugar ≤ 2,5g/100 ml)</td>
<td>0,03</td>
<td>5</td>
<td>0,4</td>
<td>55,0</td>
<td>0,0</td>
<td>9,0</td>
<td>0,3</td>
</tr>
<tr>
<td>Tonics and bitters (sugar ≤ 2,5g/100 ml)</td>
<td>0,56</td>
<td>0</td>
<td>3</td>
<td>0,1</td>
<td>5</td>
<td>0,01</td>
<td></td>
</tr>
</tbody>
</table>

- **a** Highest sugar content (significant difference)
- **b** Lowest sugar content (significant difference)

- Significant difference for 6 families out of the 14 studied (5 out of the 8 families of regular products)
- Important difference between families of soft drinks
## Comparison of sugar content in soft drinks for common references

<table>
<thead>
<tr>
<th>Family of product</th>
<th>Austria</th>
<th>France</th>
<th>Romania</th>
<th>Number of common references with similar nutritional composition*</th>
<th>Percentage of common references with similar nutritional composition*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruit based beverages with fruit content &gt;50%</td>
<td>21</td>
<td>76</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Carbonated beverages with fruits (sugar &gt; 2,5g/100 ml)</td>
<td>114</td>
<td>150</td>
<td>57</td>
<td>5</td>
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<td>227</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>Beverages with tea (sugar &gt; 2,5g/100 ml)</td>
<td>63</td>
<td>117</td>
<td>23</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Colas (sugar &gt; 2,5g/100 ml)</td>
<td>26</td>
<td>61</td>
<td>17</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Lemonades (sugar &gt; 2,5g/100 ml)</td>
<td>35</td>
<td>95</td>
<td>16</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Flavoured waters (sugar &gt; 2,5g/100 ml)</td>
<td>1</td>
<td>35</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tonics and bitters (sugar &gt; 2,5g/100 ml)</td>
<td>15</td>
<td>28</td>
<td>6</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

* references showing exactly the same sugar content or a difference of sugar content lower than 0,1 g/100 ml

21 similar products out of 33 common references (total =2155)

⇒ Few common references

⇒ The same reference may have different formulations in different countries (adaptation to local taste / delay in implementation of reformulation / different owner of the brand etc.)
Conclusions for soft drinks

- Need to work at the family level because the portfolio of families is different according to countries.

- High variability observed for sugar content for some families. Potential for reformulation.
Conclusions for soft drinks

- Difference observed in the sugar content between the 3 countries for 6 families out of the 14 studied.

- Differences due to:
  - Different food offer in the 3 countries (different segmentation of the market, few common references);
  - Different definition of a same appellation (lemonades, flavoured waters);
  - Different characteristics within a family of products;
  - Different composition of a same reference.

Food producers should be encouraged to reformulate their major references on the basis of the “best in class” products.
Conclusion of WP5

- Monitoring tool managed by public authorities and fed by industry necessary:
  - to qualify the nutritional quality of the food offer
  - to follow up the impact of the nutrition policies deployed

- Necessity to work at the brand and at the country level:
  - the offer varies depending of the country,
  - but also because the composition of the products can be different from one country to another.

- Methodology used in Oqali adaptable to other European countries with minor modifications
Deploying the tested method in several European countries to:

- Determine average levels of nutrients of interest (sugar, salt, fat, saturated fatty acids, energy) and their variability, by product groups and sub-groups (for example, chocolate-based breakfast cereals within the broader sector of breakfast cereals), type of brand (national brands versus retailer brands) and brand

- Compare, among countries, the nutritional quality of foods by groups and sub groups

- Ensure the reliable monitoring of trends in these data
JANPA RECOMMENDS:

- In 2018, under the leadership and with the support of the Commission, to hold a meeting of the organisations appointed by the volunteering Member States and constitute a network.

- To continue to develop, until 2020 and beyond, the country network, implementing a harmonised methodology for the collection and processing of nutritional information.

- To set or revisit appropriate and realistic objectives for the nutritional reformulation and improvement of foods by mid-2019. This could lead to a European regulation setting threshold values.
WP4 JANPA COSTING MODEL

A very ambitious work: first lifetime costing study that developed and applied a standard methodology in many countries

Aims:
• Describe the lifetime cost of childhood obesity
• Assess the effect of reducing mean childhood BMI by 1% and 5%

Conducted within model principles; eg
• Societal economic perspective
• Transparency
• Maximising the use of resources
• Building capacity
## DATA REQUIREMENTS

<table>
<thead>
<tr>
<th>Population</th>
<th>Childhood population size</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI</td>
<td>Historical BMI distribution (all ages)</td>
</tr>
</tbody>
</table>
| Disease parameters | • Annual incidence rates  
                       • Annual prevalence rates  
                       • One-year survival probabilities  
                       • Annual mortality rates |
| Direct healthcare costs | Annual per case direct healthcare costs |
| Lifetime income losses | Annual average income |
| Productivity losses due to premature mortality | |
| Productivity losses due to absenteeism | • Average number of days absent  
                                          • Social welfare payments |
| Other | Life expectancies at birth, Minimum legal working age, Retirement age |
CONCLUSIONS - REPUBLIC OF IRELAND (1)

- Total financial costs (€4,518.1M) account for 1.6% of GDP in 2015
- Lifetime financial cost is €16,036 per person
- Direct healthcare costs (€944.7M) account for 4.8% of public health expenditure in 2015.
- Premature deaths (55,056) account for 1 in 10 of all premature deaths
- Societal costs are larger than direct healthcare costs
- Premature death is a larger cause of productivity loss than absenteeism (€2,795.4M vs €521.9M)
CONCLUSIONS - REPUBLIC OF IRELAND (2)

Gender differences:

- Male productivity losses due to premature mortality and lifetime income losses are higher
- Female direct healthcare costs and productivity losses due to absenteeism are higher

Northern Ireland comparison highlights importance of context:

- Direct health care costs are relatively higher in Northern Ireland
- Indirect (societal) costs are relatively higher in Republic of Ireland

Large savings (€1,127M) with modest changes in childhood BM
JANPA WP4 established that reliable estimates of lifetime cost of childhood obesity/overweight could be obtained.

Estimates highlight the large cost and the large savings that could follow from a modest change in childhood BMI.

If we deal with the unforeseen difficulties, the other valuable data that has been collated can produce reliable and meaningful estimates in the remaining countries.
JANPA RECOMMENDS:

– Sharing the JANPA costing model with the Organisation for Economic Co-operation and Development (OECD) so that its management and development can be incorporated into their ongoing project to improve the modelling capacity of the economics of prevention

– Deploying the JANPA costing model in all European countries for which good-quality data are available, if possible by building on the OECD economics of prevention project. This could be done over the next two years (2018-2019) possibly with the support of a dedicated European budget

– Organising a high-level European conference in 2020, for example at the European Parliament, to draw comprehensive conclusions based on this work
**JANPA is a building block...**

**JANPA is a building block** of a broader initiative to achieve the objective of the European action plan.

In 2 years JANPA has produced pragmatic conclusions that can be implemented, relying on the strength of coordination at European level with the European Commission.
WHAT FUTURE?

- In every Member State (MS), the decision-making chain leading to the implementation of actions should be mobilised to ensure that these conclusions are taken into account at the operational level.

- Within national and regional policies and programmes on nutrition and physical activity in each MS, it should be possible to discuss these recommendations, tailor them to the political and institutional context, and implement them.

- At the EU level, the High Level Group on Nutrition and Physical Activity should be responsible for monitoring and evaluating progress.

- The High Level Group should report regularly to the Steering Group for Prevention and Promotion and its best practices should be considered for wide scale implementation.
WHAT FUTURE?

- The Commission should continue its involvement based on the Council’s conclusions inviting it to provide the necessary support.
- The European Action Plan will come to a close in 2020. JANPA has contributed to its implementation. An evaluation will therefore need to be undertaken to determine whether JANPA’s recommendations have been taken into account.
- The European Parliament could hold discussions on obstacles to the implementation of the recommended measures.
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