

# Initiatives on Nutrition and Physical Activity

More than words of encouragement, the Commission offers practical tools to help Member States and EU citizens make real progress in the areas of nutrition and physical activity.

A balanced diet and adequate exercise are essential for preventing disease and promoting health, but individual efforts –by people and by Member States– do not suffice. EU coordination is often necessary since working in isolation within the Single Market cannot be as effective. For example, only joint initiatives can efficiently decrease sugars, fat or salt in food product recipes, or reduce aggressive trans-border marketing to children, or improve food labelling. All of these areas are of clear relevance to citizens.

Both the [UN Sustainable Development Goals](#) and the [WHO Voluntary Global Targets on non-communicable diseases](#) that Member States agreed to reach by 2025 specifically include healthy diets and physical activity. Awareness and action continue to gain momentum, with successive Council Presidencies addressing the topics and major international private foundations funnelling attention and resources to these areas.

The Commission is currently channelling the support to Member States via the Steering Group on Prevention and Promotion, which is working to promote the implementation of best practices.



## Sweet victories for EU citizens – like the reduction of sugar in processed foods!

The Commission works to help Europeans find healthier food options on supermarket shelves, to improve school meals for children, and to create more opportunities for physical activity around Europe.

- An agreement was brokered with food manufacturers to reduce 10% of added sugars in processed food by 2020; a ‘snapshot’ of the nutritional quality of food products in the EU was launched (Dec 2017) to help monitor whether food products have less and less –or more and more– salt, fat or sugars.
- A tool to help schools draft better food catering contracts was launched (Feb 2017). Public procurement provides a € 80 billion/year opportunity to improve the food provided to children, the elderly and the workforce.
- One Member State has decided (Sep 2017) to only fully subsidise milk without added sugars for distribution in primary schools (under the School Fruit, Vegetables and Milk Scheme). Several industry members committed to reduce added sugars by 10% by 2020. These were direct results of processes held at the High Level Group and stakeholders’ Platform.
- Six Member States credited the Action Plan on Childhood Obesity (and the support of the Commission) with having directly sparked or facilitated the adoption of a specific national plan on nutrition (Oct 2017). Two others further noted that it supported the allocation of financial resources and one Member State revised its public procurement procedures for food in accordance.
- A revised methodology (2016) for the EU Platform for Action on Diet, Physical Activity and Health increased the rigour and ambition of stakeholder commitments in support of the WHO targets on non-communicable diseases.

# You are what you eat! 5 out of 10 risk factors linked to diet

Unhealthy diets translate directly into a huge health and budgetary burden.

EU citizens collectively lose nearly 15 million life years due to dietary risks each year. More than 23% of all deaths can be attributed to that risk factor alone (an additional 2,4% to alcohol use). Five (six if alcohol is included) out of the 10 most important risk factors behind the burden of disease are directly related to diet.

Losses of up to 7% of EU health budgets can be linked to obesity alone.

Most of this harm and burden are avoidable and the Commission works to protect especially the youngest and most vulnerable from the early onset of non-communicable diseases, lower school performance, lower productivity at work, and higher, unsustainable healthcare costs.

## A very healthy start – what's been done or is being done

**Reformulation** removes excess sugars, salt and fat from products that are bought every day in EU supermarkets. It helps citizens of all social backgrounds to have healthier diets and supports innovative companies.



Nutrition Typical values (looked as per instructions)	per 100g	per 1/4 pack	% adult GDA
Energy kJ	1007	2014	
Protein	2.1g	4.2g	8.4%
Carbohydrate	8.4g	16.8g	33.6%
of which sugars	20.6g	41.2g	82.4%
of which starch	1.9g	3.8g	7.6%
Fat	18.8g	37.6g	75.2%
of which saturates	13.7g	27.4g	54.8%
mono-unsaturates	5.7g	11.4g	22.8%
polyunsaturates	1.5g	3.0g	6.0%
Fibre	0.9g	1.8g	3.6%
Salt	0.20g	0.40g	0.8%
of which sodium	0.20g	0.40g	0.8%

GDA = Adult Guideline Daily Amounts are based on a diet of 2500 kcal per day for a 70kg adult male. GDAs are guidelines and personal requirements vary depending on age, gender, weight and activity level.

The Joint Research Centre was asked to produce (mid-2018) a [mapping of initiatives to reduce marketing pressure](#) to identify best practices that the Member States may wish to adapt or build on.

These two initiatives will provide needed tools for the Member States to use the full potential of the Audio Visual Media Services Directive (such as EU voluntary codes to reduce the exposure of children to aggressive food marketing).

**Public procurement** of food represents an opportunity worth € 80 billion euros/year to help steer both demand and supply of healthier food options, first of all in schools. The Commission prepared (Feb 2017) a [tool to help schools draft better food catering contracts](#).

On **Knowledge management and Knowledge transfer**, an extension and update of the OECD report on [economics of prevention](#) was commissioned (early 2018) to provide additional argumentation for Member States to defend public health.

The Commission launched a tender for a [snapshot of the nutritional quality of food products](#) in the EU. It will inform authorities, consumers and industry about the scope for improvements in food products. Since "what gets measured gets done", this can strengthen national reformulation initiatives and support consumer choice, innovation and a level playing field for industry.

It will also add input to discussions on the "dual quality" of food: in parallel with the ongoing work on a methodology on comparative food tests carried out by the Joint Research Centre, we need to better understand the reasons for differences in composition and quality of foods across the EU, as a basis for ensuring consumer protection.

The Joint Research Centre was asked to produce a collection of targeted [briefs for policy makers](#) responding to the (Member States') need for having short, user-friendly, scientifically accurate summaries of the latest evidence, data and implementation examples (Dec 2017). These have now evolved into a [Health Promotion and Disease Prevention Knowledge Gateway](#).

Dozens of examples of [validated best practices](#) have been collected (Oct 2017) from Member States to support implementation in general and the Steering Group on Prevention and Promotion in particular.

This builds on the 2011 High Level Group agreement to an [EU Framework for National Initiatives on Selected Nutrients](#) (a [2008 framework](#) had been agreed to reduce salt in food by 16% in 4 years). Work then started on [reducing saturated fat by 5%](#) until 2016 and by an [additional 5% by 2020](#). In December 2015, the [Added Sugars Annex](#) promoting a voluntary reduction of 10% in added sugars in processed food by 2020 was validated.

The Joint Research Centre was also asked to provide (early 2018) a report on the [commonalities between national nutritional guidelines](#). This will be referred to DG AGRI and DG EMPL to provide voluntary nutritional guidance to the Fund for European Aid to the Most Deprived and to the School Fruit, Vegetables and Milk Scheme.

In parallel, the Commission is evaluating the possibility of setting legal limits for industrially produced trans fats.

The Commission has also organised specific [workshops on reformulation and on food taxation](#), presenting the latest scientific evidence on impact (from OECD, WHO), legal advice from other services and real life experiences from Member States.

On **Marketing**, any parent can immediately relate to the challenge of protecting children from inappropriate ads, and existing evidence on children's exposure to food marketing, especially online, is alarming. A [study on the exposure of minors to TV and online marketing of foods high in fat, salt or sugar](#) has been launched (Sep 2017), a collaboration between DG SANTE and DG CNECT.

This is part of an effort for including **Health in All Policies**. DG SANTE provides input to the discussions of the Fruit, Vegetables and Milk Scheme (following which one Member State decided –Sep 2017– that only non-sweetened white milk would be fully subsidised in primary schools) and, extensively, to the process of modernisation of the Common Agriculture Policy.

In 2016, DG SANTE initiated a systematic process to [collect](#) and relay to DG RTD information on the [Member States' research needs](#) in the areas of nutrition and physical activity. On Physical Activity, DG SANTE has also been working with DG EAC to promote successful (national) interventions.

The above is framed by the 2007 [Strategy for Europe on Nutrition, Overweight and Obesity-related Health Issues](#). It promotes healthy lifestyles and action from Member States (High Level Group on Nutrition and Physical Activity) and civil society (EU Platform for Action on Diet, Physical Activity and Health).

In 2014 the High Level Group agreed on a voluntary [Action Plan on Childhood Obesity](#) to curb the rise in childhood obesity by 2020. 23 Member States and also Switzerland noted that it provided awareness, inspiration, example and guidance, and facilitated both policy-making and implementation.

The EU Platform promoted the implementation of more than [300 voluntary commitments](#) in the area of nutrition and physical activity. A [revised methodology](#) (2016), backed by more than 50 monitoring meetings per year, encouraged commitments that support the WHO targets on non-communicable diseases.



## It's our policy to help EU citizens thrive – how policies support action

Member States have been consistently engaged in this area, providing support and guidance, as illustrated by [Council Conclusions on Nutrition and Physical Activity](#) (2014), [Food Product Improvement](#) (2016) and [Childhood Obesity](#) (2017), and by complementary Presidency initiatives such as the [Roadmap for Action on Food Product Improvement](#) (2016) and the [Best practices of the Member States in food reformulation](#) (2016).

The [Council Recommendation on promoting health-enhancing physical activity](#) (2013) and the [Tartu Call for a Healthy Lifestyle](#) (Sep 2017) are also relevant references for strengthening cooperation across policy areas, as is the [Communication on the Next steps for a sustainable European future](#) (2016).

[Regulation \(EU\) 1169/2011](#) on food information to consumers requires the vast majority of pre-packed foods to bear a nutrition declaration on their label providing the energy value of the food and the amount of fat, saturates, carbohydrate, sugars, protein and salt per 100g or 100ml.

The Regulation also allows food business operators to use or Member States to recommend the use of a front-of-pack simplified nutrition scheme aiming at facilitating healthier food choices (complying with specific criteria). The Commission should adopt a report on the use of these schemes and a possible proposal for further harmonisation in the EU.

[Regulation \(EC\) No 1924/2006](#) lays down the legal framework for using nutrition claims and health claims for food business operators wishing to highlight particular beneficial properties of their products in relation to health and nutrition.

On December 2015, the Commission adopted a [report regarding trans fats in foods and in the overall diet of the EU population](#). Trans fats increase the risk of heart disease more than any other nutrient. The report concluded that setting an EU-wide legal limit for industrially produced trans fats appears to be the most effective solution to solve the issue. The Commission is now conducting an Impact Assessment.



## Supported projects

Dozens of projects have been financed in recent years in the areas of nutrition and physical activity. These projects span a broad range of subtopics and financing schemes, including:

- [a Joint Action of Member States](#) that defined a methodology to compare how much salt, sugar and fat there is in the food being sold in EU supermarkets; estimated the direct and indirect economic cost of obesity and inactivity; and identified best practices in early interventions and school settings;
- a children's cohort research study providing additional light on the causes of obesity, from social determinants, to food marketing, to peer and social networks;
- a project with NGOs to promote healthy lifestyles among people with disabilities and other particularly vulnerable populations.

More at:

[https://webgate.ec.europa.eu/chafea\\_pdb/health/projects/](https://webgate.ec.europa.eu/chafea_pdb/health/projects/)

[http://cordis.europa.eu/projects/home\\_en.html](http://cordis.europa.eu/projects/home_en.html)

<http://ec.europa.eu/programmes/erasmus-plus/projects/>

[https://ec.europa.eu/health/social\\_determinants/projects/ep\\_funded\\_projects\\_en](https://ec.europa.eu/health/social_determinants/projects/ep_funded_projects_en)

