



Best-ReMaP

Healthy Food for a Healthy Future

Deliverable 4.1

Documents retrieved in the desk research

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Contributors and Acknowledgements

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Abbreviations

EC	European Commission
EU	European Union
EFSA	European Food Safety Authority
FtoF	Farm to Fork (strategy)
HLG	High Level Group (on Nutrition and Physical Activity)
JANPA	Joint Action on Nutrition and Physical Activity
NGO	Nongovernmental organization
OECD	Organization for Economic Co-operation and Development
SDG	Sustainable Development Goals
SMEs	Small and medium-sized enterprises
WHO	World Health Organization

Glossary

Term	Definition
Chronic diseases	Diseases that are not passed from person to person. They are of long duration and generally slow progression. The four main types are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma) and diabetes.

Executive summary

The present document constitutes the deliverable (D4.1) of the Joint Action Best-ReMaP summarizes the relevant knowledge and outcome of previous and ongoing European initiatives, of key strategic documents and papers, with the aim to give to Best-ReMaP a solid base and a full integration with the state-of-the-art of the public health policies in nutrition at European level. The 17 papers retrieved in the systematic search calls for urgent and coordinated actions aimed to offer to all European citizens, especially children, healthy and nutritious foods, making the healthy choice the easy choice. Food reformulation, public procurement in school canteens and regulation of advertising are the most referred initiatives in these documents, to achieve the goal of a healthy food offer widely available.

In the meantime, the previous Joint Action JANPA has paved the way for a scientific approach to nutritional strategies to make healthy food available, with a focus on food reformulation.

Introduction

The present deliverable (D4.1) is linked to the activity of task 4.1 of the WP4 and summarizes the relevant knowledge and outcome of previous and ongoing European initiatives, of key strategic documents and papers, with the aim to give to Best-ReMaP a solid foundation and a full integration with the state-of-the-art of the public health policies in nutrition at European level and with the peer-reviewed scientific evidences.

Moreover, this desk research, performed with a systematic approach (see Methodology section for details), avoids the duplication of activities and focuses the efforts of the partners of the ~~present~~ current JA towards the implementation of policies proved to be effective and feasible.

Methodology

The search strategy is reported in table 1. The abstract / summary of the paper identified in the search have been independently evaluated by two different researchers, that made a decision on the inclusion of the papers in the subsequent analysis of the text. In case of discrepancy, a third investigator was involved in the decision. The data have been extracted from the papers /documents deemed relevant, using the data extraction form (table 2).

Results

Documents search

Out of 35 papers identified in the research and whose abstracts have been evaluated, 17 have been included in the full text analysis and whose data have been extracted in the form. The reasons for exclusion have been: 1) duplication of data, for 9 papers and 2) not relevance for the purposes/objectives/aims of the deliverable, for 9 documents. The information and data from the 17 selected documents have been filled in 13 data extraction forms, since the data from the 4 documents retrieved about JANPA have been extracted in a single data form due to the homogeneity of the content.

Outcomes and knowledge of public health and scientific documents

The dimension and the burden of childhood obesity

The prevalence of childhood obesity is dramatically rising in all the EU Member States. Obese children and adolescents are at increased risk of developing breathing difficulties, insulin resistance, psychological effects, fractures, hypertension, and may ~~can~~ display early markers of cardiovascular disease. The effects of childhood obesity can persist into adulthood, since obese children are more likely to remain obese as adults, are at higher risk of developing diabetes, cardiovascular diseases such as coronary heart disease, and hypertension later in life, and have premature mortality rates more than twice as high as individuals of normal weight. Adverse health effects due to being overweight have also been observed during the early stages of life. Also, cancer risk is heightened by obesity, due to unhealthy diet and physical inactivity.

Consumption of unhealthy diets plays a pivotal role in developing overweight and obesity. According to the **Economic Burden of Obesity by OECD**¹, in all the EU Countries included in their analysis (France, Italy, Spain, Hungary), less than 40% of individuals met the recommended daily consumption of at least five servings of fruit and vegetables per day. Roughly, over half of the population of countries such as Italy and Spain consume a healthy diet meeting national guidelines or international standards.

The documents pillars of the JA Best-ReMaP

OECD has also suggested the implementation of policies to regulate or restrict actions promoting unhealthy choice options such as the advertising of unhealthy products and regulating nutritional content. This category of policies includes all the actions aiming to regulate the promotion of, or the access to, unhealthy choice options. The EU Commission, in the **Cancer Plan**² issued in 2021, focuses on measures to make healthy foods more available. At the same time, it explores with Member States, measures to improve consumer information and health literacy and tackle the marketing and advertising of products linked to cancer risks. The **'HealthyLifestyle4All' campaign**³ to be launched in 2021 involving among other, key sectors promoting sport, physical activity and healthy diets, will contribute to achieving the objectives of the Cancer Plan. Member States, regional and local governments and representatives of civil society will be invited to help promote healthy choices become easy and affordable choices. To reduce inequalities, **HealthyLifestyle4All** will focus on engaging people with low socioeconomic status and disadvantaged groups, such as people with disabilities or people with a minority racial or ethnic background and ensuring gender-balanced participation. Marketing and advertising are designed to

influence the choices consumers make. The Commission plans to prepare an implementation report in 2022 on the **Audiovisual Media Service Directive**, including those on commercial communications on unhealthy food and drinks. The Commission also supports Member States and stakeholders in their effort to reformulate and implement effective policies to reduce marketing of unhealthy food products.

The specific objective No 6 of The **EU4Health Program** (Support action for the surveillance, prevention, diagnosis and treatment and care of non-communicable diseases, and notably of cancer), is aimed at reaching the targets set by the WHO on non-communicable diseases, the Sustainable Development Goals (SDG), and the recommendations of the aforementioned EU cancer plan.

The present joint Action also builds on the **EU council conclusion of first semester 2016⁴**. In details, among other conclusions, this document recognizes that:

- in order for people's diet to improve, the healthy choice should be the easy choice;
- to reach the majority of the population, in particular children and vulnerable groups, more action is needed on mainstream products that are consumed by the majority of the European population on a daily basis;
- accessible and affordable improved food products can contribute to the goal of reducing health inequalities, as vulnerable groups, for whom it might be difficult to make healthy choices, could more easily option for improved products as they become more widely available;
- governments have the responsibility for setting public health objectives, which should, subsequently, be achieved in cooperation with food business operators and other relevant stakeholders;
- the starting point varies between Member States, some of which already have a history in food product improvement;
- cultural differences in preferences and dietary patterns can partly determine the approach, the pace of reduction of salt, saturated fat, added sugars and the final results;
- regular, transparent, credible and independent monitoring of product composition is essential for insight into the market situation and into the results of actions undertaken.

and calls upon the Member States to:

- have a national plan for food product improvement in cooperation with the relevant stakeholders, to make the healthy choice easier for consumers.

The **Dutch EU Presidency** in the same year developed a **Road Map for action on food product improvement**⁵. This document underlines the need of concerted action to achieve population intake levels and dietary patterns in line with national, regional, the European Food Safety Authority (EFSA) and the WHO recommendations, particularly through the reduction of salt, saturated fats, sugars and energy, in processed foods. At the same time, the Road Map promotes the consumption of fruits and vegetables and whole grain products. Ongoing activities in the Member States at the time of publication of the Road Map on product composition criteria ranged from a maximum level for separate product groups, to criteria for school meals or other public procurement of food, those related to labelling to marketing of food products to children. This document also recommends the exchange of the different national experiences at the level of High Level Group (from hereby HLG) on Nutrition and Physical Activity, where Member States are represented. Finally, the role of EU cooperative research in the context of food reformulation and improvement is emphasized with an essential role given to a regular independent monitoring of product composition to gain insight into the results of undertaken actions.

Since the HLG meetings have been discontinued at the time of the kick-off of this JA, the Member States exchange and evaluation on the technical outcomes of the action will be held at the level of the Steering Group on Prevention and Promotion of the Commission.

During the **Austrian EU Presidency in 2018**, a relevant consideration was given to the food systems, as well. In November 2018, a **Food Systems Dialogues (FSDs) event**⁶ took place in Vienna, in the context of the conference entitled “People’s food, people’s health: Towards healthy and sustainable European food systems.” The attendance reflected a range of actors working in Food Systems, from health professionals, to government officials to researchers.

The dialogues concluded with the following four proposals for food systems transformation:

Proposal 1: Understanding the demand profile of populations and demographic groups at a granular level;

Proposal 2: Finding initiatives which are “win-win” among multiple stakeholder groups;

Proposal 3: Devising policy at national level which promotes sustainable and nutritious food;

Proposal 4: Engaging all actors at all levels in food systems change.

The **above-mentioned HLG** referred to food systems, with emphasis on food reformulation, in several documents and in the agenda of many of its meetings. The **Annex “Added Sugars”⁷**, published by HLG in 2015, aimed to support Member States in designing, implementing and evaluating product reformulation and improvement strategies in the context of their public health policies to reduce overweight and obesity, and diet-related non-communicable diseases, in the general population and especially in children. Some guidance on the nutrients and energy balance of reformulated products and the main food categories to focus on is given in this annex. The benchmark is set at a minimum of 10% reduction in food. The relevance of stakeholders’ engagement and monitoring is also underlined.

During the **HLG meetings in the period 2016-2017⁷**, several Member States outlined the implementation at national level of voluntary guidelines for school procurement, such as Malta and Belgium, regulation of the advertising of food rich in energy, sugars and fats, such as Portugal and, finally, the food reformulation, such as Luxembourg.

The very recent **Farm to Fork (FtoF from hereby) strategy⁸**, issued by EU **Commission** to describe the European approach to the food systems up to 2050, points out that:

- over half of the adult population is overweight, contributing to a high prevalence of diet-related diseases (including various types of cancer) and related healthcare costs;
- European diets are not in line with national dietary recommendations;
- ‘food environment’ does not ensure that the healthy option is always the easiest one.

So, the FtoF strategy stated that it is necessary to make sure that everyone has access to sufficient, nutritious, sustainable food that upholds high standards of safety and quality, plant health, and animal health and welfare, while meeting dietary needs and food preferences.

In addition, this document asks calls for food processors, food service operators and retailers to shape the market and influence consumers’ dietary choices through the types and nutritional composition of the food they produce, their choice of suppliers, production methods and packaging, transport, merchandising and marketing practices. Current food consumption patterns are unsustainable from both health and environmental points of view. While in the EU, average intake of energy, red meat, sugars, salt and fats continue to exceed recommendations, consumption of whole-grain cereals, fruit and vegetables, legumes and nuts is insufficient.

It is concluded that, in order to improve the availability and price of sustainable food and to promote healthy and sustainable diets in institutional catering, the Commission will determine the best way to set/of setting minimum mandatory criteria for sustainable food procurement. This will help cities, regions and public authorities to play their part by sourcing sustainable food for schools, hospitals and public institutions.

Previous Joint Actions linked to Best-ReMaP

Moving from the public health documents to the scientific initiatives, Best-ReMaP Joint Action is strongly built on the result of a previous JA, named **Joint Action on Nutrition and Physical Activity (JANPA)**⁹⁻¹⁰, implemented in the period 2015-2017. The main objective of JANPA was to contribute to halting the rise of overweight and obesity in children and adolescents in EU Member states by 2020, focusing on specific factors that contribute to the nutritional and physical activity policies for families, kindergarten, pre-school and school environments; an estimate and forecast of economic costs of overweight and obesity in children; and the gathering and, of particular interest for Best-ReMaP, use of nutritional information on foods.

The WP5 of JANPA has dealt with the food formulations and has stated that, despite the work undertaken by Member States with the Commission and the commitments of economic stakeholders, no major progress has been made at the time of the start of the project and that Europe has not had a reliable system for monitoring the nutritional quality of foods. Concerns are emerging regarding the possible differences in the nutritional quality of the same foods sold in different European countries.

JANPA has considered that:

- the food reformulation efforts made so far are too partial to lead to real and widespread improvements in nutritional intakes;
- actions dealing with the nutritional environment (for example serving sizes) and nutritional marketing are useful but insufficient;
- Information campaigns on their own tend to increase social inequalities in the area of nutrition.

In light of this, JANPA:

- tested and proved that a reliable, responsive and precise monitoring system for the nutritional quality of foods and beverages that is controlled by the public authorities could be implemented in several countries;
- deployed this system in a pilot study in two countries for two food groups, within a limited timeframe and at a very reasonable cost.

Therefore, JANPA has recommended 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;
- under the leadership and with the support of the Commission, to hold a meeting of the organizations appointed by the volunteering Member States and constitute a network;
- to continue to develop the country network, implementing a harmonized 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. This could lead to a European regulation setting threshold values.

Conclusions

So, in conclusion, several public health documents issued at European level in the last 5 years, calls for urgent and coordinated actions aimed to offer to all European citizens, especially children, healthy and nutritious foods, making the healthy choice the easy choice. Food reformulation, public procurement in school canteens and regulation of advertising are the most referred initiatives in these documents, to achieve the goal of a healthy food offer widely available.

In the meantime, the previous Joint Action JANPA has paved the way to scientifically approach these nutritional strategies, with emphasis on food reformulation.

Table 1. Desk research strategy

Search engines: Google / Pubmed / Scopus

Date of publication: from 2005 to present

Keywords: JANPA [OR] High-level group on nutrition and physical activity [OR] Steering Group on Disease Prevention and Promotion [OR] EU cancer beating plan [OR] EU Presidency [OR] Farm to fork strategy [OR] European Commission [OR] EU4Health [OR] CHAFEA database [OR] sustainability [OR] food indicators [OR] EU semester process [OR] childhood obesity prevention policy.

Quality assessment / scoring: not available

Languages: English

Table 2. Data extraction form

Document title	
Source	
Type of document (Gov, NGO, peer-reviewed scientific paper, research project)	
Languages	
Year of publication	
<i>Relevant information and conclusions</i>	

Table 3. Data extraction forms of the retrieved documents

/1

Document title	OECD Health Policy Studies - The Heavy Burden of Obesity THE ECONOMICS OF PREVENTION¹
Source	Web
Type of document (Gov, NGO, peer-reviewed scientific paper, research project)	Governmental
Languages	EN
Year of publication	2019
Relevant information and conclusions	
<p>Childhood obesity prevalence (see original report Figures 2.4; 2.7; 5.4) Rising levels of overweight are also damaging our health, wealth and wellbeing, lowering school performance for children, and increasing the risk of unemployment and shortening life expectancy for adults. Individuals living in OECD countries have increasingly unhealthy lifestyles, including a poor diet and an insufficient consumption of fruit and vegetables, a greater consumption of which has been associated with a reduced risk of obesity and other chronic diseases. In addition, people have self-reported insufficient levels of physical activity and spending a significant part of their time in sedentary behaviour involving very low energy expenditure, such as sitting or looking at a screen. More specifically, OECD analyses based on micro-level national data found that: A little more than half of the population of countries such as Chile, Italy, Mexico and Spain consume a healthy diet meeting national guidelines or international standards. In the United Kingdom, fewer than one in three people were found to consume a healthy diet. In 10 out of the 11 countries included in the analysis (Australia, Canada, Chile, England, France, Italy, Mexico, Spain, Hungary, and the United States), less than 40% of individuals met the recommended daily consumption of at least five portions of fruit and vegetables per day. In Korea about 60% of individuals meet such guidelines.</p>	
<p>1.4.4. Policies to regulate or restrict actions promoting unhealthy choice options such as the advertising of unhealthy products and regulating nutritional content This category of policies includes all the actions aiming to regulate the promotion of, or the access to, unhealthy choice options. In the case of overweight and related unhealthy lifestyles, this category of policies mainly consists of regulating advertising of unhealthy food products aimed at children. Despite the public health guidance put in place by the WHO, the OECD review concluded that relatively few countries (i.e. 17, including 14 OECD countries) have implemented compulsory restrictions on television advertising of unhealthy foods aimed at children. In another 25 countries (including 19 OECD countries), selected food manufacturers have adopted self-regulation. Finally, eight countries (including three OECD countries) do not have any policy restricting food advertising on television targeting children. The response from governments lags even further behind in the case of restricting digital marketing aimed at children (i.e. through internet and social media) as only selected countries have in place some sort of regulation for non-broadcast media.</p>	
<p>Adverse health effects due to overweight have also been observed during earlier life stages. Obese children and adolescents are at increased risk of developing breathing difficulties, insulin resistance, psychological effects, fractures, hypertension, and can display early markers of cardiovascular disease. The effects of childhood obesity can persist into adulthood, since obese children are more likely to stay obese as adults, are at higher risk of developing cardiovascular diseases such as diabetes, coronary heart disease, and hypertension later in life, and have premature mortality rates more than twice as high as individuals of normal weight.</p>	

/2

Document title	Europe's Beating Cancer Plan²
Source	Web
Type of document (Gov, NGO, peer-reviewed scientific paper, research project)	Gov
Languages	En
Year of publication	2021
<i>Relevant information and conclusions</i>	
<p>Cancer risk is heightened by the joint effects of unhealthy diets and physical inactivity. On nutrition, the Commission will further reduce the presence of carcinogenic contaminants in food. It will set maximum levels for more of these contaminants, based on the latest available scientific evidence. The Cancer Plan will then focus on measures to make healthy foods more available. At the same time, it will explore with Member States tax incentives to increase their consumption, along with measures to improve consumer information and health literacy and address the marketing and advertising of products linked to cancer risks.</p> <p>Addressing obesity and diabetes starts in childhood. The Commission will evaluate the 2014- 2020 EU Action Plan on Childhood Obesity and propose a follow-up. As announced in the Farm to Fork Strategy, the Commission will also propose a revision of the EU school fruit, vegetables and milk scheme in 2023 to make healthy products more available to children and improve their understanding of the benefits of healthy food, supported by the 'EU Mobile App for Cancer Prevention'.</p> <p>Marketing and advertising is designed to influence the choices consumers make. The Commission is planning to prepare an implementation report in 2022 on the Audiovisual Media.</p> <p>Service Directive, including those on commercial communications on unhealthy food and drinks. The Commission also supports Member States and stakeholders in their effort on reformulation of and on implementation of effective policies to reduce marketing of unhealthy food products, including through a Joint Action on Implementation of Validated Best Practices in Nutrition. The Commission is undertaking a review of the promotion policy for agricultural products, with a view to enhancing its contribution to sustainable production and consumption and in line with the shift to a more plant-based diet, with less red and processed meat and other foods linked to cancer risks³⁵ and more fruit and vegetables.</p> <p>The 'HealthyLifestyle4All' campaign to be launched in 2021 involving among other key sectors promoting sport, physical activity and healthy diets will contribute to the goals of the Cancer Plan. Member States, regional and local governments and civil society representatives will be invited to help promote healthy choices become easy and affordable choices. To reduce inequalities, HealthyLifestyle4All will focus on involving people with low socioeconomic status and disadvantaged groups, such as people with disabilities or people with a minority racial or ethnic background and ensuring gender-balanced participation. The Commission will promote investment in active mobility infrastructures, healthy canteens and develop outreach measures. These efforts will be channeled through major EU initiatives such as the European Week of Sport, the EU School Scheme, the Erasmus programme and the European Mobility Week, along with the EU promotion policy for agri-food products.</p>	

/3

Document title	Proposal for a REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on the establishment of a Programme for the Union's action in the field of health –for the period 2021-2027 and repealing Regulation (EU) No 282/2014 (“EU4Health Programme”)³
Source	Web
Type of document (Gov, NGO, peer-reviewed scientific paper, research project)	Governmental
Languages	EN
Year of publication	2020
<i>Relevant information and conclusions</i>	
<p><u>Specific objective No 6:</u> Support action for the surveillance, prevention, diagnosis and treatment and care of non-communicable diseases, and notably of cancer.</p> <p><u>Expected result(s) and impact:</u> The actions will contribute to reaching the targets set by the World Health Organization on non-communicable diseases, the Sustainable Development Goals (SDG), the Framework Convention on Tobacco Control and its Protocol on Illicit Trade in Tobacco Products and the recommendations of the future EU cancer plan.</p>	

/4

Document title	Council conclusions on food product improvement ⁴
Source	Web
Type of document (Gov, NGO, peer-reviewed scientific paper, research project)	Governmental
Languages	EN
Year of publication	2016
Relevant information and conclusions	
<p>RECOGNIZE THAT</p> <ul style="list-style-type: none"> • for people's diet to improve, the healthy choice should be the easy choice; • to reach the majority of the population, in particular children and vulnerable groups, more action is needed on mainstream products that are consumed by the majority of the European population on a daily basis; • accessible and affordable improved food products can contribute to the goal of decreasing health inequalities, as vulnerable groups, for whom it might be difficult to make healthy choices, could more easily opt for improved products as they become more widely available; • governments have the responsibility for setting public health objectives, which should, subsequently, be achieved in cooperation with food business operators and other relevant stakeholders; • the point of departure varies between Member States, some of which already have a history in food product improvement; • cultural differences in preferences and dietary patterns can partly determine the approach, the pace of reduction of salt, saturated fat, added sugars and the final results; • food is extensively traded across borders within the internal market; therefore, food product improvement calls for cross-border cooperation in order to be effective from the public health and industry points of view, thus ensuring a high level of consumer and health protection and better functioning of the internal market; • including companies' nutrition and health activities specifically related to food product improvement in auditing initiatives concerning corporate social responsibility could be a valuable incentive; • research provides the necessary information for a solid approach to food product improvement; in general, the necessary know-how for the first important steps in improvement is available, but such information could be better distributed and exploited; • regular, transparent, credible and independent monitoring of product composition is essential for insight into the market situation and into the results of actions undertaken. <p>CALLS UPON THE MEMBER STATES TO</p> <ul style="list-style-type: none"> • have a national plan for food product improvement in place by the end of 2017, in cooperation with the relevant stakeholders, to make the healthy choice easier for consumers by 2020, through an increased availability of food with lower levels of salt, saturated fats, added sugars, energy value and, where appropriate, through reduced portion sizes and to provide information on the nutritional composition of processed foods. Local and traditional foods, including geographical indications, intrinsically tied to a country's culture and heritage, could be subject to special consideration, taking into account the national situation, for example their contribution to the overall dietary intake. <p>CALLS UPON THE MEMBER STATES AND THE COMMISSION TO</p> <ul style="list-style-type: none"> • integrate the multidimensionality of food product improvement by involving representatives responsible for the areas of health, agriculture, food, economy and distribution, innovation, research and the internal market in the actions undertaken; • support technological and research projects in the field of food product improvement aimed at developing and applying sound and up-to-date scientific knowledge; • raise awareness and facilitate involvement of SMEs, e.g. by supporting research projects aimed at improving food composition, disseminating information on food product improvement techniques and applying criteria relating to food product improvement to 	

relevant structural funds, thus providing affordable solutions for SMEs when improving food products.

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Document title	Roadmap for action on Food Product Improvement - Dutch EU presidency 2016⁵
Source	Web
Type of document (Gov, NGO, peer-reviewed scientific paper, research project)	Governmental – Conference Acts
Languages	EN
Year of publication	2016
Relevant information and conclusions	
<p>URGENCY</p> <ul style="list-style-type: none"> • That concerted action contributes to achieving population intake levels and dietary patterns in line with national, regional, the European Food Safety Authority (EFSA) and the WHO recommendations. A target has already been set at WHO level for a 30% relative reduction in mean population intake of salt, with the aim of achieving a consumption of less than 5 grams of salt per day by 2025. Reduction of salt, saturated fats and added sugars (calories) in food products, besides other policies and actions, will make it easier to eat according to nutritional guidelines for these nutrients; • That the diet of many Europeans contains too much salt, saturated fats and sugars (calories), mostly consumed by processed foods, whilst at the same time most people for example do not consume enough fruits and vegetables and whole grain products; • That to improve people's diet, it is important to make the healthy choice the easy choice. Food product improvement is an important means to contribute to this; • That national governments have the responsibility to set public health objectives and food business operators throughout the supply chain including industry, retail, catering, bars, restaurants etcetera have a shared responsibility to improve their food products to contribute to improving people's diets. <p>CROSS-BORDER</p> <ul style="list-style-type: none"> • That foods and drinks are extensively traded across borders within the EU Single Market. Therefore, food product improvement specifically asks for cross-border cooperation. Such cooperation could result in a better functioning of the EU internal market and could also encourage innovation by food business operators. <p>STATE OF PLAY</p> <ul style="list-style-type: none"> • That the point of departure varies between Member States. Some already have a history in product improvement. Among their activities of compositional criteria for products, either as a maximum level for separate product groups, criteria for school meals or other public procurement of food, criteria related to labelling or criteria related to marketing of food products to children. In some Member States, there is already national regulation with certain compulsory compositional criteria; • That also several food business operators have taken up the challenge and have shown responsibility by improving the composition of their products; • That the European Commission (EC) has published frameworks for national initiatives on salt and on selected nutrients with annexes on saturated fats and added sugars. In this way political guidance for action is provided. Drafts of these documents were discussed and national experiences are exchanged at the HLG, where Member States are represented; • That the EU platform for Action on Diet, Physical Activity and Health is a forum for European-level organizations willing to commit to tackling current trends in diet and physical activity, alongside the HLG. Organizations from different parts of society, ranging from the food industry associations to consumer and health protection nongovernmental organizations (NGOs), commit to specific actions; • That concerted actions in public private cooperation in the area of food reformulation policies are needed to achieve sustainable results for the longer term. Close cooperation between HLG and the EU Platform is desirable and necessary for this. A start has been made at the working group meeting last January 18 on the implementation of the Annex on Added Sugars; 	

- That NGOs at national and EU level have put the importance of food composition on the agenda and contribute to raising awareness among consumers.

EXPERIENCES, CHALLENGES AND INNOVATION

- That results have shown that it is possible to achieve considerable progress in reducing the levels of salt, saturated fats and added sugars (calories) in products or the portion size of products. This possibilities to learn from, encourage and challenge each other. To reach the majority of the population, and especially people with a lower socio-economic status, more action is needed on mainstream products throughout the supply chain and across the shelf in relevant product groups;
- That food product improvement can contribute to the goal to decrease health inequalities;
- That it should be taken into account that small and medium-sized enterprises (SMEs) lack the necessary resources or skills to work on food product improvement. Raising awareness among, support of and attention for SMEs by sharing knowledge and best- practices is important in view of their market share;
- That improving composition of food products is not only an important means to make the healthy choice the easy choice for the consumer. It also opens up great possibilities for healthy innovation and business opportunities.

RESEARCH, DATA AND MONITORING

- That research provides the necessary information for a solid approach of product improvement. In general, the information for the first important steps of reduction is available. This information can be distributed and exploited;
- That research in preparation for the more challenging next steps can be performed in cooperation through EU programmes;
- That data on current consumption and product composition strengthen performed activities by providing data to target actions on the most relevant product groups. However these data are not yet readily available at EU level;
- That regular independent monitoring of product composition is essential to gain insight into the results of undertaken actions;
- That transparency and accessibility of data facilitates good practice and serves as inspiration to build on results and share experiences and best practices.

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Document title	Food systems dialogues⁶ co-organized by the austrian presidency of the european union
Source	Web, google
Type of document (Gov, NGO, peer-reviewed scientific paper, research project)	Proceedings of governmental workshop
Languages	EN
Year of publication	2018
Relevant information and conclusions	
<p>On 23 November 2018 a Food Systems Dialogues (FSDs) event took place in Vienna, co-organized by the Austrian Presidency of the EU. This FSDs event was held in the context of the conference entitled "People's food, people's health: Towards healthy and sustainable European food systems." Approximately 30 participants attended, reflecting a range of actors working in Food Systems, ranging from health professionals (European Society of Cardiology), to government officials (Austrian Ministry of Health) to researchers (Stockholm Resilience Center). The following is a summary of the tables' proposals for food systems transformation as well as the discussions that led them to their conclusions.</p> <p>1) Proposal 1: Understand the demand profile of populations and demographic groups at a granular level Researchers could create reports on nutritional requirements and preferences of local populations and demographic groups, as well as behaviours and decision making. Businesses should receive these reports so they can apply them. While the focus of these reports is about building a view of the demand profile of specific groups in terms of nutrition and preferences, the way the reports are applied must take sustainability into account also.</p> <p>Proposal 2: Find initiatives which are "win-win" among multiple stakeholder groups A broad range of stakeholders could be brought together on a level playing field in order to find win-wins and co-benefits. A systems thinking campaign should be used to reach and involve different sectors, and work through trade-offs which will inevitably arise. Transparent, measurable targets should be decided upon at the outset, to define success for the groups involved. Goals should be for both the medium- and long-term. This process could be supported across all sectors, with different organizations taking the lead to convene relevant groups, hold workshops and seminars, develop roadmaps, and they could each contribute to the collective agenda so that it is balanced and representative of all food systems actors, as a whole.</p> <p>Proposal 3: Devise policy at national level which promotes sustainable and nutritious food National level food policies could be advocated that includes small producers, urban/rural linkages and interactions, sustainable procurement and food in schools. Specifically in regards to procurement, a new approach should be taken to replace the traditional approach where the cheapest bid always wins. The aim of this would be achieve legislative change; on the way towards this, a white paper could be produced, as well as practical measures and programs led by national governments. Advocacy organizations (for example, EIT Food) could facilitate policy processes towards these national food policies.</p> <p>Proposal 4: Engage all actors at all levels in food systems change All stakeholders important for food system transformation could be identified and brought together at all levels. In particular, actors that can most influence outcomes should be identified and made part of the process. In terms of how to concretely implement this, more effort could be made to convene events such workshops and seminars that bring stakeholders together, at local, national, regional, global level. We should continue to pursue Food Systems Dialogues to act as a convening platform at scale. Each participant in an FSDs event should go home and undertake these with their organizations and groups.</p>	

Document title	Annex on added sugars⁷
Source	web
Type of document (Gov, NGO, peer-reviewed scientific paper, research project)	Gov
Languages	En
Year of publication	2015
Relevant information and conclusions	
<p>Introduction</p> <p>On 3 February 2011, the High Level Group (HLG) agreed on the EU framework for national initiatives on selected nutrients. Based on the results of an expert meeting on 17 February and the discussions of the HLG in 2015, a proposal for national initiatives on selected nutrients on which to focus action for this new framework was developed, similar to the EU salt reduction initiative.</p> <p>At the informal meeting of health ministers on 21-22 April 2015, the majority expressed clear support and the need to have a common framework for action to reduce free sugars in food and called for this framework to be developed to decrease overweight, obesity and non-communicable disease risk factors.</p> <p>In the context of this Annex, (total) sugars and added sugars are defined according to the European Food Safety Authority (EFSA) (European Food Safety Authority: Scientific Opinion on Dietary Reference Values for carbohydrates and dietary fiber: the term 'sugars' includes monosaccharides and disaccharides, the term 'added sugars' refers to sucrose, fructose, glucose, starch hydrolysates (glucose syrup, high fructose syrup) and other isolated sugar preparations used as such or added during the preparation and manufacture of food. Sugar alcohols (polyols) such as sorbitol, xylitol, mannitol and lactitol are generally not included in the term "sugars". Within the scope of this Annex, the term "added sugars" is also considered to include sugars present in honey, syrups, and fruit juices and fruit juice concentrates.</p> <p>This is because, for the purposes of reformulation, they may be described as energy suppliers without significantly adding other nutrients to the food.</p> <p>The Annex can support Member States in designing, implementing and evaluating product reformulation and improvement strategies in the context of their public health policies to reduce overweight and obesity, and diet-related non-communicable diseases, in the general population and especially in children.</p> <p>It is intended as a tool for the benefit and voluntary use of Member States. Member States may also focus their initiatives on other target nutrients, food categories and strategies to bring intakes in line with recommended levels to suit national specificities. It is also intended as a further incentive and practical guide for the food industry in its efforts to contribute to healthier lifestyles through healthier diets.</p> <p>Why an annex for added sugars?</p> <p>According to EFSA (European Food Safety Authority: Scientific Opinion on Dietary Reference Values for carbohydrates and dietary fibre. EFSA Journal 2010; 8(3):1462 [77 pp.]. EFSA Journal 2010; 8(3):1462) (EFSA: Scientific Opinion relating to the setting of nutrient profiles for foods bearing nutrition and health claims. EFSA Journal 2008, 644, 1-44), there is some evidence that high intakes of sugars in the form of sugar-sweetened beverages may contribute to weight gain and the relationship between consumption patterns of foods containing sugars and dental caries, weight gain and micronutrient intakes should be considered when setting nutrient targets for populations and recommendations for individuals and when developing food-based dietary guidelines. A number of EU Member States have established recommendations for added sugars as less or no more than 10% of total energy intake, while individual Member States recommend higher or lower maximum intakes, 15 and 5%, respectively.</p> <p>The WHO (WHO Guideline: Sugars intake for adults and children) recommends a reduced intake of free sugars throughout life to reduce the risk of non-communicable diseases in adults and children. It recommends an intake of free sugars in both adults and children of less than 10% of total energy intake.</p> <p>Added sugars, energy intake, energy density, nutrient density and pack sizes</p> <p>In general, the reduction of the added sugars should not lead to an increase of the absolute amount of caloric content, saturated fat, trans fat or salt, but should lead to a decreased energy content. Even if energy content remains unchanged, reductions of added sugars can be encouraged, if</p>	

naturally-present nutritional components that are recommended to be consumed are increased (e.g.: fibre).

The reduction of added sugars can lead to lower, higher or unchanged energy content of the reformulated food, depending on the substance that replaces the added sugars. There is evidence to support the focus of future actions on decreasing energy density (energy content per weight unit of food or beverage) because of the association of high energy density diets with increased risk of weight gain. Sugars have calories, but no other nutritional value.

Reducing added sugars could be the most effective way of reducing energy density for some products, particularly for products with high water and low-fat content.

For products with low water and high fat content, reducing sugars may actually lead to an increase in energy density if they are replaced with fats since fat contains more calories per gram than sugars; sugars reductions leading to higher energy content should be avoided. Where sugars reductions are difficult, where nutrient density is generally low and is difficult to be increased, and for product categories that are generally recommended to be eaten only in small amounts and only occasionally due to their overall nutritional profile, reducing portion and/or pack sizes offered may be the preferred approach as compared to reformulation.

Major food categories to focus action on

It is suggested that priority be given to food categories that commonly represent the main sources of added sugars in diets with a high impact on public health or whose consumption is recommended. Food categories on which efforts should be focused are (non-exhaustive and non-classifying list)

- Sugary drinks;
- Sweetened dairy products and dairy imitations;
- Breakfast cereals;
- Bread and bread products;
- Confectionery;
- Bakery products (e.g. cakes and biscuits);
- Ready-made meals (including ready-to-eat products such as dry soups, dry mashed potatoes, rice mixes);
- Savoury snacks;
- Sauces (including ketchup);
- Sweetened desserts, ice cream and toppings - Canned fruit and vegetables;
- School food offer;
- Catering meals.

Each Member State should define a list and order of priorities based on their health needs, traditions and consumption patterns.

Benchmark

It is proposed to set a general benchmark for the reduction of added sugars by a minimum of 10% by 2020 in food compared to Member States' baseline levels at the end of 2015 or to move towards "best in class" levels. (Best in class' levels are understood as the lowest levels identified in food products in the EU in the same category.) Food manufacturers are encouraged to exceed the benchmarks or move towards "best in class" levels for added sugar content for all food categories.

Implementation

The Commission will facilitate discussions with European federations and multinational companies to support and link the various activities of Member States at national level. Food business federations will be involved in the implementation of the Annex.

General principles

Looking at all ingredients

Food reformulation should lead to an overall improvement in nutritional quality. When aiming to reduce nutrients of concern, the reformulation action should not result in an increase in the use of other nutrients of concern or an increase in energy density or calorie count. The present and future technical feasibility of the actions should be considered when discussing the exact course of action.

Acting on mainstream products

In order to maximise the impact of reformulation, food business operators would prioritise the products with the largest market share. Furthermore, care should be taken that reductions are delivered across the full range of food products from premium to economy items so that all population groups can benefit.

Involving all industry

Reformulation efforts should aim to encompass the entire food chain, as a way of ensuring maximum reach and positive impact on health, while minimising health inequalities. This is also important to help create a level playing field for the industry. Ensuring the participation of SMEs is important to promote equity among industry actors and in public access to reformulated products.

Engaging the distribution

The success of reformulation can be improved by involving not only food producers but the whole food chain.

Retailers are particularly important as they market their brands and decide where and how products are placed in supermarket aisles, on shelves and at checkouts. They can also play an important role in promoting reformulated products and smaller portions.

The distribution of reformulated food products in schools, hospitals and other public places through vending machines plays an important role in achieving the objectives of the food reformulation action.

Addressing inequalities

Reformulation action should be conscious of and directly engage with the challenge of decreasing inequalities in nutrition.

Protecting children

Following the Strategy for Europe on Nutrition, Overweight and Obesity related health issues and the Childhood Obesity Action Plan, children are a priority for action. Reformulation actions at Member State level should lead to a reduction in the supply of foods high in fat, sugar or salt on the market in general, and especially in products that are marketed to children.

Monitoring

Monitoring is best dealt with at national level and is the responsibility of each Member State, protocols and procedures should be transparent and independent, and as harmonised as possible to allow comparability between countries.

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Document title	Meeting of the HLG on nutrition and physical activity⁷
Source	web
Type of document (Gov, NGO, peer-reviewed scientific paper, research project)	Gov
Languages	En
Year of publication	2016
Relevant information and conclusions	
<p>PRIORITIES OF THE CURRENT AND UPCOMING PRESIDENCIES</p> <p>The representative of Slovakia presented the work of the current Presidency so far on food reformulation. Based on the trio questionnaire, to which 24 Member States plus Norway and Switzerland provided input, the document 'Best practices of the Member States in food reformulation' was developed and presented at the High Level Conference (20-21 September) and the Informal Meeting of the Ministers of Health (3-4 October) in Bratislava.</p> <p>The representative of Malta presented their priority on halting the rise in childhood obesity. They have two main focus areas.</p> <p>First, the mid-term evaluation of the EU Action Plan on Childhood Obesity will identify in the Member States good practices and areas of concern, and will outline how the Commission and Member States can step up actions. Secondly, voluntary public procurement guidelines for foods for schools which can be adapted for use by Member States. Healthy school meals are extremely important for future healthy food choices. The Chair welcomed the intention of Malta to keep childhood obesity high on the agenda and noted that Council Conclusions will help to raise the political attention on the topic. Belgium mentioned that they have developed similar voluntary guidelines for schools. The Commission gave a brief update on the development of the public procurement guidelines so far, mentioning that billions of euros are spent by public authorities on food. BIPS also presented their three suggestions for future priorities in research on childhood obesity: the need for life-course approach (longitudinal studies), including funding for further follow-up of existing children cohorts, addressing the environmental determinants of health behaviours, and assessing the effectiveness of policy interventions. The Commission underlined the importance of including vulnerable groups and the time to intervene at young age.</p> <p>UPDATE BY THE WHO</p> <p>The WHO noted the well-established role of price as a driver of food choice and the fact that this can help governments to correct the tendency of the market to encourage the consumption of products with a documented negative impact on health. On the issue of digital marketing, the WHO mentioned that children are increasingly exposed to persuasive, individually-tailored marketing techniques. Children users are tracked online using behavioural analysis techniques such as "zombie cookies", device fingerprinting, geolocation and the most tailored advertisement is delivered. This data collected is highly valuable and sold by social platforms to advertisers: <i>"Taken together, the creative tactics and analytics equate to a brand appointing a personal marketer to each child, locating and identifying those who are most susceptible to their messages, encouraging them to send marketing messages to their friends, and following them throughout the day, at moments of happiness, frustration, hunger and intent, delivering advertising with the maximum impact, and directing them to the nearest place to buy foods to 'fix' their current emotional state."</i></p> <p>On the mechanisms that influence children's diets, the WHO said that individuals must not only understand the persuasive intent of marketing but also require conscious awareness of it, and the ability as well as the motivation to resist. Finally, the WHO briefly presented its new report 'Tackling food marketing to children in a digital world: trans-disciplinary perspectives', in which it suggests clear steps for effective policy-making.</p>	

Find the report here: http://www.euro.who.int/_data/assets/pdf_file/0017/322226/Tackling_food-marketing-children-digital-world-trans-disciplinary-perspectives-en.pdf?ua=1

The WHO expressed their fear that the WHO recommendations that call for a reduction in the total exposure of children to marketing of food high in fat, salt and sugar and a reduction in the persuasive power across all marketing channels, will not be reached if the trends continue.

Hungary mentioned that they just finished evaluation of their food tax. It shows that most of the consumers who substituted unhealthy foods, replaced this by healthier options. Therefore the tax had a positive influence on the changing the behaviour of the consumer.

UPDATE ON THE WORKING GROUP ON FOOD REFORMULATION AND WAY AHEAD

The **Commission** provided a summary of the previous day's working group with reformulation experts. The Joint Action on Nutrition and Physical Activity monitoring methodology can and should support reformulation/product improvement. It is based on an inexpensive, fit for-purpose approach of collecting product level nutritional information based on the labels (that can/should be used for all seven points covered by the food law); the Member States working group made up of UK, IE, NL, FR will continue to work on three food categories (but are open to more) taking into account the High Level Group members' feedback based on the established baselines for the 28 Member States.

A joint project with DG CNECT will start in 2017 to assess the exposure of children to marketing of foods high in fat, salt and sugar.

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Document title	Meeting of the HLG on nutrition and physical activity⁷
Source	web
Type of document (Gov, NGO, peer-reviewed scientific paper, research project)	Gov
Languages	En
Year of publication	2017
<i>Relevant information and conclusions</i>	
<p>PRIORITIES OF UPCOMING PRESIDENCIES In the second half of 2018 Austria holds the EU Presidency. Austria wished to focus on transforming the food system, and aims to involve all relevant stakeholders in this process. Together with DG CNECT, DG Sante will soon launch a <u>study to measure children's exposure to food marketing</u> especially in the digital sphere.</p> <p>DG RTD: FOOD 2030 DG RTD presented the Food 2030 programme, a systemic approach to future-proofing food systems by structuring, connecting and scaling-up research and innovation to provide evidence for policies and solutions, including on nutrition for sustainable and healthy diets.</p> <p>JPI - A HEALTHY DIET FOR A HEALTHY LIFE JPI-HDHL is a Public Public-Partnership to align national research programmes in the areas of food, nutrition and health. This is done through a shared strategic research agenda, non funding activities (such as events) and international calls. www.healthydietforhealthylife.eu/</p>	

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Document title	Farm to fork strategy⁸
Source	Web
Type of document (Gov, NGO, peer-reviewed scientific paper, research project)	Governmental
Quality assessment	
Languages	EN
Year of publication	2020
Relevant information and conclusions	
<p>While about 20% of the food produced is wasted, obesity is also rising. Over half of the adult population are now overweight, contributing to a high prevalence of diet-related diseases (including various types of cancer) and related healthcare costs. Overall, European diets are not in line with national dietary recommendations, and the 'food environment' does not ensure that the healthy option is always the easiest one. If European diets were in line with dietary recommendations, the environmental footprint of food systems would be significantly reduced.</p> <p>Ensuring food security, nutrition and public health – making sure that everyone has access to sufficient, nutritious, sustainable food that upholds high standards of safety and quality, plant health, and animal health and welfare, while meeting dietary needs and food preferences.</p> <p>Food processors, food service operators and retailers shape the market and influence consumers' dietary choices through the types and nutritional composition of the food they produce, their choice of suppliers, production methods and packaging, transport, merchandising and marketing practices.</p> <p>The Commission will also seek opportunities to facilitate the shift to healthier diets and stimulate product reformulation, including by setting up nutrient profiles to restrict the promotion (via nutrition or health claims) of foods high in fat, sugars and salt.</p> <p>Current food consumption patterns are unsustainable from both health and environmental points of view. While in the EU, average intakes of energy, red meat, sugars, salt and fats continue to exceed recommendations, consumption of whole-grain cereals, fruit and vegetables, legumes and nuts is insufficient.</p> <p>Reversing the rise in overweight and obesity rates across the EU by 2030 is critical. Moving to a more plant-based diet with less red and processed meat and with more fruits and vegetables will reduce not only risks of life-threatening diseases, but also the environmental impact of the food system. It is estimated that in the EU in 2017 over 950,000 deaths (one out of five) and over 16 million lost healthy life years were attributable to unhealthy diets, mainly cardiovascular diseases and cancers. The EU's 'beating cancer' plan includes the promotion of healthy diets as part of the actions for cancer prevention.</p> <p>To improve the availability and price of sustainable food and to promote healthy and sustainable diets in institutional catering, the Commission will determine the best way of setting minimum mandatory criteria for sustainable food procurement. This will help cities, regions and public authorities to play their part by sourcing sustainable food for schools, hospitals and public institutions and it will also boost sustainable farming systems, such as organic farming. The Commission will lead by example and reinforce sustainability standards in the catering contract for its canteens. It will also review the EU school scheme to enhance its contribution to sustainable food consumption and in particular to strengthen educational messages on the importance of healthy nutrition, sustainable food production and reducing food waste.</p>	

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Document title	Joint Action on Nutrition and Physical Activity (JANPA)^{9,10}
Source	web
Type of document (Gov, NGO, peer-reviewed scientific paper, research project)	research project, scientific paper
Quality assessment	
Languages	EN
Year of publication	2015-2017
Relevant information and conclusions	
<p>The term 'best practice' was first defined as an intervention that has shown evidence of being the most effective in a particular real- life setting and is likely to be replicable to other situations. However, this attitude of studying the 'what' together with the 'how' led to a broader interpretation of the term.⁹ Therefore, the phrase now also refers to the implementation process that delivers certain intervention instead of describing its effectiveness alone.</p> <p>This principle also guided our work in the EU Joint Action on Nutrition and Physical Activity (JANPA) that aimed at keeping track of progress in childhood obesity by the Member States within Europe. The Action Plan on Childhood Obesity, and others, recommended the launch of a Joint Action. JANPA fostered the discussion and sharing of experiences and expertise among the 25 participating countries. In line with the priority areas of the EU Action Plan, the work in JANPA was divided into four thematic areas: (i) economic cost of childhood obesity (work package—WP 4); (ii) nutritional information and food reformulation (WP 5); (iii) integrated actions in kindergarten and school settings (WP 6); and (iv) early interventions for pregnant women and families with young children (WP 7).</p> <p>Work package 6 aimed to collect and analyse good practices among the partner countries following a standardized procedure; a definition and a set of good practice criteria were developed.</p> <p>The development of good practice definition and criteria followed a Delphi expert consensus process between 15 September and 15 December 2015. A preliminary set of candidate criteria was drafted based on a systematic search of the literature published in the electronic databases, regarding the elements and processes of good practices in health promotion. The identified items were then clustered in three categories as suggested by the World Health Organization (WHO): (i) Intervention characteristics, (ii) Implementation and (iii) Monitoring and evaluation.</p> <p>The literature review was followed by a Delphi consultation among the JANPA WP 6 partners to decide on the relevance and priority of the identified criteria. Following the RAND modified Delphi methodology, the consultation consisted of two online rounds. In the first round, the online questionnaire included the exhaustive list of good practice criteria extracted from the literature search. Representatives of the Member States were asked to judge on the relevance of each criteria in evaluating childhood obesity primary prevention programmes in kindergartens and schools using a five-point scale (1 = not relevant at all; 5 = highly relevant). In this first round, additional criteria could be added to the list if representatives found that something highly relevant was missing. In the second round, WP 6 members were asked to assess the relative priority for each criterion. The main aim of our work was to develop an evaluation framework specifically designed for identifying good practices for childhood obesity prevention in the kindergarten and school settings. This set of good practice criteria complements existing frameworks by focusing on kindergarten- and school-based programmes and policies and hopefully provides guidance for future initiatives in this specific area.</p> <p>JANPA Position Paper HARMONISE KNOWLEDGE OF THE COMPOSITION OF FOODS TO IMPROVE THEIR NUTRITIONAL QUALITY</p> <p>The EU Member States are committed to improving the nutritional quality of foods. Yet despite the work undertaken by Member States with the Commission and the commitments of economic stakeholders, no major progress has been made. Europe does not have a reliable system for</p>	

monitoring the nutritional quality of foods. Concerns are emerging regarding the possible differences in the nutritional quality of the same foods sold in different European countries.

JANPA considers that:

1. The food reformulation efforts made so far are too partial to lead to real and widespread improvements in nutritional intakes;
2. Actions dealing with the nutritional environment (for example serving sizes) and nutritional marketing are useful but insufficient;
3. The various front-of-pack labelling schemes deployed up to 2015 do not demonstrate any impact;
4. on the nutritional quality of shopping baskets;
5. Information campaigns on their own tend to increase social inequalities in the area of nutrition;

In light of this, JANPA:

1. Tested and proved that a reliable, responsive and precise monitoring system for the nutritional quality of foods and beverages that is controlled by the public authorities could be implemented in several countries;
2. Deployed this system in a pilot study in two countries for two food groups, within a limited
3. time-frame and at a very reasonable cost.

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

Member states proposed, as a building block to implement the EU action plan: **Joint Action on Nutrition and Physical Activity (JANPA)** 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”.

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, ...

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

-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**

OBJ WP6: help Member States to identify ways to create healthier environments in kindergartens and schools by providing guidance on policy options and programmes, complementing the theoretical framework with selected examples and ideas that can inspire other countries to act and move such initiatives forward.

- 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.

Actions done in the participating Member States: *Science- and practice-based guide on establishing a school environment supportive of healthy eating and physical activity.*

A Guide for Programme planners and decision makers on creating healthier environments in kindergartens and schools.

Structure: EU Action Plan recommendations to create healthy environment:

- 1) facilitate physical activity (*case study: multi-level tournaments in Romania*);
- 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.

(www.janpa-toolbox.eu)

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

After JANPA ends, this work with the Toolbox should be continued and probably extend to other area

OBJ WP7: early interventions: To find the best programmes/interventions in MS concerning pregnant women and families with children up to 36 months, to develop information on models of good practice, with special attention to social inequality, To improve the quality of public policies and interventions promoting healthy diets and physical activity

- 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.

A. Pre-conditions for decision makers:

- longitudinal data;
- Availability of information through adequate public health monitoring;
- Political commitment like 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;

B. Conditions for the design:

- Research and independent expertise 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.

C. 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.

D. 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.

OBJ 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)

- 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 (Austria, Romania, France) and (Soft drinks Breakfast cereals).

Task 5.1 identification of available food information	Task 5.2 use of the food information by government	Task 5.3 use and understanding by consumers of the information on labels
A need to develop monitoring tools to follow the nutritional composition of the food supply	A need to combine several types of actions to improve the situation (information, reformulation, food environment – ads, serving sizes)	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;

<ul style="list-style-type: none"> • Present comparisons and identify best formulations; • Test the Oqali model from France.
<p>-Results:</p> <ul style="list-style-type: none"> • 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.
<p>Segmentation of the market by family of product* for regular soft drinks *Products with similar characteristics e.g. colas or beverages with tea among soft drinks</p> <p>Different food offer in the 3 countries (in number of references)</p> <ul style="list-style-type: none"> • Prevalence of beverages with fruits in the 3 countries (60-80%); • Much more noncarbonated beverages with fruits in Romania; • Different definition of flavoured waters, lemonades.
<p>Segmentation of the market by type of brand for soft drinks Different structuration of the market in the 3 countries (in number of references)</p>
<p>Comparison of sugar content in soft drinks between countries <i>Example for carbonated beverages with fruits with sugar</i></p> <p>-High variability</p> <ul style="list-style-type: none"> • different offer (type of products / flavoured waters type products); • Type and percentage of fruit. <p>-Reformulation possible</p> <p>-Significant difference between the 3 countries but same variability of results</p>
<p>Comparison of sugar content in soft drinks between countries</p> <p>-Significant difference for 6 families out of the 14 studied (5 out of the 8 families of regular products)</p> <p>-Important difference between families of soft drinks</p>
<p>Comparison of sugar content in soft drinks for common references 21 similar products out of 33 common references (total =2155)</p> <ul style="list-style-type: none"> • 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.). <p>→ potential reformulation for soft drinks, food producers should be encouraged to reformulate their major references on the basis of the "best in class" products</p>
<p>-Conclusion of WP5</p> <p>1.Monitoring tool managed by public authorities and fed by industry necessary:</p> <ul style="list-style-type: none"> • to qualify the nutritional quality of the food offer; • to follow up the impact of the nutrition policies deployed. <p>2.Necessity to work at the brand and at the country level:</p> <ul style="list-style-type: none"> • the offer varies depending of the country; • but also because the composition of the products can be different from one country to another. <p>3.Methodology used in Oqali adaptable to other European countries with minor modifications</p> <p>-JANPA RECOMMENDS: Deploying the tested method in several European countries to:</p>

- 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;
- 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 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. **This could lead to a European regulation setting threshold values.**

WP4 COSTING MODEL: 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

- Societal economic perspective;
- Transparency;
- Maximising the use of resources;
- Building capacity;

<u>DATA REQUIREMENTS</u>	
Population	Childhood population size
BMI	Historical BMI distribution (all ages)
Disease parameters	<ul style="list-style-type: none"> • 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 Productivity losses due to premature mortality	Annual average income
Productivity losses due to absenteeism	<ul style="list-style-type: none"> • Average number of days absent; • Social welfare payments.
Other	Life expectancies at birth, Minimum legal working age, Retirement age

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.

References

1. OECD Health Policy Studies - The Heavy Burden of Obesity The economics of prevention
www.oecd.org/health/the-heavy-burden-of-obesity-67450d67-en.htm
2. EU cancer beating plan
<https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12154-Europe-s-Beating-Cancer-Plan>
3. Proposal for a REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on the establishment of a Programme for the Union's action in the field of health –for the period 2021-2027 and repealing Regulation (EU) No 282/2014 (“EU4Health Programme”)
<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020PC0405>
4. EU council conclusion of first semester 2016
www.consilium.europa.eu/en/documents-publications/
5. Roadmap for action on Food Product Improvement - Dutch EU presidency 2016
https://ec.europa.eu/health/sites/health/files/nutrition_physical_activity/docs/2016eunlpresidency_roadmap_en.pdf
6. Austrian EU Presidency 2018, Food Systems Dialogues event
https://foodsystemsdialogues.org/wp-content/uploads/2019/03/FSD_181123_Vienna_Summary-report_UPLOADED190311.pdf
7. HLG documents and meetings agenda
https://ec.europa.eu/health/nutrition_physical_activity/overview_en
8. Farm to fork strategy
https://ec.europa.eu/food/farm2fork_en
9. CHAFEA Joint Actions database
https://webgate.ec.europa.eu/chafea_pdb/health/projects/
10. JANPA
<http://janpa-toolbox.eu/index.php>