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European Union

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### **OUTCOME OF PROCEEDINGS**

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From: General Secretariat of the Council  
On: 16 June 2017  
To: Delegations

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Subject: To contribute towards halting the rise in Childhood Overweight and Obesity  
– Council conclusions (16 June 2017)

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Delegations will find in the annex the Council conclusions to contribute towards halting the rise in Childhood Overweight and Obesity, adopted by the Council at its 3548th meeting held on 15 and 16 June 2017.

**Council conclusions****to contribute towards halting the rise in Childhood Overweight and Obesity<sup>1</sup>****THE COUNCIL OF THE EUROPEAN UNION****RECALLS**

1. Article 168 of the Treaty on the Functioning of the European Union (TFEU)<sup>2</sup>, which states that 'a high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities' and that 'the Union shall encourage cooperation between the Member States in the field of public health and, if necessary, lend support to their action';
2. That since 2000, the Council of the European Union has underlined the importance of promoting healthy lifestyles, namely through nutrition and physical activity, in particular, in the:<sup>3</sup>
  - Council Resolution adopted on 14 December 2000 on health and nutrition<sup>4</sup>;

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<sup>1</sup> The United Nations Convention on the Rights of the Child defines child as "a human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier".

<sup>2</sup> OJ C 326, 26.10.2012, p.47 (consolidated version).

<sup>3</sup> Other relevant Council Conclusions or Recommendations: the Council Conclusions adopted on 2 December 2002 on obesity, the Council Conclusions adopted on 2 December 2003 on healthy lifestyles: education, information and communication, the Council Conclusions adopted on 31 May 2007 on health promotion by means of nutrition and physical activity, the Resolution of the Council and the Representatives of the Governments of the Member States, meeting within the Council of 20 November 2008 on the health and well-being of young people, the Council Conclusions adopted on 2 December 2011 on closing health gaps within the EU through concerted action to promote healthy lifestyle behaviours and the Council Recommendation adopted on 26 November 2013 on promoting health enhancing physical activity across sectors.

<sup>4</sup> OJ C 20, 23.01.2001, p.1

- Council Conclusions adopted on 3 June 2005 on obesity, nutrition and physical activity<sup>5</sup>;
- Council Conclusions adopted on 30 November 2006 on Health in All Policies<sup>6</sup>;
- Council Conclusions adopted on 6 December 2007 on putting an EU strategy on Nutrition Overweight and Obesity related Health Issues into operation<sup>7</sup>;
- Council Conclusions adopted on 8 June 2010 on equity and health in all policies: solidarity in health<sup>8</sup>;
- Conclusions of the Council and of the Representatives of the Governments of the Member States, meeting within the Council, of 27 November 2012 on promoting health-enhancing physical activity (HEPA)<sup>9</sup>;
- Council Conclusions adopted on 20 June 2014 on nutrition and physical activity<sup>10</sup>; and
- Council Conclusions adopted on 17 June 2016 on food product improvement<sup>11</sup>;

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5 9181/05 SAN 67  
6 16167/06 SAN 261  
7 15612/07 SAN 227 DENLEG 118  
8 9947/10 SAN 120 SOC 355  
9 OJ C 393, 21.12.2012, p. 22  
10 OJ C 213, 8.7.2014, p. 1  
11 OJ C 269, 23.7.2016, p. 21–25

3. The EU Action Plan on Childhood Obesity 2014-2020<sup>12</sup>, which recognises the beneficial impact of health promotion and disease prevention on both citizens and health systems and the importance of a healthy diet<sup>13</sup> and physical activity promotion in reducing the risk of chronic conditions and non-communicable diseases and invites the Member States to continue to make healthy diet and physical activity promotion a top priority, thus contributing to better health and quality of life of EU citizens and the sustainability of the health systems, and the European Food and Nutrition Action Plan 2015-2020<sup>14</sup>;
4. The World Health Organisation (WHO) Global Action Plan for the Prevention and Control of Non-communicable diseases 2013–2020 of 27 May 2013<sup>15</sup> and its nine voluntary global targets; the Physical Activity Strategy for the WHO European Region 2016-2025<sup>16</sup>; the WHO Report of the Commission on Ending Childhood Obesity (2016)<sup>17</sup> that developed a comprehensive, integrated package of recommendations to address childhood obesity;
5. The UN Resolution of 25 September 2015 "Transforming our world: the 2030 Agenda for Sustainable Development", recognising that fighting inequalities requires multi-stakeholder and multi-sectoral approach, while ensuring that no one is left behind<sup>18</sup>;

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<sup>12</sup> [http://ec.europa.eu/health/sites/health/files/nutrition\\_physical\\_activity/docs/childhoodobesity\\_actionplan\\_2014\\_2020\\_en.pdf](http://ec.europa.eu/health/sites/health/files/nutrition_physical_activity/docs/childhoodobesity_actionplan_2014_2020_en.pdf)

<sup>13</sup> The notion of a "healthy diet" is synonymous with that used in the EU Action Plan on Childhood Obesity 2014-2020  
[http://ec.europa.eu/health/sites/health/files/nutrition\\_physical\\_activity/docs/childhoodobesity\\_actionplan\\_2014\\_2020\\_en.pdf](http://ec.europa.eu/health/sites/health/files/nutrition_physical_activity/docs/childhoodobesity_actionplan_2014_2020_en.pdf);

and the WHO Report of the Commission on Ending Childhood Obesity  
[http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066_eng.pdf)

<sup>14</sup> [http://www.euro.who.int/\\_data/assets/pdf\\_file/0008/253727/64wd14e\\_FoodNutAP\\_140426.pdf](http://www.euro.who.int/_data/assets/pdf_file/0008/253727/64wd14e_FoodNutAP_140426.pdf)

<sup>15</sup> [http://www.who.int/nmh/events/ncd\\_action\\_plan/en/](http://www.who.int/nmh/events/ncd_action_plan/en/)

<sup>16</sup> [http://www.euro.who.int/\\_data/assets/pdf\\_file/0010/282961/65wd09e\\_PhysicalActivityStrategy\\_150474.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0010/282961/65wd09e_PhysicalActivityStrategy_150474.pdf?ua=1)

<sup>17</sup> [http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066_eng.pdf)

<sup>18</sup> [http://www.un.org/ga/search/view\\_doc.asp?symbol=A/RES/70/1&Lang=E](http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E)

6. The Vienna Declaration of 5 July 2013 on Nutrition and Non-Communicable Diseases in the Context of 'Health 2020'<sup>19</sup> where it was agreed to act on obesity and to prioritise work on healthy diets for children, notably through the creation of healthier food and drink environments;
7. The Public Procurement of Food for Health - Technical Report on the School Setting 2017, drafted by the Maltese Presidency together with the European Commission, WHO, JRC and the members of High Level Group on Nutrition and Physical Activity<sup>20</sup>;
8. The draft midterm evaluation report on the EU action plan on childhood obesity presented by the European Commission on 22 February 2017<sup>21</sup>;

## RECOGNISES THAT

1. Health is a value, an opportunity and an investment for the economic and social development of each country;
2. The high prevalence of childhood overweight and obesity in many Member States is a major health challenge, which contributes to widening health inequalities, with children as the most vulnerable group most severely affected; and that childhood obesity is a strong predictor of adult obesity with well-known health and economic consequences, as over 60% of overweight children are likely to become overweight adults<sup>22</sup>;
3. Overweight and obesity in childhood are associated with serious health consequences both in the short and longer term, including increased risk of Type 2 diabetes, asthma, hypertension and cardiovascular disease amongst others; and that once these diseases are acquired, obesity significantly reduces the efficacy of the treatment of such diseases;

<sup>19</sup> [http://www.euro.who.int/\\_data/assets/pdf\\_file/0003/234381/Vienna-Declaration-on-Nutrition-and-Noncommunicable-Diseases-in-the-Context-of-Health-2020-Eng.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0003/234381/Vienna-Declaration-on-Nutrition-and-Noncommunicable-Diseases-in-the-Context-of-Health-2020-Eng.pdf?ua=1)

<sup>20</sup> <https://ec.europa.eu/jrc/sites/jrcsh/files/public-procurement-food-health-technical-report.pdf>

<sup>21</sup> Study on the implementation of the EU Action Plan on Childhood Obesity 2014-2020  
<https://www.eu2017.mt/Documents/Reports/mid-term%20evaluation%20APCO%20report%20Draft.pdf>

<sup>22</sup> WHO statistics on obesity  
<http://www.euro.who.int/en/health-topics/noncommunicable-diseases/obesity/data-and-statistics>

4. Obesity affects quality of life and is associated with, inter-alia, low self-esteem;
5. The causes of childhood overweight and obesity are complex and multi-factorial, mostly arising from the exposure to an obesogenic<sup>23</sup> environment;
6. Inadequate physical activity and unbalanced nutrition result in overweight, obesity and various chronic diseases. Therefore, both areas should be adequately addressed;
7. New experimental evidence suggests the existence of epigenetic alterations that in some cases may be a contributing factor for becoming overweight or obese; some studies suggest risk factors such as higher maternal pre-pregnancy body mass index, prenatal tobacco exposure, maternal excess gestational weight gain, and accelerated infant weight gain during the first 1000 days are associated with later childhood obesity<sup>24</sup>;
8. Obesity in European children is strongly related to the socio-economic status of their parents: parents in lower socioeconomic groups are more likely to be overweight. Children of obese parents, or of parents with lower socio-economic status, are more likely to have poor eating habits and become overweight. Also, in some Member States, children in lower socioeconomic groups, in particular in the case of premature birth, are less likely to be breastfed<sup>25</sup>;

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<sup>23</sup> Obesogenic refers to the sum of influences that the surroundings, opportunities, or conditions of life have on promoting obesity in individuals or populations. In accordance with the Analysis Grid for Environments Linked to Obesity (ANGELO), the environment is dissected into two dimensions: size (micro or macro) and type (physical, economic, political and socio-cultural), for measures related to obesity (e.g. dietary behaviour, physical activity or weight) See: Swinburn B, Egger G, Raza F. - Dissecting Obesogenic Environments: The Development and Application of a Framework for Identifying and Prioritizing Environmental Interventions for Obesity. *Prev Med*, 1999 12;29(6):563-570).

<sup>24</sup> Woo Baidal JA, Locks LM, Cheng ER, Blake-Lamb TL, Perkins ME, Taveras EM. Risk Factors for Childhood Obesity in the First 1,000 Days: a Systematic Review. *AJPM*. 2016;50(6):761-779.

<sup>25</sup> See, Flacking, R., Hedberg Nyqvist, K, Ewald, U; Effects of socioeconomic status on breastfeeding duration in mothers of preterm and term infants. *Eur J Public Health* 2007; 17 (6): 579-584. doi: 10.1093/eurpub/ckm019

9. Existing policies to promote health, prevent overweight and obesity with the aim of halting the rise in childhood obesity have not been sufficiently effective. No single action is enough to address childhood obesity. In addition, sectoral policies may also have important undesirable impacts on healthy diets and physical activity. Therefore, childhood obesity should feature high on the agenda of individual Member States and of the European Union and needs to be tackled as a matter of priority and through various coordinated actions by different sectors;
10. Further research is needed to better understand the drivers of childhood overweight and obesity, including into epigenetics, and to explore evidence-based approaches to a healthy diet and enhanced physical activity across the life course. In addition, further public health research is needed to highlight the economic consequences and drivers across all socio-economic groups as well as to ensure effective public health policies, interventions and prevention programmes;
11. In line with evidence that a well-nourished child is healthier, access to a healthy diet and physical activity from a young age allows children to grow and develop into healthy adults. Healthy children are better equipped to learn and develop at school with consequent improved capacity for personal development and enhanced productivity later in life;
12. According to the WHO, children and youth aged 5-17 years should accumulate at least 60 minutes of moderate to vigorous-intensity physical activity daily. Vigorous-intensity activities and activities that strengthen muscle and bone should also be incorporated at least 3 times per week<sup>26</sup>. Available national recommendations should be taken into account;
13. A cooperative cross-sectoral approach should be taken across government and whole of society to ensure healthy environments, including health, education, food production, agriculture and fisheries, commerce and industry, finance, sport, culture, communication, environmental and urban planning, transport, social affairs and research;

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<sup>26</sup> Global recommendations on physical activity for health  
[http://www.who.int/dietphysicalactivity/factsheet\\_recommendations/en/](http://www.who.int/dietphysicalactivity/factsheet_recommendations/en/)

14. Given that in most European countries children spend close to a third of their daily life within the educational environment, it is important that healthy diets and physical activity are promoted in educational settings and childcare centres, in cooperation with parents. An enabling environment to support healthy lifestyles should be striven for in educational settings;
15. School meals offer a good opportunity to support healthy eating habits and promote health; towards this end, 'food for health' should be promoted in educational settings;
16. Governments and public institutions have the possibility to enhance demand for healthy meals and therefore improved diets through public procurement and have the potential to influence the market and promote innovation towards the provision of more nutritionally balanced foods in a fair and transparent way;
17. There is ample evidence to justify more effective actions on marketing of foods which are high in energy, saturated fats, trans-fatty acids, sugar and salt. Experience and evidence point to the fact that voluntary action may require regulatory measures in order to be more effective;
18. There are benefits in exclusive breastfeeding for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond. Breastfeeding and use of safe complementary foods should take place in accordance with WHO recommendations<sup>27</sup> or national recommendations when available;

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<sup>27</sup> This recommendation is based on the conclusions and recommendations of the expert consultation (Geneva, 28–30 March 2001) that completed the systematic review of the optimal duration of exclusive breastfeeding (see document A54/INF.DOC./4)



## INVITES MEMBER STATES TO:

1. Integrate in their national action plans, strategies or activities on nutrition and physical activity, cross-sectoral measures aimed at tackling childhood obesity, focusing not only on health promotion and disease prevention but also on those children and adolescents who are already overweight or obese; the following in particular should be included:
  - cross-sectoral policies and actions throughout the life course to reduce socio-economic inequalities and particularly to address vulnerable children and adolescents in socially disadvantaged communities, for example by offering improved access to healthy diets and physical activity;
  - transparent and effective governance to tackle the drivers for overweight and obesity;
  - policies to maximise protective factors in healthy diets and health-enhancing physical activity and to minimise the various risk factors which contribute towards overweight and obesity;
  - measures which create enabling environments in educational settings for children and childcare centres to encourage healthy diets and adequate health-enhancing physical activity based on national or international recommendations;
  - measures to encourage the learning of skills by children, parents and educators on nutrition, physical activity and sedentary activity through the family-based approach;
  - measures to promote physical activity in recreational facilities to encourage a reduction in sedentary behaviour and the development and provision of accessible services for leisure-time physical activity and an enabling environment for everyday physical activity and active transportation<sup>28</sup>;

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<sup>28</sup> Active transportation refers to any form of human-powered transportation – walking, cycling, using a wheelchair, in-line skating or skateboarding. See <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/pa-ap/at-ta-eng.php>

- measures to ensure that educational facilities for children are protected environments, free from all forms of marketing that run counter to encouraging the adoption of healthier lifestyles;
- measures which encourage healthy diets and consumption practices in a sustainable way and that contribute to the reduction of health and social inequalities;
- measures to promote and monitor the improvement of food products predominantly consumed by children as an important tool to make the healthy choice easy for all settings and all population groups, in line with the Council Conclusions on food product improvement;
- measures to empower and enable families to adopt healthier lifestyles including healthy eating options and the encouragement of physical activity, giving due consideration to time constraints and socio-economic factors;
- measures to encourage early interventions in various settings through exclusive breastfeeding for the first six months, introduction of nutritionally-adequate complementary foods at the age of six months while breastfeeding continues for up to two years of age or beyond or taking into account available national recommendations;
- measures to encourage research into the determinants of childhood obesity and improved solutions to address the problem;
- measures to improve access to adequate professional advice, counselling and monitoring with regard to healthy diets and health-enhancing physical activity throughout the life course, including pre-conception and pregnancy;
- measures to provide continuous training to health professionals in contact with pregnant women, infants, children, adolescents, parents and families based on the latest available scientific advice on nutrition, health-enhancing physical activity and prevention and management of overweight and obesity;

- provision of screening to identify children that are at risk of becoming overweight or obese, and treatment and care for children who are overweight and obese, in particular for those who are severely obese;
  - measures to maximise the key role of primary health care in prevention, early detection and management of overweight and obesity;
  - measures to reduce the exposure of children and adolescents to marketing, advertising in any media (including on-line platforms and social media) and sponsorship, of foods high in energy, saturated fats, trans-fatty acids, sugar and salt and to monitor and report the impact of these measures;
2. Develop specific dietary guidelines for children and adolescents which address both those with healthy weight and those who are overweight or obese. Such guidelines need to provide guidance to parents, carers and food providers in educational facilities on, inter alia, appropriate portion sizes and information that identifies nutritious, affordable and convenient food options;
  3. Develop national specific guidelines to encourage daily physical activity;
  4. Ensure that communications and counselling activities promoted by national public authorities dealing in the field of nutrition, physical activity and health are prepared and delivered in conditions free from undue commercial influence;
  5. Increase concerted efforts to reduce the overall amount and persuasive power of food marketing communications targeted at children and adolescents which run counter to encouraging healthy lifestyles;
  6. Engage with food producers, retailers and the catering sector to encourage food improvement, in line with health sector guidelines, and the promotion of healthy options in order to make the healthy option the easy option;

7. Where appropriate, in cooperation with stakeholders, including with consumer and child-focused non-governmental organisations, introduce measures or encourage the development of codes of conduct. This to ensure that commercial communications targeted at children and adolescents do not promote foods that are high in energy, salt, sugars or saturated and trans-fatty acids or which otherwise do not comply with national or international nutritional guidelines and that industry's food product improvement, marketing and advertising efforts are increasingly consistent;
8. Consider legislative measures, where appropriate, to promote physical activity, a healthy diet and to ensure an enabling environment;
9. Implement a health-in-all-policies approach conducive to the creation of supportive environments and infrastructure for an increase in routine and leisure-time physical activity and an easy choice of healthier food options;
10. Implement ongoing programmes monitoring health status along the life course, with special attention given to nutrition and physical activity in pregnant women, children and adolescents in order to develop and direct targeted action. These programmes must be able to monitor for various indicators such as social inequalities;
11. Consider an analysis of the economic consequences of adult and childhood overweight and obesity, particularly the health and social costs, the burden on the public budget and on family budgets across the socio-economic gradient;

**CALLS UPON THE MEMBER STATES AND THE COMMISSION TO:**

1. Make the tackling of childhood overweight and obesity a priority of the European Union, reflected across sectoral policies and the Commission Working Agenda, while fully respecting Member States competences;

2. Where relevant, work together with all stakeholders, including with consumer and child-focused non-governmental organisations, under the leadership of public health authorities, to prepare, strengthen and review initiatives on a local, national and European level. This should be done with a view to reducing the marketing to children and adolescents of foods high in energy, salt, sugars or saturated and trans-fatty acids or which otherwise do not comply with national or international nutritional guidelines, as well as in order to combat sedentary lifestyles, using evidence-based tools, given the evidence that there is a strong link between marketing and screen exposure on the one hand and adiposity in children and adolescents on the other;
3. Take, in particular, notice of the urgent need to respond to the new challenge of marketing and advertising via on-line platforms and social media where communication messages are often more targeted at individual children and more difficult to monitor;
4. Encourage voluntary labelling of foods, in accordance with the principles laid down in Regulation No 1169/2011 in particular of article 35(1) thereof to support all consumers, in particular those from lower socio-economic groups, into choosing healthy options and promote education and information campaigns aimed at improving consumers understanding of food information, including nutritional labelling;
5. Identify, within the High Level Group on Nutrition and Physical Activity, appropriate mechanisms to improve the existing collection of data on health indicators, as well as data on interventions and actions, in particular those related to behaviour, protective factors and risk factors, overweight, obesity and health outcomes in order to have up-to-date, reliable and comparable data;
6. Establish as priority areas the monitoring of physical activity and nutritional quality of food in educational settings for children, assessing social inequalities in relation to obesity and overweight in children and adolescents, and their consequent impact;

7. Support the WHO Childhood Obesity Surveillance Initiative<sup>29</sup> with the aim of routinely measuring trends in overweight and obesity in primary school children and the Health Behaviour Study in School Children<sup>30</sup> for adolescents, in order to understand the progress of the epidemic in this population group and to permit country comparisons within the European Region;
8. Continue to support and implement, while fully respecting Member States competences, the EU Action Plan on Childhood Obesity 2014-2020, especially cross-border activities and effects such as food product improvement and marketing directed at children;
9. Develop and evaluate evidence-based programmes and guidelines on health promotion and prevention interventions, diagnosis and treatment options for at risk, overweight and obese children and adolescents. In addition, provide training and direction for health professionals in line with WHO guidance and recommendations;
10. Identify good practices in Member States which fit evidence-based selection criteria and disseminate them amongst Member States, whilst taking into account the institutional context;

#### **CALLS UPON THE COMMISSION TO:**

1. Continue to support and resource research projects and surveillance initiatives directed at tracking and tackling childhood overweight and obesity, including the dissemination of examples of good practice and success stories selected on the basis of rigorous criteria;
2. Ensure an effective health-in-all-policies approach that promotes health, prevention and nutrition considerations across sectors and initiatives;
3. Continue to involve stakeholders at EU level, in particular in product improvement, using appropriate evaluation and accountability frameworks, and regularly report on developments;

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<sup>29</sup> <http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/activities/monitoring-and-surveillance/who-european-childhood-obesity-surveillance-initiative-cosi>

<sup>30</sup> <http://www.euro.who.int/en/health-topics/Life-stages/child-and-adolescent-health/health-behaviour-in-school-aged-children-hbsc>

4. Support the drafting of EU codes of conduct in the area of marketing and commercial communication on foods, in particular in relation to children and adolescents, while appropriately involving stakeholders;
  5. Support the joint work of Member States willing to continue to develop and implement as widely as possible relevant coordinated initiatives, especially in the areas of food product improvement, economic analysis of obesity consequences, marketing and public procurement of food.
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