



**COUNCIL OF
THE EUROPEAN UNION**

**Brussels, 28 May 2014
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SAN 208

NOTE

From: General Secretariat of the Council
To: Permanent Representatives Committee/Council

Subject: **Employment, Social Policy, Health and Consumer Affairs** Council meeting
on 19 and 20 June 2014
Draft Council conclusions on nutrition and physical activity
- Adoption
(Public debate in accordance with Article 8(2) of the Council's Rules of
Procedure [proposed by the Presidency])

1. The Working Party on Public Health discussed the draft Council conclusions in the meetings of 17, 25 March and 1 April 2014 and agreed the text as set out in the Annex.

NL introduced a general scrutiny reservation on the text.
2. The Coreper is invited to confirm the Working Party's agreement and submit the draft conclusions for adoption by the Council (EPSCO) at its meeting on 20 June 2014.
3. The Council is invited to adopt the draft conclusions and forward them for publication in the Official Journal of the European Union.

Draft Council conclusions on nutrition and physical activity

THE COUNCIL OF THE EUROPEAN UNION

RECALLS:

1. Article 168 of the TFEU which states that a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities and provides that Union action, which shall complement national policies, shall be directed towards improving public health, preventing illness and disease, and obviating sources of danger to physical and mental health;
2. The Council conclusions on:
 - Health in all policies (HiAP), (30 November 2006)¹;
 - Putting the EU strategy on nutrition, overweight and obesity-related health issues into operation (6 December 2007)²;
 - Action to reduce population salt intake for better health (6 June 2010)³;
 - Equity and health in all policies: Solidarity in health (8 June 2010)⁴;
 - Innovative approaches for chronic diseases in public health and healthcare systems (7 December 2010)⁵;
 - Closing health gaps within the EU through concerted action to promote healthy lifestyle behaviours (2 December 2011)⁶;

¹ 16167/06

² 15612/07

³ 9827/10

⁴ 9947/10

⁵ OJ C 74, 8.3.2011, p. 4.

⁶ OJ C 359, 9.12.2011, p.5.

- Promoting health-enhancing physical activity (HEPA) (27 November 2012)⁷;
 - Healthy Ageing across the Lifecycle (7 December 2012)⁸;
3. The Council Recommendation of 26 November 2013 on promoting health-enhancing physical activity across sectors⁹;
 4. The Communication from the Commission — ‘Europe 2020: A strategy for smart, sustainable and inclusive growth’¹⁰;
 5. The Commission Communication of 29 February 2012 “Taking forward the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing”¹¹;
 6. The Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases approved by the United Nations General Assembly Resolution 66/2 of 19 September 2011¹²; and that according to its paragraph 65, a report on progress achieved will be presented at the 69th UNGA in September 2014;
 7. The WHO Global Strategy on Diet, Physical Activity and Health endorsed by the 57th World Health Assembly in May 2004¹³;
 8. The European Charter on Counteracting obesity adopted by the WHO European Ministerial Conference on counteracting obesity (Istanbul, 15-17 November 2006)¹⁴;
 9. The set of Recommendations on the marketing of foods and non-alcoholic beverages to children endorsed by the 63th World Health Assembly in May 2010¹⁵;

⁷ 15871/12

⁸ OJ C 396, 21.12.2012, p. 8.

⁹ OJ C 354, 4.12.2013, p. 1.

¹⁰ 7110/10

¹¹ 7293/12

¹² United Nations A/RES/66/2 (A/66/1/1).

¹³ http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf

¹⁴ http://www.euro.who.int/__data/assets/pdf_file/0009/87462/E89567.pdf

¹⁵ http://whqlibdoc.who.int/publications/2010/9789241500210_eng.pdf

10. The Resolution EUR/RC62/R4 “Health 2020 - The European policy framework for health and well-being”, adopted at the 62nd WHO Regional Committee for Europe, 12 September 2012¹⁶;
11. The EU Member States’ support to the WHO global action plan for the prevention and control of Non-communicable diseases 2013–2020 of 27 May 2013 and its nine voluntary global targets¹⁷;
12. The Vienna Declaration of 5 July 2013 on Nutrition and Non-communicable Diseases in the Context of “Health 2020” on which all European WHO Member States agreed to take action on obesity and prioritising work on healthy diet for children¹⁸.

NOTES WITH CONCERN:

13. That obesity and its morbid consequences have been described as having reached epidemic proportions¹⁹, as more than half of the adult population in the EU is overweight or obese according to the BMI classification of WHO²⁰ and that the high level of overweight and obesity in children and adolescents is of particular concern;

That overweight and obesity have considerable impact in terms of human suffering, that social inequalities are particularly important, that every year citizens lose their lives diseases related to unhealthy diet and lack of physical activity; that there is an economic burden with up to 7%²¹ of EU health budgets are spent each year directly on diseases linked to obesity, with more indirect costs resulting from lost productivity due to health problems and premature death;

¹⁶ WHO EUR/RC62/R4

¹⁷ http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf

¹⁸ 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

¹⁹ http://www.who.int/nutrition/publications/obesity/WHO_TRS_894/en/

²⁰ http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Overweight_and_obesity_-_BMI_statistics

²¹ World Health Organisation. Global Status Report on Non-Communicable Diseases 2010.

http://www.who.int/nmh/publications/ncd_report2010/en/

<http://www.euro.who.int/en/publications/abstracts/challenge-of-obesity-in-the-who-european-region-and-the-strategies-for-response-the.-summary>

14. The low consumption of fruit and vegetables and the high intake of saturated fats, trans fatty acids, salt and sugar as well as the shift towards sedentary lifestyles and the corresponding decline in engaging in physical activities by children, adolescents and adults.

RECOGNISES:

15. The beneficial impact of health promotion and disease prevention on both citizens and health systems and that healthy diets and physical activity significantly reduce the risk of chronic conditions and non-communicable diseases (NCDs)²², and contribute substantially to the healthy growth of children, healthy life years (HLY) and good quality of life of children, adolescents and adults.
16. That investing in health²³, promoting good health and keeping people active for longer can help to enhance productivity and competitiveness and contribute to achieving the objectives laid out in the Europe 2020 Strategy;
17. That appropriate nutrition during pregnancy and lactation is essential; that breastfeeding is the best option for the health of both mother and child; that eating and physical activity habits are established at an early age and that learning and adopting healthy habits when young substantially increases the likelihood that such habits will be sustained into adulthood.
18. That actions focusing on children and adolescents could also be beneficial for the entire family including family-based interventions, healthy nutrition options in childcare facilities and schools and activities to combat sedentary lifestyle and increase physical activity;
19. That the elderly are vulnerable to malnutrition, particularly because their nutritional requirements change and physical activities tend to decline with age affecting their energy requirements; and that the nutritional requirements for the elderly need further attention;

²² Such as overweight, obesity, hypertension, coronary heart disease, type II diabetes, stroke, osteoporosis, certain forms of cancer and adverse psychosocial conditions.

²³ see: Social Investment Package, Commission Staff Working Document: "Investing in Health" doc. 6380/13 ADD 7.

20. That obesity and non-communicable diseases related to unhealthy diet and lack of physical activity are caused by many factors; comprehensive prevention strategies and multi-stakeholders approaches provide best results; nutritional problems and physical inactivity need to be addressed in an integrated way and mainstreamed into the agenda of the relevant Council formations;
21. That it is necessary to involve all policy sectors and stakeholders to raise awareness on the importance of healthy diet and physical activity, particularly with regard to children and adolescents, but also in the context of gender perspective, and to counteract misleading, excessive or inadequate forms of advertising and marketing;
22. That overall dietary patterns may be more relevant than specific foods in the etiology of diet-related diseases; healthy dietary patterns are characterised by high consumption of fruits and vegetables, consumption of fish and by giving preference to low-fat dairy, whole grains, lean meat and poultry and using vegetable oils as replacement of solid fats where possible, as in the Mediterranean diet or any other diets, following relevant national dietary guidelines/nutrition recommendations;
23. That lifestyle-related risk factors, such as unhealthy diet and physical inactivity, tend to be more prevalent among the less educated or lower income segments of population; health education and health promotion policies and actions should include activities targeted to vulnerable population groups;
24. The urgency of addressing inequalities in relation to nutrition and physical activity between and within Member States, while nutrition and physical activity considerations should be taken into account in all relevant Union policies;
25. The roles of the care givers, school, community and public authorities to protect and support the most vulnerable members of society;

26. The importance of previous joint work in this area as embodied in the 2007 Strategy for Europe on Nutrition, Overweight and Obesity-related Health Issues, promoting a balanced diet and active lifestyles and encouraging action-oriented partnerships involving the Member States (High Level Group for Nutrition and Physical Activity) and civil society (EU Platform for Action on Diet, Physical Activity and Health).

WELCOMES:

27. The recent Member States' agreement on an EU Action Plan on Childhood Obesity 2014-2020²⁴ from 24 February 2014, which is expected to contribute to promoting healthy nutrition and physical activity and to curtail current obesity trends through co-ordinated voluntary action by the Member States and stakeholders.
28. The outcomes of the Athens High Level Conference on “Nutrition and Physical Activity from Childhood to Old Age: challenges and opportunities” on 25-26 February 2014 which highlighted that healthy diet and regular physical activity are preventive measures applicable across the lifespan, stressed the importance of making healthy choices available and accessible to all, provided evidence that the fight against the obesity epidemic is directly connected with the principles of healthy nutrition and sufficient physical activity, and that inter-sectoral approaches are effective ways to address common EU health challenges.

INVITES THE MEMBER STATES TO:

29. Continue keeping healthy diet and regular physical activity a top priority for the next years in order to reduce the burden of chronic diseases and conditions, thus contributing to better health and quality of life of EU citizens and the sustainability of the health systems;

24

http://ec.europa.eu/health/nutrition_physical_activity/docs/childhoodobesity_actionplan_2014_2020_en.pdf

30. Promote policies and initiatives aiming at healthy diet and sufficient physical activity throughout the lifespan, starting from the earliest stages of life, before and during pregnancy, promoting and supporting adequate breastfeeding and appropriate introduction of complementary food, followed by healthy eating and promotion of physical activity in the family and school environments during childhood and adolescence and later on during adulthood and older age;
31. Use the EU Action Plan on Childhood Obesity 2014-2020, where appropriate, as guidance for effective action on reducing childhood obesity and to promote good practices;
32. Empower citizens and families to make informed choices on diet and physical activity, providing information for all ages and socio-economic groups, particularly the most vulnerable such as children, adolescents and elderly, on the impact of lifestyle behaviours on health and on opportunities on how to improve their dietary choices and levels of physical activity;
33. Promote healthy dietary options and work with stakeholders to make them available, easily accessible, easy to choose and affordable for all citizens towards reducing inequalities and provide opportunities and places for daily physical activity at homes, schools and workplaces;
34. Promote policies that support older people to remain active and thus avoid functional decline by creating environments that encourage their active engagement in physical activity programmes tailored to their needs;
35. Promote, where appropriate, the implementation of the EU guidelines on physical activity for health; planning national and sub-national transport policies and urban planning to improve the accessibility, acceptability and safety of, and supportive infrastructure for, walking and cycling;

36. Promote healthy environments, especially in schools, pre-schools and sport facilities, by encouraging the supply of healthy dietary options based on nutritional standards, addressing excessive access to and intake of salt, saturated fats, trans fatty acids and sugar, as well as frequent consumption or consumption in high amounts of sugar sweetened and/or caffeinated soft drinks and encouraging children and adolescents to be physically active on a regular basis;
37. Support initiatives to promote health in the workplace, aiming at facilitating healthy eating habits and integrating physical activity into every day working life;
38. Support and empower health professionals to provide preventive advice, and care to citizens with regard to healthy dietary patterns, nutrition and physical activity; develop and support the implementation of evidence-based good practices for the prevention, diagnosis and management of obesity and malnutrition, especially in childhood, adolescence and among the elderly;
39. Engage in inter-sectoral and cross-policy actions for the promotion of healthy diet and physical activity in all policies targeting the rising rates of NCDs related to unhealthy diet and physical inactivity, overweight and obesity and the low levels of participation in physical activity, across all age groups and all socio-economic strata;
40. Continue to work in partnership with all stakeholders, including the industry, food business operators, health and consumer NGOs and academia to promote effective, wide and verifiable action or agreements, following the example of the EU Platform for Action on Diet, Physical Activity and Health, especially on food reformulation, by minimisation of trans fatty acid, reduction in saturated fat, added sugar and salt levels across foods, as well as on adaptation of portion sizes to dietary requirements.

INVITES THE MEMBER STATES AND THE COMMISSION TO:

41. Support the development and/or implementation of national Food and Nutrition Action Plans, other actions and policies to address common health challenges related to unhealthy dietary patterns, obesity, malnutrition and physical inactivity of EU citizens of all age groups, with a special focus on children and elderly, and where appropriate the implementation of cost-effective solutions;
42. Consider appropriate action contributing to the implementation of the EU Action Plan on Childhood Obesity 2014-2020, including a Joint Action under the EU Health Programme;
43. Promote action to reduce the exposure of children, to advertising, marketing and promotion of foods high in saturated fats, trans fatty acids, added sugars or salt;
44. Promote healthy eating, emphasising health promoting diets, such as the Mediterranean diet or any other diet following relevant national dietary guidelines/nutrition recommendations;
45. Use existing instruments at their disposal, in particular the Third programme for the Union's action in the field of health (2014-2020) and the Horizon 2020 EU Research and Innovation programme to foster research and policy action;
46. Improve existing data collection based on comparable methods for the assessment of time trends relating to dietary intakes, food availability at the individual or household level, physical activity, and sedentary lifestyle;
47. Work in cooperation with all relevant stakeholders to explore best ways to identify research gaps; accelerate exchange and uptake of good practices; and prioritise research on the nutritional and physical activity status and behaviours of population groups, focusing particularly on the most vulnerable population group including the children and the elderly;
48. Prioritise support for the assessment of the cost-effectiveness of activities and policies to promote healthy diet and physical activity in different socio-economic and socio-demographic population groups, as appropriate.

INVITES THE COMMISSION TO:

49. Continue to provide support and coordination to the present nutrition and physical activity policy framework through the High Level Group on Nutrition and Physical Activity and the EU Platform for Action on Diet, Physical Activity and Health, and to further facilitate exchange of information and guidance on the effective good practices;
50. To establish nutrient profiles as foreseen by Article 4.1 of Regulation (EC) No 1924/2006 of the European Parliament and of the Council of 20 December 2006 on nutrition and health claims made on foods.
51. Promote and assist the transfer and scaling up of successful initiatives to other regions or sectors to help transform good practice into regular activities that will improve the nutrient/food intake and dietary patterns and physical activity of the European population;
52. Promote actions and strategies on Active and Healthy Ageing, particularly as regards prevention, screening and assessment of malnutrition related to frailty and old age drawing on the good practices identified in the EIP on Active and Health Ageing²⁵;
53. Support Member States, to better use existing indicators and monitoring systems for non-communicable diseases as currently developed with WHO to improve reporting under the global monitoring framework for non-communicable diseases as appropriate;
54. Report back to the Council by 2017 and again in 2020 on the progress made in implementing the EU Action Plan on Childhood Obesity 2014-2020 as well as on other initiatives implemented in the context of the Strategy for Europe on Nutrition, Overweight and Obesity related health issues.

²⁵ http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing