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Subject: **Employment, Social Policy, Health and Consumer Affairs Council session on 22 June 2018**
Conclusions on "Healthy nutrition for children: The healthy future of Europe"
- Adoption

1. On 26 April 2018, the Presidency submitted to the delegations draft conclusions on "*Healthy nutrition for children: The Healthy future of Europe*" with a view to adoption by the Council.
2. The Working Party on Public Health agreed on the text, as a result of its meetings on 9 March, 4 and 28 May 2018.
3. On 6 June 2018, the Permanent Representatives Committee decided to submit the above draft conclusions, as set out in the Annex to this note, to the Council (EPSCO) for adoption at its meeting on 22 June 2018.
4. The Council is therefore invited to
 - adopt conclusions as set out in the Annex to this note and
 - decide to have them published in the Official Journal of the European Union.

Draft Council conclusions
Healthy Nutrition for Children: The Healthy Future of Europe

THE COUNCIL OF THE EUROPEAN UNION

1. RECALLS that the Treaty on European Union (TEU) marked a new stage in the process of creating an ever closer Union among the peoples of Europe, in which decisions are taken as closely as possible to the citizen, and that the Union aims to promote the well-being of its peoples¹. The policies of the Union must, as a matter of priority, meet the needs and interests of the citizens.
2. RECALLS that health care is of fundamental importance to the Union and that everyone has the right of access to preventive health care under the conditions established by national laws and practices, as provided by the Charter of Fundamental Rights of the European Union².
3. RECALLS that a high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities³.
4. RECALLS that, as stipulated *inter alia* by the European Charter on Environment and Health⁴, the health of individuals and communities should take precedence over considerations of economy and trade.

¹ See second paragraph of Article 1 and Article 3(1) TEU.

² [OJ C 326, 26.10.2012, p. 391](#). See in particular Article 35.

³ See e.g. Article 12 and Articles 114(3) and 168(1) TFEU, and Article 35 of the Charter of Fundamental Rights of the European Union.

⁴ [European Charter on Environment and Health](#), adopted on 8 December 1989 by Ministers for Environment and for Health of the Member States of WHO Europe.

5. RECALLS that respecting the cultures and traditions of Member States is among the core values of the Union recognised by the Treaties⁵.
6. RECALLS the important role of Union action in adding value to Member States' efforts by complementing national policies, while respecting the responsibilities of the Member States for the definition of their health policy and for the organisation and delivery of health services and medical care, in accordance with Article 168(7) of the Treaty on the Functioning of the European Union (TFEU).
7. RECALLS that in accordance with the United Nations (UN) Convention on the Rights of the Child⁶, States Parties shall ensure to the maximum extent possible the survival and development of the child and recognise the right of the child to the enjoyment of the highest attainable standard of health.
8. RECALLS the strong commitment of all Union institutions and Member States to promoting, protecting and fulfilling the rights of the child in all relevant Union policies⁷. In all actions concerning children, whether undertaken by public or private institutions, the best interests of the child shall be a primary consideration. The Union commitment to the rights of the child requires a coherent approach across all relevant Union actions and initiatives, under the Treaties, the Charter of the Fundamental Rights of the EU and the UN Convention on the Rights of the Child as a common basis for all Union actions relevant to children.

⁵ See e.g. the sixth paragraph of the preamble to the TEU: 'DESIRING to deepen the solidarity between their peoples while respecting their history, their culture and their traditions', and Article 167(1) TFEU: 'The Union shall contribute to the flowering of the cultures of the Member States, while respecting their national and regional diversity and at the same time bringing the common cultural heritage to the fore.'

⁶ [Adopted and opened for signature, ratification and accession by General Assembly Resolution 44/25 of 20 November 1989](#); entered into force on 2 September 1990, in accordance with Article 49.

⁷ See in particular second sub-paragraph of Article 3(3) TEU and Article 6(a) TFEU and Article 24(1) of the Charter of Fundamental Rights of the European Union.

9. EMPHASISES that the future of Europe lies in the young generation, and that health and well-being should be genuinely at the core of all Union policies, with assessment of the impact of all initiatives and measures on human health, and with a view to creating the proper environment for a healthy lifestyle. Childhood is a unique window of opportunity to influence lifetime effects on health, quality of life and prevention of non-communicable chronic diseases (NCDs)⁸.
10. RECOGNISES that prevention policies focused on key factors such as healthy diet and regular physical activity are among the best investments in the personal well-being of a young European generation in good health. Preserving and protecting the personal well-being and physical and mental health of children brings benefits to all individuals, society as a whole and the economy. The importance of the ability to maintain physical and mental health and lead a health-conscious, future-oriented life is also recognised in the Council Recommendation on Key Competences for Lifelong Learning⁹.
11. NOTES that such an investment is in turn a driver of growth for the European economy and sustainable health and social protection systems, in line with the goals of the Europe 2020 Strategy¹⁰.
12. RECALLS the importance of healthy growth and development of children. NOTES that diet-related conditions such as overweight and obesity are among the factors that can affect a child's immediate health and are associated with educational attainment and quality of life. Children with obesity are very likely to remain obese as adults and are at higher risk of chronic illness.
13. NOTES that obesity in children is a health challenge, which should also be considered in the broader context of the socio-economic determinants of health and social inequalities.

⁸ Farpour-Lambert (2015): Childhood Obesity Is a Chronic Disease Demanding Specific Health Care – a Position Statement from the Childhood Obesity Task Force (COTF) of the European Association for the Study of Obesity (EASO).

⁹ Adopted by the Council on 22 May 2018 (9009/2018) and to be published in the OJ L [...].

¹⁰ [A European strategy for smart, sustainable and inclusive growth](#), Communication from the Commission, 2010.

14. RECALLS the UN Sustainable Development Goals (SDGs), which include the goal on improving nutrition and the target of reducing by one third premature mortality from NCDs through prevention and treatment by 2030¹¹ and the World Health Organisation (WHO) Global Action Plan for the prevention and control of NCDs 2013-2020 aiming at the reduction of risk of premature mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases¹².
15. RECALLS that there are four main risk factors for NCDs (tobacco use, physical inactivity, unhealthy diet, and the harmful use of alcohol) and that therefore there is a need for more action on health promotion and disease prevention.
16. NOTES WITH CONCERN that the worrisome trends at EU and international level of growing chronic NCDs have an impact on the personal and social quality of life of EU citizens, and that such impact can be measured in economic terms: increased pressure on national healthcare systems, impact on government budgets and reduced capability resulting in loss of productivity¹³.

¹¹ In the UN Resolution adopted by the General Assembly in September 2015. See in particular Sustainable Development Goal 3, target 3.4.

¹² See [Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases](#).

¹³ See e.g. [Obesity and the Economics of Prevention Fit not Fat](#), OECD 2010; [Obesity update](#), OECD 2017; Work package WP 4: [Evidence \(the economic rationale for action on childhood obesity\)](#), JANPA 2016; the [Health Promotion and Disease Prevention Knowledge Gateway](#) - European Commission, 2017.

17. RECALLS the importance of nutrition and food in improving citizens' health, as explicitly acknowledged in conclusions adopted by the Council, most recently on the topics of nutrition and physical activity, food product improvement and childhood overweight and obesity¹⁴, tackling the challenges of food reformulation, public procurement and marketing, among others. RECALLS that the close relation between nutrition and NCDs is also recognised by the Vienna Declaration of 5 July 2013¹⁵ and the subsequent WHO Office for Europe European Food and Nutrition Action Plan 2015-2020¹⁶.
18. WELCOMES Member States' national policies and action plans on tackling NCDs, aimed at making the healthy choice easier for consumers by 2020¹⁷, including by encouraging food reformulation and healthy diet-related public procurement, restricting marketing which makes foods high in fat, salt and sugar attractive to children, and other efforts towards preventing childhood overweight and obesity. In general, reformulation should result in a healthier diet and should not lead to an increase in energy value.
19. RECALLS that enabling consumers to make informed choices on appropriate diets is at the heart of the Union legal framework¹⁸.

¹⁴ Respectively: OJ C 213, 8.7.2014, p. 1; OJ C 269, 23.7.2016, p. 21; OJ C 205, 29.6.2017, p. 46.

¹⁵ [Declaration](#) of 5 July 2013 by ministers for health and representatives of the Member States of the World Health Organization in the European Region.

¹⁶ See [EUR/RC64/14](#).

¹⁷ See [Conclusions on food product improvement](#), paragraph 27.

¹⁸ See, *inter alia*, Regulation (EC) No 1924/2006 of the European Parliament and of the Council on nutrition and health claims made on foods (OJ L 404, 30.12.2006, p.9), Regulation (EU) No 1169/2011 of the European Parliament and of the Council on the provision of food information to consumers (OJ L 304, 22.11.2011, p. 18) and Regulation (EU) No 609/2013 of the European Parliament and of the Council on food intended for infants and young children, food for special medical purposes, and total diet replacement for weight control (OJ L 181, 29.6.2013, p. 35).

20. NOTES that from conception, throughout pregnancy and the first days of life, the development of healthy habits is among the key determinants of longer life expectancy in good health, including reproductive health and intellectual development. Nutrition patterns adopted in the first three years of life can induce changes in metabolic responsiveness which may become irreversible through metabolic programming and epigenetic mechanisms¹⁹. Thus, preventive measures aimed at steering nutrition habits should encourage consumption of food of good nutritional quality from the earliest age²⁰, and continue through a life-course approach.
21. RECOGNISES that essential, health-relevant behavioural patterns developed in childhood and youth last for life.
22. EMPHASISES that the social and economic environment has a key role in shaping choice. Thus, policies and initiatives addressing that environment should promote and support the uptake of a healthy diet, without unduly shifting the burden of responsibility towards the individual.
23. RECOGNISES that the reduction of health inequalities cannot be based only on individual choice, but also requires all relevant public policies to support healthy environments.

¹⁹ [Global nutrition targets 2025: childhood overweight. Policy brief. Geneva: World Health Organization, 2014](#); Hancox, R. J., Stewart, A. W., Braithwaite, I., Beasley, R., Murphy, R., Mitchell, E. A., et al., 'Association between breastfeeding and body mass index at age 6-7 years in an international survey', *Pediatric Obesity*, Vol. 10, No 4, 2015, pp. 283-287. Gunnell, L., Neher, J., Safranek, S., 'Clinical inquiries: Does breastfeeding affect the risk of childhood obesity?', *Journal of Family Practice*, Vol. 65, 2016, pp. 931-932. Watson, R. R., Grimble, G., Preedy, V. R., Zibadi, S., editors, *Nutrition in infancy*, Springer, Berlin, 2013.

²⁰ 'In the first 2 years of a child's life, optimal nutrition fosters healthy growth and improves cognitive development. It also reduces the risk of becoming overweight or obese and developing NCDs later in life.' [Healthy diet](#), WHO, Factsheet No 394. 'The risks presented by unhealthy diets start in childhood and build up throughout life. In order to reduce future risk of non-communicable diseases children should maintain a healthy weight and consume foods that are low in saturated fat, trans-fatty acids, free sugars, and salt'. [WHO - Marketing of foods and non-alcoholic beverages to children](#), p.7.

24. RECALLS that the success of an effective and ambitious prevention policy depends on the genuine implementation of a health-in-all-policies approach. Cooperation among all sectors is essential to creating a health-enhancing environment, while balancing conflicting priorities and avoiding fragmentation. This ensures a whole-of-government and whole-of-society approach.
25. CONSIDERS important that other Union policies, such as the Common Agricultural Policy, contribute to the goal of enabling the healthy consumers choices, as also pointed out in the conclusions on 'The Future of Food and Farming', recently adopted by the Presidency on 19 March 2018 with the support of 23 delegations²¹. ACKNOWLEDGES the contribution of the School Fruit, Vegetable and Milk Scheme and other mechanisms, supported by the CAP in Member States, to improving health outcomes in the EU²².
26. ACKNOWLEDGES the need to give particular attention to children in socially disadvantaged communities. NOTES that opportunities to grow up healthy are closely linked to social determinants. Today's disease burden is rooted in the way these social factors are addressed and in the way our resources are distributed and utilised²³.

²¹ Although the CAP has various objectives, the recent public consultation shows that there is a need to take into account consumers' preferences, including those for more accessible diverse, fresh, organic production. The outcome is also reflected in recital (10) of the Conclusions of the Presidency (7324/18), supported by Belgium, Bulgaria, Czech Republic, Denmark, Germany, Ireland, Greece, Spain, France, Croatia, Italy, Cyprus, Luxembourg, Hungary, Malta, Netherlands, Austria, Portugal, Romania, Slovenia, Finland, Sweden and United Kingdom.

²² See, in particular, [Opinion of the High Level Group on Nutrition and Physical Activity](#).

²³ [Obesity and inequities. Guidance for addressing inequities in overweight and obesity](#), WHO, Regional Office for Europe, 2014.

27. NOTES WITH CONCERN that current food choices can contribute to increasingly poor eating habits, overweight and obesity and associated NCD risk factors. Prepared and processed foods are readily available and accessible and, in general, are increasingly part of people's daily diets. In particular, young people tend to eat outside their home more often and consume easily accessible fast food with high levels of fat, salt and sugars, sugar-sweetened drinks and energy drinks.
28. RECOGNISES that preserving food diversity, traditional healthy diets such as the Mediterranean diet, the Nordic diet or other regional diets, and healthy eating habits and lifestyles, while improving the affordability and attractiveness of both seasonal and fresh products, as well as of food with low levels of fat, sugar and salt, is key to reversing the trend of nutrition-related chronic diseases.
29. NOTES WITH CONCERN that children are a vulnerable group of consumers who are particularly exposed to marketing through modern means such as sponsorship, product placement (point-of-purchase displays), sales promotion, cross-promotions using celebrities, brand mascots or popular characters, websites, packaging, labelling, emails and text messages, corporate social responsibility and philanthropic activities tied to branding opportunities, as well as communication through 'viral marketing' and by word-of-mouth²⁴. Evidence shows that advertising influences children's food preferences, purchase requests and consumption patterns²⁵. It also shows that in many settings, effective parental control is to a large extent difficult, if not virtually impossible.

²⁴ See [WHO - Marketing of foods and non-alcoholic beverages to children](#), p.7.

²⁵ WHO [Final Report on Ending Childhood Obesity](#).

30. RECALLS that under Directive [2010/13/EU](#) of the European Parliament and of the Council concerning the provision of audiovisual media services²⁶, media service providers are encouraged to develop codes of conduct regarding inappropriate audiovisual commercial communications, accompanying or included in children's programmes of foods and beverages containing nutrients and substances with a nutritional or physiological effect, in particular those such as fat, trans-fatty acids, salt/sodium and sugars, excessive intakes of which in the overall diet are not recommended. Notes that some Member States' practices demonstrate that the codes of conduct can be in line with healthy diet recommendations.
31. RECALLS the need to reduce the average intake by EU consumers of trans-fatty acids, as also recognised by the resolution adopted by the European Parliament on 26 October 2016²⁷.
32. NOTES with concern that the various approaches to regulation of marketing existing at local, regional or national level may not be as effective as regulation of cross-border marketing for the whole EU, bearing in mind the cross-border dimension of the problem, particularly in the digital media.
33. NOTES the benefits of a multi-stakeholder dialogue encouraging social and ethical responsibility in all food business operators, such as farmers and fishers, manufacturers, retailers, caterers and restaurants. ACKNOWLEDGES the spirit and some of the steps taken so far by some stakeholders via voluntary commitments under the EU Platform for Action on Diet, Physical Activity and Health, including in the area of marketing²⁸. Establishing greater interaction and ambition at EU level can create incentives for stakeholders to establish more effective and ethical common practices on (digital) marketing to children of foods high in fat, salt and sugars, and to make more ambitious commitments that truly have an impact on improving the diets of children. NOTES that where self-regulation alone is not adequate, legislative measures might be needed.

²⁶ OJ L 95, 15.4.2010, p. 1.

²⁷ P8_TA(2016)0417.

²⁸ [Voluntary commitments of the members of the EU platform for action on diet, physical activity and health.](#)

34. ENCOURAGES further progress on the implementation of the WHO recommendations on the marketing of foods and non-alcoholic beverages to children, in line with the best interests of the child principle and the EU's obligation to ensure a high level of public health protection in the development and implementation of all its policies and activities.

INVITES THE MEMBER STATES TO

35. Continue to develop and implement targeted policies dealing with NCDs, based on a holistic health-in-all-policies approach and multi-sectoral cooperation, in line with the Global Action Plan for the prevention and control of NCDs 2013-2020 and bearing in mind that nutrition is one important factor among others, focusing in particular on:
- (a) contributing to making available affordable seasonal, fresh and healthy, locally grown products and foods, which are not high in fat, salt or sugars, in order to make the healthy option the easy option;
 - (b) supporting cooperation between health, agricultural and education authorities, thereby creating a framework encouraging healthy, sustainable and fresh food for nursery and school meals;
 - (c) creating opportunities for further engaging with farmers, food producers, retailers, caterers and other food business operators in order to facilitate the availability of products supporting a healthy diet and to decrease the promotion of processed foods and drinks high in fat, salt and sugars;
 - (d) considering support for awareness-raising initiatives and guidance, as appropriate, oriented towards children, parents and educators, carers and food providers in educational facilities, with regard to balanced diets and information that identifies nutritious, affordable and convenient food options, appropriate portion sizes, consumption frequency and awareness of the path 'from farm to fork';

- (e) actively fighting an obesogenic environment, especially in settings where children gather, such as children's educational premises, childcare centres and sports facilities, by offering food and drink options that support a varied, balanced and healthy diet, ensuring that educational facilities, and stimulating that sports facilities, are free of marketing efforts, including sponsorship by brands and companies promoting foods and drinks high in fat, salt and sugars, and encouraging procurement practices that promote health;
- (f) ensuring that communication and counselling on nutrition are free from undue commercial influence, and that conflicts of interest do not arise;
- (g) considering the introduction, in the primary care setting through a family-based approach, of evidence-based weight management programmes for children who are obese;
- (h) supporting active contribution and professional advice from healthcare professionals to pregnant women, infants, children, adolescents, parents and families in order to improve counselling and monitoring based on the latest available scientific evidence on nutrition, with a view to ensuring healthy diets at all stages of life;
- (i) continue encouraging breastfeeding in line with national or international recommendations²⁹, including through restricting marketing on breast milk substitutes;
- (j) increasing the public-health relevance of food information through education, labelling and other means, including within the framework of bilateral, multilateral and EU-level cooperation;
- (k) paying particular attention to reaching and involving children with a lower socio-economic background and children in vulnerable situations.

²⁹ See [Global Strategy for Infant and Young Child Feeding, WHO and UNICEF, 2003](#).

INVITES THE MEMBER STATES AND THE COMMISSION TO

36. In line with the principles of subsidiarity and proportionality and taking into account local, regional and national specificities, cultures and traditions, under the leadership of public health and food authorities:
- (a) put people and people's health at the heart of all policies and actions, including by transparently discussing the current and future role of the EU to defend public health in the context of the discussion on the future of Europe;
 - (b) support policies on nutrition, food and physical activity that prioritise children's rights, thus supporting investment in a future Europe of young and healthy generations;
 - (c) take a strategic approach whereby health considerations are taken into account in other policies, as recommended in the Council conclusions on Health in All Policies³⁰;
 - (d) continue to exchange experiences and best practices and to support voluntary cooperation across sectors such as health, agriculture, education, trade, finance, taxation, sport and science with regard to policies that are conducive to an increased supply of affordable seasonal and fresh products contributing to a healthy diet and on labelling and marketing of foods, in order to improve the state of health in the EU;
 - (e) raise awareness among farmers and fishers about consumers' needs, the importance of production that supports national dietary guidelines, and the benefits of quality schemes and marks in local and seasonal production, which can serve as assurance that food products contribute to a healthy diet;

³⁰ Council conclusions adopted on 30 November 2006 ([16167/06](#)).

- (f) continue to support and implement the EU Action Plan on Childhood Obesity 2014-2020, especially with regard to policies and actions with a cross-border impact, such as promoting healthier environments, making the healthier option the easy option, restricting marketing and advertising to children, and promoting public procurement supporting healthier options and physical activity; further encourage stakeholders concerned to take responsible action, take into account self-regulatory proposals or consider the adoption of regulatory measures when needed to attain the intended goals;
- (g) in order to protect children and young people from exposure to cross-border advertising and bearing in mind the cross-border impact of product packaging and marketing, prepare, review and strengthen initiatives aimed at reducing the exposure of children and adolescents to marketing, advertising in any media, including online platforms and social media, and other forms of sponsorship or promotion of foods high in energy, saturated fats, trans-fatty acids, sugar and salt or which do not comply with national or international nutritional guidelines;
- (h) monitor the compliance of national and EU voluntary initiatives aimed at reducing the impact on children of marketing of food with a high content of fat, salt and sugars;
- (i) encourage measures to strengthen the EU and national pledges, including (i) evidence-based nutritional criteria, (ii) the extension of the pledge to include all children and minors, (iii) to include all forms of marketing, such as product placement, sponsorship, supermarket promotion, product packaging and the use of brand characters and mascots, so that industry marketing and advertising are made consistent with international commitments; advance with measures that allow to improve such initiatives and cover parts of the marketing spectrum currently unattended;

- (j) continue supporting measures to regulate cross-border marketing effectively, to monitor the development of new media, to evaluate the adequacy of the current measures aimed at reducing exposure, particularly of children and young people, to advertising on food transmitted through digital media, including social media, as well as to explore possibilities for solutions in dialogue with regulators and media;
- (k) promote education and information campaigns aimed at improving the understanding of food information, as well as marketing techniques, in particular in family, educational and sport environments;
- (l) support research projects responding to health policy needs, such as research on: comparable health promotion and consumption studies; better understanding of dietary habits, consumption patterns and the impact of traditional diets such as the Mediterranean diet, the Nordic diet and other traditional diets and products throughout Europe; assessment of exposure of children to marketing, food information and food placement; prevention of overweight and obesity in different age groups and different settings; assessment of the impact on health of innovative substances or additives; food product improvement; building evidence on public policy measures on health and health impact assessments of other policies;
- (m) aim at improving the supply of affordable fresh, seasonal and healthy local production by considering, for example, strengthening support for small farmers, shortening the food supply chain, promoting infrastructures for the promotion and sale of unprocessed foods (such as local producers markets) and preventing unfair trading practices, as well as by encouraging SMEs and retailers to provide responsible and sustainable solutions for supplying food that is nutritionally adequate for a healthy diet;

- (n) continue, while taking into account the previous activities of the Joint Action on Nutrition and Physical Activity, identifying, collecting and sharing information at EU level on best practices and on national measures providing a holistic approach to nurseries and schools as environments that promote health, as well as on tackling the challenges of implementing such measures;
- (o) jointly discuss and, where appropriate, implement validated best practices in the area of nutrition and physical activity, in order to bring results more quickly and more effectively to citizens, including in the framework of the Steering Group on Promotion and Prevention³¹;
- (p) take note of consumers' demands when tailoring the future CAP by supporting diversity and quality and thus contributing to a more demand-oriented supply of affordable fresh, local and seasonal foods, contributing to a healthy and sustainable diet. Consider possibilities for taking into account the possible impact of practices to support agriculture on: population dietary habits, shorter supply chains, School Fruit, Vegetables and Milk schemes, and initiatives to improve appreciation of and knowledge about the origins of food among school children, such as on-site visits to farms;
- (q) work together to support policies and measures to tackle NCDs and childhood obesity, thus ensuring a high level of public health protection in all initiatives and proposals within the internal market.

³¹ https://ec.europa.eu/health/non_communicable_diseases/steeringgroup_promotionprevention_en

INVITES THE COMMISSION TO

37. Continue prioritising public health, in particular by addressing issues of cross-border importance, such as marketing of food to children, food product improvement, labelling, market concentration in the food supply chain, and research projects responding to public health needs, with the ultimate goal of improving health outcomes in the EU.
38. Support Member States in the exchange, dissemination and transfer of best practices in the area of nutrition and physical activity in order to improve health promotion, disease prevention and management of NCDs, and support in particular initiatives focused on comprehensive, integrative and multi-sectoral cooperation and successful implementation of a health-in-all-policies approach.
39. Build upon the progress achieved by the High Level Group on Nutrition and Physical Activity³², and further support Member States in the area of public procurement guidelines for food.
40. Continue to encourage a more ambitious stakeholder commitment at EU level aimed at fair and responsible marketing policies, building on lessons learned and successful examples such as the EU Platform for Action on Diet, Physical Activity and Health.
41. Bearing in mind that regulating marketing to children in its different forms is a global challenge that should be addressed at EU level, explore options to strengthen the EU framework, including by establishing criteria, issuing informative guidelines, supporting campaigns and maintaining oversight, with a view to reducing the negative impact of cross-border food marketing on children's health.

³² [High Level Group on Nutrition and Physical Activity](#), set up to strengthen the role of EU (and EFTA) governments in counteracting overweight and obesity.

42. Strengthen synergies in Horizon 2020 projects among all relevant sectors.
 43. Explore all possibilities for continuing to support Member States' policies and initiatives in the framework of existing instruments at EU level, such as the Third Programme for action in the field of public health³³, the Common Agricultural Policy, the European Structural and Investment Funds, and Horizon 2020, and to ensure sustainable mechanisms in the future focused on the need to invest in people.
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³³ See Regulation (EU) No 282/2014.