

Opinion of the Commission for Sustainable Development on 'A strategy for Europe on nutrition, overweight and obesity related health issues'

(2008/C 105/08)

THE COMMITTEE OF THE REGIONS

- argues that tackling public health issues, particularly nutrition, overweight and obesity aspects, entails the integration of policies across the board, from food and consumer affairs to sport, education and transport, production and consumer affairs, with particular attention being focused on the social aspect of the problem,
- believes that greater attention should focus on knowledge from the various national experiences, and that this should be done at Community level. This would help to reduce the differences in working approaches, and to create new instruments to tackle harmful lifestyles effectively,
- is convinced that promoting partnerships is the most effective way of resolving the problems of nutrition, overweight and obesity, and that no single approach can possibly be sufficient. The only possible way of preventing health problems — of which poor nutrition is the main cause — is for all stakeholders, at international, national, regional and local levels, to take action,
- asks the European Commission, in its next financial programming period, to earmark specific resources that can be used under the Structural Funds to achieve the aims described in the present opinion,
- recommends that the individual Member States and the regions undertake to protect their own citizens from media messages, especially on television and radio, that advertise high fat- or sugar-content foods. States and regions could, furthermore, impose high 'advertising costs', or even demand that the labelling of certain products provide additional information on their possible harmful effects,
- supports stronger alliances between public bodies and external, non-health bodies involved in food production (e.g. the farm sector) and distribution, with the accent on local operators.

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Reference document

White Paper on A Strategy for Europe on Nutrition, Overweight and Obesity related health issues

COM(2007) 279 final.

Policy recommendations

THE COMMITTEE OF THE REGIONS

1. considers that health is a priority for all Community policies and activities: they must ensure a high level of health protection. Under Article 152 of the EC Treaty, the Community is indeed required to play an active role in ensuring human health protection, taking measures which cannot be taken by the individual Member States in keeping with the principle of subsidiarity;

2. emphasises that consumer protection requirements should be taken into account in defining and implementing other Community policies and activities. The Union must promote the right of consumers to information, education and to organise themselves in order to safeguard their interests, and can encourage healthy eating and lifestyles;

3. recalls that Community action is directed towards improving public health, preventing human illness and diseases, and obviating sources of danger to human health, and that it complements national policies;

4. therefore urges the Commission to respect the responsibilities of the Member States for the organisation and delivery of health services and medical care, while recognising that it may — in order to make action more efficient — put forward the operational models implemented by those regions that have achieved the best results; it also recalls that, regarding the promotion of sport and physical activity, European Union action must necessarily accompany that taken by the Member States and their local and regional authorities, with the possible involvement of other bodies such as university and non-university educational centres;

5. notes that the Council has repeatedly called on the Commission to take action in the field of nutrition and physical activity. The consultation on the green paper showed that the expected contribution of the EU entails working with a range of national, regional and local stakeholders, and has highlighted firstly, the need to ensure that Community policies are consistent and secondly, the importance of a multisectoral approach;

6. considers the purpose of the white paper under discussion to be to set out an integrated EU approach to help reduce ill health due to poor nutrition, lack of physical activity, overweight and obesity. It also considers that drafting methodolo-

gical guidelines to encourage the creation at regional and local level of networks between genuinely effective and efficient services is a crucial instrument for achieving this aim;

7. notes that in order to produce an optimal response to the problems arising from nutrition, overweight and obesity, both complementarity and integration between the various relevant strategic sectors (horizontal approach) and the various levels of action (vertical approach) must be promoted;

8. supports the white paper's objectives, and considers that regional and local authorities have a key role to play in preparing implementation projects capable of reducing the harm caused at all levels by poor nutrition and lifestyles;

9. welcomes the Commission's position that, in several areas, the main levels for action are not only national or local, but also transnational, characterised by cooperation between communities located in different countries, but which share cultural, territorial and social features;

10. recommends, therefore, that EU action be geared to complementing, enhancing and disseminating actions undertaken at national or regional level, or to tackling problems that fall within the specific scope of Community strategies;

11. is convinced that no strategy can succeed unless supported by activities at regional level and by practical initiatives on the part of local authorities, and therefore considers it desirable, on the basis of Article 152 of the EC Treaty, for regional and local bodies to be involved in EU activities;

12. underlines that the existence of nutrition, overweight and obesity-related problems in the different Member States does not necessarily call for a single, Europe-wide, solution;

13. is pleased that the Commission acknowledges the importance of variation in diets across Member States, and the different policy approaches applied in Europe, and that the Commission stresses that it is essential for actions to continue to be carried out at the regional and local levels, as these are the closest to EU citizens, specifically stating that 'interventions at these levels are vital to tailor designed and validated general approaches to specific local contexts';

14. considers that reducing ill health is a long-term effort. Consequently, funding for measures to combat excess weight and obesity should be seen in a multi-annual perspective;

On the principles for action

15. argues that tackling public health issues, particularly nutrition, overweight and obesity aspects, entails the integration of policies across the board, from food and consumer affairs to sport, education and transport, production and consumer affairs, with particular attention being focused on the social aspect of the problem. It emphasises, however, that the health aspect has the greatest impact on public finances and on the quality of life;

16. points to the inadequate identification of possible stakeholders, particularly in the public sector, as a serious problem. Implementing projects for which technical and economic resources are effectively available, and ensuring that clearly-defined integration and cooperation protocols exist, requires that two priorities be taken on board: firstly, regular cataloguing of existing resources, especially in the public health sector and, secondly, drafting cooperation protocols in advance of plans for any action;

17. considers that primary prevention in order to avoid disease developing is the most effective approach to weight-related health problems, obesity, cardiovascular conditions, diabetes, strokes and so on. It has indeed been scientifically proven that nutrition and lifestyle are crucial such illnesses to whether such diseases are prevented or not. Secondary prevention projects — to control complications, in other words, to treat obesity — need to be implemented for overweight or obese individuals in order to control complications;

18. considers it essential to act directly on the determinants of proper, healthy eating, and on all the factors which together contribute to maintaining appropriate body weight such as physical activity, culture, customs and traditions, information, the socio-economic context, agricultural production, the food industry, infrastructure and transport;

19. is of the opinion that actions should aim to address the underlying causes of health risks, and that they should touch upon a range of strategic government sectors and levels of government, making it clear that the regional and local levels are crucial to the success of the project;

20. believes it essential that the strategy proposed by the Commission should entail intervention by private actors such as the food industry and civil society, as well as local stakeholders such as schools, other educational centres and health bodies, within which specific services should be set up or reinforced;

21. believes that greater attention should focus on circulating knowledge from national experiences, deriving for example from specialist postgraduate schools of nutritional science, and that this should be done at Community level. This would help to reduce the differences in working approaches, and to create new instruments to tackle harmful lifestyles effectively;

22. emphasises the importance of large-scale monitoring over the next few years. It is however convinced of the urgent need to adjust the parameters applied by statistical institutes in compiling data on populations' eating habits. Quantitative data, albeit approximate, is needed for such surveys. Given this, the Committee believes it is also important to monitor and measure the impact of existing measures;

On the partnership approach

23. is convinced that promoting partnerships is the most effective way of resolving the problems of nutrition, overweight and obesity, and that no single approach can possibly be sufficient. The only possible way of preventing health problems — of which poor nutrition is the main cause — is for all stakeholders, at international, national, regional and local levels, to take action;

24. maintains that only an approach involving a partnership between public and private actors can bring about cultural, environmental and economic changes that will have an impact on behaviour and habits that are 'harmful' to health. Official public agencies must, however, be responsible for coordination and supervision;

25. emphasises that on the social front, and not least in order to narrow existing socio-economic gaps, steps to promote healthy eating should target individuals and, at the same time, provide backing for 'structural' measures involving all the relevant stakeholders: knowledge-based initiatives should be built into policies aimed at ensuring easier access to healthy food;

26. considers it essential to forge alliances between decision-makers in the health, economic, agricultural and social policy spheres, together with producers, distributors, retailers and consumers;

27. therefore considers it necessary to develop partnerships for intervention at European level and to strengthen local networks with a view to future action, by distributing specific methodological and scientific guidelines. It also believes that backing should be given to the introduction of food science as a recommended subject in health-related university courses;

Strengthening local networks and the role of Community policies

28. welcomes and supports that idea that the EU should also be responsible for coordinating the Member States' efforts, providing guidelines on 'informed consumers', 'proposals for a healthy and balanced diet' and 'physical activity', and should have a scientific support function through its committees and the EFSA;

29. recommends that account be taken of the experience accumulated and the best practices developed under the European Network of Health Promoting Schools (ENHPS) programme;

30. considers, in this respect, that it is up to the EU to act, by monitoring the Member States' efforts, to facilitate the dissemination and mutual comparison of experiences, generating a virtuous circle leading to the general introduction of those models that have proved themselves to be most effective;

31. underlines the importance of organising a yearly meeting of European regions that have devised and applied the prevention model producing the best results; for this reason the Commission should consider setting up a database to provide the Member States with easy access to different experiences;

32. asks the European Commission, in its next financial programming period, to earmark specific resources that can be used under the Structural Funds to achieve the aims described in the present opinion;

Member State action

33. welcomes the Commission's recognition that the actions to be taken within its competence should serve the purpose of backing up or completing actions by Member States. It recalls that Article 152(2) of the EC Treaty stipulates that the Community shall encourage cooperation between the Member States in this area and, if necessary, lend support to their action; agrees that the Commission should be able, in close contact with the Member States, to take any useful initiative to promote such coordination; and underlines the need for the Member States to focus their action primarily on nutrition, overweight and obesity related issues;

34. recommends, in this regard, that the individual Member States and the regions undertake to protect their own citizens from media messages, especially on television and radio, that advertise high fat- or sugar-content foods. States and regions could, furthermore, impose high 'advertising costs', or even demand that the labelling of certain products provide additional information on their possible harmful effects (for example, compulsory indication of the presence of trans fats, and the percentage of saturated, monounsaturated and polyunsaturated fats). It also believes that a further feasible measure might be to provide economic incentives for the use of 'healthy' ingredients and powerful economic penalties for the use of nutritionally unbalanced or inappropriate foodstuffs;

35. considers, with a view to improving information about healthy lifestyles — especially for the 'children/young people' target group — that 'virtual tools' are particularly useful information vehicles. Experience from existing projects is positive, and has proven remarkably cost-effective;

Regional and local authority action

36. urges the local and regional authorities to propose 'healthy alternatives' to unhealthy patterns of behaviour,

applying the 'life-stage' approach and informing the public on the lifelong healthy eating practices they should follow;

37. points out that training and information programmes should be carried out in all regions to prevent excessive and rapid weight gain in expectant mothers, as these have a direct and very clear impact on the unborn child and its future weight. It also emphasises the need to avoid excessive weight gain during the first five months of life and during the early school years, such gains paving the way for a predisposition to overweight in the future;

38. recommends focusing on both the general and competitive aspects of youth sport and that both types should be inspired by values that build on fun, play and the right of everyone to take part according to their ability, so as to encourage physical activity not only for the individual, but for the whole family: active families produce active children;

39. points to the need to tackle the convenience culture: the culture of industrial food production is a trap which has turned pleasure in food into a choice between fatty and sugary foodstuffs on one side, and restrictive diets on the other;

40. notes with regret that the pleasure of physical movement is often confined to an 'exercise' framework, as a coercive activity that many people resist;

41. restates its support for play for children and youths: as the white paper underlines, it is crucial to increase knowledge of the determinants of food-related and behavioural choices, but there is also a need to take a modern approach to fostering a new social culture like the one that previously underpinned traditional societies, where obesity and unhealthy lifestyle-related conditions were almost entirely absent;

42. encourages physical space to be given back to people: free infant and child play should be encouraged, both under school auspices and through setting aside spaces in homes and cities. Removing parking spaces to turn them into play areas would not only prevent overweight and obesity, but would also ward off high blood pressure and cardiovascular conditions, which are the primary cause of death in Europe;

43. recommends that the provision of 'safe' walking routes to schools of all types and levels, as well as safe sports facilities, playgrounds and recreational facilities, should be a part of spatial planning;

Promoting healthy eating

44. calls for active involvement in the Healthy Cities programme supported by the World Health Organisation. This is not only about people eating healthily, but also about maintaining a healthy environment, an active life in society and physical movement of all kinds as a source of health;

45. considers it necessary to plan regular food education programmes (based on the principle of less animal fats, more use of fruit and vegetables) and to draw up 'regional guidelines' in agreement with the European Commission;

46. considers it essential that consumers be better informed on the importance of their own diet and lifestyles to their own health, and emphasises that they should be protected from misleading or insidious advertising. To this end, the EU could harness the scientific know-how of EFSA (the European Food Safety Authority), for instance, in relation to the composition of certain foodstuffs, the use of additives, and regarding the truthfulness of messages in advertising and labelling;

47. advocates the implementation of food education programmes at schools of all types and levels, particularly in pre-primary and primary establishments;

48. in order to promote healthy eating from school age onwards, urges the direct involvement of school catering stakeholders, families, teachers, paediatricians and school health services, who can play a significant role in food education;

49. sees monitoring of overweight/obesity, with special reference to children of school age, as a necessity, subjecting any prevention initiatives that may be introduced to assessment, and focusing in particular on eating disorders;

Promoting physical activity

50. welcomes the implementation of large-scale, high-intensity information campaigns that use the main information media, and supports the production of information guides for the general public which also promote everyday physical activity, unconnected with closed and/or specialist environments (gyms);

51. urges regional and local authorities to launch initiatives aimed at promoting physical activity, for example by displaying posters at strategic points (such as access to lifts) in public buildings, suggesting that people use the stairs;

52. calls for a greater awareness of the importance of physical activity in school education curricula, starting at primary and lower secondary level. Teachers must therefore be properly informed and asked to make use of the structural resources available in all schools, imparting worth and value to physical activity;

53. welcomes the broadening of opportunities for adults to engage in structured physical activity that entails cooperation between public agencies and locally-based bodies or associations. It highlights the need for access to activities to be made easier (membership fees, timetables geared to the target group) and for the quality of the proposed initiatives to be monitored (type of activity, duration, appropriate premises, transport for ease of access, instructors' training and qualifications);

54. believes that regional and local authorities can also promote physical activity for the general public by making use of local environmental resources, both by building up urban routes (cycle routes, walking areas, non-motorised transport with safety guarantees) and by promoting opportunities for out-of-town activities (biking and walking) that reflect the right to mobility of the differently able by full access to such facilities;

55. underlines the necessity for health operators to be trained on the importance of promoting physical activity among the general public. General practitioners must be aware of international recommendations, based on their proven effectiveness, and must be able to provide full information on the types of activity they advise, and available options within their catchment areas, if they are to perform their ad hoc counselling function adequately. Basic and further training for healthcare workers — especially doctors — should include a health promotion component;

The role of private operators

56. considers that private operators have a decisive part to play in promoting consumer choice and enabling them to make choices geared to a healthy lifestyle: their actions in this area can complement government policies and legislative initiative at European and national level;

57. with a view to making best use of the partnership approach proposed by the Commission, welcomes the involvement of managers of major gathering points (e.g. shopping centres), caterers and distributors in producing healthy dishes and promoting them clearly on menus;

58. encourages the food industry, either on a voluntary basis or through cooperation with consumer associations, to develop 'codes of conduct' and/or to 'readjust' the calorific and nutritional make-up of its products, by devising incentives — including economic ones — for industries that decide to work to this end;

59. is convinced that the media — television, radio, internet and the press — could be involved in various types of partnership, in nutritional education campaigns, and by signing up to self-regulation codes on 'harmful' publicity;

60. supports stronger alliances between public bodies and external, non-health bodies involved in food production (e.g. the farm sector) and distribution, with the accent on local operators;

International cooperation

61. points out that, under Article 152(3) of the EC Treaty, the Community and the Member States must foster cooperation with third countries and the competent international organisations in the sphere of public health;

62. notes that it would be advisable for the regions to act in agreement and cooperation with their national ministries (for health, social policy, education, etc.). To this end, it recommends cooperation with the World Health Organization's Regional Office for Europe: the WHO has already offered to provide coordination with other international organisations (FAO, UNICEF, ILO and the OECD) in supporting the implementation of initiatives to identify the needs of individual regions, define the situation, trends and the strategies put in place, and compile, analyse and disseminate scientific evidence on the effectiveness of completed actions;

63. it also considers that it is necessary to cooperate with the WHO in preparing a nutrition and physical activity surveillance system, partly with a view to adopting the second food and nutrition action plan;

64. underlines the particular importance of cooperating with countries that have introduced their own obesity strategies, in order to swap experience and know-how;

65. calls for full use to be made of knowledge on local habits and lifestyles that have the capacity to act against overweight, obesity and metabolic disorders (diabetes and degenerative diseases). It recalls, in this respect, that the WHO has promoted experiments to reinstate traditional forms of treatment and healthy lifestyles among certain populations and ethnic groups;

66. supports the conduct of epidemiological studies on overweight, obesity and diabetes, insofar as they are disorders that should now be seen as a genuine emergency.

Brussels, 6 February 2008.

The President
of the Committee of the Regions
Luc VAN DEN BRANDE
