

Official Journal of the European Union

C 213



English edition

Information and Notices

Volume 57

8 July 2014

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⁽¹⁾ Text with EEA relevance

IV

(Notices)

NOTICES FROM EUROPEAN UNION INSTITUTIONS, BODIES, OFFICES AND AGENCIES

COUNCIL

Council conclusions on nutrition and physical activity

(2014/C 213/01)

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 Union 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⁾;
 - 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 sectors ⁽⁹⁾;

⁽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.

⁽⁷⁾ 15871/12

⁽⁸⁾ OJ C 396, 21.12.2012, p. 8.

⁽⁹⁾ OJ C 354, 4.12.2013, p. 1.

4. The Communication from the Commission — 'Europe 2020: A strategy for smart, sustainable and inclusive growth' ⁽¹⁾;
5. The Commission Communication of 29 February 2012 'Taking forward the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing' ⁽²⁾;
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 2011 ⁽³⁾; 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 2004 ⁽⁴⁾;
8. The European Charter on Counteracting obesity adopted by the WHO European Ministerial Conference on counteracting obesity (Istanbul, 15-17 November 2006) ⁽⁵⁾;
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 2010 ⁽⁶⁾;
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 2012 ⁽⁷⁾;
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 targets ⁽⁸⁾;
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 children ⁽⁹⁾.

NOTES WITH CONCERN:

13. That obesity and its morbid consequences have been described as having reached epidemic proportions ⁽¹⁰⁾, as more than half of the adult population in the EU is overweight or obese according to the BMI classification of WHO ⁽¹¹⁾ 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 % ⁽¹²⁾ 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;

⁽¹⁾ 7110/10

⁽²⁾ 7293/12

⁽³⁾ United Nations A/RES/66/2 (A/66/l/1).

⁽⁴⁾ http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf

⁽⁵⁾ http://www.euro.who.int/__data/assets/pdf_file/0009/87462/E89567.pdf

⁽⁶⁾ http://whqlibdoc.who.int/publications/2010/9789241500210_eng.pdf

⁽⁷⁾ WHO EUR/RC62/R4

⁽⁸⁾ http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf

⁽⁹⁾ 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

⁽¹⁰⁾ http://www.who.int/nutrition/publications/obesity/WHO_TRS_894/en/

⁽¹¹⁾ http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Overweight_and_obesity_-_BMI_statistics

⁽¹²⁾ 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)⁽¹⁾, 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 health⁽²⁾, 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;
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;

⁽¹⁾ Such as overweight, obesity, hypertension, coronary heart disease, type II diabetes, stroke, osteoporosis, certain forms of cancer and adverse psychosocial conditions.

⁽²⁾ see: Social Investment Package, Commission Staff Working Document: 'Investing in Health' doc. 6380/13 ADD 7.

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 2014-2020 ⁽¹⁾ from 24 February 2014, which is expected to contribute to promoting healthy nutrition and physical activity and to curtail current obesity trends through coordinated 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;
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 socioeconomic 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;

⁽¹⁾ http://ec.europa.eu/health/nutrition_physical_activity/docs/childhoodobesity_actionplan_2014_2020_en.pdf

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 socioeconomic 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 Ageing ⁽¹⁾;
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.

⁽¹⁾ http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing

EUROPEAN COMMISSION

Euro exchange rates⁽¹⁾

7 July 2014

(2014/C 213/02)

1 euro =

Currency	Exchange rate	Currency	Exchange rate		
USD	US dollar	1,3592	CAD	Canadian dollar	1,4466
JPY	Japanese yen	138,53	HKD	Hong Kong dollar	10,5342
DKK	Danish krone	7,4562	NZD	New Zealand dollar	1,5547
GBP	Pound sterling	0,79385	SGD	Singapore dollar	1,6944
SEK	Swedish krona	9,3098	KRW	South Korean won	1 375,10
CHF	Swiss franc	1,2155	ZAR	South African rand	14,6821
ISK	Iceland króna		CNY	Chinese yuan renminbi	8,4325
NOK	Norwegian krone	8,4020	HRK	Croatian kuna	7,5915
BGN	Bulgarian lev	1,9558	IDR	Indonesian rupiah	15 916,64
CZK	Czech koruna	27,434	MYR	Malaysian ringgit	4,3353
HUF	Hungarian forint	310,58	PHP	Philippine peso	59,145
LTL	Lithuanian litas	3,4528	RUB	Russian rouble	46,9781
PLN	Polish zloty	4,1432	THB	Thai baht	44,051
RON	Romanian leu	4,3876	BRL	Brazilian real	3,0137
TRY	Turkish lira	2,8967	MXN	Mexican peso	17,6417
AUD	Australian dollar	1,4522	INR	Indian rupee	81,5757

⁽¹⁾ Source: reference exchange rate published by the ECB.

V

(Announcements)

ADMINISTRATIVE PROCEDURES

EUROPEAN COMMISSION

Call for proposals under the work programme of the ECSEL Joint Undertaking

(2014/C 213/03)

Notice is hereby given of the launch of a call for proposals under the work programme of the ECSEL Joint Undertaking.

Proposals are invited for the following call: **ECSEL-2014-1**.

Call documentation including deadline and budget is given in the call text, which is published on the following websites:

<http://ec.europa.eu/research/participants/portal> (funding opportunities — calls)

<http://www.ecsel.eu/Call2014.html>

Call for proposals under the work programme of the ECSEL Joint Undertaking

(2014/C 213/04)

Notice is hereby given of the launch of a call for proposals under the work programme of the ECSEL Joint Undertaking.

Proposals are invited for the following call: **ECSEL-2014-2**.

Call documentation including deadline and budget is given in the call text, which is published on the following website:

<http://ec.europa.eu/research/participants/portal> (funding opportunities — calls)

<http://www.ecsel.eu/Call2014.html>

PROCEDURES RELATING TO THE IMPLEMENTATION OF COMPETITION
POLICY

EUROPEAN COMMISSION

Prior notification of a concentration

Case M.7284 — Siemens/John Wood Group/Rolls-Royce Combined ADGT Business/RWG

(Text with EEA relevance)

(2014/C 213/05)

1. On 27 June 2014, the Commission received a notification of a proposed concentration pursuant to Article 4 of Council Regulation (EC) No 139/2004⁽¹⁾ by which Siemens AG ('Siemens', Germany) acquires within the meaning of Article 3(1)(b) of the Merger Regulation (i) sole control of parts of Rolls-Royce plc ('Rolls-Royce', UK), namely Rolls-Royce's Aero-derivative Gas Turbines Business, Rolls-Royce's compressor activities and Rolls-Royce's Aftermarket Services Business (together 'Rolls-Royce Combined ADGT Business'); and (ii) Rolls-Royce's 50 % stake in (and thereby joint control over) Rolls Wood Group Limited ('RWG'), currently a joint-venture between Rolls-Royce and John Wood Group plc ('WG', UK), by way of purchase of shares and purchase of assets.

2. The business activities of the undertakings concerned are:

- for Siemens: the energy, healthcare, industry, infrastructure and cities, cross sector business and financial services and real estate sectors. Siemens' industrial gas turbines business is part of the power generation and energy service divisions of the energy sector. It is present within a number of European countries,
- the Rolls-Royce Combined ADGT Business comprises: (i) the Rolls-Royce ADGT Business, which includes the design, manufacture, sale and installation of aero-derivative gas turbines; (ii) Rolls-Royce's compressors activities, which include the design, manufacture, sale and installation of compressors sold by Rolls-Royce in conjunction with its aero-derivative gas turbines; and (iii) the Rolls-Royce Services Business, which provides aftermarket services to operators and customers of installed aero-derivative gas turbines and compressors,
- RWG is a joint venture between Rolls-Royce and WG. The company provides maintenance, repair and overhaul services for certain Rolls-Royce aero-derivative gas turbines and compressors,
- WG is an energy service company which provides a range of engineering, production support, maintenance management and industrial gas turbine overhaul and repair services to the oil and gas, and power generation industries worldwide.

3. On preliminary examination, the Commission finds that the notified transaction could fall within the scope of the Merger Regulation. However, the final decision on this point is reserved.

4. The Commission invites interested third parties to submit their possible observations on the proposed operation to the Commission.

⁽¹⁾ OJ L 24, 29.1.2004, p. 1 (the 'Merger Regulation').

Observations must reach the Commission not later than 10 days following the date of this publication. Observations can be sent to the Commission by fax (+32 22964301), by email to COMP-MERGER-REGISTRY@ec.europa.eu or by post, under reference number M.7284 — Siemens/John Wood Group/Rolls-Royce Combined ADGT Business/RWG, to the following address:

European Commission
Directorate-General for Competition
Merger Registry
1049 Bruxelles/Brussel
BELGIQUE/BELGIË

Prior notification of a concentration
(Case M.7261 — Goldman Sachs/Blackstone/Ipreo)
Candidate case for simplified procedure
(Text with EEA relevance)
(2014/C 213/06)

1. On 27 June 2014, the Commission received a notification of a proposed concentration pursuant to Article 4 of Council Regulation (EC) No 139/2004⁽¹⁾ by which the undertakings Goldman Sachs Group, Inc ('Goldman Sachs' USA) and the Blackstone Group L.P. ('Blackstone' USA) acquire within the meaning of Article 3(1)(b) of the Merger Regulation joint control of the undertaking Ipreo Holdings LLC ('Ipreo' USA) by way of purchase of shares.

2. The business activities of the undertakings concerned are:

- Goldman Sachs is a global investment banking, securities and investment management firm,
- Blackstone is a global alternative asset manager and provider of financial advisory services,
- Ipreo provides, worldwide, financial information products including deal execution software, information databases, investor prospecting and customer relationship management tools ('CRM'), as well as market intelligence and analytics, to financial institutions and corporations.

3. On preliminary examination, the Commission finds that the notified transaction could fall within the scope of the Merger Regulation. However, the final decision on this point is reserved. Pursuant to the Commission Notice on a simplified procedure for treatment of certain concentrations under the Council Regulation (EC) No 139/2004⁽²⁾ it should be noted that this case is a candidate for treatment under the procedure set out in the Notice.

4. The Commission invites interested third parties to submit their possible observations on the proposed operation to the Commission.

Observations must reach the Commission not later than 10 days following the date of this publication. Observations can be sent to the Commission by fax (+32 22964301), by email to COMP-MERGER-REGISTRY@ec.europa.eu or by post, under reference number M.7261 — Goldman Sachs/Blackstone/Ipreo, to the following address:

European Commission
Directorate-General for Competition
Merger Registry
1049 Bruxelles/Brussel
BELGIQUE/BELGIË

⁽¹⁾ OJ L 24, 29.1.2004, p. 1 (the 'Merger Regulation').

⁽²⁾ OJ C 366, 14.12.2013, p. 5.

ISSN 1977-091X (electronic edition)
ISSN 1725-2423 (paper edition)



Publications Office of the European Union
2985 Luxembourg
LUXEMBOURG

EN