

Initiatives on Nutrition and Physical Activity

To help improve the health of citizens and the sustainability of health systems, we have to address the source of +80% of the health burden: non-communicable diseases. This means focusing on prevention and health determinants such as nutrition and physical activity. This is a big deal –and a big opportunity– for the EU and this is why the Commission offers practical tools to help Member States and citizens in these areas.

A balanced diet and adequate exercise are essential for preventing disease and promoting health, but individual efforts –by people and by Member States– do not suffice: working in isolation within the Single Market cannot be as effective. For example, only joint initiatives can decrease sugars, fat or salt in the food we buy at the supermarket, reduce aggressive marketing to children, or improve food labelling. All of these areas are of clear relevance to citizens.

Both the [UN Sustainable Development Goals](#) and the [WHO Voluntary Global Targets on non-communicable diseases](#) include healthy diets and physical activity. Awareness and action continue to gain momentum, with successive EU Council Presidencies and major international private foundations focusing attention and resources in these topics.



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Sweet victories for EU citizens – such as the reduction of sugar in processed foods!

The Commission works to help Europeans find healthier food options on supermarket shelves, to improve school meals for children, and to create more opportunities for physical activity around Europe.

- An agreement was brokered with food manufacturers to [reduce 10% of added sugars in processed food by 2020](#); a pilot [database on the nutritional characteristics of food products](#) in the EU was commissioned in 2017 to help monitor whether food products have increasingly less (or increasingly more) salt, fat or sugars.

- A [tool to help schools draft better food catering contracts](#) was launched in 2017. Public authorities buy more than € 80 billion/year of food for children, the elderly and the workforce and this is an opportunity to improve its quality.

- Two more Member States decided by 2019 to only fully subsidise milk without added sugars for distribution in primary schools (under the School Fruit, Vegetables and Milk Scheme). [Several industry players committed to reduce added sugars by 10% by 2020](#). These were direct results of processes led by the Commission.

- In 2017, six Member States credited the Action Plan on Childhood Obesity (and the support of the Commission) with having directly sparked or facilitated the [adoption of a specific national plan on nutrition](#). Two others further noted that it supported the [allocation of financial resources](#) and one country revised its public procurement procedures for food in accordance.

You are what you eat! 5 out of 10 risk factors linked to diet



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Unhealthy diets translate directly into a huge health and budgetary burden. Obesity alone is reducing life expectancy by up to 4 years, removing up to 4,5pp of GDP growth in the EU, and consuming up to 7% of health budgets. And obesity rates among children or adults continue to increase in several countries.

EU citizens collectively lose nearly 15 million life years due to dietary risks each year. More than 23% of all deaths can be attributed to that risk factor alone (an additional 2,4% to alcohol use). Five (six if alcohol is included) out of the 10 most important risk factors behind the burden of disease are directly related to diet.

It is worth noting that people living in deprived areas can be four times more likely to die from these avoidable causes than those living in more affluent neighbourhoods. In addition, related conditions can result in lower school performance and lower productivity at work, further deepening the problem.

Most of this harm and burden is avoidable and that is why the Commission works to protect people, especially the youngest and most vulnerable, from the early onset of non-communicable diseases.

A very healthy start – what’s been done or is being done

We are not telling people how to live – they know what a healthy lifestyle is. But there is much working against it: food marketing on social media, the way products are placed on supermarket shelves, the poor nutritional quality of canteen meals, sweetened school milk, or the lack of cycling lanes. In other words, the odds are often stacked against citizens, especially children and the most vulnerable, and it is much harder to make good choices under these circumstances.

The EU can empower citizens and support Member States by providing unbiased information via labelling, reducing aggressive online and TV marketing to children and teenagers, increasing the access to a healthy choice of food products, and moving incentives from rich sources of already over-consumed nutrients (such as sugar) to healthier options (such as vegetables and fruit). We also want to encourage people to get more physical activity every day by, for example, making it safer to walk or cycle to work. Some of these interventions, detailed below, have been identified by the OECD as among the most cost-effective.

Reformulation removes excess sugars, salt and fat from products that are bought every day in EU supermarkets. It helps citizens of all social backgrounds to have healthier diets and supports innovative companies.



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The Commission launched a tender for a [database on the nutritional characteristics of food products](#) in the EU. It will inform authorities, consumers and industry about the scope for improvements in food products. Since «what gets measured gets done», this can strengthen national reformulation initiatives and support consumer choice, innovation and a level playing field for industry.

It will also add input to discussions on the dual quality of food, in parallel with the work on comparative food tests carried out by the Joint Research Centre. We need to better understand the reasons for differences in composition and quality of foods across the EU as a basis for ensuring consumer protection.

This builds on the 2011 [EU Framework for National Initiatives on Selected Nutrients](#) (a [2008 framework](#) was agreed to reduce salt in food by 16% in 4 years). Work then started on [reducing saturated fat](#) by 5% by 2016 and by an additional 5% by 2020. An [Added Sugars Annex](#) promoting a voluntary reduction of 10% in added sugars in processed food by 2020 was achieved in 2015.

In 2019, the Commission adopted a EU-wide legal limit for industrially produced trans fat. Trans fat increases the risk of heart disease more than any other nutrient.

As for **Marketing**, any parent can immediately relate to the challenge of protecting children from inappropriate ads, and existing evidence on children's exposure to food marketing, especially online, is alarming. A [study](#) by DG Sante and DG CNECT was launched in 2017 on the exposure of minors to TV and online marketing of foods high in fat, salt or sugar.

For 2019, the Joint Research Centre was asked to produce a [mapping of initiatives to reduce marketing pressure](#) so that Member States can identify best practices to build on.

That study and mapping are tools for the Member States to use the full potential of the Audio Visual Media Services Directive, that calls for EU voluntary codes to reduce the exposure of children to aggressive food marketing.



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Public procurement of food (i.e., food bought by public authorities) represents an opportunity worth € 80 billion /year. It can act both as a stick and a carrot to help steer the demand and supply of healthier food options, first of all in schools. In 2017, the Commission prepared [a tool to help schools draft better food catering contracts](#).



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A joint initiative of all the Member States and the Commission (a Joint Action) will adapt and implement practices that have already proven to work in the three areas mentioned above. Starting in 2020, it will promote the monitoring of food reformulation, the reduction of aggressive marketing to children of foods high in fat, salt and sugar, and the improvement of public procurement of food.

On **Knowledge transfer**, an update of the OECD report on [economics of prevention](#) was commissioned (for 2019) to provide additional argumentation for Member States to defend public health.

The Commission has also organised specific [workshops on reformulation and on food taxation](#), presenting the latest scientific evidence on impact (from OECD and the WHO), legal advice from other services and real life experiences from Member States. In 2017, the Joint Research Centre started to produce a collection of targeted [briefs for policy makers](#) responding to the need for short, user-friendly, scientifically accurate summaries of the latest evidence, data and implementation examples. These have now evolved into the [Health Promotion and Disease Prevention Knowledge Gateway](#).

Since 2017, dozens of examples of [validated best practices](#) have been collected from Member States through a dedicated portal to **Support implementation**. The Commission is directly supporting Member States (via the [Steering Group on Prevention and Promotion](#)) in a three-step approach: i) asking Member States about their priorities for reducing non-communicable diseases; ii) collecting validated best practices in those areas, and iii) making support available for countries to roll out those practices. This effectively promotes the replication of best-in-class approaches in Europe.

This is part of an effort for including **Health** (including nutrition and physical activity) **in All Policies**. It also involves DG SANTE providing input to the discussions of the Fruit, Vegetables and Milk Scheme (following which two more Member States decided in 2017 and 2019 that only non-sweetened white milk would be fully subsidised in primary schools) and to the modernisation of the Common Agriculture Policy.

In 2016, DG SANTE initiated a systematic process to collect and relay to DG RTD information on the Member States' research needs in the areas of nutrition and physical activity. On Physical Activity, DG SANTE has also been working with DG EAC to promote successful (national) interventions.



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