

Working document

**Status report on the  
European Commission's work  
in the field of nutrition in Europe**

**October 2002**

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## OVERVIEW

Good nutrition can help to reduce the prevalence of many diseases common in Europe today, such as cardiovascular disease, cancer, diabetes, obesity and osteoporosis (see Annex I).<sup>1</sup>

Dietary habits and intakes depend on individual choices (cultural influences, food preferences) as well as socio-economic and environmental factors (affordability and availability of food products, quality and safety of products etc). Socio-economic and environmental factors are, in turn, shaped by policies that are the responsibility of Member States and the Community.

Article 152 of the EC Treaty states that the Community shall ensure a high level of human health protection in the definition and implementation of all its policies and activities. As nutrition is a determinant of health, it is essential that the nutrition-related components of all Community policies contribute to ensuring a high level of human health protection.

This theme was emphasised in the Commission's White Paper on Food Safety (2000)<sup>2</sup> which proposed the 'development of a comprehensive and coherent nutrition policy' at Community level, led by an action plan. Later in the same year, the French Presidency of the European Union chose to highlight nutrition with a conference and a published report<sup>3</sup>. This activity led to a Council resolution on health and nutrition<sup>4</sup>, which invited the Commission to undertake a range of activities on food, diet and health policies. In the same year the European Regional Committee of the World Health Organisation unanimously supported an Action Plan for Food and Nutrition.<sup>5</sup>

Nutrition is both a Member State and a Community issue. The present Commission Services report concerns areas where the Community has a clear competence or mandate. This includes:

- Two sets of **Community action programmes in the field of public health**. The first, spanning the years 1993 to 2002 comprised eight programmes and included funding for nutrition-related projects such as the Eurodiet project (1998-2000) on nutrition and healthy lifestyles, the European Prospective Investigation into Cancer and Nutrition (EPIC), a project to develop a Masters training in public health nutrition, and several projects promoting physical activity.
- The new **action programme on public health (2003-2008)**. This was adopted on 23 September 2002 and follows three strands: improving health information, responding to health threats, and addressing the determinants of health.
- Legislation on food safety and related subjects. The **White Paper on Food Safety** has recognised that there is scope for improving the information provided to the consumer. It has identified several areas of food labelling for action, in particular nutrition and functional claims. Action is progressing on these issues. In addition, **Community actions on food safety and nutrition** are complemented by the Regulation of the European Parliament and the Council laying down the general principles of food law and establishing the European Food Safety Authority (EFSA).<sup>6</sup> The EFSA is to become the primary referral point for scientific and technical advice on food safety and nutritional aspects related to Community legislation.

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<sup>1</sup> Key terms, such as public health nutrition, are described in annex II.

<sup>2</sup> White Paper on Food Safety, COM (1999) 719 final of 12 January 2000.

<sup>3</sup> *Health and Human Nutrition: Elements for European Action*. Société Française de Santé Publique, 2000.

<sup>4</sup> Council Resolution of 14 December 2000 on health and nutrition. OJ C 020, 23.01.2001.

<sup>5</sup> *Food and Nutrition Action Plan 2000-2005*, WHO Regional Office for Europe, Copenhagen, 2000.

<sup>6</sup> Regulation (EC) 178/2002 of the European Parliament and of the Council of 28 January 2002 laying down the general principles and requirements of food law, establishing the European Food Authority, and laying down procedures in matters of food safety.

- **Community-funded research** into food production, food safety, health and nutrition, which has been included in research framework programmes for the past fifteen years. The Fifth Framework Programme (1998-2002) included a key action 'Food, Nutrition and Health'. The Sixth Framework Programme (2002-2006) includes the theme 'Food Quality and Safety', and nutrition is included in several of the actions in this programme.
- The **Common Agricultural Policy**, which includes many measures affecting the supply of food available in the Community. These include production support measures to ensure adequate and sustainable supplies of agricultural products at reasonable prices, quality specifications to meet market standards, and promotional measures. Furthermore a legal framework exists for organic farming and the registration of designations linked to geographical areas. The **Common Fisheries Policy** regulates fisheries and aquaculture activities. It has as its objective the complex task of ensuring sustainable fisheries and also affects food standards and market availability.
- **Enterprise and market policies**, which encourage industry to develop the market and ensure harmonised controls on trade. **Consumer protection** activities include the development of harmonised controls on food marketing methods, including health and nutritional claims made for foods, advertising and food labelling, including nutritional labelling. The food sector is encouraged to meet consumer needs and expectations, including special needs for vulnerable groups, and to comply with responsible marketing practices.
- The mutual recognition of **professional qualifications**, which includes professionals in the field of health care, dietetics and nutrition.
- **Audio-visual communication policy**, which includes advertising to children and the role of the media in creating role models.
- **Employment and social policies**, which includes the Commission's assistance for the distribution of particular foods to the most deprived persons in the Community. Measures also include the encouragement of breastfeeding through maternity leave and improved work-place practices.
- **Enlargement policies** which aim to ensure that the candidate countries can adopt relevant EU legislation, including legislation on food quality, and **aid and development policies**, which aim to strengthen food and nutrition security in recipient countries, and to provide food for emergency relief and for 'food for work' and other schemes.
- **Multi-lateral activities**, which includes liaison with the World Health Organisation, FAO, and representation at meetings of FAO/ WHO Codex Alimentarius Commission where international standards for trade in foodstuffs are formulated.
- **Commission internal practices**. In order to ensure coherence between the policies of different services, the Commission has established an **Ad Hoc Group on Nutrition** under the Interservice Group on Health. The Ad Hoc Group comprises staff from relevant policy areas within the Commission, and its mandate includes the exchange of relevant information, discussion on the measures needed to develop nutrition policy, and the identification of common actions to be undertaken across policy areas.

## 1 NUTRITION, HEALTH AND CHOICE

Economic development, an increase in consumer purchasing power, progress in food production methods and changes in the marketing of food products have dramatically altered the food situation in the European Union in recent decades. A situation of abundance has developed in the Community, which has led to the virtual disappearance of many of the nutritional deficiencies that were present less than a century ago.

### 1.1 New patterns of diet and disease

The emerging challenges in relation to nutrition and health are thus of a different nature than the ones experienced when the Community was first established. The Community is currently experiencing a high prevalence of non-communicable diseases, such as cancer, cardiovascular disease, diabetes, certain allergies and osteoporosis, due to the interaction of various genetic, environmental and lifestyle factors (including smoking, diet and a lack of physical activity). A summary of the current major diseases influenced by nutrition and the nutritional challenges facing Member States can be found in Annex I.

Numerous studies suggest nutrition is important in maintaining health and preventing many of these major diseases.<sup>7 8</sup> For the European Union, estimates have been made of the total burden of ill health, disability and premature death from all causes experienced by the population, and the factors most responsible for this disease burden. Of a broad range of causes, diet-related factors are believed to be responsible for nearly 10% of the total disease burden – including overweight (3.7%), low fruit and vegetable consumption (3.5%), high saturated fat consumption (1.1%).<sup>9</sup> Together with lack of physical exercise (1.4%), these factors account for a greater proportion of ill-health than tobacco smoking (9.0%).

Population-based approaches to tackling nutrition-related risk factors are considered more effective than targeting high-risk groups.<sup>10</sup> Intervention studies show that valuable contributions can be made through population-based improvements in nutrition. A rapid and enduring fall in mortality rates for heart disease, cancers and certain other diseases was achieved during the 1970s and 1980s in Finland as a result of a multi-element food and nutrition policy,<sup>11</sup> and this type of approach is being supported by the World Health Organisation.<sup>12</sup>

### 1.2 Food safety and nutrition

Concern for food safety and concern for nutrition are not completely separable. When food supplies are threatened with contamination – such as the potential risk of BSE infectivity in

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<sup>7</sup> *Food, Nutrition and the Prevention of Cancer: a global perspective*. Washington, World Cancer Research Fund/ American Institute for Cancer Research, 1997.

<sup>8</sup> Diet and Health, A Ferro-Luzzi and P James, in *Nutrition in Europe*, European Parliament Scientific and Technological Options Assessment, Directorate General for Research, PE No 166.481, 2-38, 1997.

<sup>9</sup> *Determinants of the Burden of Disease in the EU*, National Institute of Public Health, Stockholm 1997.

<sup>10</sup> Risk factor thresholds: their existence under scrutiny, M R Law and N J Wald, *British Medical Journal* 324, 1570-1576, 2002.

<sup>11</sup> Nutrition and mortality: the Finnish experience, P Puska, *Acta Cardiol*, 55 (4), 213-220, 2000.

<sup>12</sup> *Nutrition and NCD Prevention*, Department of Non-communicable Disease Prevention and Health Promotion, World Health Organization, Geneva 2002.

cattle products or salmonella in raw egg products –consumers may respond by changing their purchasing patterns with resulting changes in the nutritional profile of their diet. The changes may be negative or positive: a fall in the consumption of beef products and their replacement with fish or vegetable-based protein foods may be considered beneficial if, for example, it reduces average consumption of saturated fatty acids, but equally it may lead to a fall in iron intake which may put some people at risk of iron-deficiency anaemia.

Microbiological contamination of food can also have a direct impact on nutritional status: for example frequent episodes of food borne diarrhoea can reduce the nutrient intake of an individual leading in turn to a reduction in nutritional status, and a lowering of the individual's ability to resist infections.

### **1.3 Inequalities and food choice**

In spite of the general abundance of food available in the Community, some sections of the population do not consume a sufficiently healthy diet. Those on a low-income spend a greater proportion of their income on food, but eat a diet of lower nutritional quality than those with high-income.<sup>13</sup>

Although cultural, educational, social and individual influences on food choice can explain some of the difference in diets and nutritional intakes across Europe, additional factors play a part. Knowledge about food, cooking skills and sufficient time available for preparing food, along with working patterns and domestic relations, influence dietary patterns. Information – from official sources, the media and the food sector – along with gender images and public constraints influence the types of food consumed.

Food choices are also determined by access to retail outlets, income and the relative prices of food. For some disadvantaged individuals, the Community's policies on food assistance to vulnerable people may also affect their diet.

Nutrient-deficiency diseases remain a problem for some sections of the population. Iron deficiency has been noted in some communities, and iodine deficiency is a problem in some regions.<sup>14</sup> Figures for childhood growth show that stunting – a classic sign of inadequate food supplies – is uncommon in the European Union, but moderately inhibited growth does remain apparent for lower income groups in some areas.<sup>15</sup>

### **1.4 Obesity**

The relatively recent situation of food abundance has a main drawback: obesity.

In recent years, overweight and obesity have been growing at a very fast rate and today obesity represent a real threat to the public health of certain groups in the European Union. In

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<sup>13</sup> Determinants of consumer food choice, C Geissler and B Traill, in *Nutrition in Europe*, European Parliament Scientific and Technological Options Assessment, Directorate General for Research, PE No 166.481, 39-51, 1997.

<sup>14</sup> J Gregory *et al*, National Diet and Nutrition Survey: Children aged 1.5 to 4.5 years, London: HMSO 1995; and B de Benoist and H Allen, IDD Situation in Europe, Partnership on Sustainable Elimination of IDD, Amsterdam, 2001.

<sup>15</sup> J Gregory and S Lowe, National Diet and Nutrition Survey: Young People aged 4 to 18 years, The Stationery Office, London 2000.

the next 5 to 10 years obesity in the European Union will probably reach the high level of prevalence of the USA today, where 1/3 of the people are estimated to be obese and 1/3 to be overweight.<sup>16</sup>

Obesity results in higher risk factors for diabetes, cardiovascular disease, hypertension and some types of cancer: this leads to the Member States bearing heavy economic, public and social costs. The distribution of healthy diets and the education of the consumer to choose an appropriate diet and increase physical activity remain a challenge requiring Community action.

## **2 CURRENT NUTRITION-RELATED ACTIVITIES WITHIN THE FRAMEWORK OF PUBLIC HEALTH AND CONSUMER PROTECTION**

### **2.1 Public health policy**

**Public health nutrition policy** aims to promote good health through an appropriate diet, and to reduce nutrition-related illness in the population. The aim of the Community's public health policy is to assure a high level of human health protection in the development of all Community policies, to take actions to improve public health in the European Union and to obviate sources of danger to human health.

#### *2.1.1 Nutrition in the first framework of Community action in the field of public health*

The European Community has dealt with health issues for four decades. With the adoption of the Maastricht Treaty in 1993, the Community acquired a mandate to develop a coherent public health strategy. Article 129 thereof gave public health a specific legal basis, and stated that "*Health protection requirements shall form a constituent part of the Community's other policies*". Based upon this article, the Commission presented its Communication on the Framework for Action in the Field of Public Health<sup>17</sup>, which led to the adoption of eight programmes, including programmes on health monitoring and on health promotion.

Under these programmes the Community aimed to support Member States in their activities, helping to formulate and implement strategies for health protection and disseminate 'best practice' information. Among the activities was the Eurodiet project, initiated in 1998, which aimed to help co-ordinate EU and Member State programmes on nutrition, diet and healthy lifestyles and to provide a basis for making population-based dietary guidelines. This report was published as a series of documents in 2000 and 2001, and issued by the Commission as a public discussion document in 2002.<sup>18</sup>

As part of the health promotion programme, the Commission has supported the development of a European Masters training in Public Health Nutrition, the first such training in the Community, designed to help put into practice the recommended population-based strategies

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<sup>16</sup> Conference on Obesity Copenhagen 11-12 September 2002. <http://www.obesity.dk>

<sup>17</sup> Commission Communication on the Framework for Action in the Field of Public Health, COM (93) 559 final of 24 November 1993

<sup>18</sup> Available at [http://europa.eu.int/comm/health/ph/programmes/health/reports/report01\\_en.pdf](http://europa.eu.int/comm/health/ph/programmes/health/reports/report01_en.pdf)



to assess and improve people's dietary and physical activity patterns. Courses are given at 17 universities in Europe, and the work is co-ordinated by the Karolinska Institute, Stockholm.<sup>19</sup>

Further activities supported by the Commission under the first public health framework include support for the European Heart Network,<sup>20</sup> which has published booklets on nutrition, physical activity and on the prevention of heart disease. The Commission is also co-funding (with the World Health Organisation and the Council of Europe) the European Network of Health-Promoting Schools.<sup>21</sup> This project encourages healthy lifestyles for school populations by developing supportive school environments focussed on diet and physical activity.

Health monitoring activities have also been supported under the public health framework. These include *inter alia* a nutrition status report based on collated information across the European Union, currently being co-ordinated by experts in Austria and due to report its preliminary findings in early 2003.<sup>22</sup> A second Commission-supported project to identify nutrition indicators is currently underway, co-ordinated by experts in Sweden.<sup>23</sup>

Under the cancer programme, the Commission has supported the EPIC (European Prospective Investigation into Cancer and Nutrition) study<sup>24</sup> – an extensive research project involving nine Member States and Norway, in which lifestyle information (including detailed dietary records) and biological information (including some nutritional status information) are being assembled on 500 000 adults, with a view to establishing the principal risk factors for the subsequent development of various forms of cancer. The project is being co-ordinated by the Centre International de Recherche sur le Cancer, at Lyon, France.

### 2.1.2 Nutrition in the new programme of Community action in the field of public health

The Amsterdam Treaty confirmed and widened the public health mandate of the Community, by stating that “A high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities” (Article 152).

Following this mandate, the Commission's Communication of 1998 on the development of public health policy<sup>25</sup> reviewed the existing public health strategy. It stressed *inter alia* the need for activities on nutrition and obesity to be strengthened, and underlined the need to develop specific instruments in order to ensure that health protection requirements are duly respected in the definition and implementation of all Community policies.

The Communication of 1998 paved the way for the Commission's Proposal for a new Community action programme in the field of public health.<sup>26</sup> The Communication that

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<sup>19</sup> [http://europa.eu.int/comm/health/ph/programmes/health/index\\_en.htm](http://europa.eu.int/comm/health/ph/programmes/health/index_en.htm)

<sup>20</sup> [http://europa.eu.int/comm/health/ph/programmes/health/index\\_en.htm](http://europa.eu.int/comm/health/ph/programmes/health/index_en.htm)

<sup>21</sup> [http://europa.eu.int/comm/health/ph/programmes/health/index\\_en.htm](http://europa.eu.int/comm/health/ph/programmes/health/index_en.htm)

<sup>22</sup> [http://europa.eu.int/comm/health/ph/programmes/monitor/index\\_en.htm](http://europa.eu.int/comm/health/ph/programmes/monitor/index_en.htm)

<sup>23</sup> [http://europa.eu.int/comm/health/ph/programmes/monitor/index\\_en.htm](http://europa.eu.int/comm/health/ph/programmes/monitor/index_en.htm)

<sup>24</sup> [http://europa.eu.int/comm/health/ph/programmes/cancer/index\\_en.htm](http://europa.eu.int/comm/health/ph/programmes/cancer/index_en.htm)

<sup>25</sup> Communication from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions on the development of public health policy in the European Community, COM (98) 230 final of 15 April 1998

<sup>26</sup> Communication from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions on the health strategy of the European Community/ Proposal for a Decision of the European Parliament and the Council adopting a programme of Community action in the field of public health (2001-2006) COM (2000) 285 final of 16 May 2000.

accompanies the Proposal for the new public health programme sets out the Community's health strategy, its commitment to increase coherence and co-ordination and outlines the instruments through which this will be achieved. It stresses explicitly that actions under the new public health strategy must be properly linked with health-related initiatives in other policy areas. The Communication underlines the role of the Community in providing information about diet, nutritional values of foods, ingredients and additives, in order to encourage and empower people to make healthy choices.

The new public health programme's general objectives are to ensure a high level of human health protection in the definition and implementation of all Community policies and activities, through promotion of an integrated and intersectoral health strategy, tackling inequalities in health and encouraging co-operation between Member States. The programme involves three Strands:

(1) To improve **health information** by developing and operating a health monitoring system, and by developing and using mechanisms for analysis, advice, reporting, information and consultation on health issues.

This covers indicators for health status, diseases and health determinants. It also covers factors connected with lifestyle, living and working conditions, as well as indicators designed to measure interventions aiming to promote health and to prevent disease. The data provided by this system will serve as a basis for developing activities and policies under the health determinants strand of the programme (see (3) below). Monitoring of morbidity and mortality will thus be connected with nutrition and food consumption and related factors including breast-feeding and physical activity. The work carried out will provide information on health trends to health authorities, health professionals and the general public, and assist in developing guidelines for good practice based upon the concept of evidence-based health promotion.

The statistical elements of the health information system will be developed, in collaboration with Member States, using when necessary the Community Statistical Programme to promote synergy and avoid duplication.

(2) To respond rapidly and in a co-ordinated fashion to **health threats** by enhancing the capacity to tackle communicable diseases, and by strengthening the capacity to tackle other health threats.

Activities under this Strand build on the experience gained in the network for surveillance and control of communicable diseases established by Decision 2119/98 of the European Parliament and the Council<sup>27</sup>. On this basis, strategies and mechanisms will be developed for preventing, exchanging information on, and responding to non-communicable disease threats, including gender-specific health threats and rare diseases. In addition, this Strand will include the exchange of information concerning measures to counter health threats from physical, chemical or biological sources in emergency situations, including those relating to terrorist acts developing or using, when appropriate, Community approaches and mechanisms (for example, the European Union Rapid Alert System for Food and feed). Finally, an essential element

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<sup>27</sup> Decision No 2119/98/EC of 24.9.1998 setting up a network for the epidemiological surveillance and control of communicable diseases in the Community, OJ L 268, 3.10.1998.

of this Strand will be to promote strategies and measures concerning the protection of human health from possible adverse effects arising from environmental agents such as ionising and non-ionising radiation and noise. Each of these in their own context could affect nutritional values or influence dietary choice.

(3) To address **health determinants** by developing strategies and measures relating to health-related aspects of lifestyles, socio-economic status and health-related factors in the environment.

This Strand provides scope for actions on nutrition and the promotion of physical activity, and can contribute to the deterrence of excessive alcohol consumption. The Strand will tackle health determinants through disease prevention and health promotion measures: actions would be targeted at specific topics (e.g. tobacco, alcohol, nutrition) as well as groups (e.g. socially excluded people, elderly people) and settings (e.g. workplace, health care facilities). Future activities are expected to focus on the influences on the diets of children and adolescents, the prevention of obesity and an analysis of attitudes towards diet, physical activity and breast-feeding.

The countries applying to join the EU face particular challenges in the field of public health; including a high incidence of some chronic diseases, which may be related to sub-optimal diets and unhealthy lifestyles. The Proposal for a Decision establishing the public health programme provides for the participation of the candidate countries in the programme. The adoption by the Council and the European Parliament of this new programme took place on 23.09.2002.

## **2.2 Consumer protection policy**

**Consumer health protection** aims to contribute to the safety of consumer products and services in the European Union. In food and nutrition, health protection includes veterinary, animal feed and phytosanitary matters. Food safety activities cover the food production chain from animal and plant health through to the labelling of food products and the forthcoming determination of maximum levels of vitamins and minerals present in food supplements and fortified foods. Food safety issues are also involved in the authorisations of the use and the setting of Maximum Residue Levels for pesticides and veterinary medicinal products. Maximum levels are also set for certain contaminants in food and feed.

### *2.2.1 Food legislation specific to nutrition*

Harmonisation of the different national rules on foodstuffs has been a continuing concern of the European Community, to ensure a high level of protection of human health and the free circulation of products across the Community.

One area of food legislation where nutritional considerations have had an important influence is that of foods for particular nutritional uses, otherwise called dietetic foods. These should not only, like all other foods, be safe, but they should also satisfy the particular nutritional requirements of the persons for whom they are intended. Based on the scientific advice provided by the Scientific Committee for Food (SCF), several Directives concerning the nutritional content of certain dietetic foods have been adopted. These include foods for infants and young children, foods for weight control, and foods for special medical purposes as well as the nutritional substances that can be used in their manufacture. Another Directive concerning foods intended to meet the needs resulting from intense muscular effort, such as

during sports, will be prepared by the end of 2003. A report on the compositional requirements of foods for people with diabetes is already being prepared.

The SCF is currently preparing advice regarding the revision and completion of the labelling reference values for vitamins and minerals that are used in nutrition labelling.

The European Parliament and the Council adopted a directive on food supplements in June 2002. The Commission is now drafting a proposal on the addition of nutrients to foods.

### *2.2.2 Nutrition advice from the European Food Safety Authority*

The European Food Safety Authority (EFSA) is a separate legal entity, with its own legal personality, independent of other Community institutions. The mission of EFSA is to provide the Community with independent scientific and technical advice to underpin policy and legislation in the area of food safety. It also addresses scientific questions relating to nutrition, animal health and animal welfare, plant health, contaminants in the food chain and genetically modified organisms.

The structure of EFSA ensures the realisation of three important objectives, namely independence and transparency, involvement of Member States and scientific excellence, so that EFSA can become a key instrument to restore consumer confidence. The Authority will be entrusted with the task of collecting and analysing data to facilitate the early identification of emerging risks. According to the enacting Regulation,<sup>28</sup> the Authority will also provide 'scientific advice and scientific and technical support on human nutrition in relation to Community legislation and assistance to the Commission at its request on communication linked to Community health programmes'. Under the Regulation, the Authority shall collect relevant data in the fields within its mission, in particular 'data relating to food consumption and the exposure of individuals to risks related to the consumption of food' (Article 33a).

EFSA will have an Advisory Forum and a Scientific Committee with eight scientific panels. The Advisory Forum is a scientific and technical group linking the Authority with similar bodies in Member States. An interim Scientific Advisory Forum was formed in 2001 to assist in the transition period. The Scientific Committee is responsible for co-ordinating the advice of the scientific panels, covering food safety, food production and related issues, including nutrition.

### *2.2.3 Nutrition information relating to food on sale*

General advice on diet and healthy lifestyles needs to be supported by specific information on food products available to consumers when making purchasing choices. Existing labelling legislation applicable to foodstuffs obliges manufacturers to provide information that will enable consumers to know about the nature, composition and use of the products they buy.

Over the last two decades harmonised rules regarding food ingredient labelling have been agreed at Community level. New rules include the introduction of quantified ingredient

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<sup>28</sup> Regulation (EC) 178/2002 of the European Parliament and Council of 28 January 2002 laying down the general principles and requirements of food law, establishing the European Food Safety Authority and laying down procedures in matters of food safety, OJ L 31, 1.2.2002.

declarations,<sup>29</sup> which provide consumers with additional quantitative information on specified ingredients, and legislation on the definition of ‘meat’.<sup>30</sup> As announced in the White Paper on Food Safety the Commission has put forward a proposal<sup>31</sup> on the identification of the components of compound ingredients. The proposal also requires a declaration of the presence in foods of specified ingredients linked to allergies or food intolerance reactions. It is expected that a Common Position on the proposal will be agreed in November 2002.

The White Paper on Food Safety also identified other areas where there is scope for improving the information provided to the consumer such as information on the nutrient content of a product and nutrition and health related claims. Nutrition labelling is an important tool for informing consumers of the nutritional value of products. Following more than 10 years of application of Directive 90/496/EEC<sup>32</sup>, the Commission will assess whether nutrition labelling information can be improved and will investigate the possibility of making nutrition labelling obligatory at all times instead of only when a claim is made.

Increasing consumer interest in the relationship between diet and health has led to the marketing of products that bear nutrition and health-related claims on their labels or in their advertising. Existing rules ensure that the labelling and advertising of foods must be truthful and not misleading, but there are no specific provisions for the use of nutrition, functional and health-related claims. The Commission’s 2001 Discussion paper on nutrition and functional claims<sup>33</sup> received more than 80 comments from Member States and stakeholders. Taking into account the comments received, a draft proposal, which includes provisions for nutrition, functional and health claims has been prepared and was discussed with stakeholders and Member State experts in July 2002. The transmission of a formal proposal to the European Parliament and the Council is foreseen for early 2003.

#### 2.2.4 *Consumer education*

Consumers need education and information to be able to use food labels to make appropriate choices for their diet and in order to be able to drive the market using their purchasing power. Consumer education is an integral part of the European Community’s consumer policy.

Children and young people represent an important target group, given their triple role as consumers, purchasing motivators and education vectors in the family environment. The Commission has supported the annual ‘Young Consumer Competition’ with the theme for 2000-2001 of ‘Nutrition – how to promote a balanced diet’.<sup>34</sup> Also, as noted above, the Commission has supported the European Network of Health-Promoting Schools, which promotes healthier diets and physical activity in supportive school environments and the project ‘Promoting and sustaining health through increased vegetable and fruit consumption

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<sup>29</sup> Directive 2000/13/EC of the European Parliament and of the Council of 20 March 2000 on the approximation of the laws of the Member States relating to the labelling, presentation and advertising of foodstuffs, OJ L 109/29, 6.5.2000.

<sup>30</sup> Commission Directive 2001/101/EC amending Directive 2000/13/EC on the approximation of laws of the Member States relating to the labelling, presentation and advertising of foodstuffs, OJ L 310, 28.11.2001.

<sup>31</sup> COM (2001) 433 final 2001/0199 (COD) Proposal amending Directive 2000/13/EC as regards indication of the ingredients present in foodstuffs 06.09.2001.

<sup>32</sup> Council Directive 90/496/EEC of 24.9.1990 on nutrition labelling for foodstuffs, OJ L 276, 06.10.1990.

<sup>33</sup> Discussion Paper on Nutrition Claims and Functional Claims, SANCO/1341/2001, European Commission.

<sup>34</sup> COM (2001) 486 final 23/8/2001 Report from the Commission on the ‘Action Plan for Consumer Policy 1999-2001’ and on the ‘General Framework for Community activities in favour of consumers 1999-2003’.

among European schoolchildren<sup>35</sup>. Further health promotion activities are being considered for groups, including elderly people and people in the workplace (see 2.1.2 (3), above).

### **2.3 Internal Commission co-ordination**

The Commission has established an Ad Hoc Group on Nutrition responsible to the Interservice Group on Health, which met for the first time in April 2002. The Ad Hoc Group comprises staff from many of the Commission's relevant policy areas. The Group's mandate includes the exchange of information, discussion on the measures needed to develop nutrition policy, and the identification of common actions to be undertaken across policy areas. It is anticipated that the Ad Hoc Group will meet at least twice annually.

The co-ordination of Commission policies on food supplies and public health has benefited from a series of round table discussions between Commissioner Fischler (Agriculture, Rural Development and Fisheries) and Commissioner Byrne (Health and Consumer Protection) held during the period March 2001 – May 2002<sup>36</sup>.

## **3 NUTRITION-RELATED ACTIONS IN OTHER RELEVANT POLICY AREAS**

### **3.1 The Common Agricultural Policy (CAP)**

Over the last decade since the ongoing reform process began EU agricultural policy has moved in leaps and bounds. Work was undertaken to make the CAP more compatible with international and budgetary commitments, to introduce and reinforce the concept of rural development and to progressively shift away from supporting the product to supporting the producer. The CAP became more environmental friendly, more socially and ethically aware, and more quality oriented. The AGENDA 2000 reform package established the European Model for Agriculture that explicitly identified rural development and sustainability as key elements of the agricultural policy.

Despite this there are still gaps to be filled and a need exists to go further. Over the last few years it has been emphasized at every level that the CAP has to become more sustainable. In particular, the European Council in Göteborg last year agreed a Sustainable Development Strategy that requires the economic, social, and environmental effects to be taken account of in future policy decisions. The World Summit on Sustainable Development 2002 in Johannesburg has also to be mentioned in this context.

Agriculture has to adapt to new opportunities by making the sector more competitive and by enabling farmers to be more market orientated. With rural development, which became the second pillar of agricultural policy under Agenda 2000 there is also further scope for improvement, particularly in the drive towards making the CAP more sustainable. Addressing social concerns is another priority, both those of the public and those of the farmers: CAP expenditure must become more justifiable by integrating quality concerns into agricultural policy whilst continuing to guarantee farmers a stable income.

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<sup>35</sup> <http://www.univie.ac.at/prochildren>

<sup>36</sup> See [http://europa.eu.int/comm/dgs/health\\_consumer/library/debate/index\\_en.html](http://europa.eu.int/comm/dgs/health_consumer/library/debate/index_en.html) for more information.

Over the course of the last ten years European agriculture became more competitive by shifting away from price support to direct payments. Now with the Mid Term Review it is proposed to make the final break from market support by totally decoupling direct payments from production. Furthermore these payments should be linked to cross compliance with EU public health, environmental and animal/plant health and welfare standards in order to better meet the expectations of society.

### *3.1.1 CAP and public health*

The impact of CAP on public health is complex as CAP operates through a range of price support, quota and market withdrawal measures, affecting the prices as well as the production levels and marketing of meat and dairy products, sugar, fruit and vegetables. The range of measures available under the CAP is currently being reassessed as part of the CAP's 2002 Mid-Term Review. Continuing work is being undertaken to develop tools for assessing the impact upon health of the various CAP measures.

There is however wide agreement that, from a public health point of view, promotion measures can be a useful tool to encourage healthy diets. Primary responsibility for promoting farm products lies with producers, wholesalers and retailers, the processing industry and Member States. Based on the principles of subsidiarity and complementarity, Community-level promotional measures can reinforce the effect of measures taken by the national authorities and individual economic operators, for example to draw attention to high quality, nutritional values and safety levels, or information about production methods. An example is the Commission-supported European Olive Oil Medical Information Library<sup>37</sup>. Other measures include Commission assistance to national bodies for local promotional campaigns for specific products, such as fresh and processed fruits and vegetables, quality wines, milk products and beef.

### *3.1.2 Support for distribution of certain foods*

The CAP includes provisions for assisting Member States in the distribution of certain agricultural products held in intervention stocks to vulnerable members of the population (see also section 3.8 below). Assistance has been made available for the distribution of fruit and vegetables, milk and dairy products and beef. In a report on the assistance given for the distribution of milk and dairy products to schools, produced for the Commission in 1999, Member States policy differences were identified as the primary reason for an uneven uptake of school milk across the Community.<sup>38</sup>

## **3.2 The Common Fisheries Policy<sup>39</sup>**

Fish has a significant role to play as part of a healthy diet. This contribution has recently been evaluated by the Nordic Council of Ministers<sup>40</sup>. A sustainable fishing policy needs to ensure the long-term availability of fish. Moreover, further action is needed to assess the negative

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<sup>37</sup> See <http://europa.eu.int/comm/agriculture/prom/olive/medinfo/index.htm> .

<sup>38</sup> Evaluation of the School Milk Measure – final report, 1999, [http://europa.eu.int/comm/agriculture/eval/reports/schoolmilk/index\\_en.htm](http://europa.eu.int/comm/agriculture/eval/reports/schoolmilk/index_en.htm) .

<sup>39</sup> Annex V gives further details of the common market organisation for fishery and aquaculture products

<sup>40</sup> Fish as food II, Report from a Nordic Seminar, TemaNord 2001:532, Nordic Council of Ministers, Copenhagen 2001

health effects of certain environmental contaminants found in food products, including fish (especially dioxins and PCBs) versus the nutritional benefits from eating fish.

A Green Paper on the Future of the Common Fisheries Policy was published in March 2001.<sup>41</sup> The current Community legislation foresees the review of the Common Fisheries Policy (CFP) in the course of 2002. It also provides that the Council shall decide before 31 December 2002 on any necessary adjustment to be made. Detailed proposals were announced during May 2002, covering measures to conserve and develop sustainable fisheries, limit fishing capacity and improve environmental protection; these are summarised in a 'Roadmap' Communication on reform.<sup>42</sup> Legislation provides that the Council shall decide before 31 December 2002 on any necessary adjustments to be made, in particular on access to certain Community waters.

While the majority of fishery products come from capture fishing activity, the role of aquaculture in the supply of fish and shellfish is growing steadily. Some concerns have been raised about the use of pharmacologically active substances in aquaculture.

### 3.3 Environment policy

A high level of environmental protection plays an important role in providing a diverse and safe range of foods needed for human health. The European Commission is committed to favouring sustainable agriculture and to integrating environmental concerns into its agricultural policy.

Concerns that affect food quality include contamination incidents and the presence of agro-chemical residues in food. Environmental pollutants, e.g. heavy metals, persistent organic pollutants and pollution associated with radiation, can be directly dispersed into the environment – to the soil, air and water. Residues from pesticides, nutrients and heavy metals can also result from agricultural management practices such as plant protection, fertilisation, and application of sewage sludge.

The above-mentioned example of dioxins and PCBs in fish (§ 3.2) illustrates the close relation between environment and food quality and highlights the importance of environmental policy for safe food. In the framework of Environment and Health policy and in response to the dioxin crisis the Commission adopted in October 2001 the Communication on a “Community *Strategy for Dioxins, Furans and Polychlorinated Biphenyls*” (COM(2001)593), providing an integrated approach to reduce human exposure by reducing the presence of dioxins and PCBs in the *environment, in feed and in food*.

In the *Sixth Environment Action Programme* outlining the EU's environmental policy over the next decade, «Environment and Health» has been identified as a priority with the overall objective of achieving a quality of the environment where the levels of man-made contaminants do not give rise to significant impacts on or risks to human health, including risks via the food chain.

The European Commission is committed to favouring sustainable agriculture and to integrating environmental concerns into its agricultural policy.

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<sup>41</sup> Green Paper on the Future of the Common Fisheries Policy, COM (2001) 135 Final 20.3.2001.

<sup>42</sup> See [http://europa.eu.int/comm/fisheries/reform/proposals\\_en.htm](http://europa.eu.int/comm/fisheries/reform/proposals_en.htm).



Monitoring of pesticides residue levels in EU Member States, Norway and Iceland has been undertaken by the Commission.

### **3.4 Enterprise policy**

The Community Policy on Foodstuffs launched in the 1960's resulted in the food business having to comply with a framework of legislative requirements targeting public health protection and information to the consumer. These requirements also contributed to the establishment of the internal market, aiming at the same time to facilitate Community production conditions and trade.

In relation to nutrition needs, the Commission encourages the food-processing sector to respond to the new demands of consumers in an appropriate way. The food business is using innovation to contribute to healthy diets and to satisfy the needs of specific population groups by providing a wide diversity of food products. By participating in scientific developments, the food business can respond to consumer demands for nutritious and healthy foods, e.g. the increasing sales of 'low in' or 'rich in' foodstuffs (rich in fibre, low in fats). This is a continuous process along with scientific progress.

A recent survey has shown that while health concerns are an important factor influencing food choices, it ranks behind price, quality and taste with regards to consumer preoccupations<sup>43</sup>. Thus the food business has to offer products that meet the complete spectrum of consumer needs, i.e. taste, quality and nutritional value at affordable prices. Within that context, the Commission co-operates with manufacturers in order to improve the nutritional value of processed food.

Moreover, in the framework of the 5<sup>th</sup> Research Framework Programme, the food business is involved in several research programs and concerted actions.

### **3.5 Internal market policy**

#### *3.5.1 Free movement of goods*

The essential role of the internal market, as underlined in the White Paper on Food Safety, is to offer the consumers a wide range of safe and high quality products from all the Member States. This requirement inspires the rules governing the free movement of food within the Community. These rules are articulated around the following principles:

First and foremost, consumers have to be in a position where they can make choices with full knowledge of the facts. In this spirit, the rules concerning food labelling are fundamental. These rules are harmonised at Community level by Directive 2000/13/EC<sup>44</sup> on the approximation of the laws of the Member States relating to the labelling, presentation and advertising of foodstuffs (see 2.2 Consumer protection policy, above).

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<sup>43</sup> IEFS (1996). A pan-EU survey of Consumer Attitudes to Food, Nutrition and Health. Report Number 1. Dublin: Institute of European Food Studies.

<sup>44</sup> Directive 2000/13/EC of the European Parliament and of the Council of 20 March 2000 on the approximation of the laws of the Member States relating to the labelling, presentation and advertising of foodstuffs (OJ L 109, 06.05.2000, p. 29 – 42).

Obstacles to the free movement of foodstuffs are only justified if a health risk for consumers is established by the Member State on the territory where this food is marketed. In such a case, the Member State will be free to put restrictions on the marketing of the food product in question, or even prohibit it, if it can prove that it presents a health risk or if it shows that, in the current state of scientific evidence, recourse to the precautionary principle proves justified.

### *3.5.2 Free movement of qualified professionals*

The professions of dietician and nutritionist are covered by Directives 89/48/EEC<sup>45</sup> and 92/51/EEC<sup>46</sup>, which established a general system for the recognition of professional qualifications. In accordance with the directives, a Member State may not, in principle, refuse to allow EU citizens to practise a profession which is regulated within its territory if they are fully qualified to practise that profession in another Member State. According to information provided by national authorities, the profession of dietician is regulated in 14 Member States, while the profession of nutritionist is not regulated in any Member State.

In the absence of harmonised conditions for training, the authorities in the host Member State may require migrants to provide evidence of professional experience or to fulfil additional requirements in order to make up for the differences between the migrant's training and that required in the host Member State. The recognition granted allows migrants to practise their profession in the host Member State under the same conditions as nationals of that State.

## **3.6 Research policy**

### *3.6.1 The Joint Research Centre (JRC)*

#### *Support to implementation of legislation within the field of food and feed*

The JRC is a Directorate General within the Commission, and is thus independent of commercial or national interests. Its role is focussed on providing scientific advice and technical know-how to support EU policies. The JRC has seven scientific Institutes including the Institute for Reference Materials and Measurements (IRMM) and the Institute for Health and Consumer Protection (IHCP) that provide services to the European Commission regarding the development of legislation on food and feed. It also helps to harmonise analytical procedures in order to produce reliable data for risk assessment and the monitoring of compliance with labelling regulations. Technical support is given to EU Member States and Candidate Countries in order to facilitate implementation of legislation in the area of food and feed control.

Under the JRC's multi-annual work programme, the work plan for the 6<sup>th</sup> Research Framework Programme includes the continuation of activities on safety and quality control of food and feed. This comprises also testing methods for TSEs, GMOs, organic food and food allergies.

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<sup>45</sup> Council Directive 89/48/EEC of 21 December 1988 on a general system for the recognition of higher-education diplomas awarded on completion of professional education and training of at least three years' duration. OJ L 019, 24.1.1989.

<sup>46</sup> Council Directive 92/51/EEC of 18 June 1992 on a second general system for the recognition of professional education and training to supplement Directive 89/48/EEC. OJ L 209, 24.7.1992.

Under the JRC's multiannual work programme, the work plan for 2002 includes continuation of the development and use of analytical techniques for food quality monitoring, testing for the cattle disease BSE, and authentication of detection methods for genetically modified foods. In addition, preparation is underway for health-related activities to be conducted under the Sixth Framework Programme, including work on organic foods and food allergies.

### 3.6.2 *Research support: Eurostat*

The Statistical Office of the European Communities, Eurostat, provides the European Union with statistics at European level that enable comparisons between countries and regions. Eurostat's key role is to supply statistics and data to the Commission and other European Institutions so they can define, implement and analyse Community policies.

Eurostat offers a range of data on nutrition related issues, including food production, food consumption, product balances and food security indicators, as well as household income, socio-economic development indicators and other indicators related to nutrition such as on obesity measurement and on food related diseases. The Eurostat office also plays an important role in assisting in the development of data sets, so that common standards are used in the generation of the data and comparable information is provided for different Member States (and now for accession countries). This service will be able to provide a valuable resource inter alia to the European Food Safety Authority, which is responsible for the collection and analysis of data on dietary, exposure and other information relevant to potential risks necessary to monitor food safety along the food chain.

### 3.6.3 *Community funded research programmes and nutrition*

Community-funded research<sup>47</sup> into food production, food safety, and health and nutrition has been a very significant and successful aspect of the research framework programmes for the past two decades (see Annex IV for details on projects supported). Under the Fifth Framework Programme (FP5, 1998-2002), nutrition research projects have been funded within the programme 'Quality of Life and Management of Living Resources', Key Action 1 'Food, Nutrition and Health', where nutrition has been an important area in addition to food technology and food safety. Moreover, nutrition has been incorporated in the areas of food technology and raw materials, including novel biological raw materials.

Key Action 1 has aimed at providing a better understanding of the factors that influence consumer confidence in the safety and wholesomeness of the food supply. Consumers are gaining importance in the nutrition research within Key Action 1, as only research projects involving consumer aspects have been accepted for funding in the last two calls of FP5, which were published in 2000 and 2001. These include:

- Addressing consumer needs and enhancing the competitiveness of the European food sector: The objective is to develop strategies to better interpret consumer demands, attitudes and perceptions, to communicate issues surrounding food risk to consumers more effectively and to improve the quality of food products; thereby strengthening the

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<sup>47</sup> The funding of research projects on nutrition by the European Commission has to be seen as complementary to national funding, described in *Food safety, diet and health: An overview of research across Europe*. European Commission, Luxembourg 1999. EUR 18493.

innovative potential, competitiveness and the creation of employment within the European industry.

- Understanding the role of nutrition in health and well being: The objective is to improve understanding and awareness of the role of nutrition, diet and lifestyle in promoting and sustaining health and preventing disease, to support consumer choices for foods of high nutritional value and to facilitate the development and understanding of health promoting products and diets.

Projects under this programme were evaluated by peer review. Community added value and contribution to EU policies was one of the criteria assessed, but other criteria had to be considered as well: scientific/technological quality and innovation; resources, partnership and management; contribution to Community social objectives; economic developments and scientific/technological prospects. Annex IV shows lists of projects funded under the Fourth and the Fifth Framework Programmes.

The Sixth Research Framework Programme (2002-2006)<sup>48</sup> strongly supports the relation between science and policy and is structured around the targets of focusing and integrating Community research, structuring the European Research Area and strengthening the foundations of the European Research Area. The first target comprises seven priority thematic areas, one of them being 'Food Quality and Safety'. The activities carried out in this area are intended to help establish the integrated scientific and technological bases needed to develop a system of production and distribution of safe and healthy food and to control food-related risks. In this area, nutrition research is primarily aimed at in the actions of 'Epidemiology of food-related diseases and allergies' and 'Impact of food on health'. This thematic priority area aims at ensuring that consumer protection is the main driver for developing new and safer food and feed production chains, i.e. 'from fork to farm'.

Nutrition aspects are also covered in the actions of 'Safer and environmentally friendly production methods and technologies and healthier foodstuffs', 'Impact of animal feed on human health' and 'Environmental health risks'. The research will be carried out by means of Networks of Excellence, Integrated Projects specifically Targeted Research Projects, Concertation Actions, and Community participation in national research programmes implemented jointly pursuant to Article 169 of the Treaty. The Research Framework Programme activities on International co-operation with developing countries have in the past invested significantly in North-South collaborative research projects on nutritional issues in poor population and an important research undertaking is on its way on relationships between lifestyle, including nutrition and health in all the CIS (Community of Independent States) countries under the INCO-Copernicus exercise.

For developing countries, funds will remain available under the 6<sup>th</sup> Research Framework Programme to continue research on nutrition and child health with particular attention to micro-nutrients.

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<sup>48</sup> Decision N° 1513/2002/EC of the European Parliament and of the Council of 27 June 2002 concerning the sixth framework programme of the European Community for research, technological development and demonstration activities, contributing to the creation of the European Research Area and to innovation (2002 to 2006) (OJ L232, 29.8.2002 p. 1-33)

## 3.7 Social policy

### 3.7.1 Social policy and nutrition

Social policy can make a major contribution to equity in health and to improvements in nutrition. Social policies promoting education can encourage better choices of lifestyle and of healthy dietary habits. Social policies to improve income levels, as identified under the Community Action Programme to Combat Social Exclusion 2002-2006,<sup>49</sup> can be expected to improve access to foodstuffs of good nutritional quality.

In addition, the Commission provides foodstuffs for distribution to the most deprived persons in the Community, following a Council Regulation of 1987.<sup>50</sup> This measure assists Member States that release food from intervention stocks to specified organisations eligible to receive and distribute that food.

### 3.7.2 Social policy and breastfeeding

Directive 92/85/EEC<sup>51</sup> on the introduction of measures to encourage improvements in the health and safety at work of pregnant workers and workers who have recently given birth or are breastfeeding, was adopted in 1992. As breastfeeding is recognised as being advantageous for the health of infants, the Directive aims to protect employed women wishing to breastfeed their infants by providing for maternity leave of at least 14 weeks. In addition, the Directive provides several measures to protect women who wish to breastfeed at work after their maternity leave.

Under Article 14(6) of the Directive, the Council has a duty to re-examine the Directive. This study has revealed a number of potential problems:

- The Directive applies to all pregnant workers, but the definitions of breastfeeding worker and worker who has recently given birth refer to national law and therefore vary between Member States.
- The minimum length of maternity leave established by the Directive is 14 weeks. Maternity leave varies from 18 weeks in the UK to 28 weeks in Denmark<sup>52</sup>. The combination of compulsory maternity leave with unpaid leave may need to be re-examined.
- The amount of women on paid maternity leave, and the period, for which they are paid, also varies widely.

The study has also revealed other difficulties, which may limit the protection afforded to female workers who fall within its scope, and the Commission is reflecting on how to make

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<sup>49</sup> For details see [http://europa.eu.int/comm/employment\\_social/soc-prot/soc-incl/ex\\_prog\\_en.htm](http://europa.eu.int/comm/employment_social/soc-prot/soc-incl/ex_prog_en.htm).

<sup>50</sup> Council Regulation (EEC) No 3730/87 of 10 December 1987 laying down the general rules for the supply of food from intervention stocks to designated organisations for distribution to the most deprived persons in the Community OJ L 352, 15.12.1987.

<sup>51</sup> Council Directive 92/85/EEC of 19 October 1992 on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding (tenth individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC) (OJ L 348, 28.11.1992, p.1-8).

<sup>52</sup> according to the data available in Missoc (Mutual information system on social protection)

progress in these areas. The Commission intends to present a new report on the implementation of Directive 92/85/EEC in 2003 on the basis of the information provided by Member States.

### **3.8 Educational policy**

Health and nutrition are vital to successful education and training, especially of the young. Although nutrition for the young is a very important factor determining the success of the strategy for Sustainable Development, including educational systems in the developing world, it is also true of poorer parts of the Community itself.

In addition to the theme of sustainable development, there is also the question of nutrition and health in the European Community and not just in the poorer parts of it. Public information and education about nutrition and the composition of healthy diets should be more prevalent, especially in the educational systems.

### **3.9 Audio-visual communication policy**

Under the Treaty, the Commission has assisted Member States in developing common policies and practices regarding audio-visual policies, including those involving broadcasting and the media. Actions have included the promotion of a regulatory framework allowing the realisation of an effective single market for broadcasting and aiming at protecting minors from access to harmful audio-visual content. In 2002, a report on the current state of legislative control of advertising to minors was completed and has been published.<sup>53</sup> Moves to protect minors from harmful audio-visual content were established in 1998<sup>54</sup> while proposals to restrict certain types of food advertising to children have been discussed in the Consumer Committee (see above).

Media images that help to create cultural definitions of beauty and attractiveness are acknowledged as being among those factors contributing to the rise of eating disorders.<sup>55</sup> The Council resolution on the image of women and men portrayed in advertising and the media<sup>56</sup> calls on the Member States to encourage advertising agencies and the media to recognise the negative effects that stereotypes based on gender may have on the physical and mental health of the public in general, and of young people in particular.

### **3.10 Enlargement and external assistance**

#### *3.10.1 Enlargement of the Community*

Procedures for enlargement include negotiations with candidate states on agriculture, food safety, advertising, consumer rights and the free movement of goods, all of which can influence the availability and accessibility of nutritious foods for people within accession

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<sup>53</sup> Study on the Impact of Advertising and Teleshopping on Minors: International and European Regulation and Self-regulation, at [http://europa.eu.int/comm/avpolicy/stat/studi\\_en.html](http://europa.eu.int/comm/avpolicy/stat/studi_en.html).

<sup>54</sup> Council Recommendation of 24 September 1998 on the development of the competitiveness of the European audiovisual and information services industry by promoting national frameworks aimed at achieving a comparable and effective level of protection of minors and human dignity. OJ L 270, 7.10.1998.

<sup>55</sup> EDAP (Eating Disorders Awareness and Prevention, Inc.) <http://www.edap.org/>

<sup>56</sup> Council Resolution 95/C/ 296/06 of 5 October 1995 on the image of women and men portrayed in advertising and the media. OJ C 296, 10.11.1995.

countries. The negotiations may also affect the quality, price etc. of foods coming from accession countries into the Member States of the present Community. In addition, the new public health programme will be open to candidate countries subject to the conclusion of Memoranda of Understanding with the candidate countries wanting to participate in the programme. In order to encourage the participation of accession countries in this programme, the Commission hosted a seminar on the programme for accession countries in Luxembourg, July 2002.

### 3.10.2 External assistance programmes

In 1999, the Commission launched a process aimed at defining their policy to support rural development in developing countries, presented in the Policy Orientation Paper.<sup>57</sup> This shows a change in approach from one, which prioritised export crops and crops for 'national food self-sufficiency', to one which prioritised the sustainable development of the livelihood of the rural population. Practical actions are to be directed at, among other sectors, education, health and resource management including livestock and fisheries.<sup>58</sup>

Food security, agriculture, health and nutrition are addressed in the Cotonou agreement under which the Community and Member States provide development assistance to African, Caribbean and Pacific (ACP) states.<sup>59</sup> The European Community ratified the agreement on 16 January 2002. It is expected to be ratified by 13 of the 15 EU Member States by the end of 2002, and had been ratified by 44 of the ACP states (51 required) by April 2002. Under the agreement, co-operation in health care and nutrition will include support for nutrition programmes and projects, and assistance in building and maintaining research institutes, university departments and specialist schools in ACP countries of public health and nutrition.

The Commission participates in the World Food Programme and supports food-assisted development projects and a multi-annual food security programme involving both food and financial aid. Food security programmes increasingly emphasise the need to empower disadvantaged people, particularly women, and encourage their participation in the development process.<sup>60</sup>

The European Community Humanitarian Aid Office (ECHO) provides emergency assistance and conducts associated activities for victims outside the European Union.<sup>61</sup> A series of reports and evaluations is published by ECHO,<sup>62</sup> which include consideration of food security, health and nutrition issues for specified countries, refugee groups or disaster victims.

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<sup>57</sup> European Policy to Support Rural Development, Policy Orientation Paper (February 2000) <http://europa.eu.int/comm/development/rurpol/>.

<sup>58</sup> See the strategy papers on agriculture, livestock and fisheries, and specific country studies, available at <http://europa.eu.int/comm/development/rurpol/outputs>.

<sup>59</sup> Partnership Agreement between the Members of the Group of African, Caribbean and Pacific States and the European Community and its Member States, signed at Cotonou, Benin, 23 June 2000.

<sup>60</sup> See, for example, *European Commission's Food security Strategy for Bangladesh, 1999-2002*, 1999.

<sup>61</sup> ECHO Aid Policy 2002, European Humanitarian Aid Office, 2002.

<sup>62</sup> For recent reports see <http://europa.eu.int/comm/echo/en/evaluation/reports2001.htm>

### 3.11 Activities with multi-lateral agencies

#### 3.11.1 *FAO, WHO and Codex Alimentarius*

Besides the fields of development assistance, the European Commission is active in many international bodies, of which several are specifically concerned with food and nutrition issues: the Food and Agricultural Organisation (FAO) of the UN, the World Health Organisation (WHO), and the subsidiary body Codex Alimentarius, which regulates standards for international trade in foodstuffs.

FAO is the co-ordinator of the World Food Programme, to which the Community contributes, and is also a primary repository for information on food production, imports and exports, and estimates of food consumption patterns at national level. This statistical database provides useful material on diet and nutritional trends over the last 40 years for every Member State and for the Community as a whole. A range of FAO activities in the area of food safety is also carried out in collaboration with the WHO. The European Community is a member of FAO.

The World Health Organisation assists in the co-ordination of national and international health policies, including, for example, policies on food safety and contamination, as well as policies on nutrition.<sup>63</sup> The WHO's Regional Office for Europe has conducted reviews of nutrition policies and practices as reported by all governments in the region three times during 1994-2000, with the latest information for 1999-2000 expected to be published in late 2002. Country-by-country data is also available on the WHO's website.<sup>64</sup>

In addition, the Commission has supported the WHO European Region's work to improve, strengthen and support the applicant countries in their tasks of analysing, evaluating and monitoring public health issues. This has included the production of a series of 'Highlights on health' for each of the applicant countries that give an overview of the health and the health-related situation in each country<sup>65</sup>. The documents compare the position of each country in relation to other applicant countries and also in relation to the European Union Member States. These Highlights together with supplementary information will help to assess the effect of Community Policies on the health status and on the health services and systems of the applicant countries.

Codex Alimentarius is a joint activity between FAO and WHO in which standards for international trade in foodstuffs are set. Compliance with Codex standards is considered sufficient to meet international obligations under the World Trade Organisation's Sanitary and Phytosanitary Agreement and higher requirements have to be specifically justified by a member. All EU Member States are members of Codex and the Community is an observer. The Commission and Member States attempt to prepare joint comments on issues, which are within the competence of Community legislation, presented in the form of position papers co-ordinated under DG SANCO. Topics relevant to nutrition include nutritional labelling of food products, nutritional claims used in marketing foods, and nutrient composition standards for foods for particular nutritional uses.

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<sup>63</sup> See <http://www.who.int/hpr/nutrition>

<sup>64</sup> See <http://www.euro.who.int/countryinformation>

<sup>65</sup> Highlights on Health in the Applicant Countries to the European Union, funded under Pillar C of the Health Monitoring Programme and Article 1 (2) and Annex 1 (c) of Decision 1400/97/EC of the European Parliament and of the Council. [http://europa.eu.int/comm/health/ph/programmes/monitor/index\\_en.htm](http://europa.eu.int/comm/health/ph/programmes/monitor/index_en.htm)



### *3.11.2 TRIPs and nutrition*

The Agreement on Trade-related aspects of intellectual property rights (TRIPs) provides, amongst other issues, for the protection of intellectual property rights in relation to inventions concerning plant varieties and plant genetic resources. The application of intellectual property rights to inventions concerning food crop genetic resources may affect trade, food security, biodiversity of food crops and the livelihoods of producers. A number of non-governmental organisations, as well as by certain World Trade Organisation (WTO) members in the WTO's TRIPs Council have raised concerns in this respect.

The Commission's Directorate-General for Trade is planning to commission a study on the possible impact of intellectual property protection on food security, in particular in the developing world. The project should examine whether intellectual property protection of plant genetic resources could have a positive or negative impact on food security, and provide guidance on possible measures to optimise the interplay between intellectual property protection and food security. The study will be launched by autumn 2002.

In a recent draft Communication on the relationship between the TRIPs Agreement and the Convention on Biological diversity and the protection of traditional knowledge and folklore (tabled at the WTO's TRIPs Council in September), the EC considered that farmers rights can under certain circumstances be justified under Articles 27.3. (b) and 30 of the TRIPs Agreement. In this context farmers' rights refer to exceptions to patent rights or plant variety rights over foodstuff to the benefit of small and subsistence farmers in developing and least developed countries, as well as in developed countries.

### *3.11.3 WTO Geographical indications*

Geographical indications (GIs) are a subject of discussion in the new World Trade Organisation negotiation round. Since GIs protect a range of products manufactured or grown in a certain area, not by a certain company, GIs can benefit small as well as large producers. GIs can encourage investment and open up marketing opportunities for areas in need of development, as well as protect biodiversity and environmental quality in those areas.

## **4 OPERATIONAL GOALS**

The objective of a nutrition policy is to improve the health and the quality of life of the population at all stages in life, and to reduce the risk of diseases by promoting healthy diets and lifestyle. Although Community action in the field of nutrition is necessarily limited, the broad objective can be and is being translated into operational goals.

Nutrition patterns and dietary habits vary considerably between and within Member States, as does the prevalence of nutrition-related diseases. For that reason national, regional and local authorities are often in a better position than the Community to organise information campaigns aimed at the individual citizen. Community action in the field of public health nutrition should assist Member States by providing tools to develop policies, support the implementation of policies and compare and exchanging experiences.

The White Paper on Food Safety also made a series of proposals, which raised expectations of action by the Commission. These were referred to in the Council Resolution of December 12 2000, which noted the Commission's proposals to develop a 'global, consistent' nutrition

policy and an action plan. The Council invited the Commission to integrate nutrition into other Community policies, to develop tools to monitor nutritional health and its determinants, to develop the use of nutritional labelling and other means of providing information to consumers, and to consider several other measures (see Annex VII).

These issues will be addressed in the framework of the implementation of the new public health programme 2003-2008 and the White Paper on Food Safety.

## ANNEX I Diet and nutrition challenges facing Community members

There is general scientific agreement that dietary risk factors play a role in the aetiology of many major diseases affecting the population of the Community. Examples of these are given in the table below (adapted from papers presented at the Eurodiet conference<sup>66</sup> and the draft WHO expert review of diet and chronic disease<sup>67</sup>):

### Examples of probable correlations between certain pathologies and dietary risk factors

Pathology	Dietary risk factor
Arterial hypertension	Inadequate fruit and vegetable consumption. Excessive alcohol consumption. Excessive salt consumption.
Cerebro- and cardiovascular diseases	Inadequate fruit and vegetable consumption. Excessive consumption of saturated fatty acids. Inadequate consumption of food rich in fibre.
Cancers (especially colon, breast, prostate and stomach cancer)	Inadequate fruit and vegetable consumption. Excessive alcohol consumption. Excessive salt consumption. Inadequate consumption of food rich in fibre. Inadequate physical activity, overweight.
Obesity	Excessive energy intake. Inadequate physical activity.
Non-insulin dependent diabetes (type 2)	Obesity. Inadequate physical activity.
Osteoporosis	Inadequate calcium consumption. Inadequate vitamin D consumption. Inadequate physical activity.
Dental decay	Frequent consumption of fermentable carbohydrates/sugary foods or beverages <sup>68</sup> .
Dental erosion	Consumption of acidic foods, fruits or beverages
Iodine deficiency disorders	Inadequate consumption of fish or of iodine-enriched food.
Prematurity and low birth weight	Inadequate intake of food nutrients.
Iron deficiency anaemia	Inadequate or unavailable iron intake. Inadequate vegetable, fruit and meat consumption
Neural tube defects (Spina bifida)	Inadequate folate and folic acid intake. Inadequate vegetable and fruit consumption
Lowered resistance to infections	Inadequate fruit and vegetable consumption. Inadequate consumption of micronutrients. Inadequate breast-feeding.

<sup>66</sup> Eurodiet conference, Crete, May 2000 (published as *Nutrition & Diet for Healthy Lifestyles in Europe: Science & Policy Implications*. Eurodiet core report, University of Crete, July 2000).

<sup>67</sup> World Health Organization *Draft Joint WHO/FAO expert consultation on diet, nutrition and the prevention of chronic diseases*, Geneva, 2002 (see <http://www.who.int/hpr/nutrition>).

<sup>68</sup> Although oral hygiene and the use of fluoride (fluoridated water supplies, fluoridated oral products) are protective measures against dental decay, the frequent use of sugar remains an independent risk factor for the disease.

Anorexia, bulimia, binge eating disorder	Self-starvation and excessive weight loss or obesity.
Food allergies	Allergens contained in food.
Infectious food poisoning	Pathogenic micro-organisms contained in food.
Non-infectious food poisonings	Pathogenic substances contained in food: e.g. dioxin, mercury, lead and other heavy metals, agrochemical residues and other contaminants.

## Nutrition challenges in the European Community

The nutrition challenges facing the European Union can be summarised as follows:

- Recent dietary surveys suggest that there are continuing problems of deficiencies in micronutrients – in particular iron, iodine and folate – affecting all Member States to various degrees. These deficiencies can cause anaemia, iodine deficiency disorders and congenital deformities.
- Compared with the dietary intake of fruits and vegetables recommended by the Eurodiet project<sup>69</sup>, the present consumption of fruit and vegetables is low, especially in the northern part of the Community, and in most socio-economically disadvantaged groups<sup>70</sup>. Fruit and vegetables are valuable sources of vitamins and minerals, and contain dietary fibre and anti-oxidants. Fibre plays an important role in the health of the alimentary canal, while anti-oxidants defend healthy cells against molecular damage.
- The dietary intake of fat, and especially the intake of saturated fats, is high in almost all Member States.<sup>71</sup> A high intake of certain dietary fats may encourage obesity and its attendant risk of diabetes and cardiovascular disease. Saturated fat plays a particular role in elevating blood cholesterol levels and raising the risk of cardiovascular disease.
- The consumption of cereals has fallen by one quarter since 1960 for Europe as a whole. Cereals are low in fat and rich in carbohydrates, proteins, fibre, vitamins and minerals. Wholegrain cereals usually contain complex carbohydrates with a low glycaemic index, which is a positive factor for the regulation of blood glucose level.
- Meat consumption has increased in many Member States since the 1960s (notwithstanding a fall in beef consumption following the BSE crisis). Meat is a good source of iron and protein. However, high-fat meat products and full-fat dairy products provide most of the saturated fat in the average diet eaten in most EU Member States.
- Obesity is an increasing problem among the inhabitants of the European Union and in several other countries as well, particularly among children and adolescents. Obesity is occasionally the result of endocrine disorders or of eating disorders but is more commonly due to an imbalance between energy intake and energy expenditure (i.e. over-consumption)

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<sup>69</sup> [http://europa.eu.int/comm/health/ph/programmes/health/pub/index\\_en.html](http://europa.eu.int/comm/health/ph/programmes/health/pub/index_en.html)

<sup>70</sup> In the southern part of Europe, where fruit and vegetables are cheap, as supply is high, this is not the case.

<sup>71</sup> Food-based Dietary Guidelines: A Staged Approach, C Williams, M Wiseman and J Buttriss, *British Journal of Nutrition*, 81 (S2), S29-S153, 1999.

of energy-rich foods combined with a lack of physical activity)<sup>72</sup>. Obesity increases the risk of hypertension (high blood pressure), heart disease, stroke, diabetes type 2, and certain types of cancer.

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<sup>72</sup> *Obesity – preventing and managing the global epidemic: report on a WHO Consultation*. Geneva, World Health Organization, 1998

## ANNEX II KEY TERMS

**Best practice information** – the current strongest or most reliable evidence as regards the safety, efficacy, effectiveness and cost-effectiveness of different approaches to health promotion, disease prevention, diagnoses and treatment. Best practice information provides the best possible standard in a given situation or under given circumstances.

**Diet** – a person’s intake of food and beverage.

**Dietary fat** – fats and oils in the diet, comprised largely of saturated, monounsaturated and polyunsaturated fatty acids. Saturated fats are typically found in foods from animal sources, such as meat, milk and dairy products, as well as some tropical plants (e.g. palm); polyunsaturated fatty acids are typically found in fish, vegetables and in some vegetable oils; and monounsaturated fatty acids are typically found in nuts and nut oils, olive oil, rape-seed oil and avocado.

**Eating disorders** – disorders with relationships to food, such as anorexia nervosa, bulimia nervosa, binge eating disorder, and eating disorder not otherwise specified (EDNOS)<sup>73</sup>. People with eating disorders experience a difficult relation towards food, their own body and their body-weight, severely affecting their quality of life.

**Food** – food means any substance or product intended to be, or expected to be ingested by humans.<sup>74</sup>

**Food quality** – the features and characteristics of a food product, including its ability to satisfy stated or implied needs<sup>75</sup>. It comprises characteristics such as safety, taste and convenience, as well as the nutritional value of the product.

**Food safety** – the supply of food that will not cause harm to the consumer when it is prepared or eaten according to its intended use.

**Food security** – the sustainable supply of food of adequate quantity and quality, available to all members of the population

**Health** – a condition of physical, mental and social well being, which implies, amongst other things, the absence of disease.

**Healthy diet** – a diet that gives an individual his or her optimal health, i. e. contributes to improve and protect health, and to reduce the risk of developing nutrition related diseases.

**Healthy lifestyle** – a lifestyle that can provide an individual with an optimal level of physical and mental health.

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<sup>73</sup> *The ICD-10 classification of mental and behavioural disorders: diagnostic criteria for research*. Geneva: World Health Organization, 1993; and *Diagnostic and statistical manual of mental disorders: DSM-IV: international version with ICD-10 codes* 4th ed. Washington, DC: American Psychiatric Association, 1995.

<sup>74</sup> Regulation 178/2002/EC of the European Parliament and of the Council laying down the general principles and requirements of food law, establishing the European Food Authority, and laying down procedures in matters of food.

<sup>75</sup> ISO 8042:1986.

**Nutrition** – the processes involved in obtaining and assimilating nutrients into the body so that the body functions properly and health is maintained.

**Nutrition policy** – a policy which seeks to improve and protect health and to improve the quality of life for people of all ages by promoting healthy diets.

**Nutrition security** – the provision of a sustainable supply of adequate nutrients to all members of the population (see Food Security).

**Public health nutrition** – the promotion of good health and the prevention of illness in the population through nutrition and physical activity<sup>76</sup>.

**Quality of life** – an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment<sup>77</sup>.

**Well-being** – subjective well-being refers to how people evaluate their lives, and includes variables such as life satisfaction and marital satisfaction, lack of depression and anxiety, and positive moods and emotions.

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<sup>76</sup> *Nutrition & Diet for Healthy Lifestyles in Europe: Science & Policy Implications*. Eurodiet core report, University of Crete, July 2000.

<sup>77</sup> *Measuring Quality of Life*. Division of mental health and prevention of substance abuse, World Health Organization, WHO/MSA/MNH/97.4, Geneva, 1997.

### **ANNEX III NUTRITION PROJECTS SUPPORTED BY THE PUBLIC HEALTH PROGRAMMES<sup>78</sup>**

The European Food Availability Databank (DAFNE) project based on Household Budget Surveys, which aims to create a cost-effective European food consumption databank. This project has been supported by the Health Monitoring programme 1999.

The European physical activity surveillance system (EUPASS) project, also supported by the Health Monitoring programme 1999.

The European Food Consumption Survey method (EFCOSUM) project has been sponsored by the Health Monitoring programme 1999. This project aimed to define a method for monitoring food consumption in Europe

Monitoring public health nutrition in Europe: nutritional indicators and determinants of health status, funded by the Health Monitoring programme 2000.

A report on the nutritional status of the population of the European Union, to be funded under the Health Monitoring programme for 2002

The European Prospective Investigation into Cancer and Nutrition (EPIC) project, supported by the Cancer programme, which is an epidemiological study on the links between nutrition and cancer. Supported by the Cancer Programme 1997-2001.

Amélioration des Habitudes Alimentaires par le web extension project. (ECP) project Supported by the Cancer Programme 2000.

Five a day, Gesund mit Obst und Gemüse- Keeping healthy with fruit and vegetables, project supported by the Cancer Programme 2000.

The Pan European surveys on attitudes to nutrition, diet and lifestyles supported by the Health Promotion programme 1996.

The Euralim project (Coordination et évaluation d'une campagne Communautaire d'information sur l'alimentation et la nutrition - European Alimentation) financed by the Health Promotion programme 1996.

Promotion of health-enhancing physical activity: development of policy, network and walking programmes supported by the Health Promotion programme 1996,1998-2000.

The European Guide "Nutrition education in schools", supported by the Health Promotion programme 1997.

The European Masters programme in Public Health Nutrition also supported by the Health Promotion programme 1997-2001.

The Eurodiet project on Nutrition and Diet for Healthy Lifestyles in Europe, sponsored by the Health Promotion programme 1998

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<sup>78</sup> [http://europa.eu.int/comm/health/ph/programmes/health/index\\_en.htm](http://europa.eu.int/comm/health/ph/programmes/health/index_en.htm)



Orientations stratégiques Européennes en matière de nutrition, supported by the Health Promotion programme 2000.

International Congress of Nutritional Sciences, supported by the Health Promotion programme 2001.

The optimisation of public information and education on healthy diets: A European Co-operative Project (Opti-Diet), to be funded under the Health Promotion programme in 2002

The development and evaluation of standards for breastfeeding promotion activities to be funded under the Health Promotion programme in 2002.

Via a project on obesity funded by the Health Promotion programme in 2002, the Danish presidency of the Council has arranged a conference in Copenhagen on 11-12 September 2002.

## **ANNEX IV NUTRITION PROJECTS SUPPORTED BY DG RESEARCH**

### **Scientific Projects on Nutrition by DG Research: Fifth Framework Programme**

The following table shows the projects on nutrition funded within the scope of the Fifth Framework Programme, Thematic Programme “Quality of Life and Management of Living Resources” programme, Key Action 1 “Food, Nutrition and Health”. The projects have started since the beginning of the year 2000 and last three or four years. SC stands for Shared Cost Research Project, CA for Concerted Action, DM for Demonstration Project. Additional projects are under negotiation and cannot be listed here yet.

#### **Consumer needs, attitudes and responses with regard to food products, food processing and labelling**

QLK1-1999-00010	SC	Healthy Ageing: How changes in sensory physiology, sensory psychology and socio-cognitive factors influence food choice
QLK1-2000-00040	CA	Disseminating the results of EU food research programmes to small and medium sized food industries, health professionals and consumer groups through a 24-country interactive network system
QLK1-2000-00069	SC	Dietary caffeine, health and quality of life in Europe
QLK1-2000-00086	CA	A process for the assessment of scientific support for claims on foods
QLK1-2001-00291	SC	Consumer trust in food. A European study of the social and institutional conditions for the production of trust
QLK1-2001-00547	SC	Promoting and sustaining health through increased vegetable and fruit consumption among European schoolchildren

#### **Role and impact of food on physiological functions, physical and mental performance**

QLK1-1999-00124	SC	Functional properties, bioactivities and bioavailability of phytochemicals, especially anthocyanins, from processed foods
QLK1-1999-00179	CA	European research on functional effects of dietary antioxidants
QLK1-2000-00043	SC	Hypotensive peptides from milk proteins
QLK1-2000-00108	SC	Development and application of high throughput molecular methods for studying the human gut microbiota in relation to diet and health
QLK1-2001-00135	SC	Functional assessment of interactions between the human gut microbiota and the host

- QLK1-2001-00173 SC Local Mediterranean food plants: Potential new nutraceuticals and current role in the Mediterranean diet
- QLK1-2001-00431 SC Stable isotope applications to monitor starch digestion and fermentation for the development of functional foods

### **Particular nutritional needs of defined population groups**

- QLK1-1999-00076 SC Conjugated linoleic acid (CLA) in functional food: A potential benefit for overweight middle-aged Europeans
- QLK1-1999-00337 SC Evaluation of safety and efficacy of iron supplementation in pregnant women
- QLK1-1999-00576 SC Folate: from food to functionality and optimal health
- QLK1-1999-00830 SC Fat soluble vitamin status and metabolism during ageing: functional and nutritional consequences
- QLK1-1999-00888 SC Nutraceuticals for a healthier life: n-3-polyunsaturated fatty acids and 5-methyl-hydro-folate
- QLK1-2000-00067 SC Functional food, gut microflora and healthy ageing
- QLK1-2000-00563 SC Probiotics and gastrointestinal disorders – controlled trials of European Union patients
- QLK1-2000-00623 SC Towards a strategy for optimal vitamin D fortification
- QLK1-2002-00168 SC Zinc effects on nutrient / nutrient interactions and trends in health and ageing

### **Links between diet and chronic diseases and disorders including the genetic factors involved**

- QLK1-1999-00037 SC Evaluation of the prevalence of the coeliac disease and its genetic components in the European population
- QLK1-1999-00346 SC Symbiotics and cancer prevention in humans
- QLK1-1999-00498 SC Garlic and health - The development of high quality garlic and its influence on biomarkers of atherosclerosis and cancer in humans for disease prevention
- QLK1-1999-00505 SC Health implications of natural non-nutrient antioxydants (polyphenols), bioavailability and colon carcinogenesis
- QLK1-1999-00568 CA European standards committee on oxidative DNA damage
- QLK1-1999-00575 CA Diet and cancer: the explanatory value of dietary patterns

- QLK1-1999-00752 SC Optimal nutrition towards osteoporosis prevention: Impact of diet and gene-nutrient interactions on calcium and bone metabolism
- QLK1-1999-00916 SC The role of social, genetic and environmental factors in healthy eating: a multicentre analysis of eating disorders and obesity
- QLK1-1999-01197 SC Heterocyclic amines in cooked foods - role in human health
- QLK1-2000-00083 SC Early malnutrition and programming of adult degenerative diseases: experimental, epidemiological and preventive studies
- QLK1-2000-00100 SC Dietary habits profile in European Communities with different risk of myocardial infarction: the impact of migration as a model of gene/environment interaction
- QLK1-2001-00146 SC Probiotic strains with designed health properties
- QLK1-2000-00266 SC The role of dietary phytoestrogens in the prevention of breast and prostate cancer
- QLK1-2000-00431 SC The prevention of osteoporosis by nutritional phytoestrogens
- QLK1-2000-00466 SC Case-Only Study on the interaction of diet and genetic predisposition in the occurrence of breast cancer in young women
- QLK1-2000-00515 SC Dietary and genetic influences on susceptibility or resistance to weight gain on a high fat diet
- QLK1-2000-00535 SC Design of foods with improved functionality and superior health effects using cereal beta-glucans
- QLK1-2000-00618 SC Nutrient-gene interactions in human obesity: implications for dietary guidelines
- QLK1-2000-00657 SC Coeliac disease – a food induced disorder. Exploration and exploitation of T cell stimulatory gluten peptides
- QLK1-2000-00706 SC Functional Foods against colon cancer – Development of a genomics and proteomics based screening assay
- QLK1-2001-00138 SC Influence of dietary fatty acids on the pathophysiology of intrauterine foetal growth and neonatal development
- QLK1-2001-00172 SC The role of lipids in neurodegeneration and their preventive potential in diet
- QLK1-2001-00182 SC Alcohol related cancers and genetic susceptibility in Europe
- QLK1-2001-00183 SC Dietary lipids as risk factors in development: Mechanistic issues
- QLK1-2001-00221 SC Isoflavones for reducing risk of coronary heart disease among

postmenopausal women

- QLK1-2001-00287 SC The effect of olive oil consumption on oxidative damage in European populations
- QLK1-2001-00372 SC Nutritional primary prevention of type 1 diabetes
- QLK1-2001-00389 SC Childhood obesity: Early programming by infant nutrition?
- QLK1-2001-00444 SC Iron in hemochromatosis: deleterious effects of an essential nutrient

**Development of safe and flexible and new and/or improved manufacturing processes and technologies**

- QLK1-1999-31376 SC Increase in nutritional value of food raw materials by addition, activity, or in situ production of microbial nutraceuticals
- QLK1-1999-30042 SC Nutritional enhancement of probiotics and prebiotics: technology aspects on microbial viability, stability, functionality and on prebiotic function
- QLK1-2000-30324 SC Barley beta-d-glucan and wheat arabinoxylan soluble fibre technologies for health promoting bread products
- QLK1-2001-00780 SC Production of fungal carotenoids for healthy nutrition
- QLK1-2001-01080 SC Improved antioxidant content for food applications
- QLK1-2001-01179 SC Molecular analysis and mechanistic elucidation of the functionality of probiotics and prebiotics in the inhibition of pathogenic microorganisms to combat gastrointestinal disorders and to improve human health
- QLK1-2000-01423 SC Enhancing the content of beneficial fatty acids in beef and improving meat quality for the consumer

## Scientific Projects on Nutrition by DG Research: Fourth Framework Programme

The following table shows the projects on nutrition funded within the scope of the Fourth Framework Programme, Programme FAIR". The projects have started between 1996 and 1999 and have lasted three or four years. SC stands for Shared Cost Research Project, CA for Concerted Action, DM for Demonstration Project. The list is final.

### Area 3.1. Consumer nutrition and well-being

FAIR-CT95-0046	SC	Quality policy and consumer behaviour
FAIR-CT95-0158	SC	Improving the quality and nutritional value of processed foods by optimal use of food anti-oxidants
FAIR-CT95-0269	SC	Future impacts of biotechnology on agriculture, food production and food processing – a Delphi survey
FAIR-CT95-0302	SC	Mealiness in fruits – Consumer perception and means for detection
FAIR-CT95-0433	SC	Molecular mechanisms of colonisation resistance against <i>Clostridium difficile</i> and <i>Clostridium perfringens</i>
FAIR-CT95-0574	SC	Understanding and improving the selection and acceptance of food for health promotion
FAIR-CT95-0594	SC	Nutritional and health impact of trans-polyunsaturated fatty acids in European populations
FAIR-CT95-0653	SC	Understanding the biological effects of dietary complex phenols and tannins and their implications for the consumer's health and well-being
FAIR-CT95-0809	SC	The impact of dietary fat reduction and a concomitant change in the ratio of simple to complex carbohydrate (CHO) on body weight, body composition and metabolic variables of overweight-to-obese subjects
FAIR-CT95-0813	SC	Effect of copper in the food chain on human health
FAIR-CT95-0894	SC	Phenolic phytoprotectants (PPP) – Role in preventing initiation, promotion and progression of cancer
FAIR-CT96-1667	SC	Consumer attitudes and decision-making with regard to genetically engineered food products
FAIR-CT96-1848	SC	Bioethical aspects of biotechnology in the Agrofood sector.
FAIR-CT97-3011	SC	Study of the regulation by nutrients of the expression of genes involved in obesity in human and animal species

FAIR-CT97-3014	CA	Disseminating the results of EU food research programmes to European food SMEs via a 18 country dynamic network systems (the FAIR-INNOVATION dissemination project)
FAIR-CT97-3029	SC	Effects of food-borne glucosinolates on human health
FAIR-CT97-3035	CA	Development and application of molecular approaches for assessing the human gut flora in diet and health
FAIR-CT97-3096	SC	Compatibility of the household and individual nutrition surveys in Europe and disparities in food habits
FAIR-CT97-3100	SC	Model systems in vitro and in vivo for predicting the bioavailability of lipid soluble components of food
FAIR-CT97-3181	SC	New methodologies for studying diet and gut maturation in early life
FAIR-CT97-3224	SC	Adverse reactions to foods
FAIR-CT97-3261	SC	Wine and cardiovascular disease
FAIR-CT98-3671	SC	Nutritional properties of conjugated linoleic acid CLA – A beneficial component of animal and milk fat
FAIR-CT98-4040	CA	The optimisation of sweet taste quality
FAIR-CT98-4141	CA	Dietary fat, body weight control and links between obesity and cardiovascular disease
FAIR-CT98-4356	CA	Food allergens of plant origin. The relationship between allergenic potential and biological activity
FAIR-CT98-4419	CA	Bioactive constituents in food plants information system for risk assessment of food plants developed using genetic or other advanced technologies
FAIR-CT98-4456	CA	Dietary exposure to vegetal estrogens and related compounds and effects on skeletal tissues and lipid metabolism

### **Area 3.2: New and optimised food materials and nutritious food products**

FAIR-CT95-0085	SC	Nutritional studies on dried functional ingredients containing n-3 polyunsaturated fatty acids
FAIR-CT95-0193	SC	New technologies for improved nutritional and functional value of pea protein
FAIR-CT95-0572	CA	Functional food science in Europe
FAIR-CT96-1028	DM	Demonstration of nutritional functionality of probiotic foods

FAIR-CT97-3052	CA	Nutrient enhancement of diet in Europe
FAIR-CT97-3077	SC	Caseinophosphopeptides (CPPs) – Nutraceutical/functional food ingredients for food and pharmaceutical applications
FAIR-CT97-3142	SC	Novel food additives and bioactive components from milk for innovative nutrient engineering



## **ANNEX V THE COMMON AGRICULTURAL POLICY AND THE COMMON MARKET ORGANISATION FOR FISHERY AND AQUACULTURE PRODUCTS**

### **The Common Agricultural Policy (CAP)**

#### *The CAP in the Treaty*

The principles of a common agricultural market and a common agricultural policy, the CAP, were laid down more than 40 years ago in the Treaty of Rome establishing the European Economic Community. Article 39 of this Treaty (now Article 33 of the EC Treaty) defines the policy's main objectives:

- to increase agricultural productivity by promoting technical progress and by ensuring the rational development of agricultural production and the optimum utilisation of the factors of production, in particular labour;
- thus to ensure a fair standard of living for the agricultural Community;
- to stabilise markets;
- to ensure the availability of supplies;
- to ensure that supplies reach consumers at reasonable prices.

Besides these objectives, the Treaty set out some basic elements for the construction of the CAP: the common organisation of agricultural markets, a common price policy and the creation of one or several funds for the financing of the common policy.

#### *The CAP in the course of time*

Although the Conference of Stresa in 1958 very much stressed the importance of structural improvement and of rural development, the creation of a common market and price policy were clearly given special emphasis during the first decade of the CAP. And still today, measured in terms of public expenditure for agriculture, market support policy although shifting more and more to direct payments for the producer, has a heavy – some would say a disproportionate – weight as compared to structural policy and rural development. In an attempt to better balance support for direct payments and market measures (first pillar of CAP) on the one hand and rural development policy (second pillar) on the other hand the Commission introduced the idea of modulation into the AGENDA 2000 reform package. The principle of modulation, which has the objective of shifting money from the first to the second pillar was further developed in the Commission's Communication on the Mid Term Review (MTR) of the CAP.

#### *Market and Price Policy*

Until the early 1990s, the CAP market policy almost exclusively relied on price support systems, combined in a few cases (mainly sugar and milk) with strict quantitative production controls. Price support was generated through the combination of high border protection (variable levies and tariffs), export support and intervention buying at guaranteed prices on the internal market.

Internally high intervention stocks created a negative image of the CAP. Externally as a result of the Uruguay Round negotiations there was strong pressure for a progressive liberalisation of international agricultural trade and, in particular, the improvement of market access, the reduction of export subsidisation and the reduction of trade distorting domestic support.

Together these developments led to a major reform of the CAP in 1992. For a number of sectors a partial, but significant shift from price support to direct payments was introduced. With the decisions in the framework of Agenda 2000 a new important step of reform of the CAP has been adopted and is currently being implemented.

In its Communication of July 1997 on Agenda 2000, the European Commission identified a number of objectives which should guide the future development of the CAP: Improving competitiveness of the farm sector; ensuring high standards of food safety and food quality; ensuring a fair standard of living for farmers and stabilising agricultural incomes; integrating environmental concerns and objectives in the framework of the CAP; promotion of supplementary or alternative sources of employment and income in rural areas, and contribution to economic and social cohesion in the European Union.

In many areas, gaps remain between the objectives set in Agenda 2000 for the CAP, and its capacity to deliver the outcomes expected by society. This led to proposals to further enhance the competitiveness of EU agriculture, introduce a decoupled system of single farm payments based on historical references and linked to cross-compliance with environmental, food safety, animal/plant health and welfare and increase support for rural development and agri-environment measures.

#### *Structural Policy and Rural Development*

Agenda 2000 makes rural development the second pillar of the CAP. It identifies rural development as a major – if not the biggest – challenge for the future and suggested three main objectives for a rural development policy at European Union level. It facilitates the structural adjustment of the farm sector, favours the integration of environmental concerns into agricultural activities, and promotes the diversification of on- and off-farm activities. It brings all relevant existing measures into one policy framework and makes them available – at least in principle – in all rural areas of the European Union.

Regarding the improvement of food quality and safety the new rural development Regulation makes specific reference to support for:

- Investments in the diversification of farm activities and improving quality
- Aid to be granted to investments, which ensure compliance with new minimum standards relating to the environment, health, hygiene conditions and animal welfare
- Improving and monitoring quality in processing and marketing
- Aid for the conversion to organic production
- Structural adjustment and development of rural areas to market quality products

#### *Quality policies*

Quality policies are defined under Council Regulations (CEE) N° 2092/91 as amended by N° 1804/99, N°2081/92, N°2082/92, N°1493/99 and N°1576/88

Since the 1980s, the CAP has taken a new course, moving away from the emphasis on quantity produced that prevailed in the sixties and seventies towards a policy based on quality.

This development is in fact a reflection of the change in consumer behaviour with regard to foodstuffs which is manifesting itself in a growing demand for specific and identifiable products.

However, to support this policy of quality, emphasis must also be laid on the essential provisions of the Labelling Directive 2000/13, which pursue the same aims of transparency.

In concrete terms, alongside certain regulations on standardising the definition of particular products (eight in all, e.g. chocolate, honey, jam, fruit juice, condensed milk, coffee extracts and mineral water), the Community has adopted regulations aiming to harmonise the concepts, some of them long-standing, which have developed in different Member States. These are:

### **1. Organic production of agricultural products (R(EEC)2092/91)<sup>79</sup>**

A Council Regulation concerning the organic production of agricultural products was adopted in 1991 and developed further on. This Regulation covers mainly the following four aspects:

- production standards for production of agricultural products at farm level and for preparation of foodstuffs; these rules concentrate on limitations in use of chemical pesticides and fertilisers with regard to crop production, and, with regard to livestock production, on restrictions concerning feed practices and medicinal treatments and on particular animal welfare considerations; use of GMOs and irradiation practices are prohibited;
- labelling requirements for organic agricultural products and foodstuffs;
- a specific inspection regime, which is obligatory for all agricultural products and foodstuffs placed on the market with indications referring to the organic production method;
- an equivalence regime for imports from third countries.

Under the impulse of this Regulation, and of agri-environmental I measures, the surface area in organic farming in the European Union has grown considerably and now covers around three million hectares.

In order to facilitate the production, processing, trade and consumption of organic products in Europe, the Commission has now started to develop an action plan for organic farming. The action plan will analyse the existing situation for organic farming in relation to many different subjects including effect on environment, quality of organic products, production standards,

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<sup>79</sup> Council Regulation (EEC) No 2092/91 of 24 June 1991 on organic production of agricultural products and indications referring thereto on agricultural products and foodstuffs. OJ L 198, 22.07.1991.

consumer confidence, trade issues, research, the effect of CAP and will give appropriate proposals for the future.

## **2. Protection of geographical indications and designations of origin (R(EEC)2081/92)<sup>80</sup>, and Traditional specialities (certificates of specific character) (R(EEC)2082/92)<sup>81</sup>**

Council Regulations (EEC) 2081/92 and 2082/92 were adopted to establish systems for promoting specific foodstuffs and legally protecting their trade descriptions; the specific character of such products may depend either on their geographical origin (protected designation of origin and geographical indication, PDO and PGI) or on their traditional production method (traditional speciality guaranteed, TSG).

Products whose designation refers to their geographic origin (PDO and PGI) respond to consumers' expectations from two points of view; firstly, because they often have exceptional organoleptic qualities, and secondly, because the local methods used in their production establish a relationship of confidence between the product, its place of origin and the people who live there and develop it.

Products whose designation refers to traditional methods (TSG) also respond to consumer expectations, and are part of the European culinary heritage, which is worth protecting. All the products mentioned above are protected at Community level and at international level by bilateral and multilateral (TRIPs) agreements.

Because these regulations form part of consumer-oriented policy, consumer information on the origin, nature, and production or processing methods of foodstuffs is important. This is why a Community logo was created for traditionally produced products in 1994, for products protected by designation of origin and geographical indication in 1998, and for organic farming in 1999.

## **3. Labelling of wines (R(EC)1493/99)<sup>82</sup> and spirits (R(EEC)1576/89)<sup>83</sup>.**

A specific chapter of Regulation 1493/99 was adopted to establish a system for the definition and protection of quality wines produced in specific regions. Products under this designation are of geographical origin. Both this and Regulation 1576/89 respond to consumer expectations on the specific quality according to traditional methods of production, organoleptic characteristics and specific controls realised in the region of origin.

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<sup>80</sup> Council Regulation (EEC) No 2081/92 of 14 July 1992 on the protection of geographical indications and designations of origin for agricultural products and foodstuffs. OJ L 208, 24.07.1992.

<sup>81</sup> Council Regulation (EEC) No 2082/92 of 14 July 1992 on certificates of specific character for agricultural products and foodstuffs. OJ L 208, 24.07.1992.

<sup>82</sup> Council Regulation (EC) No 1493/1999 of 17 May 1999 on the common organisation of the market in wine. OJ L 179, 14.07.1999.

<sup>83</sup> Council Regulation (EEC) No 1576/89 of 30 May 1989 laying down general rules on the definition, description and presentation of spirit drinks, OJ L 160, 12.6.89.

## **Common market organisation (CMO) for fishery and aquaculture products**

The common organisation of the market in fisheries and aquaculture products was set up by the Community 30 years ago. The objective was to create a common market in fish products inside the Community that would match production to demand for the benefit of producers and consumers. Common rules for the market of fish have been set up. From the point of view of nutrition an important component of the market organisation is the establishment of common marketing standards for fresh products on quality, grades, packing and labelling of both Community and imported fisheries products.

The common marketing standards take the form of freshness grade scales and size grade scales. These have two purposes:

- the definition of harmonised commercial characteristics for products throughout the Community and the application of common prices for each class of product.
- the improvement of quality so as to facilitate marketing.

These standards apply to the bulk of Community production and imported products. They apply for about 40 species of fish representing the bulk of the species sold for human consumption on the community market. The common marketing standards have been revised by Council Regulation 2406/96<sup>84</sup>, which introduced inter alia:

- new freshness grades based on more severe organoleptic criteria
- the exclusion of any financial compensation for the so-called B quality (low quality) fish
- the revision of size grades for some products, to adopt them to changing market practices.

The CMO has now been updated and reformed recently by Council Regulation 104/2000<sup>85</sup>, and most of the new measures have entered into force on 1 January 2001. They aim at a more integrated market organisation, where the needs of consumers and processors are also taken into account. The producer organisation rules have been changed to bring about better planning and programming of marketing and should allow producer organisations to take the right decision in relation to supplying the market requirements.

In order to provide improved consumer information, Article 4 of Regulation 104/2000 provides for improved labelling of fish at retail level to include the commercial designation of the species and the production method (whether caught at sea or in inland waters or farmed) and the catch area. Detailed rules for informing consumers about fishery and aquaculture products were introduced by Commission Regulation 2065/2001<sup>86</sup>, and these have applied from 1 January 2002.

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<sup>84</sup> Council Regulation (EC) No 2406/96 of 26 November 1996 laying down common marketing standards for certain fishery products. OJ L 334, 23.12.1996.

<sup>85</sup> Council Regulation (EC) No 104/2000 of 17 December 1999 on the common organisation of the markets in fishery and aquaculture products. OJ L 017, 21.1.2000.

<sup>86</sup> Commission Regulation (EC) No 2065/2001 of 22 October 2001 laying down detailed rules for the application of Council Regulation (EC) No 104/2000 as regards informing consumers about fishery and aquaculture products. OJ L 278/6, 23.10.2001.

## ANNEX VI COUNCIL RESOLUTION OF 14 DECEMBER 2001 ON HEALTH AND NUTRITION

### THE COUNCIL OF THE EUROPEAN UNION,

- (1) NOTES that the citizens of the European Union attach great importance to health, and consider it to be an essential part of the quality of life.
- (2) RECALLS the Resolution of 3 December 1990<sup>87</sup> concerning an action programme on nutrition and health, the objectives of which are still generally valid, as well as the conclusions of 15 May 1992<sup>88</sup>.
- (3) EMPHASISES once again the importance of nutrition as one of the key determinants of human health and notes that the state of health of the population can therefore be protected and improved by targeting action on nutrition.
- (4) STATES that scientific work has clearly shown that an unhealthy diet, combined with inadequate physical activity, is one of the main avoidable risk factors for the development of cardiovascular diseases which are one of the main causes of death in the European Union; that it has also been demonstrated that an unbalanced diet encourages the development of other serious conditions, such as certain types of cancer, osteoporosis, non-hereditary diabetes and some pathological forms associated with specific nutrient deficiencies.
- (5) IS CONCERNED by the consequences of the increase in obesity and overweight in the European Union, particularly among children and adolescents.
- (6) NOTES that, despite the remarkable progress in the eating and dietary habits of the people of the European Union, the population is still at risk of nutrition-related health problems and that certain groups, such as children, adolescents, the elderly and the poor, continue to be more exposed to the consequences of a poor diet.
- (7) EMPHASISES that poor nutrition leads to higher social and health costs for Member States.
- (8) NOTES that knowledge of the nutritional situation with regard to food intake and dietary habits varies not only from one Member State to another but also within the Member States.
- (9) NOTES the changes in the various diets and food cultures in the European Union and the increasing importance of mass catering and pre-prepared foods in particular.
- (10) NOTES that despite the progress which has been made in the field of nutritional information and labelling there is still not a sufficient guarantee of reliable, consistent and accessible information on the nutritional characteristics of foodstuffs and on the nutritional quality of diets.
- (11) CONSIDERS that the diversity of food cultures throughout the European Union constitutes a valuable asset that ought to be respected, and that it is necessary to take this into account when drawing up and implementing nutritional health policies, which must therefore be defined first of all at national level.
- (12) EMPHASISES, however, that many Community policies, particularly in the fields of public health, agriculture, fisheries, research, transport, consumer protection and the internal market, have such an impact that those national nutritional policies can have full effect only if aspects relating to nutritional health are taken into account in the drafting and implementation of the Community policies concerned.
- (13) NOTES that action to improve the availability of and access to healthy food as well as information about healthy diet are important components of nutrition policy.
- (14) CONSIDERS that action on nutritional health must be given an adequate place in the future Community action programme on public health.

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<sup>87</sup> OJ C 329, 31.12.1990, p. 1.

<sup>88</sup> OJ C 148, 12.6.1992, p. 2.

(15) CONSIDERS that if a health and nutrition policy is to be effective it must be based, inter alia, on exchanges of experience and information as well as on co-operation and training of all the parties concerned, including nutritional health professionals, operators in the sector, consumers and non-governmental organisations.

(16) INVITES Member States, within the context of their national nutritional health policies, to:

(i) set the population, from early childhood on, in better stead to make informed food choices by promoting healthy attitudes and eating and dietary habits and by providing relevant information;

(ii) involve all parties concerned in the discussion and promotion of nutritional health;

(iii) continue to develop the production, dissemination and implementation of nutritional health;

(iv) improve the nutritional knowledge of health professionals and those working in the field of foods and nutrition;

(v) participate actively in the data collection networks on nutrition and physical activity in the Community;

(vi) encourage national experts to participate in Community activities, and in particular to produce scientific evidence.

(17) NOTES that in its White Paper on food safety the Commission envisages inter alia the establishment of a global, consistent nutrition policy, as well as the presentation of an action plan on nutrition and recommendations for dietary guidelines.

(18) INVITES the Commission to study ways of promoting better nutrition within the European Union, if necessary presenting appropriate proposals to that end, and particularly to:

(i) allow for nutritional health to be taken into account when drawing up and implementing any relevant Community policies and develop tools for assessing the impact of other Community policies on nutritional health;

(ii) continue to develop tools to monitor nutritional health and its determinants, drawing on existing tools in use by Member States, in order to obtain comparable data, and ensure regular assessment of this data, complementing work by Member States;

(iii) support and promote regular exchanges of experience in the area of health and nutrition;

(iv) facilitate the development of scientific evidence in the area of nutritional health by experts in this field, in particular to provide backing for and to update national or local dietary guidelines and the information given to consumers;

(v) support research into the links between health and nutrition, into diet-related diseases, into an understanding of eating and dietary habits and into the impact of policies on health and nutrition;

(vi) facilitate the exchange of information on nutrition-related training courses and professions;

(vii) develop the use of nutritional labelling, by adapting it to the needs of consumers, and of other means of providing nutritional information;

(viii) examine the possibility of conducting projects to promote diets, which could include subjects as diverse as fruit and vegetable consumption and breastfeeding;

(ix) consider the use of new information technologies to improve the information available to those involved in this sector, and also to the public;

(x) plan follow-up to nutrition activities.

(19). INVITES the Commission to continue to co-operate with the relevant international organisations, in particular the WHO, to ensure effective co-ordination of activities and avoid any duplication.

