

## Working Party 4: Final report

9 August 2000

### Policy, trade, economic, and technological aspects of improving nutrient intake and lifestyles in the European Union

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### Summary of recommendations

#### 1. A new Nutrition Committee for the European Union

1.1 A new Nutrition Committee for the European Union, should be created to give independent scientific and policy advice on nutrition, diets and physical activity to the Commission. This should be supported by a strengthened Nutritional Unit within the Commission.

#### 2. Policy development

2.1 There needs to be a comprehensive and coherent nutritional policy for the EU

2.2 The development of European dietary goals should continue after the completion of the Eurodiet Project.

2.3 The European Commission should revise its Recommended Daily Allowances for vitamins and minerals using a systematic, evidence-based approach. Recommended Daily Allowances should be set at a level which would prevent deficiencies and lower the risk of disease.

2.4 The European Commission should produce, preferably every four years, a report on the state of nutrition, diet and physical activity in the EU. This report should contain proposals for action.

#### 3. Components of a nutrition policy

##### *Education*

3.1 The European Commission should not be involved in the direct delivery of lifestyle advice to the public.

3.2 The European Commission should continue to support networks whose members are involved in educating the public and in training professionals about nutrition, diets and physical activity.

##### *Research*

3.3 European Community funding of health-related research should better reflect the Community's public health priorities.

3.4 The European Community should ear-mark funds for large, multi-centre studies into nutrition, diet and physical activity with a duration of up to 10 years.

##### *Consumer protection*

##### *Food labelling*

3.5 The European Commission should draw up proposals for the regulation of health claims.

3.6 The European Community should agree rules for the use of nutrition claims along the lines agreed by the Codex Alimentarius Commission.

3.7 The European Commission should review the 1990 Nutrition Labelling Directive particularly with a view to making nutrition labelling more comprehensible and it should encourage the development of other ways of providing consumers with information about the nutrient content of foods though, for example, the Internet.

##### *Food composition*

3.8 The European Commission should review the Novel Food Regulations, particularly with a view to ensuring that the nutritional consequences of consuming novel foods are better assessed and to making approval procedures more efficient.

3.9 European Community rules on food fortification and on food supplements should be harmonised but in such a way that the interests of consumers are paramount.

##### *Agriculture policy*

3.10 The Common Agriculture Policy should be subject to a regular and systematic health impact assessment.

3.11 Given that there are subsidies under the Common Agricultural Policy designed to increase consumption of surplus food, these should be directed towards promoting the consumption of foods for which there is strong evidence of a need for increased consumption in the EU for health reasons.

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**Special issues*****Fruit and vegetable consumption***

3.12 The promotion of increased fruit and vegetable consumption across the EU should be a key aspect of the European Union's proposed nutrition policy.

***Breast feeding***

3.13 The European Union should review its policy on breast feeding including assessing and, if necessary, improving its legislation on breast milk substitutes and maternity leave.

***Physical Activity***

3.14 The European Union should have a policy for promoting physical activity in Europe. This should be part of, or at least closely integrated with, the European Union's proposed nutritional policy.

**Keywords**

Public Health Policy, European Union, food regulation

**1. Introduction**

This working party report examines barriers to, and opportunities for, policy changes at a European Union (EU) level, that might lead to the improvements in diet and physical activity recommended by Working Parties 1 and 2 of the Nutrition and Diet for Healthy Lifestyles in Europe (Eurodiet) Project. It makes recommendations for action at a EU level that would complement action taken at a national or local level as recommended by Working Party 3.

This report was developed through:

- a) a meeting of experts on food and agriculture policy in March 1999;
- b) a series of hearings with key stakeholders - from food manufacturing and retailing and from consumer and public health organisations in November and December 1999;
- c) written comments on the fourth draft (13.03.200) which was posted on the Web in March 2000;
- d) a discussion about the fourth draft at the Eurodiet Conference in May 2000.

(The Preface lists those who attended the expert meeting and stakeholders consulted at the hearings. See the Appendix to this special issue for a list of those who submitted comments on earlier drafts).

This report firstly looks briefly at trends in the production, marketing and trade in foods. Secondly it looks at past and current EU policies in relation to improving diets and physical activity levels in the EU. Thirdly it makes a series of recommendations that the working party believes would help to improve diets and physical activity levels in the EU.

**2. Trends in the production, marketing and trade in food**

Trends in the production, marketing and trade in food have been explored more fully elsewhere <sup>1, 2</sup> and so are not considered in any depth in this report.

The working party notes in particular that there are:

- a) Rapid developments in methods of producing foods in particular a growing use of recombinant gene technology;

- b) A proliferation in sales of so called 'functional foods' - foods with added ingredients which are marketed as having specific health benefits to the consumer;

- c) A growing interest in methods of food production that are less damaging to the environment than production methods have been in the past;

- d) A rapid growth in information technology that is likely to have a significant impact upon the way consumers are informed about and purchase foods;

- e) Possibilities for major changes in the international rules governing trade following the breakdown in the latest round of multilateral trade negotiations in Seattle in November 1999.

The working party has taken account of these trends when making its recommendations.

**3. The policy context**

Until relatively recently EU policy has taken little account of the need to improve the health of Europeans. However Article 129 of the Maastricht Treaty on European Union (1992) stated that 'The Community shall contribute towards ensuring a high level of human health protection by encouraging co-operation between Member States and, if necessary, lending support to their action. Community action shall be directed towards the prevention of diseases, in particular the major health scourges, including drug dependence by promoting research into their causes and their transmission as well as health information and education. Health protection requirements shall form a constituent part of the Community's other policies.'

Furthermore Article 152 of the Amsterdam Treaty (1998) a revision of Article 129 of the Maastricht Treaty - states that 'A high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities. Community action, which shall complement national policies, shall be directed towards improving public health, preventing human illness and diseases, and obviating sources of danger to human health. Such action shall cover the fight against the major health scourges, by promoting research into their causes, their transmission and their prevention, as well as health information and education.'

Under the revised article the Community can therefore now adopt measures aimed at 'ensuring', rather than merely, 'contributing towards' a high level of health protection, e.g. through their impact on diets and physical activity levels. Its actions must also 'promote health' rather than just 'prevent disease'. Moreover it is increasingly recognised within the Community that measures designed to promote health should not just aim to raise average levels of life-expectancy, quality of life, physical and mental well-being and other desirable health indices but also aim to reduce inequalities in these health indices.

Other articles of the Amsterdam Treaty - particularly Article 153 (Consumer protection) also signal an increasing role for Community bodies in promoting health as do recent reforms of the Commission - particularly the creation of a new Directorate General for Health and Consumer Protection (DG SANCO).

At the time of writing EU public health policy and EU food policy are in a state of flux. This situation creates opportunities for policy initiatives that might improve diets and physical activity levels in the EU. There are also likely to be major changes to agriculture policy in the near future - particularly in light of the enlargement of the EU - that could have profound effects on the diets and other aspects of the lifestyle of Europeans.

### ***3.1. Past and current European Union policies and actions intended to have a direct impact on diets and physical activity levels***

Although the protection of public health has featured in European Treaties since the Treaty of Rome (1957) it is only since the ratification of the Maastricht Treaty that the Community has been able to implement a comprehensive public health strategy. Under the first framework of action for public health<sup>3</sup> five specific action programmes were adopted: cancer, AIDS, drug dependence, health promotion and health monitoring. Under these action programmes, some specific projects aimed at improving diets and physical activity levels have been implemented.

Under the cancer programme<sup>4</sup> the Commission has funded the 'Europe Against Cancer' programme which, whilst focussing mainly on smoking prevention, has also emphasised the need for increased consumption of fruit and vegetables and other dietary changes in order to reduce the risk of cancer. The cancer programme has also supported the European Prospective Study into Cancer and Nutrition (EPIC Study)<sup>5,6</sup>.

For the last few years nutrition has been one of the main priorities of the health promotion programme<sup>7</sup>. The Commission has funded the Eurodiet Project itself, the European Masters Programme in Public Health Nutrition<sup>8,9</sup>, the European Nutrition Leadership Programme<sup>10</sup>, the Institute of European Food Studies pan-European surveys on attitudes to nutrition, diet and physical activity<sup>11,12</sup>, etc.

Under the health monitoring programme<sup>13</sup> the Commission has funded a number of different projects relating to the assessment of nutrition, diets and physical activity levels across the EU. It is currently funding a report on 'The state of health in the European Community in the year 2000\*' (updating an earlier report published in 1996<sup>14</sup>), the development of a European food availability data bank based on household budget surveys (the DAFNE (Data Food Networking) Project)<sup>15</sup>, a European Food Consumption Survey Method (EFCOSUM)<sup>16</sup> and a European Physical Activity Surveillance System (EUPASS) etc.<sup>17</sup>.

A new programme of Community action in the field of public health (2001–2006) is now being developed. The programme is likely to have three strands: a) improving health information, b) responding rapidly to health threats and c) tackling health determinants<sup>18</sup>. If the programme does have the proposed three stands, action under the first strand is likely to involve developing a health monitoring system which encompasses collecting, analysing and disseminating information about nutrition, diets and physical activity in the EU and also developing methods for assessing and reporting upon the impact of policies on diets and physical activity levels. Action under the third strand is likely to involve developing strategies and measures aimed at improving diets and physical activity levels.

Besides the development of a new public health programme for the EU there are two other policy initiatives that could have a direct impact on diets and physical activity levels in the EU. Firstly, under the forthcoming French Presidency in the second half of 2000, it is likely that the Council will consider a resolution on nutrition that will propose various initiatives designed to improve European diets<sup>19</sup>. Secondly the World Health Organization Regional Office for Europe (WHO EURO) is currently developing a Food and Nutrition Policy and Action Plan for the WHO European Region<sup>20</sup>. A consultation process started in June 1999 and is likely to culminate in the approval of a plan in September 2000.

### ***3.2. Past and current European Union policies with an indirect impact on diets and physical activity levels***

As well as policies that are intended to have a direct impact on diets and physical activity levels the Community has, or is developing, many policies that are likely to have an indirect impact. Under the Maastricht Treaty the 'Health protection requirements must form a constituent part of the Community's other policies' and under the Amsterdam Treaty 'A high level of human health

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protection shall be ensured in the definition and implementation of all Community policies'

The nature of the impact of Community policies on diets and has been the matter of some debate. There is a controversy about whether the Common Agriculture Policy (CAP) has had a positive or negative impact on diets, it is disputed whether EU food labelling legislation helps or hinders consumers seeking to adopt a healthy diet, etc. The European Commission has produced three reports on the integration of health protection requirements in Community policies and is about to publish a fourth<sup>21, 22, 23</sup>. The aim of these reports has been to provide an overview of all Community policies having a direct or indirect impact on health.

While there is often disagreement about the nature and extent of the impact of Community policies on diets and physical activity levels, it is agreed that this impact has rarely been rigorously assessed. There is a growing interest in developing better methods of health impact assessment in relation to policy<sup>24</sup> and the Commission is starting to collaborate with and, in some cases fund, initiatives with this aim<sup>25</sup>.

A policy initiative with the potential to have significant effects, both direct and indirect, on European diets is the recent White Paper on food safety<sup>26</sup>. The White Paper proposes the establishment of an 'independent Food Authority... to guarantee a high level of food safety (Executive summary) with a remit that will 'encompass both risk and nutritional issues' (paragraph 45). The White Paper indicates that 'The Commission is considering the development of a comprehensive and coherent nutritional policy and will present an action plan for that purpose' (paragraph 106) and proposes a Council Recommendation on European Dietary Guidelines (paragraph 107). Finally it proposes the introduction of a range of new or revised legislation, much of which is likely to have an impact on diets, i.e. that proposed on novel foods, dietetic foods, food supplements, fortified foods, and food labelling.

## 4. Recommendations

### 4.1. A new Nutrition Committee for the European Union

Whilst recognising that the Scientific Committee for Food (SCF) has been assiduous in providing the European Commission with nutritional advice, the working party considers that the most important barrier to the development of EU policies that have a positive impact on diet and physical activity levels is the amount of time the SCF is able to give to nutritional and dietary issues.

Many Member States have a nutrition council or other special committee responsible for promoting healthy diets. The SCF has a Nutrition Working Group, but this is the only committee within the European Commission's

scientific advisory structure with a remit that explicitly covers nutrition.

The Commission needs more extensive scientific advice regarding the relationships between nutrition, diets and physical activity and health indices, and of effective interventions which would improve health but it also needs policy advice which translates scientific evidence into policy options.

Accordingly the working party recommends that a new Nutrition Committee for the EU should be created to give independent scientific and policy advice on nutrition, diets and physical activity to the Commission.

The White Paper on food safety proposes that the 'The scope of the [new Food] Authority should be to provide scientific advice and information to the Commission on all matters having a direct or indirect impact on consumer health and safety arising from the consumption of the food... Its remit will encompass both risk and nutritional issues.' (paragraph 45). It might therefore be logical for the new committee to be part of the new Food Authority. Alternatively it might be more appropriate for the new committee to be directly accountable to DG SANCO.

#### 4.1.1. Responsibilities of the new committee

A new Nutrition Committee for the EU could have a range of functions. In particular it could:

- a) give independent scientific and policy advice on nutrition, diets and physical activity to the Commission including advice upon:
  - (i) possible EU action directed towards improving diets and lifestyles;
  - (ii) the indirect effects of EU policies on diets and lifestyles;
- b) oversee future developments in the production of population dietary goals for the EU (subsequent to the completion of the Eurodiet Project);
- c) co-ordinate the monitoring of nutrition, diets and lifestyles across the EU;
- d) monitor the effects of EU policies on nutrition, diets and physical activity levels;
- e) encourage and support Member States in their efforts to improve diets and physical activity levels.

#### 4.1.2. Funding and expertise of the new committee

In view of its proposed responsibilities the new committee would need a reasonably large secretariat - certainly larger than that currently supporting the SCF's Nutrition Working Group. The working party recommends that the new committee should be supported by a strengthened Nutritional Unit within the Commission.

The committee would also need to be composed of members with a wide range of expertise - certainly expert

in nutritional science but also experts in health promotion, public health policy, etc.

#### *4.1.3. Relationship of the new committee with other bodies*

The working party notes that the new committee should not duplicate the role of other international or national bodies. In general the working party considers that the division of responsibilities between EU, other international bodies and national bodies, for the improvement of health should be made clearer.

For example the working party considers that the delivery of nutrition advice to the public should remain the responsibility of national, regional or local bodies rather than of the European Commission, because, as Working Party 2 argues, dietary advice to individuals (for example in the form of food-based dietary guidelines) need to be culturally specific.

The working party also notes the proposal in the draft First Food and Nutrition Action Plan for the WHO European Region for a committee for food and nutrition strategies in Europe. If such a committee were to be established the new nutrition committee for the EU would need to work closely with the WHO committee to avoid duplication of effort.

#### ***4.2. A comprehensive and coherent nutritional policy for the European Union***

The White Paper on food safety indicates that 'The Commission is considering the development of a comprehensive and coherent nutritional policy and will present an action plan for that purpose.' (paragraph 106). The working party commends this proposal. The components of such as strategy are outlined in sections 5.3 to 5.5 below.

#### ***4.3 Future developments in the production of dietary goals and guidelines***

The Eurodiet Project aims to 'establish a network, strategy and action plan for the development of European dietary guidelines, which will provide a framework for the development by Member States of national food-based dietary guidelines'. When the project has completed its work there will be a need to ensure that the strategy and action plan are implemented.

The White Paper on food safety indicates that a proposal will be put to the Council in December 2000 with 'recommendations on European dietary guidelines' 'to support Member States in their development of nutrition policy at the national level' and 'to streamline the flow of information to enable consumers to make informed choices' (paragraph 107 and Action Plan).

There are various barriers to the development of rigorously scientific dietary goals and guidelines in the EU including differences in understanding of what is meant by dietary

goals and guidelines, a lack of information about current patterns of food consumption across Europe, a lack of systematic reviews in the area of nutrition, diet, physical activity and health; unresolved questions about the use of current dietary patterns to develop dietary goals and guidelines etc. A new Nutrition Committee for the EU would facilitate the process of further developing and refining dietary goals and guidelines for Europe.

Dietary goals and guidelines can have various purposes: as an aid to the provision of dietary and lifestyle advice, for helping to inform food policy at a national or European level, etc. Dietary goals and guidelines may be framed in different ways depending on whether they are for individuals or populations, etc. As noted above, the working party considers that the European Commission should not be involved in the direct delivery of dietary advice to the individual but that it could help Member States in their development of more scientific dietary guidelines for that purpose. It will also need to consider the development of population dietary goals for informing food policy at a national and European level.

The working party recommends that the development of European dietary goals should continue after the completion of the Eurodiet Project.

The work of the Eurodiet Project is closely related to the development of Recommended Daily Allowances (RDAs) for vitamins and minerals for food labelling and other purposes. Official RDAs differ widely between Member States. The Scientific Committee for Food (SCF) has published its own list of Population Reference Intakes - (otherwise known as RDAs)<sup>27</sup> - but these are substantially different from those of Member States and are generally considered to be in need of revision.

The working party recommends that the European Commission should revise its Recommended Daily Allowances for vitamins and minerals using a systematic evidence-based approach i.e. involving a pre-determined protocol and using data from the best quality studies obtained from a comprehensive review of the literature. The working party recommends that the European Recommended Daily Allowances should be set at a level which would lower the risk of disease as well as prevent deficiencies.

#### ***4.4. Monitoring of nutrition, diets and physical activity levels across the European Union***

In its latest decision on health monitoring the Community has identified the need for monitoring to further its goals of preventing disease and protecting health. The decision notes that a prerequisite for Community action in the field of public health is information about the nature and extent of existing problems, as well as the impact on health of Community policies and actions<sup>28</sup>.

A barrier to the development of a coherent and comprehensive nutritional policy for the EU or even to the adequate assessment of the impact of current policies and actions, is the lack of comparable data relating to nutrient intakes, diets and physical activity levels across Europe. Furthermore, as Working Party 2 has noted, the lack of such comparable data inhibits the production of rational, evidence-based dietary guidelines.

The need for more comparable data about nutrient intakes, diets and/or physical activity levels across Europe has often been noted in the past by, for example: the COST-99/EUROFOODS project<sup>29</sup> the Nutrition Unit of WHO Europe<sup>30</sup> and the European Commission's Scientific Committee for Food (SCF)<sup>31</sup> but there has only been limited progress in resolving the problem.

Many Member States of the EU currently carry out nutritional, dietary and lifestyle surveys of their populations but these surveys are all carried out using different methods which makes comparisons of the results very difficult<sup>32</sup>. There have, however, been some attempts to collate this data e.g. by the DAFNE Project<sup>15</sup> and the EURALIM (EUrope ALIMentation) Project<sup>33</sup>, etc. There has also been some pan-European surveys e.g. the SENECA study (a multi-centre survey of nutrition and health in the elderly)<sup>34, 35</sup>.

Under the Community Action Programme on Health Monitoring the Commission are currently supporting a number of different projects aimed at generating more comparable information about nutrient intakes, diets and physical activity levels across Europe. In particular they are funding the EFCOSUM Project which aims to develop a common method for the monitoring of food consumption in nationally representative samples in 14 Member States as well as eight other European countries. But, as yet, there are no plans to use any survey methods developed.

A comprehensive and coherent nutritional policy for the EU will need to be underpinned by firm estimates of the burden of disease due to poor diets and physical activity levels and this will require better data on the prevalence of overweight and obesity and other diet/lifestyle-related physiological variables such as blood pressure and blood cholesterol across the EU. The policy will also need to be informed by information about knowledge, attitudes and beliefs about diet and physical activity across the EU. (With support from the Commission a useful first attempt at gathering information - on a pan-European basis - about attitudes towards diet and physical activity has already been made<sup>11 12</sup>).

The working party recommends that the European Commission should produce, preferably every four years, a report on the state of nutrition, diet and physical activity in the EU.

As well as information about the nature and extent of existing problems the report should also contain a review

of initiatives taken by national and European bodies to improve the diets and physical activity levels of their populations and an assessment of the impact of national and European actions and policies on trends in diets and physical activity levels.

The working party notes that there is currently a debate about how to enhance the capacity for health monitoring in general in the European Community<sup>36</sup>. There is a range of different options including the creation of a new European body for health monitoring (a 'Health Observatory'). The working party considers that currently insufficient resources are devoted to health monitoring and that, particularly in the area of nutrition, diet and physical activity, funds will be needed, either for the better co-ordination of existing surveys carried out at a national level or to oversee new pan-European surveys.

The working party has considered how frequently the proposed report should be produced. EU bodies have a four-year cycle, which would make a report every four years appropriate but perhaps ambitious. The working party considers that the report should preferably be produced every four years and at least every ten years.

#### ***4.5. Community action with a direct impact on diets and physical activity levels***

Under Article 152 of the Amsterdam Treaty the Community can carry out action, complementing national activities, that improves diets and physical activity levels. Apart from health monitoring there are three other areas where direct Community action might be appropriate firstly: the provision of health education, secondly the training of health professionals and thirdly nutritional and dietary research.

##### ***4.5.1. Health education***

The working party (like Working Party 3) recognises that health education provides a basis for many efforts to improve diets and physical activity levels, but notes that, by itself it has little, if any, effect on diets and levels of physical activity. Furthermore the role of the Community in delivering education directly to the public would seem limited, given the need for cultural appropriateness of lifestyle advice (as identified by Working Party 2).

The working party recommends that the European Commission should not be involved in the direct delivery of dietary and lifestyle advice to the public.

##### ***4.5.2. Training of health professionals***

On the other hand it is possible that the Community could support the efforts of national and local agencies in providing education to the public about diet and physical activity, particularly through fostering an exchange of information about best practice through networks of professionals involved in health education and health

promotion. (See the report of Working Party 3 for evidence of effectiveness in this regard.)

The European Commission already supports a number of networks whose members are involved in health education and health promotion. In particular the European Network for Public Health Nutrition<sup>37</sup> – who have initiated a European Master's Programme in Public Health Nutrition, but also a number of other networks who play an active role in fostering the promotion of healthy diets and increased physical activity including: the Health Enhancing Physical Activity (HEPA) Network<sup>38</sup>, the European Network of Health Promotion Agencies<sup>39</sup>, the European Heart Network (EHN)<sup>40</sup>, the European Public Health Alliance (EPHA)<sup>41</sup>, the European Public Health Association (EUPHA)<sup>42</sup>, etc.

The working party recommends that the European Commission continue to support networks whose members are involved in educating the public and professionals about health education and health promotion and in particular public health nutrition.

#### 4.5.3. Research

In recent years the European Community has made available large sums of money for research into food and nutrition through the Framework Programmes. The Fifth Framework Programme for research, technological development and demonstration activities for the period 1998–2002<sup>43</sup> has 'Food, Nutrition and Health' as the first of its 'Key Actions' under the 'Theme' of 'Improving the Quality of Life and Management of Living Resources'. The European Commission will make 290 million euro available for research related to this Key Action. Under this Key Action the European Commission will fund 'research into the role of food in promoting and sustaining health with respect to diet and nutrition, toxicology, epidemiology, environmental interaction, consumer choice and public health'. A list of the first round of projects funded under the Fifth Framework Programme will be published shortly<sup>44</sup>.

European Community funding of research could potentially help to inform future nutritional policy for the EU. In general the working party recommends that European Community funding of health-related research should better reflect the Community's public health priorities.

One requirement of funding under the Framework Programmes has been that the research should, in principle, cover a period of no more than four years. This creates a barrier to good diet and lifestyle research as the effects of dietary and lifestyle changes on health are often long-term.

The working party recommends that the European Community should ear-mark funds for large, multi-centre studies into nutrition, diet and physical activity with a duration of up to 10 years.

#### 4.6. Ensuring that improving diets and physical activity levels is ensured in the definition and implementation of European policies

There are two main areas where the definition and implementation of Community policies are most likely to have an impact on diets, namely consumer protection and agricultural policy. There are other possible areas such as environmental and social policy.

##### 4.6.1. Consumer protection

The European Community now places great emphasis on improved food labelling, rather than compositional standards, as a means of consumer protection. The working party has identified two aspects of food labelling, which could, if better regulated, help consumers choose healthier diets i.e. health and nutrition claims and nutrition labelling. However there remains a need for compositional standards in relation to some foodstuffs: in particular foods for special dietary uses (such as breast-milk substitutes), novel foods, fortified foods and supplements.

##### 4.6.1.1. Health and nutrition claims

Health and nutrition claims on food packaging and in food advertising could potentially play an important role in informing consumers about healthy diets. There is an increasing recognition of the need for better European rules on health and nutrition claims to ensure that they do not mislead consumers and indeed help them adopt healthier diets, particularly in view of the growing market in so-called 'functional' foods claiming health benefits<sup>45</sup>. However the terms 'health claim' and 'nutrition claims' have very different meanings across Europe and this has inhibited rational discussion about their regulation.

For the purpose of this report:

- a) 'Nutrition claim' means any message that states, suggests or implies that a foodstuff has particular nutritional properties due to its energy value, and/or to its nutrient content, (example: 'contains folic acid')
- b) 'Health claim' means any message that states, suggests or implies a relationship between a foodstuff or food component and health.
- c) 'Nutrient function claim' means any message that states, suggests or implies the physiological role of a nutrient in normal bodily functions (example: 'folic acid contributes to the normal growth of the foetus')
- d) 'Disease risk reduction claim' means any message that states, suggests or implies a relationship between the reduced or increased consumption of a nutrient and the risk of a disease (example: 'folic acid reduces the risk of spina bifida').

For the purpose of this report we will take nutrient function claims and disease risk reduction claims to be a

type of health claim (though some - including the Codex Alimentarius Commission take nutrient function claims to be a type of nutrition claim.)

There has been an ongoing debate about what types of health and nutrition claims should be allowed. Most interested parties including food manufacturers<sup>46</sup>, consumers and public health bodies<sup>47</sup> consider that the present legal framework governing health and nutrition claims is incomplete. Food manufacturers argue that it also inflexible. The Confederation of the Food and Drink Industries of the European Union have produced a set of guidelines on the use of health claims 'pending clarification of or changes to the legislation'<sup>46</sup>.

The White Paper on food safety proposes that 'The Commission will consider whether specific provisions should be introduced in EU law to govern 'functional claims'... and nutritional claims' (paragraph 100) but it makes no mention of 'disease risk reduction claims'.

All agree that food producers should be allowed to make nutrition claims, most consider that they should be able to make nutrient function claims, some consider that they should be allowed to make risk reduction claims. It is universally agreed that a claim that a food can treat or cure a disease should not be allowed.

Some argue that the 1979 Food Labelling Directive<sup>48</sup> - because it prohibits the use of a claim that a food can prevent disease - needs to be revised to allow manufacturers to make 'nutrient function claims' and 'disease risk reduction claims'. Others argue that this is not necessary. Opinions also differ on how strict the restrictions on the use of nutrient function claims and disease risk reduction claims - if they were to be allowed - should be. In general consumer and health bodies favour tougher restrictions than the industry.

The working party recommends that the European Commission should draw up proposals for the regulation of health claims as a matter of some urgency.

Although opinions differ on what the precise rules for nutrition claims should be, The Codex Alimentarius Commission has recently agreed guidelines on the use of nutrition claims<sup>49</sup> and these would seem to provide a useful basis for drawing up EU legislation.

The working party recommends that the European Community should agree rules for the use of nutrition claims along the lines agreed by the Codex Alimentarius Commission.

#### 4.6.1.2. Nutrition labelling

The format for the nutrition labelling of foods and other rules governing when it should be displayed, are regulated by the 1990 Nutrition Labelling Directive<sup>50</sup>. Consumer and health organisations<sup>47</sup> argue that it should be compulsory

for all packaged foods. Food manufacturers<sup>51</sup> argue that it should be voluntary.

It is universally agreed that nutrition labelling is very difficult to understand. In some Member States guidelines for making nutrition labelling more comprehensible have been developed<sup>52</sup>. It is agreed that nutrition labelling should either be made more comprehensible or that alternative ways should be found for supplying consumers with information about the nutrition content of foods.

The White Paper on food safety states that 'the Commission will consider the need of bringing the requirements of the Nutrition Labelling Directive into line with consumer needs and expectations' (paragraph 100). However it is somewhat unclear how nutrition labelling could be made more comprehensible. Reducing the amount of information or highlighting the most important information have both been suggested. Using a format similar to that prescribed by the US Nutrition Labelling and Education Act (NLEA) is another possibility. (Research with US consumers has shown that the NLEA format gives better understanding of the nutritional content of foods than a format similar to that prescribed by the EU's Nutrition Labelling Directive<sup>53</sup>.) Supplying the consumer with nutrition information through the internet, through in-store computer terminals, etc. could provide a way of helping to solve the problem of demands for both more and understandable information.

The working party recommends that the Commission should review the 1990 Nutrition Labelling Directive particularly with a view to making nutrition labelling more comprehensible and that it should encourage the development of other ways of providing consumers with information about the nutrient content of foods.

#### 4.6.1.3. Novel foods

Novel foods are foods and ingredients of foods which have not hitherto been consumed to a significant degree. Some novel foods - particularly foods which are both novel and 'functional' - could have a significant impact on diets. The growing use of recombinant gene technology in the production of foods might lead to changes in nutrient intake. Opinions differ on how significant the impact of functional foods or of the use of recombinant gene technology on diets is likely to be, or indeed whether it is likely to be positive or negative.

The EU's 1997 Novel Food Regulations<sup>54</sup> are not only designed to ensure that novel foods are safe but that any claimed benefits are substantiated. Although it is generally agreed that the introduction of novel foods with a claimed health benefit should be carefully regulated and monitored, it is also generally considered that the Novel Food Regulations are unsatisfactory. The approval process is considered to take too long; there is no mandatory timetable for all steps of the procedure. Manufacturers are



not given sufficient advice about what is required for approval which means that the dossiers of evidence on safety and efficacy that they are required to submit to the Scientific Committee for Food are often incomplete, further slowing the process. Manufacturers are able to pick and chose which Member State they feel will be most sympathetic to their application for approval. Member States lack confidence in one anothers' procedures. Methods of assessing nutritional consequences of consuming novel foods are inadequate.

The working party recommends that the European Commission should review the Novel Food Regulations, particularly with a view to ensuring that the nutritional consequences of consuming novels foods is better assessed to making the approval procedures more efficient.

#### 4.6.1.4. Food fortification

The white paper on food safety indicates that the Commission will submit to the Council and Parliament a directive on fortified foods (i.e. 'foods to which nutrients have been added') (paragraph 105).

The addition of nutrients to food has in the past played an important role in helping consumers meet their dietary requirements, e.g. the iodisation of salt to prevent goitre, the addition of Vitamin D to margarine to prevent rickets and more recently the addition of folic acid to cereal products to prevent neural tube defects. Conversely there are some, but rarer, instances of where the addition of nutrients to foods has had adverse health consequences, e.g. levels of Vitamin D added to cod liver oil, infant milks and cereals were reduced in the UK in the 1950s because of fears of infant hypercalcaemia associated with failure to thrive<sup>55</sup>.

Opinions differ on whether fortified foods should now make a significant contribution to diets, on whether fortification should be subject to regulatory restrictions and if so how strict these restrictions should be, and finally on whether fortification should be compulsory in some instances.

Different Member States have different rules on fortification. It is argued by food manufacturers that there is an urgent need to establish a single market for fortified foods<sup>56</sup>. Consumer and public health bodies agree that different rules for fortification in different countries is confusing, given that, biological needs across the EU are highly unlikely to differ.

The working party recommends that rules on fortification should be harmonised but in such a way that the interests of consumers are paramount.

#### 4.6.1.5. Supplements

The European Commission has just published a proposal for a directive on food supplements<sup>57</sup>. As with fortification

there are different opinions as to whether supplements are necessary to achieve dietary guidelines, and how supplements should be regulated. In some instances - e.g. for women planning pregnancy or in the first three months of a pregnancy - the taking of supplements (in this case of folic acid) - is beneficial (see Working Party 1 report.) As with fortification different Member States have different rules on supplements.

The working party recommends that rules on supplementation should be harmonised but in such a way that the interests of consumers are paramount.

#### 4.6.2. Agricultural policy

Opinions differ about whether the Common Agriculture Policy (CAP) is, overall, good or bad for health<sup>58-61</sup>. It is generally agreed that some aspects of the CAP have been good and some bad. It is also accepted that any positive or negative consequences have been largely accidental because, prior to the ratification of the Maastricht Treat, there was no requirement for EU policies such as the CAP to take account of possible effects on health. In seeking to identify individual CAP policies that create a barrier to improvements in diets and lifestyles but the working party considers that there is a need for a more systematic approach to the health impact assessment of all EU policies in relation to their impact on diets and lifestyles and considers that there is a particular need for better health impact assessment of the CAP in this regard.

The working party recommends that that the Common Agriculture Policy should be subject to a regular and systematic health impact assessment.

The working party notes that under the CAP there are various subsidies available for various activities relating to the marketing of foods and the disposal of surplus food. Working Party 2 has proposed a process for identifying foods for which there should be increased consumption on nutritional grounds. In particular they suggest that the increased consumption of fruit and vegetables is to be recommended in most EU countries. Given that there are subsidies under the Common Agricultural Policy designed to increase consumption of surplus food, the working party recommends that these should be directed towards promoting the consumption of foods for which there is strong evidence of a need for increased consumption in the EU for health reasons.

#### 4.7 Special issues

Working Party 2 have found that 'At present, the most commonly applicable food-based dietary guidelines for the EU could be an increase in fruit and vegetable intake, increased physical activity and increased prevalence of breast-feeding.'

#### 4.7.1 Fruit and vegetables

Working Party 1 recommends a population goal of 400g of fruit and vegetables per person per day. Increasing the consumption of fruit and vegetables (or maintaining the level of consumption for those areas which already have desirable intakes) is widely seen as a key objective of any proposed nutrition policy for the EU. The French Presidency Initiative suggests that the Commission should carry out a study to determine what measures could support an increased consumption of fruit and vegetables in the EU<sup>19</sup>. It is already generally agreed that the Common Agriculture Policy could be repositioned to encourage the increased consumption of fruits and vegetables,

The working party recommends that the promotion of increased fruit and vegetable consumption across Europe should be a key aspect of the European Union's proposed nutrition policy.

#### 4.7.2. Breast feeding

Working Party 1 recommends a population goal of exclusive breastfeeding for about 6 months after birth and it is universally agreed that EU policy should aim to protect, promote and support breastfeeding. The Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding was signed by representatives of all Member States of the EU at a meeting in Italy in 1990. The Declaration calls upon governments to taken action to promote breastfeeding through a variety of means.

One recommendation of the Declaration relevant to EU consumer protection policy was that governments should 'give effect to the principles and aims of all Articles of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions in their entirety'. Another recommendation of the Declaration was that governments should enact legislation protecting the breastfeeding rights of working women<sup>62</sup>.

Many of the provisions of the 1991 Infant Formula and Follow-on Formula Directive <sup>63</sup> were inspired by the WHO Code. However not all the articles of the Code were fully implemented. For example the WHO Code called for a total ban on advertising of breastmilk substitutes. The working party considers that EU legislation should give effect to the principles and aim of all Articles of the International Code of Marketing of Breast-milk Substitutes and all subsequent relevant World Health Assembly resolutions.

The working party recommends that the European Community should review its policy on breast feeding including assessing and, if necessary, improving its legislation on breast milk substitutes and maternity leave.

#### 4.7.3 Physical activity

Working Party 1 recommends a population goal of 1.75 PAL. If this goal is to be useful to policy makers and to provide a basis for guidance for individuals it needs to be translated into frequency, intensity, duration and type of physical activity.

It is generally agreed that policy on physical activity needs to be closely integrated with policy on nutrition because both inactivity and unhealthy diets are implicated in the increasing levels of overweight and obesity observed in many if not all EU Member States. The EU could play a key role in promoting physical activity through direct action - support for existing pan-European organisations concerned with physical activity, etc. - and by ensuring that all its policies - e.g. in the area of support for road building - have a positive impact on physical activity levels.

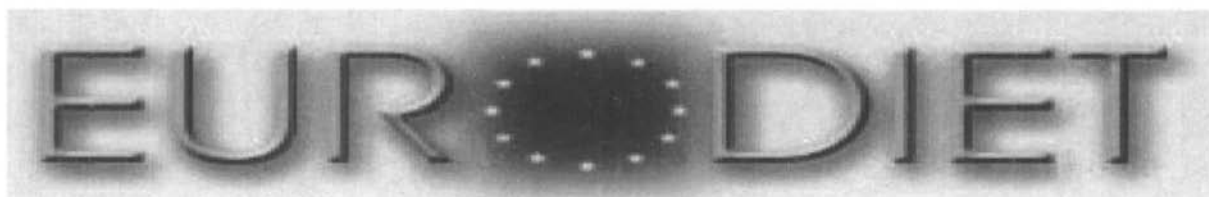
The working party recommends that the European Union should have a policy for promoting physical activity in Europe. This should be a part of, or at least, closely integrated with the European Union's proposed nutritional policy.

#### References

1. Food and Nutrition Division. Food Agriculture Organization of the United Nations. Report of the Conference on International Food Trade. Beyond 2000: Science-Based Decisions, Harmonization, Equivalence and Mutual Recognition. Melbourne, Australia 11–15 October 1999. Rome: FAO, 1999.
2. Lang T, Heasman M. Food Wars. London: Earthscan, (in press).
3. European Commission. Commission communication on the framework for action in the field of public health (COM (93) 559 final), 1993.
4. European Commission. Third action plan to combat cancer (1996–2000) Decision No 646/96/EC of the European Parliament and of the Council of 29 March 1996. OJ L 95 of 16.4.1996, p.9.
5. <http://www.iarc.fr/pageroot/units/ntr.htm>
6. Riboli E, Kaaks R. The EPIC Project: rationale and study design. European Prospective Investigation into Cancer and Nutrition. International Journal of Epidemiology 26 (Suppl. 1); 1997: S6–14.
7. European Commission. Decision No 645/96/EC of the European Parliament and of the Council of 29 March 1996 adopting a programme of Community action on health promotion, information, education and training within the framework for action in the field of public health (1996 to 2000). OJ L 95 of 16.04.1996 p.1.
8. <http://www.prevnut.ki.se>
9. Yngve A, Sjostrom M, Warm D, Margetts B, Perez Rodrigo C, Nissinen A. Effective promotion of healthy nutrition and physical activity in Europe

10. requires skilled and competent people; European Master's Programme in Public Health Nutrition. Public Health Nutrition 1999; 2(3a): 449–52.
11. <http://www.ftns.wau.nl/nutepi/enlp>
12. Institute of European Food Studies. A pan-EU survey of consumer attitudes to food and health. Reports 1–4. Dublin: IEFS, 1999. (See also European Journal of Clinical Nutrition 51 (Supple 2).)
13. Institute of European Food Studies. A pan-EU survey on consumer attitudes to physical activity, body-weight and health. Dublin: IEFS, 1999.
14. European Commission. Decision No 1400/97/EC of the European Parliament and of the Council of 30 June 1997 adopting a programme of Community action on health monitoring within the framework for action in the field of public health (1997 to 2001) OJ L 193/1 of 22.7.1997.
15. European Commission. Report from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions on the state of health in the European Community (COM (95) 357 final), 1996.
16. Trichopoulou A, Lagiou P. Methodology for the exploitation of HBS food data and results on food availability in six European countries. Luxembourg: Office for Official Publications of the European Communities, 1998.
17. Welten DC, Hulshof KFAM, Brussard JH, Lowick MRH. European food consumption survey method. Unpublished conference paper for the Eurodiet Conference in Crete, May 2000.
18. [http://europa.eu.int/comm/health/ph/programmes/monitor/proj99indx\\_en.htm](http://europa.eu.int/comm/health/ph/programmes/monitor/proj99indx_en.htm).)
19. European Commission. 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 (Com (2000) 285 final), 2000.
20. French Presidency of the European Union. Health and human nutrition: elements for European action. Draft of 26th May 2000. (<http://www.sfsp-publichealth.org/europe.html>).
21. World Health Organisation. The impact of food on public health. The case for a food and nutrition policy and action plan for the WHO European Region 2000–2005. Draft of 15th May 2000. Copenhagen: WHO Regional Office for Europe. (<http://www.who.dk/Nutrition/main.htm>).
22. European Commission. Report from the Commission to the Council, the European Parliament and the Economic and Social Committee on the integration of health protection requirements in Community policies (COM (95) 196 final), 1995.
23. European Commission. Second Report from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions on the integration of health protection requirements in Community policies (1995) (COM (96) 407 final), 1996.
24. European Commission. Third Report from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions on the integration of health protection requirements in Community policies (1996). (COM (98) 34 final), 1998.
25. European Centre for Health Policy. Health impact assessment: main concepts and suggested approach. Gottenburg consensus paper. Brussels: World Health Organisation Regional Office for Europe, European Centre for Health Policy, 1999.
26. Joffe M, De Broe D. The health impact of European single market legislation. Eurohealth 200; 5: 21–7.
27. European Commission. White Paper on Food Safety (COM/99/710), 2000.
28. European Commission. Nutrient and energy intakes for the European Community. Report of the Scientific Committee for Food (Thirty-first series). Luxembourg: Office for Official Publications of the European Communities, 1993.
29. European Commission. Decision No 1400/97/EC of the European Parliament and of the Council of 30 June 1997 adopting a programme of Community action on health monitoring within the framework for action in the field of public health (1997 to 2001). OJ L 193/1 of 22.7.1997.
30. <http://food.ethz.ch/cost99>
31. World Health Organization Regional Office for Europe. Comparative analysis of nutrition policies in WHO European Member States. Copenhagen: WHO, 1996.
32. European Commission. Scientific Committee for Food Working Group on Intake and Exposure. Inventory of food composition databases in the EU (Unpublished draft CS/INT/Gen/3 Rev.4.), 1996.
33. Schmitt A, Chambolle M, Millstone E, Brunner E, Lobstein T. Nutritional surveillance in Europe. IPTS/ESTO Task C Project No. 10. No place: VDI-Technology Centre, 1998.

34. Euralim. Nutrition and the heart. Healthy living in Europe. Geneva: Hospitaux Universitaires de Geneve, 1998.
35. van Staveren WA, Burema J, Livingstone MBE, van den Broek T, Kaaks R. Evaluation of the dietary history method used in the SENECA study. *European Journal of Clinical Nutrition* 1996; 50 (Supple 2): S47–55.
36. Amorim Cruz JA, Moreiras O, Brzozowska A. Longitudinal changes in the intake of vitamins and minerals of elderly Europeans. *European Journal of Clinical Nutrition* 1996; 50 (Supple 2): S77–85.
37. Aromaa A. Health surveillance. In: Weil O, McKee M, Brodin M, Oberle D, eds. *Priorities for public health action in the European Union*. Brussels: European Commission.
38. <http://www.prevnut.ki.se>
39. <http://www.europe-on-the-move.nl>
40. <http://www.nigz.nl/enhpa/enpha.html>
41. <http://www.ehnheart.org>
42. <http://www.epha.org>
43. <http://www.nivel.nl/eupha>
44. <http://www.cordis.lu/fp5>
45. European Commission. Decision No 182/1999/EC of the European Parliament and of the Council of 22 December 1998 concerning the fifth framework programme of the European Community for research, technological development and demonstration activities (1998 to 2002). OJ L 26 of 1.2.1999.
46. Diplock AT, Aggett PJ, Ashwell M, Bornet F, Fern EB, Roberfroid MB. *Scientific Concepts of Functional Foods in Europe: Consensus Document*. EC Concerted Action Coordinated by ILSI Europe. *British Journal of Nutrition* 1999; 81 (Suppl 1).
47. Confederation of the food and drink industries of the EU. *Code of practice on the use of health claims*. Brussels: CIAA, 1999.
48. European Heart Network, Food, nutrition and cardiovascular disease prevention in the European Union. Brussels: EHN, 1998.
49. European Commission. Council Directive No 79/112/EEC of 18 December 1978 on the approximation of the laws of the Member States relating to the labelling, presentation and advertising of foodstuffs for sale to the ultimate consumer. OJ of 8.2.1979, p 1–14.
50. Codex Alimentarius Commission. *Guidelines for use of nutrition claims (CAC/GL 23–1997)*. Rome: Codex Alimentarius Commission, 1997.
51. European Commission. Council Directive No 90/496/EEC of 24 September 1990 on nutrition labelling for foodstuffs. OJ of 6.10.1990, p 40–44.
52. Confederation of the food and drink industries of the EU. *Food labelling and consumer information. Summary position*. Brussels: CIAA, 1999. Institute of Grocery Distribution. *Voluntary nutrition labelling guidelines to benefit the consumer*. Letchmore Heath, UK: IGD, 1998.
53. US Department of Agriculture, Economic Research Service. *America's eating habits: changes and consequences*. Washington: USDA, 1999.
54. European Commission. Regulation (EC) No 258/97 of the European Parliament and of the Council of 27 January 1997 concerning novel foods and novel food ingredients. OJ L43 of 14.2.1997, p 1.
55. Department of Health. *The fortification of yellow fats with vitamins A and D. Report of the Working Group on the Fortification of Yellow Fats. Committee on Medical Aspects of Food Policy*. London: HMSO, 1991.
56. Confederation of the food and drink industries of the EU. *Addition of nutrients to food*. Brussels: CIAA, 1999.
57. European Commission. *Proposal for a Directive of the European Parliament and of the Council on the approximation of the laws of the Member States relating to food supplements*. (COM(2000) 222 final), 2000.
58. Lang T. Food and nutrition. In: Weil O, McKee M, Brodin M, Oberle D, eds. *Priorities for public health action in the European Union*. Brussels: European Commission, 1999.
59. Lobstein T, Longfield J. *Improving diet and health through European Union food policies. A discussion paper prepared for the Health Education Authority* London: HEA, 1999.
60. European Public Health Alliance. *Statement on food, health, environment, social justice, sustainable development and the Common Agriculture Policy*. Brussels: EPHA, 1999.
61. Ritson C. *Common agriculture policy and the consumer*. (Unpublished paper prepared for the Eurodiet project.)
62. World Health Organization Regional Office for Europe. *Comparative analysis of implementation of the Innocenti Declaration in WHO European Member States*. Copenhagen: WHO, 1998.
63. European Commission. Commission Directive No. 91/321/EEC of 14 May 1991 on infant formula and follow-on formula. OJ L175 of 4.7.199



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*European Conference*  
**May 18-20, 2000**  
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