POSITION PAPER

TACKLING CHILDHOOD OVERWEIGHT AND OBESITY IN EUROPE

LESSONS LEARNT FOR THE PROMOTION OF NUTRITION AND PHYSICAL ACTIVITY POLICIES IN EUROPE

Joint Action on Nutrition and Physical Activity

THE CHALLENGE

Changes in European lifestyle are thought to be responsible for the increase in overweight and obesity. For European countries, the improvement of policies, programmes and actions, from in utero till adolescence, through the promotion of healthy nutrition, breastfeeding, physical activity and limitation of sedentariness with a perspective of reduction of social inequalities is necessary. A comprehensive and multi-sectoral approach is needed to deal with complex phenomena that require a long term commitment to bring about change.

THE FACTS

- Obesity has harmful effects on the physical and mental health of children, and on their school attainment
- Childhood obesity significantly increases the risk of chronic diseases in adulthood.

In Europe:

- Depending on the country, between 6% and 20% of children are obese
- On average, more than one-third of children are overweight or obese and obesity rates have tripled since the 1980s
- Obesity rate is expected to increase further
- Social inequalities in overweight and obesity are strong and are growing.

Failure to tackle overweight and obesity is likely to have a highly negative impact on health and quality of life and to overwhelm national healthcare systems and society in the near future.

THE CONTEXT

- Since 2000, several conclusions of the European Council have invited the European Commission and EU Member States to develop measures aimed at improving nutrition and physical activity, especially for children; similarly, the WHO Europe's Vienna Declaration on Nutrition and Non-communicable Diseases of 2013 calls for mobilisation, as do the United Nations Decade for Action on Nutrition and the 2030 Sustainable Development Agenda
- Since 2006, a High Level Group (HLG) on Nutrition and Physical Activity made up of representatives of EU governments under the chairing of the European Commission has been regularly and consistently producing concrete deliverables of added value for Member States while meeting to share experiences, discuss best practices, practical approaches and propose orientations for common actions
- In 2014, this HLG established a European Action Plan on Childhood Obesity for the period 2014-2020
- JANPA (Joint Action on Nutrition and Physical Activity) was initiated as a measure contributing to the implementation of this action plan, primarily by sharing best data and experiences among the participating countries.

WHAT IS JANPA?

- **Main objective**: contribute to halting the rise of overweight and obesity in children and adolescents by 2020 in Europe, in accordance with the European Action Plan
- **Collective production of knowledge**, on the economic value and case for investment in prevention and on the selection of best practices for implementation, based on the analysis of carefully selected existing experiences and the implementation and evaluation of innovative options. This was done for the key areas of healthy environments and early interventions
- **Concrete recommendations**, which are immediately applicable and are intended for political decision-makers and programme managers; depending on the country, they may be local, regional or national. **JANPA is a *building block*** of a broader initiative that should be larger, to achieve the objective of the European action plan. Additional measures need to be explored. JANPA produces pragmatic conclusions that can be implemented, relying on the strength of coordination at European level in connection with the European Commission; it is therefore intended to last.

JANPA IS ORGANISED IN SEVEN WORK PACKAGES

WP1 Coordination, WP2 Dissemination, WP3 Evaluation,
WP4 Cost of childhood obesity, WP5 Nutritional information,
WP6 Healthy environments, WP7 Early interventions.

COST OF CHILDHOOD OBESITY: STRENGTHEN INPUTS INTO DECISION-MAKING

Strong and sustainable political decision-making is an essential prerequisite for the implementation of actions to achieve the EU's objectives. This decision-making goes beyond the jurisdiction of the Minister of Health. It is governmental: effective measures of sufficient reach, in terms of geography and population, are necessarily multi-sectoral. Estimating short- and long-term health and social costs and determining the potential savings that could be made by reducing childhood obesity are essential in the prioritisation process for governmental decisions. These decisions require trade-offs between specific short-term economic interests and the medium-term sustainability of funding for prevention.

For the first time, JANPA costing model was developed to estimate the following for EU countries:

- The future premature deaths and years of life lost attributable to current childhood obesity and overweight
- The future loss of productivity due to premature mortality and absenteeism that is attributable to current childhood obesity and overweight
- The future costs for health and social accounts that is attributable to current childhood obesity and overweight
- The costs that could be avoided by improving the current situation by reducing mean childhood body mass index by 1% and 5%.

For example, in the Republic of Ireland, it is estimated that:

- Just over 55,000 of today's children will die prematurely because of childhood obesity/overweight
- Total lifetime costs (in 2015 values) are €4,518 million (M) (€16,036 per person); accounting for 1.6% of GDP in 2015
- Total lifetime direct healthcare costs are €944.7M; accounting for 4.8% of the total public health expenditure in 2015
- Total lifetime savings of €1,127.1M (€4,000 per person) (2015 values) could be achieved if childhood obesity/overweight is reduced by 5%. Lifetime healthcare costs would be expected to fall by €245.7M.

JANPA RECOMMENDS

- Sharing the JANPA costing model with the OECD so that its management and development can be incorporated into their ongoing project to improve the modelling capacity of the economics of prevention
- Deploying the JANPA costing model in all European countries for which good-quality data are available, if possible by building on the OECD economics of prevention project. This could be done over the next two years (2018-2019) possibly with the support of a dedicated European budget
- Organising a high-level European conference in 2020, for example at the European Parliament, to draw comprehensive conclusions based on this work.

HARMONISE KNOWLEDGE OF THE COMPOSITION OF FOODS TO IMPROVE THEIR NUTRITIONAL QUALITY

The EU Member States are committed to improving the nutritional quality of foods. Yet despite the work undertaken by Member States with the Commission and the commitments of economic stakeholders, no major progress has been made. Europe does not have a reliable system for monitoring the nutritional quality of foods. Concerns are emerging regarding the possible differences in the nutritional quality of the same foods sold in different European countries.

JANPA considers that:

- The food reformulation efforts made so far are too partial to lead to real and widespread improvements in nutritional intakes
- Actions dealing with the nutritional environment (for example serving sizes) and nutritional marketing are useful but insufficient
- The various front-of-pack labelling schemes deployed up to 2015 do not demonstrate any impact on the nutritional quality of shopping baskets
- Information campaigns on their own tend to increase social inequalities in the area of nutrition.

In light of this, JANPA:

- Tested and proved that a reliable, responsive and precise monitoring system for the nutritional quality of foods and beverages that is controlled by the public authorities could be implemented in several countries
- Deployed this system in a pilot study in two countries for two food groups, within a limited time-frame and at a very reasonable cost.

JANPA RECOMMENDS

Deploying the tested system in several European countries in the framework of a network in order to:

- Have a powerful tool for determining average levels of nutrients of interest (sugar, salt, fat, saturated fatty acids, energy) and their variability, by product groups and sub groups (for example, chocolate-based breakfast cereals within the broader sector of breakfast cereals), type of brand (national brands versus retailer brands) and brand
- Compare, between countries, the nutritional quality of foods by groups and sub groups

- Ensure the reliable monitoring of trends in these data.

To ensure its implementation:

- In 2018, under the leadership and with the support of the Commission, hold a meeting of the organisations appointed by the volunteering Member States, and constitute the core of a network
- Building on the results of JANPA, continue to develop, until 2020 and beyond, the country network initiated by JANPA implementing a harmonised methodology for the collection and processing of nutritional information. The objective can be to include 15 to 20 countries in this network
- By mid-2019, have useful results making it possible, for some product groups and sub groups, to set or revisit appropriate and realistic objectives for the nutritional reformulation and improvement of foods. This could lead to the proposal of a European regulation setting threshold values.

FROM PREGNANCY TO ADOLESCENCE: PROGRAMMES AND POLICIES TO REDUCE CHILDHOOD OVERWEIGHT AND OBESITY

Various European actions have fostered the collection, sharing and pooling of good practices between Member States in various health-related fields. In every Member State, programmes and actions are implemented to contribute, from pregnancy and early childhood through to school years, to the reduction of childhood overweight and obesity. The need for initiatives aiming to improve the living environment of children and families and to simplify the adoption of healthy behaviour is widely accepted as an addition to information and education actions. How can the lessons learned from these experiences be used in an optimal manner to help improve practices?

JANPA selected good practices in 21 countries based on strict criteria and analysed the conditions for their success, and found:

- A wide variety of programmes, each tailored to a specific situation due to the wide range of target populations, needs, requests, resources and institutional contexts
- These programmes support the known methodological recommendations for the design, implementation and evaluation of programmes, as promoted by the international authorities and taught in universities
- Various institutional contexts that determine the content of programmes and actions
- In many cases, a properly planned, rigorous process and impact assessment is missing
- Marketing and advertising to children is the less targeted area
- The issue of social inequalities in health is often taken into account in planning but is not specifically analysed in terms of results.

JANPA identified criteria to facilitate the reproducibility and transferability of programmes. It created an online toolbox of projects that can be consulted using various criteria (country, budget, type of intervention, etc.) with the aim of supporting the context-specific development of programmes based on criteria for good practice.

JANPA RECOMMENDS

- Creating a sustainable and living toolbox or database that is easy to access and which promotes and facilitates interactions between the initiators of programmes/actions and professionals wanting to use them as inspiration source for their own practices. This is essential in order to rally, at European level, the national teams that develop such programmes. The impact of initiatives on the reduction of social inequalities must be given special attention, in particular through specific indicators, and harmonised as far as possible
- Keeping this database alive after JANPA ends, and continuing to collect public health/prevention programmes, that are supported by national (or regional) public authorities, selected according to strict and standardised criteria, and that deal with the major determinants of chronic diseases (nutrition, physical activity, smoking, alcohol, etc.) for various age groups. Coordination with existing initiatives led by the European Commission (also in the area of non-communicable diseases and possibly through the JRC) should contribute to ensure that the results of these databases are kept useful and expanded
- Improving the wide scale implementation of practices and experiences identified as important during the Joint Action. Resources from Member States and the European Union should be summoned to support a larger deployment of these practices. This effort should also find translation in the recent developments concerning the Steering Group for Prevention and Promotion of DG SANTE. Calls for action under that structure should include these topics
- Strengthening the analysis of conditions for the inter-country transferability of good practices. A call for proposals aimed at multi-disciplinary research and action teams and specifically targeting this issue within the framework of preventing childhood obesity will help broaden the body of theory intended to help programme developers.

WHAT FUTURE?

In every Member State, the decision-making chain leading to the implementation of actions should be mobilised to ensure that these concrete conclusions are taken into account at the operational level. Within national and regional policies and programmes on nutrition and physical activity in each Member State, it should be possible to discuss these recommendations, tailor them to the political and institutional context, and implement them. The High Level Group should report regularly to the Steering Group for Prevention and Promotion and its best practices considered for wide scale implementation under this.

At the EU level, the High Level Group on Nutrition and Physical Activity should be responsible for monitoring progress and undertaking evaluations.

The Commission should continue its involvement based on the Council's conclusions inviting it to provide the necessary support.

The European Action Plan will come to a close in 2020. JANPA has contributed to its implementation. An evaluation will therefore need to be undertaken to determine whether JANPA's recommendations have been taken into account.

The European Parliament could hold discussions on obstacles to the implementation of measures.

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PARTNERS

Coordinated by France (ANSES and DGS), JANPA brings together a consortium of 39 organisations and public institutions (universities, ministries, public health institutes, etc.) from 24 European countries. In addition, 13 collaborating stakeholders are involved in JANPA including institutions from Cyprus and Sweden as well as WHO-Europe and the Joint Research Centre (JRC-EU).

- Austrian Federal Ministry of Health and Women's Affairs, BMGF, Austria
- Austrian Agency for Health and Food Safety, AGES, Austria
- Federal Public Service Health, FPS Health, Belgium
- Scientific Institute of Public Health, WIV-ISP, Belgium
- National Centre of Public Health and Analysis, NCPHA, Bulgaria
- Ministry of Health, MoH BG, Bulgaria
- Faculty of Medicine, Sofia University with University Hospital "Lozenetz", MFSU-UHL, Bulgaria
- Croatian Institute of Public Health, HZJZ, Croatia
- Croatian Health Insurance Fund, HZZO, Croatia
- National Institute of Public Health, SZU, Czech Republic
- National Institute for Health Development, NIHD, Estonia
- National Institute for Health and Welfare, THL, Finland
- French Agency for Food, Environmental and Occupational Health & Safety, ANSES, France
- French Ministry for Solidarity and Health, DGS FR, France
- French National Institute for Agricultural Research, INRA, France
- Friedrich-Alexander-University, Erlangen-Nürnberg, FAU, Germany
- German Nutrition Society, DGE, Germany
- aid information service / Healthy Start - Young Family Network, aid/GiL, Germany
- Alexander Technological Educational Institute of Thessaloniki, ATEITH, Greece
- AHEPA University Hospital of Aristotle University of Thessaloniki, AHEPA, Greece
- National Institute of Pharmacy and Nutrition, OGYEI, Hungary
- Ministry of Human Capacities, MHC, replacing National Institute for Health Development, NEFI, Hungary
- Institute of Public Health, IPH IRL, Ireland
- HRB Centre for Health and Diet Research, UCC-CHDR, Ireland
- Ministry of Health, MoH I, Italy
- Istituto Superiore di Sanità, ISS-CNaPPS, Italy
- Centre for Disease Prevention and Control, SPKC, Latvia
- Health Education and Diseases Prevention Centre, SMLPC, Lithuania
- Ministry of Health, Government of Luxembourg, MISA, Luxembourg
- Ligue médico-sociale (Ligue luxembourgeoise de Prévention et d'Action médico-sociales), La Ligue, Luxembourg
- Ministry for Energy and Health, MEH, Malta
- Norwegian Directorate of Health, HDIR, Norway
- Medical University of Silesia, SUM, Poland
- Directorate General of Health, MS, Portugal
- National Institute for Mother and Child Health, INSMC, Romania
- Babes-Bolyai University, UBB, Romania
- Public Health Authority of the Slovak Republic, UVZ SR, Slovakia
- National Institute of Public Health, NIJZ, Slovenia
- Spanish Agency for Consumer Affairs, Food Safety and Nutrition, AECOSAN, Spain

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