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A Strategy for Europe on Nutrition, Overweight and Obesity related health
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WHITE PAPER ON

A Strategy for Europe on Nutrition, Overweight and Obesity related health issues

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A Strategy for Europe on Nutrition, Overweight and Obesity related health issues

1. INTRODUCTION

The purpose of this White Paper is to set out an integrated EU approach to contribute to reducing ill health due to poor nutrition, overweight and obesity. The Paper builds on recent initiatives undertaken by the Commission in particular the EU Platform for Action on Diet, Physical Activity and Health¹ and the Green Paper "*Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases*"².

The last three decades have seen the levels of overweight and obesity³ in the EU population rise dramatically, particularly among children, where the estimated prevalence of overweight was 30% in 2006. This is indicative of a worsening trend of poor diets and low physical activity levels across the EU population which can be expected to increase future levels of a number of chronic conditions, such as cardiovascular disease, hypertension, type 2 diabetes, stroke, certain cancers, musculo-skeletal disorders and even a range of mental health conditions. In the long term, this will result in a negative impact on life expectancy in the EU, and a reduced quality of life for many.

There have been repeated calls from the Council⁴ for the Commission to develop actions in the field of nutrition and physical activity, including Council Conclusions on obesity, promoting heart health and diabetes.

The Green Paper consultation found a very broad consensus for the view that the Community should contribute by working with a range of different stakeholders at national, regional and local levels⁵. Respondents highlighted the need for consistency and coherence in Community policies and the importance of a multi-sector approach. They emphasised the value of the EU to coordinate actions, such as the collection and dissemination of good practice, as well as the need for the EU to develop an action plan and a strong message to stakeholders. The Green Paper was followed by a European Parliament resolution "*Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases*" which reinforced these messages.

¹ http://ec.europa.eu/health/ph_determinants/life_style/nutrition/platform/platform_en.htm

² http://ec.europa.eu/health/ph_determinants/life_style/nutrition/green_paper/consultation_en.htm

³ The problem of overweight and obesity can be simply expressed as **excessive food energy intake plus low or insufficient energy expenditure equals energy surplus**, stored in the form of body fat.

⁴ Council Conclusions of 2 December 2002 on Obesity (OJ C 11, 17.1.2003, p. 3), of 2 December 2003 on Healthy Lifestyles (OJ C 22, 27.1.2004, p. 1); of 2 June 2004 on Promoting Heart Health (Press release: 9507/04 (Presse 163)); of 6 June 2005 on Obesity, Nutrition and Physical Activity (Press release: 8980/05 (Presse 117)); of 5 June 2006 on Promotion of Healthy Lifestyles and Prevention of Type II diabetes (OJ C 147, 23.6.2006, p. 1).

⁵ http://ec.europa.eu/health/ph_determinants/life_style/nutrition/green_paper/nutrition_gp_rep_en.pdf

Any public action, including those possibly undertaken at Community level, in this field should take into account three factors. Firstly, the individual is ultimately responsible for his lifestyle, and that of his children, while recognising the importance and the influence of the environment on his behaviour. Secondly, only a well-informed consumer is able to make rational decisions. Finally, an optimal response in this field will be achieved by promoting both the complementarity and integration of the different relevant policy areas (horizontal approach), and of the different levels of action (vertical approach).

In several areas the main levels for action are national or local. EU public action in these areas will aim either at complementing and optimizing actions undertaken at other decision levels be they national or regional or at addressing issues which *per se* pertain to Community policies. Indeed, several actions relate directly to the functioning of the internal market (such as labelling requirements, health claims authorisations and food controls procedures) while others are part of more specific frameworks such as the Common Agricultural Policy (through the CMO for fruit and vegetables), Commission initiatives in the field of education, regional policy (structural funds) and last but not least audiovisual and media policy. The Commission's role is also critical in pooling interesting local or national initiatives and setting up pan European mechanisms of exchange of best practices.

Moreover, due to the increasing global nature of most of the industrial sectors intervening in the food and nutrition areas, and in order to prevent the rise of additional administrative burden stemming from different and maybe divergent national rules as well as to boost competitiveness in a new innovative and research based area, one set of co-ordinated actions at the EU level is considered, by the concerned economic operators, preferable to numerous, individual actions at Member State level.

2. PRINCIPLES FOR ACTION

Tackling this important public health issue entails the integration of policies across the board; from food and consumer, to sport, education and transport. Obesity has higher prevalence among people in lower socio-economic groups indicating the need to pay particular attention to the social dimension of the issue. There are four fundamental aspects to the actions outlined in this document.

These actions have to be conducted at all levels of decision-making, from local to Community levels. As regards Community action, they shall be proposed either through the implementation of all relevant Community policies and activities or shall complement national policies when deemed appropriate, as foreseen in Article 152 of the EC Treaty.

Firstly, actions should aim to address the root causes of the health related risks. In this way, the actions set out in the strategy should contribute to reducing all risks associated with poor diet and limited physical activity including, but not limited to, that associated with excess weight.

Secondly, the actions described are intended to work across government policy areas and at different levels of government using a range of instruments including legislation, networking, public-private approaches, and to engage the private sector and civil society.

Thirdly, for the sake of efficiency, the strategy will require action from a wide range of private actors, such as the food industry and civil society, and actors at local level, such as schools and community organisations.

Finally, and perhaps most importantly, monitoring will be essential over the coming years. The number of activities aimed at improving diet and physical activity is already extensive and is growing year by year. There is often little or no monitoring taking place, resulting in limited assessment of what is working well, or whether actions need to be refined or fundamentally changed.

3. A PARTNERSHIP APPROACH

The Commission considers that the development of effective partnerships must be the cornerstone of Europe's response to tackling nutrition, overweight and obesity and their related health problems.

Developing partnerships for action at European level

The EU Platform for Action on Diet, Physical Activity and Health started to operate in March 2005 to "provide a common forum for all interested actors at European level"⁶.

The forum aims to put in place voluntary actions to combat obesity as a complement and support to other approaches. Members include organisations representing industry, research organisations and civil society in the public health and consumer fields. Within their areas of work, Members have committed themselves to taking steps that can reduce obesity. In March 2007, the Platform published its latest monitoring report on its achievements to date⁷.

The Commission intends to pursue and develop the Platform activities as a key tool in implementing this strategy. In the space of two years Members have launched over 200 initiatives on diet and physical activity in the EU. In addition, there is progress towards the agreed goal of a clear and reliable system of monitoring the commitments and an agreed approach to develop the local roots for the actions (participation of national, regional and community authorities).

Strengthening local networks for action

Concrete results will only be achieved in full partnership and with the contribution of local stakeholders. As part of this, and to develop a shared approach, and commonality of purpose, it will be important to develop a framework for action, and appropriate fora that can link the actors at all levels. The EU Platform is one model that could be emulated as appropriate at local level.

As a general principle, the Commission believes that such fora should be characterised by broad stakeholder involvement and with a co-ordination role by government to ensure that

⁶ Platform Charter, March 2005

http://ec.europa.eu/health/ph_determinants/life_style/nutrition/platform/docs/platform_charter.pdf

⁷ http://ec.europa.eu/health/ph_determinants/life_style/nutrition/platform/docs/eu_platform_2mon-framework_en.pdf

actions fall within a public health framework. The Commission has set out its further thinking on this topic in a background paper, "Generalising the idea of partnership"⁸.

Member States should encourage the involvement of the media sector in order to develop common messages and campaigns.

The Platform has been successful in generating action from stakeholders across a range of sectors; therefore, in order to improve liaison with governments, and an effective exchange of practice, the Commission will set up a High Level Group focused on nutrition and physical activity related health issues. The objective of the Group would be to ensure that the exchange of policy ideas and practices between Member States takes place, with an overview of all government policies. Liaison with the EU Platform will enable fast communication between sectors, encouraging rapid exchange and uptake of public-private partnership approaches. The existing Network on Nutrition and Physical Activity would evolve its role to support and facilitate the work of the Group.

4. POLICY COHERENCE AT COMMUNITY LEVEL

This White Paper focuses on actions that can be taken at EU level to improve nutrition and health related issues. Consequently, it focuses on actions that are either within the Community's competence to undertake, such as legislation or the funding of relevant programmes, or for which there is added value from a European dimension, such as in the facilitation of a dialogue with global food industry stakeholders, or in the development of comparative indicators for monitoring in all Member States.

Better informed consumers

An individual's knowledge, preferences and behaviours, for example related to lifestyle and eating habits, are shaped by the environment around them. This concerns, on the one hand, access to clear, consistent and evidence-based information when deciding which foods to buy and, on the other, the wider information environment which is in turn shaped by cultural factors, such as advertising and other media.

The Commission is working to develop both these areas. Nutrition labelling is one way that information can be passed on to consumers and used to support healthy decision-making in relation to the purchasing of food and drink. The Commission is currently carrying out a review of nutrition labelling legislation with a view to proposing to Parliament and Council that this is strengthened as a channel for information to consumers. Following a consultation on labelling in spring 2006⁹, the Commission is reviewing the options for nutrition labelling. Issues being considered include whether mandatory labelling should be introduced and the number of nutrients that should be included on the label, and the regulation of front of pack labelling (i.e. simplified labelling or signposting).

Another aspect is regulation around the claims that producers make about their products. Regulation (EC) No 1924/2006, on nutrition and health claims made on foods, entered into force in January 2007. A key objective is to ensure that nutrition and health claims on foods

⁸ http://ec.europa.eu/health/ph_determinants/life_style/nutrition/platform/docs/contacts2007_en.pdf

⁹ Labelling: competitiveness, consumer information and better regulation for the EU. A DG SANCO Consultative Document. February 2006.

are based on reliable scientific evidence, so that consumers are not misled by inaccurate or confusing claims.

Advertising and marketing are powerful sectors that aim to influence consumer behaviour. There is evidence that advertising and marketing of foods influence diet, and in particular those of children. Between October 2005 and March 2006 the Commission conducted an Advertising Round Table to explore self regulatory approaches and the way that law and self-regulation can interact and complement each other. As a result, a best practice model (or standards of governance) for self-regulation was set out in the Round Table report¹⁰. These standards should apply to the specific area of the advertising of food to children. In doing so, voluntary efforts should complement the existing and different approaches being taken in Member States, such as Spain's PAOS code and the recent Office of Communication initiative in the UK. In such a context the request of the European Parliament, regarding the introduction of a code of conduct for advertising of food high in fat or sugars aimed at children during the debate on a modification of the "Audiovisual Media Services" (AVMS)¹¹ Directive, has to be underlined. The new AVMS Directive foresees that media service providers should be encouraged by the Member States, and by the Commission, to develop codes of conduct regarding commercial communication on food and beverages targeted at children. The Commission's preference, at this stage, is to keep the existing voluntary approach at EU level due to the fact that it can potentially act quickly and effectively to tackle rising overweight and obesity rates. The Commission will assess this approach and the various measures taken by industry, in 2010 and determine whether other approaches are also required.

In cooperation with the Member States and relevant stakeholders, the Commission will develop and support scientific information and education campaigns to raise awareness of the health problems related to poor nutrition, overweight and obesity. These campaigns will, in particular, be addressed to vulnerable groups, such as children.

Making the healthy option available

Healthy choice is about ensuring the existence of healthy options for the consumer. The Common Agricultural Policy (CAP) plays an important role in food production and supply in Europe. As a result, by ensuring the availability of the foods that Europeans eat, it can also play a role to help shape the European diet and to fight against obesity and overweight. Within the CAP, the Commission is committed to promoting public health goals, and the most recent example of this is the reform of the Common Market Organisation (CMO) for fruit and vegetables which is aimed at promoting consumption within specific settings, such as schools.

For instance, as part of the reform of the CMO for fruit and vegetables, the Commission will promote children's consumption of fruit and vegetables in its proposals to allow surplus production to be distributed to educational institutions, and children's holiday centres. The Commission also proposes to increase EU co-financing to 60% for promotion projects aimed at young consumers (children below 18 years of age). Producer organisations shall focus on young consumers in on-going EU-funded promotional campaigns. In the same context another important aspect which should be considered is how to ensure a good or greater affordability of fruits and vegetables to encourage their consumption especially among young

¹⁰ http://ec.europa.eu/consumers/overview/report_advertising_en.htm

¹¹ Previously referred to as the "Television Without Frontiers" Directive.

people. A school fruit scheme co-financed by the European Union would be a big step in the right direction. Such a scheme should be targeted at children between 4 and 12 years old and will be part of the reform of the CMO for fruit and vegetables.

There is growing interest in the composition of manufactured foods and the role that reformulation can play to make diets healthier. Industry has already taken important steps but these have not always been uniform across products and Member States. Some Member States are encouraging reformulation of foods, for example in terms of their levels of fat, saturated and trans fats, salt and sugar. According to a CIAA¹² survey in 2006 carried out in the EU, one in three companies stated that they reformulated at least 50% of their products in 2005 and 2006. This reformulation has taken place for a wide variety of foods, including breakfast cereals, beverages, biscuits, confectionary, dairy products, sauces, soups, condiments, oils, snacks, and sugary foods.

The Commission proposes to initiate a study in 2008 to explore the potential for the reformulation of foods to reduce the levels of these nutrients given the role they play in the development of chronic disease. This will include an assessment of the actions taken to date through both regulatory and voluntary measures, so as to provide a baseline to assess future progress.

The Commission intends to facilitate, in a partnership context, the roll out of salt reformulation campaigns based on the clear evidence of their effectiveness, as well as campaigns aimed at improving the nutrient content of manufactured foods in the EU more generally.

Encouraging physical activity

Physical activity embraces a range of activities from organised sports to "active commuting"¹³ or outdoor activities. The Commission believes that the Member States and the EU must take pro-active steps to reverse the decline in physical activity levels in recent decades brought about by numerous factors.

The individual's attempt to find ways to increase physical activity in daily life should be supported by the development of a physical and social environment that is conducive to such activity.

The European Commission also supports sustainable urban transport actions through cohesion policy, CIVITAS and the Intelligent-Energy Europe programme, which is entering a new phase in 2007. Walking and cycling projects are considered to be a key part of this and applications from local authorities are encouraged. The Commission is keen to ensure that existing grants for public infrastructure is fully exploited for healthy lifestyle purposes, such as active commuting, and during 2007 will publish an "urban guide" to local authorities to raise awareness of these funding opportunities in all sectors.

The European Commission will publish a Green Paper on urban transport in 2007, which will be followed by an Action Plan in 2008. The Commission also intends to publish guidance on sustainable urban transport plans.

¹² Confederation of Food and Drink Industries.

¹³ Travelling to and from work by walking, cycling or in any other active way.

The Commission will also come forward with a White Paper on Sport aimed at putting forward proposals to boost participation rates for sport in the EU and to extend the sport movement to include physical activity more generally.

Priority groups and settings

Evidence indicates that obesity is rising dramatically among European children, and that it disproportionately affects those in low socio-economic groups. Two of the targets of EU cohesion policy 2007-2013 are to promote the contribution of cities to growth and jobs and to maintain a healthy workforce¹⁴. For programmes with a focus on urban areas, measures targeting the regeneration of public spaces may encompass infrastructure in socio-economically disadvantaged areas, and therefore provide attractive places for physical activity. At the same time, programme priorities for a healthy workforce should help to 'close the gap' in terms of health infrastructure and health risks. Actions to encourage physical activity can play a vital role in such programme priorities.

Childhood is an important period to instil a preference for healthy behaviours, and to learn the life skills necessary to maintain a healthy lifestyle¹⁵. Schools clearly play a crucial role in this respect. This is also an area where there is already firm evidence of the effectiveness of intervention: studies show that locally focussed actions, with very wide ownership, targeting 0-12 year olds will be effective in changing behaviour in the long run. Work should focus on nutrition education, and on physical activity. Health education and physical education are among priority themes in the new Lifelong Learning Programme (2007-2013), and more specifically in its Comenius sub-programme for school education. There will be scope to pursue both nutrition and physical activity projects with an emphasis on sport and strengthening co-operation between schools, teacher training bodies, local and national authorities and sports clubs.

In 2007 the Commission will finance a study looking at the relationship between obesity and socio-economic status with a view to considering the most effective interventions to tackle those in low socio-economic groups.

Developing the evidence base to support policy making

The Commission intends to build on the strong foundations laid by previous research frameworks in the field of nutrition, obesity and the key diseases caused by unhealthy lifestyles such as cancer, diabetes and respiratory disease. The Commission has identified the need to know more about the determinants of food choices, and will establish, under the Seventh Framework Programme, major strands of research into consumer behaviour; the health impact of food and nutrition; drivers for preventing obesity in target groups such as infants, children and adolescents, and into effective diet interventions. The programme will

¹⁴ Cohesion policy in support of growth and jobs, Community strategic guidelines 2007-2013, Council Decision of 6 October 2006.

¹⁵ EPODE and "Tiger Kids" are two innovative examples of community projects to promote healthy behaviours among children. For example, EPODE brings together parents, teachers, health professionals and the local business community in towns across France. Actions include events such as special "food weeks" during which children are familiarised with healthy eating, and the organisation and supervision by parents of a "walking bus" to school.

Tiger Kids is aimed at both pre-school and school aged children in four regions of Germany, and seeks to establish a quality standard for obesity prevention. It involves parents to promote nutrition and activity for children both within and outside school.

also address health determinants, disease prevention and health promotion as part of the theme "Optimising the delivery of healthcare to European citizens".

Since 2006 the European Food Safety Authority (EFSA) has a new role advising the Commission on the implementation of the Nutrition and Health Claims Regulation. The new mandate includes providing advice on nutrient profiles for foods bearing health claims and the evaluation of the scientific substantiation of such claims. Another example of EFSA's contribution in the nutrition related area is the updating of European population reference intakes for energy and nutrients.

Developing monitoring systems

There is little harmonisation of the way that national data on obesity and overweight indicators is collected making comparison across the EU difficult. Furthermore, there is limited data in important areas such as food consumption.

The Commission has identified the need to strengthen monitoring on three key levels. Firstly, at the macro level to ensure consistent, comparable data on overall progress indicators – within the context of the European Community Health Indicators (ECHI) – related to diet and physical activity such as the prevalence of obesity. Secondly, to systematically identify what actions are underway in the Member States so that these can be monitored and evaluated for impact. And thirdly, in relation to individual projects and programmes given their role as the building blocks for an effective societal response.

To support macro level monitoring, the European Commission has developed a European Health Interview Survey (EHIS) which will become operational in 2007 and will put in place a harmonised approach to the regular collection through the European Statistical System (ESS) of statistical data on self-reported height and weight, performance of physical activity and frequency of consumption of fruits and vegetables. By 2010, the Commission plans to establish a European Health Examination Survey (EHES) to obtain objective information on a range of nutrition measures including BMI, cholesterol and hypertension in a randomly selected population. EUROSTAT is also in the process of building a first set of food consumption indicators in order to monitor nutrition patterns and trends. The emphasis of these activities within the ESS is on developing quality data and indicators on health status (including obesity) as well as on lifestyles (including on nutrition and physical activity).

Key aims will be to determine the range of policies and actions in place within Member States, as well as to strengthen monitoring and evaluation of their impact. The Commission will continue to support the monitoring function through its projects under the Public Health Programme, which support networking actions and sharing of information in the area of good practice in nutrition and physical activity, and obesity prevention.

5. MEMBER STATE LEVEL

The Commission has set out a comprehensive range of actions within its competence to be taken forward across policy sectors. As already mentioned, however, several actions on the part of Member States must be the primary focus and are essential to address nutrition, overweight and obesity related issues. The comprehensive range of Commission actions within its competence, to be taken forward across policy sectors, serves the purpose of backing up or completing the actions by Member States. The variance in diet across Member

States, and the difference in policy approaches, is important. Moreover it is essential that actions continue to be developed at regional and local levels as these are closer to the EU citizens. Interventions at these levels are vital to tailor designed and validated general approaches to specific local contexts. These actions also need to be monitored, evaluated and discussed. The Commission will collate and, together with the High Level Group, will assess these national and regional actions and make this information accessible from its web-site¹⁶. The Commission intends to use the High Level Group already mentioned in order to promote the dissemination of best practice as well as to provide any support which could be considered as appropriate at Community level.

Member States have also an active role to play in the development of partnerships for local actions that can support voluntary initiatives such as the development of responsible advertising.

6. WHAT PRIVATE ACTORS CAN DO

Private actors have a major role to play in developing the healthy choice for consumers, and in empowering them to make healthy lifestyle decisions: their actions in this area can complement government policy and legislative initiatives at European and national level. Where private actors work across different Member States, as in the case of large industry players, a further broad area for action is to develop a common consistent approach to consumers across the EU.

Making the healthy option available and affordable: The food industry (from producers to retailers) could make demonstrable improvements in areas such as the reformulation of foods in terms of salt, fats, particularly saturated and trans fats, and sugars for consumers across the EU and to consider ways to promote consumer acceptance of reformulated products. There is also evidence that good practices of retailers in Member States, promoting healthy products such as fruits and vegetables at cheap prices on a regular basis, have led to a positive impact on diets.

Keeping consumers informed: Retailers and food companies could fully contribute to current voluntary national initiatives.

¹⁶ http://ec.europa.eu/dgs/health_consumer/publichealth_en.htm

The Commission is working to promote better rules for advertising and marketing, meeting at least European Advertising Standards Alliance (EASA) benchmarks, across all Member States. In this respect, there is new provision in the AVMS Directive, foreseeing that Member States shall encourage co- and self regulatory regimes at national level that meet stakeholders' acceptance.

The Commission would welcome further initiatives by leading companies to achieve this objective.

Successful self regulation relies on having systems in place to monitor the development of and adherence to agreed codes. Currently, the capacity to do this varies across the EU. There is therefore a need within Member States to strengthen systems for self regulation and to target them towards the Commission's best practice model. The Platform has a role to play as a forum for high level monitoring of the approach at national and sub-national level, from food producers to retailers and the commercial communication sector.

Encouraging physical activity: (1) Sports organisations could work with public health groups to develop advertising and marketing campaigns across Europe that promote physical activity particularly among target populations, such as young people, or those in low socio-economic groups. The forthcoming White Paper on Sport will set out a role for such networks. (2) Local and regional actors should pro-actively engage with local governments to consider public health objectives in their designs for buildings, for urban spaces such as play areas for children, and for transport systems.

Priority Groups and Settings: Schools bear a great responsibility in ensuring that children not only understand the importance of good nutrition and exercise but can actually benefit from both. They can be assisted in this through appropriate partnerships with private parties, including the business community. Schools should be protected environments and such partnerships should be undertaken in a transparent and non-commercial way.

Businesses can also support the development of healthy lifestyles in the workplace. Together with employee organisations, they should also develop proposals/guidelines for ways in which companies of different sizes can introduce simple, cost-effective measures to promote healthy lifestyles of employees.

European and national clinical professional bodies should develop proposals to strengthen the training of health professionals with regard to nutrition and physical activity related risk factors for ill health (such as overweight and obesity, blood pressure, physical activity), with particular emphasis on a preventive approach and the role played by lifestyle factors.

Developing a picture of good and best practice: Civil society organisations, particularly those working in the fields of public health, youth and sports, could develop evidence of the impact of policies and actions at all levels.

7. INTERNATIONAL COOPERATION

The Commission will collaborate with the WHO to develop a nutrition and physical activity surveillance system for the EU-27 as one of the follow-up actions of the European Charter on Counteracting Obesity adopted in Istanbul last year on 16 November 2006. In 2007, the WHO intends to adopt a second Food and Nutrition Action Plan for Europe. The European

Commission welcomes this updated public health framework in which to place future actions, and is committed to strong participation in this process.

As regards bilateral cooperation, the Commission will continue to work closely with Countries having developed their own strategy in order to take benefit from each other experiences as it is already doing with the USA since May 2006.

8. CONCLUSIONS AND MONITORING

The prevalence of obesity will be one of the key indicators for the measurement of any progress brought about by this strategy in the EU. In agreeing to the WHO Charter, EU Member States stated that "visible progress, especially relating to children and adolescents, should be achievable in most countries in the next 4-5 years and it should be possible to reverse the trend by 2015 at the latest".

The Commission will carry out a review of progress in 2010 to review obesity status, to observe the extent to which its own policies have been brought in line with the objectives of this Paper and the extent to which actors across the EU are contributing to the achievement of the objectives. Where a sector has introduced proposals or guidelines for intervention, the review in 2010 will allow concrete progress to be visible. In the particular case of industry self-regulatory measures, the review will have to indicate how well these are being implemented, and what effect they are having.