Dossier

Prevention for Health
Nutrition and Physical Activity
- A Key to Healthy Living

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Preface

Dear Participants in the Conference "Prevention for Health - Nutrition and Physical Activity - A Key to Healthy Living!"

To prepare for this Conference, this dossier is to give you an overview of the policy activities and measures in the Member States with particular emphasis on physical exercise and nutrition. All 27 Member States have completed the questionnaire. We extend our warmest thanks to all Member States for their contributions.

Health promotion and disease prevention start in everyday life. Those who eat well-balanced diets and take sufficient exercise increase their zest for life and ward off overweight and diseases associated with it. The everyday life of many people looks different though. Given that dietary and exercise habits are shaped at an early age, it is important that children experience a healthy lifestyle from childhood as a self-evident part of their daily routine. We will only succeed in this endeavour if we improve the related structures at the same time: a well-balanced offer of delicious dishes at day-care centres for children, schools and staff canteens, sufficient and spacious playgrounds and sports fields or possibilities to engage in exercise at the workplace – just to give a few examples.

A central insight of this dossier lies in the fact that all Member States consider a well-balanced diet and adequate physical activity as indispensable elements of a lifestyle that is conducive to good health. The individual country presentations give an impressive overview of the numerous efforts and activities undertaken by the Member States in the field of health promotion. Many have already developed action plans, programmes, health promoting strategies and campaigns. The cooperation between various actors on the national or regional level is often highlighted. All Member States perceive overweight and obesity as a central health problem, mentioned by almost all political initiatives. Children and adolescents are seen as a decisive target group. Therefore, health promotion in schools is one of the most prominent approaches for interventions.

A European exchange is concordantly perceived as of great benefit. A European strategy to enhance health promotion should give centre stage to the exchange of experience and intensified cooperation. Given the different approaches pursued so far, discussions on embarking on new ways could also be target-oriented. This would strengthen the importance of disease prevention within the healthcare and social security systems of the Member States and achieve a medium-term trend reversal in diseases that have also been caused by our lifestyles.

With its Green Paper "Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases" the European Commission sent out a key political signal. The corresponding White Paper that is to be presented during this year will ensure that the issue will continue to determine the agenda of health policies.
With the conference "Prevention for Health - Nutrition and Physical Activity - A Key to Healthy Living" the Federal Government wants to make a further contribution to developing a European vision to strengthen health promotion and disease prevention to prevent chronic diseases and overweight.

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Nutrition & obesity prevention

Obesity among EU citizens, including children, is rising at an alarming rate. This phenomenon is linked with potentially fatal health problems, including cardiovascular diseases and certain cancers. The EU has launched a series of initiatives designed to meet the problem head-on, helping consumers to make informed nutritional choices, encouraging an active lifestyle and improving the health of young people.

Why is EU-wide action needed?

Rising levels of obesity are a common feature across EU countries. It is therefore vital that Member States work together in the drive towards better nutrition and healthy living, pooling their knowledge and sharing best practice. Thanks to its capacity for bringing together international specialists, the EU is able to draw on a wide range of expertise and coordinate national efforts in the most effective way possible.

With the publication of the Green Paper “Promoting healthy diets and physical activity” in December 2005, a broad consultation was launched and received important contributions from all areas of the EU, from industry to NGOs, civil society to the general public. In 2007, the European Commission plans to adopt a White Paper setting out a comprehensive EU approach.

Legislation on food labelling is being harmonised and will be enforced effectively across the whole of the EU. In this way, every citizen in each Member State will have equal protection and the same access to information.

EU actions

Improved nutrition and obesity prevention remain clear EU priorities into the future. The second Health Programme for 2007-2013, with its budget of €365.6 million, prioritises promoting health by focusing in particular on health determinants such as nutrition. To guide future action in the field of nutrition and obesity, scientific knowledge is needed. Under the Fifth and Sixth Framework Programmes for Research (1998-2006), the EU invested €61 million in research in the field of nutrition and obesity and projects, with scientists across Member States gathering data and sharing expertise in order to better understand the issues involved.

The EU Platform for Action on Diet, Physical Activity and Health was launched in March 2005, bringing together consumer organisations, health NGOs and EU-level industry representatives to tackle the EU’s obesity problem. Since then, nearly 200 new voluntary actions by 34 key European actors from industry and civil society have been triggered, including a voluntary ban by the Union of European Beverages Associations (Unesda) on adverts targeting children and a pledge by members of the European Modern Restaurant Association to provide information to customers on the nutritional content of their meals.

New EU-wide rules on health and nutrition claims were adopted by the Community in December 2006 and will ensure that consumers can rely on food labels for easy-to-understand, accurate information on health and nutritional value, such as levels of salt, fat and fibre.
A new Fortified Foods Regulation was adopted by the Community in December 2006, stipulating which vitamins, minerals and other substances can be added to food. This Regulation harmonises rules across Member States and defines strict labelling criteria, allowing consumers to make informed choices and avoid unnecessary consumption of certain nutrients.

The EU is collaborating with international partners such as the United States, the UN Food and Agriculture Organisation and the World Health Organisation. An EU-US conference in May 2006 laid the foundations for future transatlantic cooperation. The European Commissioner participated in the WHO Ministerial Conference on Counteracting Obesity in Istanbul in November 2006.

Examples of concrete actions

Early on, the Health Promotion Programme 1996-2002 was intended to improve citizens’ health, in part by expanding knowledge about risk factors such as poor nutrition. One of the initiatives launched was the Eurodiet project, which involved top scientists, policy advisors, and representatives from agencies and NGOs. The project was carried out over two years, with working parties focusing on health and nutrients with relation to people and policies. The study was successfully concluded in 2001, providing scientific evidence on healthy nutrition and lifestyle.

Receiving almost €5 million in EU funding under the Sixth Framework Programme for Research 2002-2006, HELENA (Healthy Lifestyle in Europe by Nutrition in Adolescence) is a project running from 2005 to 2008. One of ten nutrition and obesity research projects obtaining EU finance under the same framework, HELENA involves research groups from institutes across Europe. The study will provide facts about food and nutrients intake, food choices and obesity prevalence among European adolescents.

Under the Public Health Programme 2003-2008, funding continues to be allocated to the collection of data and the promotion of balanced diets. A project to fight childhood obesity coordinated by the European Heart Network, Children and Obesity and Associated Chronic Diseases has been awarded €1.7 million. Its goal is to analyse food advertising targeted at children, work on policy options and complement actions and approaches at national level.

Further information

DG SANCO website on nutrition and physical activity:
http://ec.europa.eu/comm/health/ph_determinants/life_style/nutrition/nutrition_en.htm

EU Platform for Action on Diet, Physical Activity and Health
http://ec.europa.eu/comm/health/ph_determinants/life_style/nutrition/platform/platform_db_en.htm

Health EU – Public Health Thematic Portal
http://ec.europa.eu/health-eu/my_lifestyle/nutrition/index_en.htm

Examples of EU projects in the field of nutrition and obesity

Eurobarometer: Health and Nutrition, 2006
http://ec.europa.eu/health/ph_publication/eurobarometers_en.htm

Green Paper: *Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases*

The World Health Organisation
http://www.who.int/topics/obesity/en/

The International Obesity Task Force
http://www.iotf.org

Healthy Lifestyle in Europe in Adolescence
http://www.helenastudy.com
WHO

In the WHO European Region 86% of deaths and 77% of disease burden in DALYs (disability-adjusted life-years) are attributable to noncommunicable diseases, a group of conditions that includes cardiovascular disease, cancer, neuropsychiatric disorders, diabetes mellitus, chronic respiratory disease, digestive disease, and musculoskeletal conditions. This broad group is linked by common risk factors, underlying determinants and opportunities for intervention. The epidemic of noncommunicable diseases has been driven by social, economic and cultural changes and therefore societies and governments should act to reshape the living environment in a way that promotes and supports health. This epidemic has various implications, ranging from a limited quality of life for individuals and high costs for health systems to adverse effects on economic performance. Almost 60% of the disease burden in Europe is accounted for by seven leading risk factors, as measured by DALYs: high blood pressure (12.8%); tobacco (12.3%); alcohol (10.1%); high blood cholesterol (8.7%); overweight (7.8%); low fruit and vegetable intake (4.4%) and physical inactivity (3.5%).

Nutrition-related and foodborne diseases still represent a considerable public health burden. This despite most Member States having developed policies aimed at improving people’s lifestyles. Failure to achieve nutrition goals is partly due to the degree of implementation, lack of resources, expertise, political commitment, or intersectoral coordination, and also due to the factors affecting diet and lifestyle patterns that operate at the national and international levels.

Physical inactivity has emerged in recent years as a major health concern. As a consequence, policy development in this area only started more recently and therefore, an analysis of effectiveness is more difficult.

WHO policy papers addressing diet and physical activity for disease prevention

WHO is committed to support Member States in assessing their needs and to provide policy advice based on evidence. For this purpose, WHO has developed reference strategies and action plans, calling for the adoption of policies and practices based on the best available evidence.

The WHO Global Strategy on Diet, Physical Activity and Health (resolution WHA57.17) is a set of policy options addressing governments and other stakeholders. The technical recommendations are based on a robust body of evidence from a variety of scientific sources, and the policy recommendations were developed based on political, financial, health infrastructure, workforce and other practical considerations.

The WHO European Strategy for the Prevention and Control of Noncommunicable Diseases (endorsed in September 2006) is a comprehensive, action-oriented strategy, integral to the updated Health for All framework. It takes into account existing Member States’ commitments through WHO Ministerial Conferences, relevant strategies and Resolutions, as well as experience gained through the Countrywide integrated noncommunicable disease intervention (CINDI) programme. It communicates six key messages to which governments must respond and puts forward a strategic framework to assist in formulating that response, building on existing strategies and actions already in place:

- Prevention throughout life is effective and must be regarded as an investment in health and development;
- Society should create health-supporting environments, also making healthy choices easier choices;
- Health and medical services should fit the purpose, responding to the present disease burden and increasing opportunities for health promotion;
- People should be empowered to promote their own health, interact with health services effectively and be active partners in managing disease;
- Universal access to health promotion, disease prevention and health services is central to achieve equity in health;
- Governments at all levels have the responsibility to develop healthy public policies and ensure action across all sectors concerned.

The strategy advocates integrated action on risk factors and their underlying determinants across sectors, in combination with efforts to strengthen health systems towards improved prevention and control.

*The European Charter on Counteracting Obesity* (adopted at the WHO European Ministerial Conference on Counteracting Obesity, Istanbul, 15 -17 November 2006) provides a clear policy orientation to curb and reverse the escalating epidemic of obesity in the next decade, through prevention at all stages of life. Achieving this goal requires a coordinated set of public health actions that enhance the supply and availability of healthy food while reducing that of energy dense food, and create an environment that facilitates an active lifestyle. The traditional approach based on health promotion and on the appeal to individual choice should therefore be complemented by measures at the societal level to make healthy choices feasible and preferred by the majority of the population. Forty-eight countries participated in the Istanbul Conference with delegations from health, agriculture, transport, education, finance. The involvement of sectors, other than health, are necessary to implement the actions highlighted in the Charter and to which governments have expressed their commitment. The Charter calls for action and illustrates guiding principles and clear action areas. The actions should span across government sectors, should be international and involve multiple stakeholders. The private sector, including food manufacturers, advertizers, and traders have a responsibility in the surge of the epidemic and are called to revise their policies, both voluntarily and as a result of legislative actions. Professional organizations are called to support prevention and management of conditions and their associated morbidity and consumer organizations are requested to collaborate in providing information and in keeping public awareness high. The Charter states that “action against obesity should be linked to overall strategies to address noncommunicable diseases and health promotion activities, as well as to the broader context of sustainable development”, for example by creation of opportunities for daily physical activity, including the promotion of cycling and walking by better urban design and transport policies. It also calls for synergy with existing policy commitments to achieve coherence and consistency in international action and to maximize efficient use of resources.

The Charter will provide a framework for international coordinated action across governments and with other international partners. Establishing strong internationally coordinated action to counteract obesity is both a challenge and an opportunity, as many key measures are cross-border both in character and in their implications. WHO is committed to inspire, coordinate and lead the international action and to create effective partnerships with international organizations such as the United Nations Food and Agriculture Organization (FAO), the United Nations Children’s Fund (UNICEF), the World Bank, the Council of Europe, the International Labour Organization (ILO), and the Organisation for Economic Co-operation and Development (OECD), and the United Nations Economic Commission for Europe (UNECE).
The Children’s Environment and Health Action Programme for Europe (CEHAPE) is a document for policy makers addressing the environmental risk factors that most affect the health of European children. It was developed at the request of Member States and adopted by European Ministers at the Fourth Ministerial Conference on Environment and Health (2004) on "The future for our children". This action plan highlights the main commitments on children's health and environment and focuses on four regional priority goals (RPGs) for Europe. The Regional Priority Goal 2 aims to ensure protection from injuries and adequate physical activity. Activities such as the inclusion of physical activity in school curricula, the provision and availability of supportive settings in neighbourhoods, the promotion of health enhancing physical activity have been stimulated by CEHAPE.

The Second Action Plan for Food and Nutrition Policies (to be presented at the WHO Regional Committee for Europe meeting (RC57) in September 2007) aims to promote healthy lifestyles in the European population by: improving dietary habits and physical activity, ensuring food security, promoting healthy ageing, preventing nutrition-related and foodborne diseases, identifying goals and actions at the European level to harmonize activities and bringing synergy in the use of resources. The 2nd Action Plan advocates and supports a reassessment of existing national strategies and action plans and to complete existing ones, so that detailed implementation plans with identified priorities are included and integrated with national public health policies and noncommunicable disease strategies. The 2nd Actin Plan aims to assist countries to foster the integration of nutrition, food safety and physical activity though different stakeholders in the health and other sectors.

The UNECE –WHO Transport, Health and Environment Pan-European Programme (THE PEP) was established in 2002 by representatives of transport, environment and health Ministries as a means towards integrating environmental and health aspects into transport policies. The PEP also considers the relationship between urban transport, health and the environment and encourages the promotion of safe cycling and walking in urban areas as a means of regular physical activity. An evaluation of sustainable transport solutions is proposed.

WHO action tools

Promoting awareness and political commitment is a major area including advocacy activities, the dissemination of policy papers, and the assessment and exchange of existing experiences.

Partnerships are essential to implement the different actions and WHO has established several networks to promote the implementation of preventive policies: counterparts in government, collaborating centres in academia and research institutes, sister international organizations and non governmental organizations in official relations with WHO. WHO also stimulates partnerships by promoting collaboration between countries, between different government sectors, and civil society networks, such as through the European network for the promotion of health-enhancing physical activity (HEPA Europe).

Policy analysis is systematically carried out to monitor progress towards the achievement of common goals and in order to identify best practices. Food and nutrition policies have been evaluated in 1994, 1998 and 2003-2005. A content analysis of selected national policies to promote physical activity was also carried out in 2006.

Support to development of national policies: Food and nutrition policies in the European Region appear to have developed successfully in the past decade, and the number of national policy documents focusing on or containing food and nutrition policies, including documents not yet adopted or under preparation, increased from 24 in 1994 to 45 in 2005.
database on nutrition policies is available on the web site http://data.euro.who.int/nutrition/. An inventory of 52 national policy documents on physical activity from 23 countries was also developed for the Ministerial Conference on Counteracting Obesity (http://data.euro.who.int/physicalactivity). It is currently being expanded with support from Member States.

**Surveillance and monitoring:** The WHO Regional Office for Europe is investing considerable resources in expanding and improving the knowledge base on overweight and obesity in Europe. In adults, country representative recent data based on measured weight and height are available only for 18 countries; in adolescents the information is available in 19 countries and in children in 20 countries. Furthermore, common standards as far as the calculation and presentation of the data are missing, thus making inter-country comparisons difficult. The WHO Regional Office for Europe is engaged in the establishment of a European network for childhood obesity surveillance and in disseminating the new international child growth standards. WHO also promotes the simultaneous assessment of risk factors for noncommunicable diseases, by pooling existing data as well as promoting comprehensive new surveys. As a follow up to the Ministerial Conference, WHO has started monitoring the commitments of governments in the area of obesity prevention. The concrete implementation of policies and the demonstration of their public health effectiveness will mutually reinforce governments’ action, so that public health objectives can be visibly achieved. Efforts are also underway to improve the monitoring and surveillance of physical activity in different groups of the population.

**Capacity building.** The WHO Regional Office for Europe has developed manuals, technical workshops and training courses for health professionals and policy makers on surveillance, nutrition policy making, infant nutrition, school nutrition. A training course on physical activity and health is under development as well.

**Guidelines for public health initiatives** are being developed based on the analysis of best practices. WHO is collecting and assessing such examples, as well as performing an analysis of their cost-effectiveness. A database on best practices for the prevention of obesity is being established, with contributions from Member States. Following the approach of the health promoting schools initiative, WHO is piloting in nine countries an initiative aimed at improving the provision of food, opportunities for physical activity and nutrition and physical activity education. The initiative is an accreditation scheme named the Nutrition-Friendly Schools.

*WHO Regional Office for Europe, February 2007*
Austria

In Austria, the following institutions are involved in the development and execution of prevention programmes concerning non-communicable diseases:

- Health Austria Ltd (Gesundheit Österreich GmbH) / subsidiary “Fund for a Healthy Austria” (FGÖ): The Fund for a Healthy Austria has been the national competence centre for health promotion and prevention since 1998. As a service institution the FGÖ supports projects and develops activities and campaigns to make healthy living environments and lifestyles achievable for as many people as possible in Austria. (www.fgoe.org).

- Federal Ministry for Health and Women (BMGF): Among other things, the BMFG has been implementing a Health Promotion Initiative (“iSch”) since 2003. It also supports setting-oriented and target group-oriented initiatives. (www.isch.at).

- GIVE Service Centre for Health Education: GIVE, a joint initiative of the Federal Ministry for Education, Science and Culture (BMBWK), the Federal Ministry for Health and Women (BMGF) and the Austrian Youth Red Cross (ÖJRK), is an important clearinghouse for information and documentation on health promotion in schools. (www.give.or.at)

- Main Association of Austrian Social Security Institutions: Health promotion is an important element of the Association’s innovation concept.

Legal frameworks and regulations in the field of health promotion and primary disease prevention are: the Health Promotion Act: With its adoption a legal foundation for the implementation of the Health Promotion Initiative by the Fund for a Healthy Austria has been created. The Federal Act on the Quality of Health Care Services (Gesundheitsqualitätsgesetz) expressly states that health care services should be performed in a health-promoting environment and that particular attention should be paid to the basic principles of health promotion when developing quality standards. Furthermore, the Agreement between the Federation and the Provinces According to Article 15a of the Federal Constitution Act on the Organisation and Financing of the Health Care System: Both Article 11 (tasks of the Federal Health Agency) and Article 16 (tasks of the provincial health agencies) provide for the development of health promotion projects. The Health Care Reform Act, adopted in 2005, stipulates inter alia that health promotion and prevention must be implemented as tasks of the Provincial Health Platforms. The General Social Insurance Act (ASVG): Health promotion has been benefit of the social health insurance scheme since 1992 under Section 154b of the General Social Insurance Act. This provision is designed to strengthen the role of the health insurance funds in the area of prevention and underscore their importance in the context of modern health care policy. Furthermore, health promotion is defined as a distinct area of health care work under the Health Care and Nursing Care Act and as a task of general practitioners under the Ordinance on the Training of Physicians.

Current major topics of the FGÖ in the field of health promotion and primary prevention of non-communicable diseases are: physical activity, nutrition, mental and emotional health, prevention of alcohol abuse by young people. Main topics of the BMGF (“iSch”) are: nutrition, physical activity, stress reduction and relaxation, accident avoidance, medical prevention (“Stop cardiac death”, Austrian Diabetes Plan, Austrian Obesity Report), addiction prevention.
Key nationwide governmental activities (in the field of nutrition and physical activity) relating to primary disease prevention and promotion of healthy lifestyles are: the FGÖ lifestyle campaign “Being Aware of How You Live Will Make Your Life Better” on the topics of nutrition and physical activity (in cooperation with the BMGF); the establishment of an FGÖ Nutrition Hotline in cooperation with the Association for Consumer Information; the BMGF Health Promotion Initiative ("iSch"), focusing on the topics of nutrition and physical activity (www.isch.at); the Fit for Austria Initiative of the State Secretariat for Sports in cooperation with the FGÖ and the Austrian Federal Sports Organisation to institute and realise physical activity-oriented health promotion projects.

Coordinating and cooperating bodies (partners, stakeholders, networks etc.) involved in the above mentioned activities are: the Federal Ministry for Health and Women (BMGF), the Fund for a Healthy Austria (FGÖ), Provincial health promotion organisations, the AKS Austria network: Styria vitalis – Styrian Society for Health Protection; the Lower Austrian Health Forum; Working Committees on Preventive Medicine in the provinces of Vorarlberg, Tyrol, Salzburg and Upper Austria; (aks-Arbeitskreis für Vorsorge und Sozialmedizin Vorarlberg, avomed-Arbeitskreis für Vorsorgemedizin Tirol, avos-Arbeitskreis für Vorsorgemedizin Salzburg, Verein für Prophylaktische Gesundheitsarbeit (PGA) Oberösterreich); Women’s health centres and Austrian Youth Red Cross (ÖJRK/GIVE).

The above mentioned activities target virtually all population groups in Austria. Settings are: Children and adolescents in non-school settings, Employees in small and medium-size enterprises, older people in regional settings, Migrants, Schools and Hospitals.

Nationwide monitoring programmes are the Austrian Microcensus (Statistics Austria; adults, every 10 years), the Austrian Nutrition Report and the HBSC data on nutrition and physical activity patterns.

Austria would like to see stipulated in the final memorandum:

- At national level: Targeting obesity at its roots (influencing nutrition and physical activity patterns already in childhood)
- At national and EU level: Creating general conditions conducive to healthy eating patterns and more physical activity (school, home environment, transport, funding in the social/health insurance sector)
Belgium

In Belgium, the following governmental institutions are involved in the development and execution of prevention programmes concerning non-communicable diseases: the Federal Ministry with the Federal Public Health Service, Food Chain Safety and Environment, the Public Health Institute and the Flemish, French and German Communities.

In the framework of the National Food and Health Plan, the Belgian Federal Ministry selected following nutritional objectives to contribute to the change of dietary habits and the status of physical activity. These 7 objectives will be taken into account while defining the actions in health promotion:

1. Energy balance (Promote equilibrium between energy intake and energy expenditure)
2. Fruit and vegetables (increase consumption of fruit and vegetables in the population to reach a level of at least 400g a day).
3. Lipids (Limitation of the fat intake; improvement of composition of the lipid profile of the diet).
4. Carbohydrates and dietary fibre (Promotion of the consumption of carbohydrates; reduction in the consumption of added simple carbohydrates (sugars, etc.), increase the consumption of dietary fibre.
5. Salt (Limitation of the consumption of salt and partial replacement by iodised salt)
6. Minerals, Trace elements, Vitamins, Other substances (reduction of specific intake deficiencies, correction of iodine deficiency encouragement of an optimal diet).
7. Water (encouraging the population to prioritise water as a drink).

Next to these objectives, the ministry defined 7 major strategic policy options to influence the society as a whole (health professionals, private actors, societal actors, consumers' organisation, school, family, workplace, etc.). For more information on the ministry's operational plan, please refer to www.monplannutrition.be

There is a nation-wide Action Plan on nutrition and physical activity, but the Communities and Regions have elaborated also health promotion plans, because this falls under their competence. The Federal Ministry developed a guiding principle for the treatment of the nutrition problems with elderly in the hospital or in home care. The project aims at providing a guiding principle for a multidisciplinary approach of the nutritional care for at the elderly in home care or in hospitals. This concept directive is an integration of on the one hand an evidence based directive and on the other side already used best practice and initiatives concerning the nutritional care for the elderly. For more information, please refer to: http://www.ebnursing.ugent.be/richtlijnen/voeding/

The Flemish Community adapted in 1998 5 health targets of the national Action plan, one of which was aimed at preventing and reducing obesity, namely to reduce the use of energy dense foods (by reducing significantly the use of foods rich in fat and increasing the use of foods low in fat and rich in dietary fiber).

In November 2005, the French Community approved and launched a Plan to stimulate healthy eating habits and physical activities for children. The main goal is to stop the growing incidence of obesity in the young people population by encouraging them to eat better and to move more. The message is coherent throughout every environment affecting children from 0 to 18 years old: day care, school, outside school and family environment.
For the National Food and Health Plan, the Federal Ministry cooperates with all relevant stakeholders and governmental bodies to ensure the coherency of its nutritional objectives and actions in order to create a broad society platform.

Main focus groups are the general population and specific groups such as babies, infants and future mothers, children and adolescents, seniors, and socio-economic deprived groups. On another level, the private sector, consumer organisations and health professionals will be involved in specific actions. Within the Flemish Community - regarding the different food guides prepared as part of the National Food and Health Plan - all age groups were targeted. The Flemish health policy has all the population as target group. Specific projects focus on school children, workers on the workplace, and the underprivileged, including migrant populations, for whom specific food guides have been prepared. Within the French Community, the target group is children and teenagers. Other activities are also held to promote healthy habits. The German Community targets children (food and movement); parents and families (food and movement), sport clubs (especially for regulations of non-smoking), institutions for elderly people (promote water drinking and availability of water), schools (actions to promote fruit) and young people (youth movements and leisure time) for drug prevention.

The Federal Ministry developed 5 nutritional guides, one general and 4 specific. These guides were elaborated to better inform the Belgian population on all aspects of diet and physical activity. They can be downloaded on the website www.monplannutrition.be. The Flemish Community's policy in obesity prevention is not targeted on obesity as such, but in the larger context of promoting a healthy lifestyle, including healthy dietary habits and more physical activity. The French Community’s Health promotion services related to schools have the mission to screen for excessive weight and improves schools’ meals by improving staff training. Special training for day care staff and outside school staff and promoting breast feeding are further activities. The German Community has programmes like “Klasse in Bewegung” that are promoted in all schools and taught in teacher seminars.

The latest survey on the age group 15+ (3200 people) was performed in 2004-2005 by the Scientific Institute of Public Health and financed by the Federal Public Service of Public Health. The latest results can be found on following website: http://www.iph.fgov.be/epidemio/epifr/foodfr/table04.htm

A web-based tool to consult the database of the last consumption survey is available on the web. The database is also valorised for food safety control programs and risk analyses. A new dietary survey is planned for the year 2009 with the focus on children and adolescents until 15 years. A scientific advice group was established in 2006 to define the best methodology, the age group and measurements such as weight, height, and potential biomarkers.

The Public Health Institute carries out the national Health Interview Survey 1997, 2001, 2004 (and will do so in 2008): Multistage sampling of about 10,000 individual, self-reported height and weight, self-reported information on attituded towards own weight, diet, etc.

Dietary and lifestyle habits are difficult to change. Some factors are attributable to the individual, but other factors are related the conception of our society (politics, social and economic environment, infrastructure in cities and villages, agriculture, marketing...).
The most important points that need to be addressed on national level:

- Intensify communication and education on nutrition and physical activity
- Improve the nutritional quality of school meals and food at work
- Improve nutritional education
- Promote environmental measures to improve access to physical activity
- Create a social debate with all politics involved in the problematic (health, sport, environment, school, finance, agriculture,…) to incorporate health in other policy fields
- Stimulate actions from the private sector in relation to sensibilisation of the own sector, product composition and publicity, especially in relation to children and monitoring of such actions
- Improve consumer’s understanding of labelling
- Create awareness in the media for promoting healthy life style patterns
- Promote breast feeding
- Address nutrient intake deficiencies (e.g. iodine, Vit D, Calcium, Folic acid, Iron) and promote optimal nutrition for all
- Address the problem of malnutrition in the hospital, care home and home care setting
- Monitoring the nutritional status of the whole population in a better way

On European level:

- Create a debate with all Member States in different policy domains such as health, sport, environment, school, finance, agriculture, to incorporate health in other policy fields and to define, if needed, new regulations.
- Improving exchange of information between all partners (WHO, FAO, DG SANCO, European consumer organisation, Private sector at EU level…)
Bulgaria

In Bulgaria, the Ministry of Health with the National Center of Public Health Protection, the Regional Inspectorates for Control and Protection of Public Health and the Center of Health Information have the main responsibility for health promotion and primary disease prevention. Other ministries such as Education and Science, Agriculture and Forestry, Economics, Labour and Social Policy as well as the State Agency of Youth and Sport are involved as well.

Legal frameworks and regulations in the field of prevention programmes concerning non-communicable diseases are the Food law (1999) with amendments (2000-2006), the Health Law (2004) with amendments (2005-2006), the Ordinance of the Ministry of Health for Dietary Reference Values for Energy and Nutrients for Bulgarian Population (1994, 2005), the Ordinance of the Ministry of Health (MoH) for requirements related to the labelling and presentation of foodstuffs (2001) with amendments (2002-2006), the Ordinance of the MoH for requirements related to presentation of nutrition information in labelling of foodstuffs (2001), with amendments (2005), the Ordinance of the MH for tabacco smoking restriction in indoor public places (2004), the Ordinance of MoF for prophylactic examinations and dispensarization (2004, am.2005), the Ordinance of the MoH for requirements for healthy nutrition of schoolchildren in school canteens and cafeterias (2000) and the Healthy and safe working conditions Act (1997) with amendments (1999-2006). Other regulations are currently under preparation as the Ordinance of the Ministry of Health regulating the requirements for healthy nutrition of children in crèches and kindergartens, the Regulations related to advertising of foods intended to children and the Agreement with industry to reduce added salt, fat and sugars in manufactured foods.

Major topics of health promotion and primary prevention of non-communicable diseases are in Bulgaria:

- To improve nutrition to decrease the risk of diet-related chronic diseases;
- To increase physical activity;
- To restrict tobacco smoking; and
- To improve activities of primary health services towards prevention and control of NCD.

Prevention takes place at both population and individual level.

The Food and Nutrition Action Plan (FNAP), 2005-2010 was adopted in 2005 by the Council of Ministers of Republic of Bulgaria. The FNAP includes the main 3 aspects – nutrition, food safety and food security. One of the main nutrition related goals is: To achieve positive changes in the national dietary pattern for decreasing the risk of diet-related chronic diseases. Main activities are directed to:

- Nutrition monitoring and establishment of an information system for assessment of the nutritional status of the population;
- Development of national Food Based Dietary Guidelines;
- Improvement of population awareness, knowledge and skills of healthcare providers for a successful onset and proceeding of exclusive breastfeeding and increasing the duration of breastfeeding;
- Improvement of nutrition of infants and young children;
- Improvement of nutrition and physical activity of children and adolescents in kindergartens and schools;
- Establishment of a system for acquiring knowledge and skills for healthy nutrition at kindergartens and schools;
- Improvement of nutrition of women in fertile age and during pregnancy, especially of those with low socioeconomic status;
- Improvement of nutrition and physical activity of adult population for decreasing the risk of chronic diseases;
- Improvement of diet of elderly people, especially of those with low socioeconomic status, at institutions for elderly and disabled people;
- Increase the availability of health promoting foods and their accessibility for the whole population.

The National Program for reducing of osteoporosis (2006-2010) was adopted by the Council of Ministers of the Republic of Bulgaria in 2006. The CINDI (Countrywide Integrated Noncommunicable Disease Intervention) Program was launched in 1994 and it is currently implemented in 8 regions of the country. Program councils, public health coalitions, clubs, etc. have been organized at local level supporting the realization of the programme. Training is organized for the medical staff, local authorities and NGOs on the methods for promotion of healthy lifestyle, including nutrition, physical activity and tobacco smoking. Regional Inspectorates for Control and Protection of Public Health actively participate in the conducting of a number of information and training campaigns for the population focused on acquiring motivation and skills by the people for healthy lifestyle, including healthy nutrition. The food producers are also involved in improving the quality of the foods and production of healthy foods with reduced salt, fat and sugar content. Other programs are the National Program “Sport at School” by the State Agency for Youth and Sports and the Ministry of Education and Science (2006), and the National Program for restriction of tobacco smoking by the Ministry of Health (2006-2010).

The Ministry of Health and the health sector have the leading role but the main strategy in the implementation of Food and Nutrition Action Plan is the intersectoral approach. In 2006 a National Coordination Council for its realization was established, involving representatives of all ministries related to foods, nutrition and physical activity such as the Ministries of Agriculture and Forestry, Education and Science, Economics, Labour and Social Policy, Agency for Youth and Sports, representatives of associations of food producers, professional and non-governmental organizations such as the National Association of Municipalities etc. Furthermore intersectoral collaboration is relevant to the implementation of all above mentioned programmes.

The above mentioned activities target in general the whole population; specific target groups are risk population groups – infants, children, adolescents, pregnant women, elderly people, population with low income and low socioeconomic status, individuals with high risk for NCD, health professionals, staff of schools, kindergartens, crèches, universities, colleges in medicine, pedagogics, food technology, food producers, policy makers (Governmental institutions), NGO’s and the Mass media.

Settings, involved in the activities, are schools, kindergartens, creches, workplaces, hospitals and municipalities, for example:
Nationwide guidelines for school meals and foods in canteens (ordinance of Ministry of Health, manual with book of recipes, approved by MH),

Nationwide guidelines for meals in kindergartens (manual with book of recipes, approved by MH),

National week for counteracting obesity, 2006 (organized various events for promotion of healthy nutrition and sport events at schools, kindergartens, municipalities),

National program “Sport at School” - the Ministry of Education and Science has approved a “National Sport Calendar” for schoolchildren from 1st to 12th grade for each school year and organizes “Challenge Days” with various sports events.

Since 1997 the National Center of Public Health Protection together with 28 Regional Inspectorates for Public Health Control and Protection have conducted 3 national surveys on nutrition and nutritional status of the whole population older than 1 year as well as national nutrition surveys of risk groups (schoolchildren aged 7-19, women in fertile age, infants and small children from child institutions). Currently a National survey on nutrition and nutritional status of infants and children under 5 years is ongoing. The results provide current scientific basis for the elaboration of the national nutrition policy and assessment of its effectiveness. There is established a national monitoring system involving the National Center of Public Health Protection and the network of 28 regional Inspectorates for Control and Protection of Public Health. In the frames of CINDI Program surveys with internationally adopted indicators are organized regularly.

Most valuable strategies at national and EU level:

- Comprehensive and integrated approach
- Activities at population and individual level throughout all stages of life
- Implementation of effective measures
- Legislation support at national and EU level

To see stipulated in the final memorandum:
An agreement with agriculture and economic sectors on EU, national and local level to increase the availability of fruits, vegetables, fish and other healthier foods at affordable prices should be stressed.
Cyprus

Health promotion and primary disease prevention lie within the remits of the Ministry of Public Health, the Ministry of Health, and the Department of Medical and Public Health Services (The Ministry of Education and Culture is involved in helping to promote the programs in public schools).

Major topics of health promotion and primary prevention of non-communicable diseases are nutrition, healthy lifestyle and physical activity, smoking, prevention of injuries, dental health, empowerment and self confidence.

Key nationwide governmental activities (in the field of nutrition and physical activity) relating to primary disease prevention and promotion of healthy lifestyles are:

- National Nutrition Plan
- National Nutrition Committee
- National Healthy lifestyle committee
- Healthy Breakfast Program
- Promotion of the Mediterranean Diet Nationwide
- Five fruits and Vegetables
- Growing through adolescence: Implementation as a pilot project in a number of schools of primary education through European Network of Health Promotions Schools.

Coordinating and Cooperating bodies involved in these activities are the Ministry of Health and the Health Visitors.

The above mentioned activities target specifically children of school age and women from rural areas and the communities. Settings involved are schools and municipalities. Main measure is the regulation of items sold at the school canteen.

In Cyprus, there is currently a National Nutrition Survey in progress. Moreover, weight monitoring data of children at age 0-6 months, 12 months, are available.

Cyprus would you like to see stipulated in the final memorandum:

- Promotion of Healthy lifestyle and eating in Schools
- Mediterranean Diet Program in schools and communities.
Czech Republic

The Ministry of Health of the Czech Republic is the main governmental body concerning the programmes of prevention of non-communicable diseases. However, all other ministries, within the area of their interest, closely cooperate with the Ministry of Health. An important role in health promotion and programmes of diseases prevention is played by the National Institute of Public Health, and the network of Regional Public Health Institutes and Regional Public Health Authorities. These institutions are directly governed by the Ministry of Health.

Neither existing nor intended special legal frameworks are in the Czech Republic in this field. Within the competence of the Ministry of Health there are only general acts as the Act No 258/2000 Coll., on protection of the public health and on amendment to some related laws or the Act No 20/1966 Coll. on care for the health of the population, as amended, which mention the health promotion or the health protection. This area is also touched by the acts published within the competence of other governmental departments e.g. by the Labour Code, which is published under the competence of the Ministry of Labour and Social Affairs and others.

In the Czech Republic the frameworks for programmes of the health promotion are very often given by Government Resolutions and not by acts. For example the Resolution of the Government of the Czech Republic of October 30, 2002, No 1042, on the Long-term Program for Improving the Health of the Population of the Czech Republic – Health for All in the 21st Century. The aim of this program is to implement the WHO program “Health for All in the 21st Century” in the Czech Republic. Or the Resolution of the Government of the Czech Republic of July 7, 2004, on the National Strategy of Development of the Cycling Transport in the Czech Republic (The National Cycling Strategy), or the Resolution of the Government of the Czech Republic of December 9, 1998, No 810, on the National Environmental Health Action Plan (NEHAP) of the Czech Republic.

Within 21 targets of the programme Health 21 - the Long-term Program for Improving the Health of the Population of the Czech Republic Health for All in the 21st Century there are targets specifically focused on the prevention of the non-communicable diseases as the Target No 8: reducing non-communicable diseases - by the year 2020, morbidity, disability and premature mortality due to major chronic diseases should be reduced to the lowest feasible levels or the Target No 11: A healthier lifestyle – by the year 2015, people across society should have adopted healthier patterns of living or the target 13: Settings for health – by the year 2015, people should have greater opportunities to live in healthy social and economic environments at home, at school, at the workplace and in the local community. Nowadays the main topics are the promotion of healthy diet and improvement of physical activity.

One of the implementing tools of the programme “Health 21” is the National Health Program, which contributes to its fulfilment by governmental funding of activities in the area of health promotion. With the assistance of this Program the Health Promotion Projects, prepared for example by NGOs or civil societies, are funded every year, even the nationwide. Within the National Health Program were the food based dietary guidelines “Dietary Recommendations for the Citizens of the Czech Republic” published (by the end of 2005). Dietary recommendations were supported by another of these Projects - summer competitive campaign called “Keep it balanced!”. Its’ motto was “The energy you consume must be the energy you expend”. This project encouraged whole families to monitor their food intake and their physical activity. The project included a very simple campaign with easy-to-remember information in a newsletter.

The Ministries of Health and of Agriculture participate in activities of the Technological Platform for Food. The Platform was established in 2006 by the Federation of the Food and
Drink Industries of the Czech Republic under the patronage of the Czech Prime Minister. There were set four priorities within this platform: “Food Safety”, “Quality of Food and Production”, “Food and Consumers”, and “Food and Health” and respective working groups were established. The Ministry of Health cooperates closely with all of these working groups and actively participates in working group, which is responsible for the priority “Food and Health”. [http://www.foodnet.cz/](http://www.foodnet.cz/)

The Ministry of Health also supports activities of Ministry of Transport of the Czech Republic, mainly the National Cycling Strategy of the Czech Republic. The main aims are to develop cycling as an equal mode of transport and as an integral part of transport system, and to develop cycling as a leisure time, recreational, and touristic activity. The role of the ministries within this strategy is to coordinate activities between all levels, to create a systematic and financial background. [www.cyklostrategie.cz/download/cyklostrategie.pdf](http://www.cyklostrategie.cz/download/cyklostrategie.pdf)

In cooperation of the Ministry of Health and the Ministry of Education, Youth, and Sport are supported educational activities in the area of nutrition and physical activity to help children and their parents make the healthy choices easier choices. Both ministries closely cooperate on the system of school meals especially lunches. In the Czech Republic this system is already traditional and time-tested. (Decree of the Ministry of Education, Youth, and Sports No. 107/2005 Coll., on the school feeding) The Ministry of Education, Youth, and Sports have also prepared new educational programs, which represent new attitude to the way of teaching; health is one of the important themes.

In October 2004, the Minister of Health of the Czech Republic established the National Council for Obesity as a permanent advisory specialist body of the Ministry of Health. The basic task of the Council is the design and implementation of the National Action Plan against Obesity, which is based on the WHO Global Strategy on Diet, Physical Activity and Health. The members of the Council are representatives of all ministries (e.g. Health, Agriculture, of Education, Youth, and Sports, Regional Development), specialist institutions, health insurance companies, non-profit organizations and universities, which are related to the tasks set in this plan. Within the framework of the council the following working groups were formed: nutrition and foodstuffs, community programmes and education, child obesity, physical activity and treatment of obesity. Currently, the council is concerned in particular with the definition of the structure and the tasks of the National Action Plan against Obesity as well as the description of its objectives, target groups and levels of intervention.

Coordinating and cooperating bodies (partners, stakeholders, networks etc.) involved in the above mentioned activities are: Ministries, National Institute of Public Health, Regional Public Health Institutes, Regional Public Health Authorities, Federation of the Food and Drink Industries of the Czech Republic, Czech Confederation of Commerce and Tourism, specialist institutions, health insurance companies, non-profit organizations and universities.

Theses activities target the whole population. Settings involved are schools and education. New educational programs prepared by the Ministry of Education, Youth, and Sports represent a new attitude to the way of teaching; health is one of the important themes. Last November in the Czech Republic was published outcomes of study “Obesity in the Czech Republic”. The main aim of this study was to receive up-to-date data on the issue of overweight and obesity in the Czech Republic. The Czech Republic also regularly participates in the WHO study “Health Behaviour in School-aged Children. Available are also data received from anthropological researches: on the anthropology of growth and development, current referential data standards of Czech population, physical variability of Czech population, complex assessment of children obesity, monitoring of obesity prevalence, elaboration of optimal types of physical appearance for given kinds of sports and sport disciplines.
At national level it is planned by the Ministry of Health to improve the constant communication with the general public on the issue of overweight and obesity. The general population of the Czech Republic despite of many campaigns does not consider this issue as an important one. Received data has e.g. shown that in particular Czech men underestimate their overweight and consider their weight as normal even it is not.

At EU level the Czech Republic would appreciate discussion on nutrition and drinking behaviour in schools. The Czech Republic would also appreciate support to the EFSA in publication of European Recommended Daily Dietary Allowances to they were published as soon as possible.
Denmark

The National Board of Health under the Ministry of Health is responsible for health promotion and primary disease prevention. The Danish Veterinary and Food Administration under the Ministry of Family and Consumer Affairs is responsible for the promotion of healthy dietary habits.

The overall framework for health promotion and primary disease prevention is the National Health Program “Healthy for life, the government’s national strategies and targets for Public Health 2002-2010”. The Ministry of Health according to the national law on health has the responsibility of promoting population health, to secure prevention and treatment of sickness, suffering and disorders of function. The national law on food provides the legal framework for the Danish Veterinary and Food Administrations work on promoting healthy dietary habits.

Among other topics of health promotion and primary prevention of non-communicable diseases, 8 risk factors have special emphasis: smoking, alcohol, diet, physical activity, obesity, accidents, environmental factors and working environment.

Nationwide nutrition and physical activity plans in Denmark are: The government’s national health program “Healthy for life” (2002); “A strengthened action on obesity”(2005), Ministry of Interior and Health Affairs and the Ministry of Family and Consumer Affairs; and the Nordic Plan of Action on better health and quality of life through food and physical activity (2006). An action plan against obesity formulated in 2003 in the National Board of Health, inspires actions undertaken by government, as well as actions undertaken in public-private partnerships. Major nationwide governmental activities are:

- Denmark on the move (broad focus on activity in Denmark in 2007)
- Health surveys including objective measures of VO2max
- 6 a day fruit and vegetable partnership
- Promotion of the eight national dietary recommendations
- Promotion of healthy diet and physical activity at schools
- Financial pools facilitating the task of prevention and treatment of childhood obesity in a municipality setting.
- National campaigns. Promoting physical activity recommendations on 30 and 60 minutes a day.
- The children’s box. Edutainment materials in a box for kindergartens to promote healthy diet, physical activity with more. New boxes are issued 4-5 times per year.

There is a broad array of cooperating partners, including state ministries, private health organisations, consumer organisations, local communities as well as organisations representing industry, retail and primary producers. There is no overall coordinating body in Denmark with regard to promotion of healthy diet, physical activity and prevention of obesity. There are although different forums, networks etc. within specific areas of concern that secure coordination and cooperation. It can also be mentioned that there are either running contacts, working groups or networks between the different actors at government level that secure coordinated government policies.

Specific target groups of the above mentioned activities are: the whole population, children at risk, Adults at risk of developing obesity or already obese, physically inactive people, elderly, ethnic minorities etc.
The settings involved are numerous. But there is a special focus on the municipalities as a key actor. There is a broad array of tools made available for the local decision makers, including guidelines and programmes to promote the formulation of policies on diet and physical level, both at municipal level, but also in each local institution, such as kindergartens, schools, etc. There are official recommendations on diet and physical activity. There are guidelines for nursery, kindergarten and school meals, as well as for meals for the elderly. There are national guidelines for school curriculars with regard to education on diet and physical activity.

Relevant health based data available in respect of nutrition and physical activity are:

- All health measures in the adult population are collected every 5 years (SuSy)
- Monitoring of 11-15 year old lifestyle (every year),
- Monitoring of 16-20 year old lifestyle (every year),
- Objective measures of cardiovascular fitness + blood samples + general questionnaire for 24,000 Danes. This is done once (2007-2009),
- A comprehensive survey on dietary habits is performed on a continuous basis with data and reports being made available every third year.

In a common Nordic action plan on health and quality of life through diet and physical activity, the Nordic countries have decided to develop existing monitoring tools in order to be able to deliver comparable data on key indicators with regard to diet, physical activity and overweight. The majority of the necessary initiatives to promote healthy diets and physical activity will most appropriately be dealt with by the individual member states and at a local level. Information campaigns and concrete initiatives should be anchored nationally and locally – where relevant in partnership with private actors. There are however areas where the Danish government sees a clear need for a common EU effort. A common EU-effort is particularly relevant in areas, where existing areas of EU-legislation directly or indirectly influences choices of lifestyle.

New EU-regulation should not work against the common ambition of increasing the number of EU-citizens living up to the recommendations on healthy diet and physical activity. The Commission should therefore be encouraged prior to any new EU-regulation to consider the effect on dietary habits and levels of physical activity in the EU-population. The EU should furthermore work on the removal of elements in current EU-legislation that counteracts the common ambition of securing healthier diets and increased physical activity in the population.

The EU must secure an appropriate level of regulation in areas such as claims, enrichment, labeling and marketing. The EU can play a role in the promotion of healthier foods such as fruits, vegetables and fish through for example financial support to national campaigns. The EU could play a role in promotion of fruits and vegetables in schools and kindergartens, eventually through subsidy schemes.

Monitoring and right levels of documentation/evaluation issues must be addressed more systematically and the EU can play an important role in promoting more comparable monitoring and evaluation practices.
England

In England, the following governmental institutions are involved in the development and execution of prevention programmes concerning non-communicable diseases: the Department of Health, the Food Standards Agency, the National Health Service and the Health Promotion Agency. Legal frameworks and regulations in this field are: the Public Health Act 1936 as amended, the Food Safety Act 1990 as amended, the School Meal Standards Regulations 2006 and the Healthy Start Regulations 2006.

Consumer information and education, access and availability of healthy choices, product reformulation, early years nutrition including a Healthy Start programme, social marketing strategies, and controls on the marketing of foods to children are the main topics in the field of health promotion and primary prevention of non-communicable diseases.

Work in England on counteracting obesity is led by the Department of Health under the framework of the Government’s Choosing Health: Making healthy choices easier*, published in 2004. The White Paper is about common sense practical steps to help people who want to be healthier. It includes actions to promote healthy eating and physical activity. Choosing a Better Diet: a food and health action plan, published March 2005, brings together action to meet all the commitments relating to food and nutrition in the White Paper, as well as further activity across government to encourage healthier eating. It provides further detail on the action that needs to be taken at national, regional and local level to improve people’s health through improved diet and nutrition. Choosing Activity: the physical activity action plan, published March 2005, brings together all the commitments relating to physical activity in Choosing Health as well as further activity across government, which will contribute to increasing levels of physical activity. It provides further detail on both the context, and next steps, for action at national, regional and local levels to improve people’s health through participation in physical activity. The above programme of work is supported by significant contributions from across government, including the Food Standards Agency, the Department for Education and Skills; the Department of Culture, Media and Sport; and the Department of Transport.

Key components of the strategy include:

- The development of a voluntary front-of-pack system of signpost nutrition labelling that will help consumers to make healthier food choices, by giving at-a-glance information on the amount of fat, saturated fat, sugar and salt that a food contains. (http://www.food.gov.uk/foodlabelling/signposting/)
- Working with the food industry to reduce the amount of salt in processed foods, by securing commitments from individual companies to work towards meeting published targets for 85 categories of processed foods. This work is supported by a major media campaign to raise public awareness of the need to reduce salt intake. (http://www.food.gov.uk/healthiereating/salt/)
- Implementation of food and nutrition based standards for school meals. This is supported by a range of work to help encourage schools to adopt a ‘whole school’ approach to diet and nutrition, and to help young people better understand the relationship between diet and health, help them make more informed food choices and gain the skills to prepare healthy meals. (http://www.food.gov.uk/healthiereating/nutritionschools/)
- Early years nutrition through a Healthy Start scheme which provides eligible beneficiaries with monetary based vouchers that can be used to purchase cows’ milk,
fresh fruit, vegetables, and infant formula from participating retailers. The scheme is aimed at low-income families and those on benefits. (http://www.healthystart.nhs.uk/)

- The School Fruit and Vegetable Scheme is part of the 5-A-DAY programme to increase fruit and vegetable consumption. Under the scheme, all four to six year old children in local authority maintained infant, primary and special schools are entitled to a free piece of fruit or vegetable each school day. (http://www.5aday.nhs.uk/sfv/default.aspx)

- The UK’s TV regulator Ofcom has proposed scheduling restrictions on the advertising of high fat, salt and sugar foods to children. The restrictions are expected to be introduced early 2007. (http://www.ofcom.org.uk/media/news/2006/11/nr_20061117)

- The Department of Health, the Countryside Agency and Sport England funded £2.5 million for a number of Local Exercise Action Pilots (LEAP) across England between 2003 and 2005. The pilots tested different community approaches to increasing physical activity in deprived areas. (http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthyLiving/LocalExerciseActionPilots/fs/en)

Since 2005, all schools participating in the National Healthy Schools programme are required to meet criteria for physical activity. Over 80% of schools are now participating within the programme and half of all schools will be healthy schools by the end of 2006. The National School Sport Strategy aims to improve the quality and quantity of physical education (PE) and school sport for all pupils. A target has been set to increase the percentage of pupils who spend at least two hours each week on high quality PE and school sport within and beyond the curriculum to 75% by 2006 and on to 85% by 2008. In addition to the co-ordinated cross-sectoral Government action described above, work in England has made extensive use of partnership-based working models in the delivery of action on diet and physical activity. This has included:

- Taking a non-regulatory, partnership based approach to working with the food and drink industry, including retailers in the areas of salt reformulation and front of pack signposting. In doing so, Government has recognised the importance of setting realistic objectives through consultation; providing industry groups with positive incentives for change, and recognised and applauded progress where it has been made. This work has been supported by a public awareness campaign that has made use of partnership working with public health NGOs, health professionals and local networks.

- Joined up working across government departments and executive agencies, to ensure messages to young people and schools are consistent and targeted. Government Departments have also worked in partnership with charities, academic and research institutes and educators to help deliver messages and develop a robust evidence base; and developed networks with school councils and governors to achieve two-way communication which is essential to effectiveness of initiatives.

There are a range of surveys that provide intelligence on diet, nutrition and physical activity status. Examples include:

- The Health Survey for England collects a range of data including on fruit and vegetable consumption, obesity, blood cholesterol and lipid levels and blood pressure. http://www.dh.gov.uk/PublicationsAndStatistics/PublishedSurvey/HealthSurveyForEngland/fs/en

- The National Diet and Nutrition Survey (NDNS), is a series of cross-sectional studies that collect data on food consumption and nutrient intakes for representative samples covering the whole population from 1.5 years upwards. The surveys also include data on levels of physical activity, and physical measurement such as height, weight and blood pressure. The results of the most recent survey of adults are available at www.food.gov.uk/science/101717/ndnsdocuments/. The Food Standards Agency has recently commissioned a new rolling programme of NDNS, the fieldwork for which will begin in 2008. The format of this continuous fieldwork responds to the need to track changes over time and to increase flexibility to respond to policy needs. The Agency also carries out and publishes a range of quantitative and qualitative consumer research, all of which can be found on the Agency's website.


It is important that all parts of Government take a co-ordinated approach to addressing obesity, and that delivery is focussed at all levels from the European, to the national, to the local. In this context, action at the EU level on diet and physical activity should encourage and facilitate work in Member States, without impeding National initiatives. The Commission’s Platform for Diet, Physical Activity and Health can help stakeholders to share results of research and evidence of approaches that have been effective; and to publicise successes at a national level, so that these can be picked up and replicated elsewhere. Priorities in this area should include product reformulation, signposting, and controls on the marketing of food to children.

There are some areas however that are best taken forward at a national or even local level, because work in these areas will be strongly influenced by local and national cultural circumstances. The Commission can however play a role in encouraging National action in these areas – which are likely to include consumer information, work in schools, and physical activity. In addition, while much can be achieved through non-regulatory partnership working, there will remain areas in which it is necessary and helpful to regulate, and to do so at an EU level. Priorities in this area will include nutrition labelling and health claims.
Estonia

In Estonia, the responsibility for health promotion and primary disease prevention lies within the remits of the Ministry of Social Affairs, Public Health Department and Health Care Department, the National Institute for Health Development, the Health Insurance Fund and the Ministry of Culture, Sports Department.


It is vital that the physical activity of the people be increased, eating habits be improved, tobacco and alcohol consumption be reduced, and the availability of preventive health care services be improved. Examples are:

− Promoting activities aimed at reducing the risk factors of non-communicable diseases (heart disease, stroke, cancer, diabetes) such as: Physical inactivity, unhealthy eating / improper nutrition, excessive alcohol consumption and smoking:
  o Shaping the exercise habits of young people and adult population: enhancing the awareness of the population regarding healthy physical activity.
  o Improving eating habits: facilitating the healthy nutrition choices of the population; improving knowledge of balanced nutrition.
  o Shaping the values and behavioural models of different target groups to avoid tobacco consumption and passive smoking and alcohol abuse.

− Promoting activities aimed at improving a health-supporting environment:
  o Ensuring an environment and infrastructure which favour physical activity.
  o Ensuring compliance with the principles of balanced nutrition in institutional catering.
  o Creation and making available to the public a counselling system for quitting smoking.
  o Increasing the tobacco-free environment via improving the surveillance system.
  o Reducing availability of alcohol beverages.

The key nationwide governmental activity in the field of nutrition and physical activity is the National Strategy for Prevention of Cardiovascular Diseases 2005–2020. The national CVD prevention strategy is focused on the general factors affecting the health of the population: socio-economic and environmental factors, living and working conditions, access to services, social networks, individual health behavior. These are the factors that most determine the quality of life and welfare and the development of diseases, which should be addressed by the following measures:

− Enhancing the awareness of the population regarding healthy physical activity by:
Development and implementation of a systematic information dissemination mechanism that takes account of the needs of all target groups; Development and availability of a self-testing system of physical capability for different target groups; Continuing education of family doctors and their nurses for a broader application of advice on fitness sports, etc.

- Ensuring an environment and infrastructure which favour physical activity by:

Raising the awareness of local governments regarding their role in shaping an environment that favours physical activity, as a result of which local development plans should include the development of exercise-favouring environment and infrastructure (sports facilities, safe bicycle paths and health trails, children’s sports fields and playgrounds, safe routes to school); Additional funding of local governments on condition that the local development plan include the development of exercise-favouring environment and infrastructure and they are willing to make additional contributions to the implementation of the development plan, etc.

- Facilitating the healthy nutrition choices of the population and improving knowledge of balanced nutrition by:

Collection and systematisation of healthy eating recommendations for target groups with different needs; Creation of an Estonian computer programme about nutrition, which allows people to assess the healthfulness of their nutrition; Information campaigns for promoting the consumption of fruits and vegetables, rye bread and products with a low fat and common salt content targeted at young people and adults; Training on heart healthy nutrition and training on the use of information sources for family doctors and family nurses, school nurses and health promoters of health rooms, etc.

- Ensuring compliance with the principles of balanced nutrition in institutional catering by:

Training on heart healthy nutrition and training on the use of information sources for providers of institutional catering; Publication on a health portal of recommended menus and training materials for child care facilities, schools, hospitals, nursing homes and other enterprises in which the state organises catering; Strengthening the effectiveness of a surveillance mechanism to monitor the compliance of food. The implementation of the strategy is managed and coordinated by the strategy council set up in the Ministry of Social Affairs, which includes representatives of county governments, local governments and relevant ministries and other institutions, including non-profit associations and professional associations, etc.

Cooperating bodies are: Ministry of Social Affairs; Ministry of Finance; Ministry of Education and Research; Ministry of Culture; Ministry of Agriculture; Ministry of Internal Affairs; Estonian Employers’ Confederation; Association of Estonian Cities; Association of Rural Municipalities of Estonia; Estonian Heart Association; Estonian Cardiac Society; National Institute for Health Development; Department of Food Processing of the Tallinn University of Technology; Estonian Health Insurance Fund; Estonian Chamber of County Doctors; Estonian Health Promotion Union; Estonian Society of Family Doctors; Estonian Cancer Society, etc.

Target groups of these activities are the population in general and CVD risk groups.

All healthy settings include nutrition and physical activity topics: Health Promoting Schools; Health Promoting Kindergartens; Health Promoting Hospitals; Health Promoting Workplaces;
Healthy Cities; Guidelines for healthy nutrition etc.

In Estonia, there are the following monitoring programs: National Health Insurance Fund Data; National Health Surveys: Adult Population Health Behaviour Survey (age group 16 – 64, carried out in each second year from 1990), School-aged Children Health Behaviour Survey (age groups 11, 13 and 15 years old, carried out in each third year from 1993). Moreover, there are Expert's Reports and Reporting Systems.

Estonia proposes, to use the evidence-based and best practice strategies to increase physical activity of the population and balanced nutrition.
Finland

In Finland, the following governmental institutions are involved in the development and execution of prevention programmes concerning non-communicable diseases: Ministry of Social Affairs and Health, National Public Health Institute; National Research and Development Centre for Welfare and Health; Finnish Institute of Occupational Health; Public Health Committee; Committee on Development of Health-Enhancing Physical Activity; Ministry of Agriculture and Forestry; National Nutrition Council and the Social Insurance Institution.

As regards health promotion and primary prevention of non-communicable diseases, prevention and Care of Diabetes, Cardiovascular diseases, Cancer, Ageing and well-being, Obesity, Tooth and mouth health, Health and functional capacity (Alcohol, Physical Activity) are the major topics.

Finland adopted the following key nationwide governmental plans (in the field of nutrition and physical activity) relating to primary disease prevention and promotion of healthy lifestyles: Government Resolution on the Health 2015 Public Health Programme, 2001; Action Programme for Implementing National Nutrition Recommendations, 2003; Report by the Committee on Development of Health-Enhancing Physical Activity, 2002; Health, Food and Physical Activity. Nordic Plan of Action on Better Health and Quality of Life through Diet and Physical Activity, Nordic Council of Ministers 2006; Action Plan for Promoting Finnish Heart Health (the Finnish Heart Association, Ministry of Social Affairs and Health), 2005.

In these activities the following coordinating and cooperating bodies are involved: Ministry of Social Affairs and Health; Ministry of Agriculture and Forestry; Ministry of Trade and Industry; Ministry of Education; Ministry of Transport and Communications; Ministry of Environment; National Public Health Institute; UKK institute; all other members in the National Nutrition Council (www.mmm.fi/ravitsemusneuvottelukunta); all other members in the Committee on Development of Health-Enhancing Physical activity (www.stm.fi); the Finnish Centre for Health Promotion and it’s member organizations (mostly NGOs). Target groups are all age groups, with special focus on children and elderly people.


Finland carries out the following surveys and monitoring programs: The FINRISK survey; the Findiet survey (National Public Health Institute, since 1972, every 5th year, age group 25-74 years); The Health 2000 (National Public Health Institute); Health Behaviour among Finnish Adult population (National Public Health Institute, since 1978, annually, age group 15-64 years); The School Health Promotion Study (National Research and Development Centre for Welfare and Health, since 1976, age groups 14-15 years + 17 years); Report on Social Affairs and Health 2006 (Ministry of Social Affairs and Health, every 4th year); Health in Finland -report (National Public Health Institute, National Research and Development

Related to the memorandum Finland likes to see Health being an issue in all policies and favours multisectoral approaches.
France

Health promotion and primary disease prevention lies in France within the responsibilities of the Ministry of Health, the Ministry of education, the National institute for prevention and health education – INPES, the National institute for public health surveillance, and the National Health Insurance. Legal frameworks and regulations in this field are the Law about public health policy adopted on 9 August 2004, and binding protocols for long-term diseases.

Diabetes, cardiovascular diseases, cancer, nutrition and physical activity, “Healthy ageing” and “Quality of life for patients suffering of chronic diseases” are the major topics of health promotion and primary prevention of non-communicable diseases.

All the strategies and activities in this field, which are pluri-sectoral (involving many ministries and organisations including the economic sector and consumers’ representatives) are co-ordinated by the Ministry of Health through the ‘programme national nutrition santé’ (national nutritional health program). It includes:

- Regulation of food promotion
- Media communication on nutrition and physical activities
- Development of educational tools for different population categories
- Involvement of local authorities
- Development of charters with key food sectors and companies on food related goals
- Improvement of school meals
- Involvement of health social, educational professionals
- Food aid

In France, the main coordinating body is the Ministry of Health. Co-operating bodies are the Ministries of agriculture, consumption, education, research, youth and sports, the main health and food agencies, the Food council, the National Health Insurance, complementary insurance companies and research institutes (health, and agronomy) as well as the private sector (agro industry, retailing, catering), consumer associations, obese associations and local and regional administrative bodies.

The above mentioned activities target in general the whole population. Specific target groups are disadvantaged people, young children, school children (including adolescents) and elderly people. Primary settings of these activities are schools (national guidelines for school meals, screening of the risk of obesity via school medicine, development of pedagogical material validated by public authorities on the topic), the media and all food and beverage advertisements and promotional supports (health messages to be included in commercial messages) and Food aid (training of distribution settings’ professionals [on a voluntary basis])

France conducts various nation-wide monitoring programmes. Every 3 years from 1997, a nation-wide survey is made on a representative sample of the adult population, by phone, on anthropometry (overweight, obesity, abdominal circumference) by a private pharmaceutical company. Every 5 years from 1997, INPES has produced a “barometer study on nutrition” on a representative sample of the population above 15 years on food and physical activity knowledge, attitude and behaviour. In 1999 and 2006-7, the national food agency conducted a nation-wide survey on individual food consumption (7-day food record). In 2006-7, InVS conducted a nation wide survey on food consumption and biological indicators related to
nutrition and physical activities (it has to be done again in 2010 – 2011). Moreover in 2000 and 2007, a nation-wide survey measured at school level BMI of 7-9 years old children. In 2005, InVS conducted a survey on food consumption and biological indicators of disadvantaged people going to food aid distributions (another one is intended in 2010). Finally in 2006, a nation-wide survey was done on the school meals served at secondary school level.

The main goal stipulated in the final memorandum should be to improve the food consumption and nutritional status of disadvantaged people, mainly through an improved food environment (better nutritional quality of the food accessible to disadvantaged people, and more opportunities to benefit a nutritional education adapted to their real constraints). One strategy is to improve the European mechanisms allowing a redistribution of fruits and vegetables surplus, of low fat milk products, of high fibre content cereals and fish and meat products.
Germany

In Germany, the Federal Ministry of Health is responsible for health promotion and preventive medicine. Two ministries are involved in preventing obesity: the Federal Ministry of Health and the Federal Ministry for Food, Agriculture and Consumer Protection share the lead on this. In recent years, close cooperation has developed, expressed among other ways in the joint response to the Green Book “Promoting healthy diet and physical exercise” and joint organisation of the conference in Badenweiler. Other ministries are also involved, such as the Federal Ministry for Economics and Technology, the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, and the Federal Ministry for Education and Research.

In Germany there are statutory provisions on primary prevention and health promotion at work through the statutory health insurance funds as part of social legislation. The scope of action of the statutory health insurance funds has been expanded in recent years. They can offer advisory and public educational services in nutrition and exercise. In this legislative period the Federal Government will develop prevention as an autonomous pillar in the health system. The planned preventive medicine act is intended to improve cooperation and coordination of preventive medicine and the quality of the measures. The associated campaigns will be directed at preventive medical goals. Nutrition and exercise are included in lifestyle improvement and public health education.

Besides nutrition and exercise, the main themes of preventive medicine and health promotion in Germany are primarily protection for nonsmokers, responsible use of alcohol and screening.

The Federal Government is carrying out a range of measures aimed at promoting a healthy lifestyle with corresponding eating and exercise habits; children and young people are an important target group for this.

- The Federal Ministry of Health’s campaign “Exercise and health” with its slogan “3,000 extra steps” motivates the population to integrate more physical exercise into daily life. With the support of numerous leading personalities, the distribution of pedometers and online activities, various campaigns are being carried out nationally (www.die.praevention.de).

- The Federal Ministry for Food, Agriculture and Consumer Protection’s campaign “Eat better. Move more. SO EASY A CHILD CAN DO IT” is carrying out various measures to improve catering and nutrition education in schools and childcare establishments (www.kinderleicht.net). The project “Eat better. Move more. The competition” is promoting 24 regional projects to establish new networking structures for preventing obesity. Currently, quality standards for school food are being developed in cooperation with the German Nutrition Society (www.dge.de), and these are being supplied to all schools free of charge. Another priority is improving diet in kindergartens, where quality seals are being awarded to the facilities, parents are being educated and teachers given further training.

- The Federal Centre for Health Education, a central federal agency, has developed a range of materials and campaigns aimed at children and young people, primarily from socially disadvantaged groups (www.bzga.de). The youth campaign “HIGH FIVE”, for example, is based on an integrated concept offering young people health-oriented services in key areas of life, such as leisure, school, sport and travel. Another priority is overweight children and young people.
In addition to extensive information and teaching material, the “aid” information service (www.aid.de), an association supported by the Federal Ministry of Food, Agriculture and Consumer Protection, offers the campaign “talking food”, a portal for questions and information on all aspects of healthy diet. This is aimed at young people, but teachers, parents and the media are other important target groups.

The Federal Ministry of Education and Research has established lifestyle improvement as a research priority. To date some EUR 11 million has been spent, including on projects on exercise, nutrition and obesity.

Given Germany’s federal structure, the Länder and local authorities, in line with their responsibilities, are also involved in promoting a healthy lifestyle together the Federal Government.

There are also other measures initiated by the Federal Government involving close cooperation with the key social actors. Plattform Ernährung und Bewegung e.V. (peb) is a broad alliance of social groups working to promote a healthy lifestyle for children and young people in Germany in order to prevent obesity. It was created in 2004 at the initiative of the Federal Ministry of Food, Agriculture and Consumer Protection (www.ernaehrungundbewegung.de). Another example of improved cooperation and coordination of measures and greater transparency is the Deutsche Forum Prävention und Gesundheitsförderung (German Forum for Lifestyle Improvement and Health Promotion), formed by the Federal Ministry of Health in 2002. Over 70 important associations in lifestyle improvement are cooperating on this (www.forumpraevention.de). Food, exercise and stress management are important themes, explored for example in the congresses “Healthy Learning in Schools and Childcare Centres” (2005) and “Exercise in daily life – where people life and work” (2007).

Children and young people are important targets for preventing obesity, as food and exercise habits are established early on and are mostly retained throughout people's lives. There are differences in the way specific target groups are addressed, depending on gender, age, education and cultural background. In future the measures will also be aimed more strongly at young adults. Older people will also be increasingly addressed.

In principle, people must be aware of these issues in their daily lives. Childcare centres and schools are proven settings for reaching children and young people with measures for preventing obesity. In addition, the relevance of this theme must be considered in the work and home spheres.

As part of Federal Government health reporting, the report “Health in Germany” was published in 2006 by the Federal Ministry of Health, and includes current statistics on obesity and statements on exercise habits (www.gbe.de). The national child and youth health survey KiGGS provides representative data, including data on obesity, diet habits and exercise habits of girls and boys (www.kiggs.de). The Federal Government’s Food Report provides a picture every four years of the state of nutrition in Germany and various topics relevant to nutrition. The Federal Government has also collected data (for the first time in 20 years) on current food consumption and eating habits of the German population from 14-80.

Lifestyle improvement and health promotion must be given greater weight as positive values in the European Union. This can only happen if health is established more clearly as a prerequisite for quality of life and well-being. A possible first step is the inclusion of lifestyle improvement and health promotion in the Lisbon Strategy. Lifestyle improvement must be seen as a future issue for the European Union and implemented as a guiding principle for the public and private sectors. This is the only way to strengthen the individual responsibility of
people in everyday life. Lifestyle improvement must be given a better structural and institutional foundation.
Greece

The majority of the prevention programmes that regard non-communicable diseases in Greece are being developed and executed by various organisations that operate under the auspices of the Hellenic Ministry of Health and Social Solidarity. These include the following:

- National Council for Public Health
- Hellenic Centre for Disease Control and Prevention
- National Institute of Child Health
- National Centre for Diabetes Research, Control and Prevention.

The current institutional framework for Public Health is included in the law 3370/2005 (article 18). According to this, the National Council for Public Health is responsible for the development of the National Strategy for Public Health. Under the same law, the Hellenic Centre for Disease Control and Prevention is responsible for the development of strategies for the prevention of non-communicable diseases, the prevention and control of accidents, the environmental health and the evaluation of the National Health services. Under the Ministerial Decision ΔΥ15/οικ.30528/23.3.2005, the National Nutrition Policy Committee was reconstituted with the aim of developing new, updated and regular nutrition policies.

- Promotion of healthy diets in children, adolescents and adults
- Tackling and reducing childhood obesity rates
- Promotion of breastfeeding
- Prevention of cancer
- Prevention and control of diabetes
- Prevention of hypertension

Under the National Nutrition Policy Committee, five subcommittees were developed, each one having to fulfill a specific target related to nutrition and public health. The targets are as follows:

1. Reduce childhood obesity
2. Increase consumption of vegetables and legumes
3. Reduce meat and increase fish consumption
4. Prudent diet in mass catering
5. Food safety, quality and consumer’s protection

Moreover, a special working group was created under the auspices of the National Nutrition Policy Committee which aimed at developing a framework which would determine the foods to be provided in Greek School Canteens. A law on Healthy School Food Canteens was developed and applied recently under the Ministerial Decision no. ΔΥ15/ΓΠ/οικ.93828.

Various bodies have been involved in these activities. Namely, the five subcommittees have been working closely with the Hellenic Ministry of Health and Social Solidarity, the Ministry of Agriculture, The Ministry of Education, the Ministry of Development - Hellenic Food Authority
(EFET), local hospitals and paediatric clinics, schools and universities and distinguished people from the scientific community.

The activities mentioned above target all age groups.

The National Law for Healthy School Canteens focuses on public and private primary schools and high-schools. The law determines the types of foods and drinks which should be sold in school food canteens and emphasizes the importance of the Greek traditional diet by encouraging the availability of traditional healthy foods with emphasis being put on foods with a low trans fatty acid content. Moreover, it allows the availability of certain foods and drinks that promote health and that follow certain nutritional criteria such as low content of saturated and trans fats, low salt and sugar content and high content in fibre, vitamins and minerals.

There are two sources of dietary information for the Greek adult and elderly population:

- The data collected in the EPIC project
- The National Household Budget Surveys (DAFNE) and the information on Adult Dietary Intake which refers to EPIC data (www.nut.uoa.gr)

As for the infants, pre-school and school children and adolescents, the available information refers to a study undertaken in 1985 – 87.

Greece would like to see stipulated in the final memorandum:

- The promotion of the traditional Mediterranean diet, lifestyle and foods.
- The promotion of physical activity especially in children and the development of environmental policies and appropriate town planning which will contribute towards this.
- The development of regulations on food labelling
- The development of regulations on food advertising
Hungary

In Hungary, the following governmental institutions are involved in the development and execution of prevention programmes concerning non-communicable diseases: the National Public Health and Medical Officers’ Service (NPHMOS) and its national network (belongs to the Ministry of Health) and the Institutions of NPHMOS (National Institute of Food Safety and Nutrition, National Institute of Health Promotion, National Institute of Child Health, National Institute of General Practitioners).

Legal frameworks and regulations in this field are the National Public Health Program (2003-2013), the Parliamentary resolution 46/2003 (IV. 16.), the National Nutrition Policy (2005), the National Food Safety Program(2005), the Food Based Dietary Guidelines(2001,2005), and the Ministry of Education Decree on Healthy School Buffet (2005).

Major topics of health promotion and primary prevention of non-communicable diseases in Hungary are healthy youth, equal opportunity for health, improving the health of the Elderly, health promotion in settings of daily life, cutting back tobacco smoking, alcohol and drug prevention, healthy nutrition and food safety, promoting physical activity, the National Environment and Health Action Programme, reducing morbidity and mortality caused by coronary heart diseases and cerebrovascular diseases, reducing morbidity and mortality caused by neoplasms, strengthening mental health and reducing morbidity caused by locomotor diseases.

Nutrition related issues are addressed in all of the three major national programmes launched in 2006: the Hungarian National Cancer Control Programme, the National Infant and Child Health Programme and the National Programme for the Prevention and Treatment of Cardiovascular Diseases. A Physical Activity Action Plan does not exist yet. An information campaign in large supermarket chains is being carried out (dietary and lifestyle advice, blood pressure, blood-sugar level and body weight measurement). Moreover, there are Community programmes with special attention to healthy nutrition and physical activity.

Besides the governmental institutions, the Food industry, mass catering organizations and civil organizations (Consumer Protection Association, National Association of Sports Federations) are involved in the above mentioned activities as coordinating and cooperating bodies. The “TÉT” (Nutrition lifestyle physical activity) Platform founded in September 2006.

Specific target groups of the above mentioned activities are the members of population in low socioeconomic status; children and adolescents, families, elderly people. Settings involved are schools, sport clubs, student associations and school canteens. Measures are national guidelines for school mass catering; national guidelines for school buffets; physical activity programmes in school curricula and every day physical activity lesson. For the age group 6-18 years there are obligatory physical education lessons.


Hungary considers the following strategies and goals most valuable:

- Regular education (as part of the curricula) of nutrition, and regular physical activity lessons in schools
- Healthy nutrition in the school catering and buffets; promotion of consumption of fruits and vegetables
- Non personal intervention: offer of much bigger choice of foods with less salt, saturated fat, sugar, more variation of whole grain cereals
- Interactive family, and/or children programmes concerning healthy food preparation, and common physical activity
- Leaflets, books for every family on healthy nutrition and physical activity,
- Regular programmes in the media on healthy nutrition and physical activity,
- Healthy offer in the school vending machines
- Regulation of advertisements for children (e. g. time limit)
Iceland

Health promotion and primary disease prevention are the responsibilities of the Ministry of Health and Social Security, Public Health Institute of Iceland, Directorate for Health and the Primary Health Care. Legal frameworks and regulations in this field are: the Public Health Institute Act no. 18/2003, the Health Services Act no. 97/1990 and the Tobacco control act 6/2002. Major topics of health promotion and primary prevention of non-communicable diseases are: tobacco, nutrition, physical activity, alcohol and illegal substance, breastfeeding and infant nutrition, upbringing and discipline, injury and accident prevention, dental health, growth and development, immunization, hygiene, sexual behaviour and contraception, sleep, life skills and social relations.

In Iceland, there are the following key nationwide governmental activities relating to primary disease prevention and promotion of healthy lifestyles: the National Health Plan 2010, the Public Health Institute Action plan 2006-2010, the Everything affect us especially ourselves campaign, National nutritional recommendations and Nutrition recommendations for infants, Guidelines for school and kindergarten canteens, National physical activity recommendations (currently being developed), Guidelines for daily physical activity in schools (currently being developed), Partner in the Cycle to work project (coordinated by NOC of Iceland) and Primary health care (Health monitoring in children, Health education and health promotion in schools regarding lifestyle factors. The Ministry of Education, Science and Culture launched Sporty Iceland “Íþróttavæðum Ísland”. The main emphasis is on the importance of daily exercise and how the society can create a forum for healthier lifestyle.

Coordinating and cooperating bodies involved in the above mentioned activities are:

- Everything affect us especially ourselves campaign: Public Health Institute, Municipalities (25), Primary Health Care, Pre-schools, Elementary Schools, Sports clubs, Parents associations.


- Nutritional recommendations for infants: Centre for Child Health Services (MHB, infant care) and Public Health Institute.

- National physical activity recommendations (currently being developed): Public Health Institute, Directorate of Health, Icelandic Medical Association, University of Iceland (dep. of Movement Science) and Iceland University of Education (Center for Sport and Health Science).

- Guidelines for daily physical activity in schools (currently being developed): Public Health Institute, Ministry of Education, Iceland University of Education (Center for Sport and Health Science), Reykjavik University (School of Health and Education), Physical Education Teachers Association, Physical Therapy Association, Occupational Therapy Association. Principals and landscape architects are also part of the project group.

- Health education and health promotion in schools regarding lifestyle factors (6H): Centre for Child Health Services (MHB, division of school services, material is promoted by school nurses), Public Health Institute (project managers are responsible for the material in cooperation with school nurses).
Specific target groups of the above mentioned activities are the in general the Icelandic population but especially children, elderly people, the working population, schools principals and teachers, and people with mental health problems.

The *Everything affect us especially ourselves* campaign provides an Action plan on municipality level, guidelines for school and kindergarten canteens and a checklist that the municipalities can use to evaluate their status with respect to physical activity, nutrition and the related environment. Separate indicators have been developed from this checklist for community planners, primary school, kindergarten, parent-teacher organizations, school health services and sport clubs.

*National nutritional recommendations and Nutrition recommendations for infants:* Preventive infant and young child health services are conducted in health centres. It includes promotion of exclusive breastfeeding for 4-6 months, preferably 6 months, and parents guided with relevant material on how to gradually add other food ingredients. Special attention is given to cow milk and the risk of iron deficiency.

*Guidelines for school and kindergarten canteens* are used by the staff in school and kindergarten canteens. Staff of canteens in schools and canteens in municipalities participating in *Everything affects us especially ourselves* receive a course in how to use the guidelines.

*Health monitoring in children:* All newborns have a home visitation by a nurse. At the primary health care centre, they are regularly followed up by general practitioners (GPs) and nurses, at least eight times during the first 18 months and then twice before six years of age. The work is guided by national guidelines regarding growth and development of the child and supported by relevant and age-matched health promotion material. In school, all children participate in regular school health activities during 10 years of compulsory school, including monitoring of growth and development, immunization and health promotion. All services are free of charge and reach all children. They are implemented by nurses who are supported by GPs. During compulsory school all children have their height and weight measured four times, i.e., at 6, 9, 12 and 15 years.

Further activities: Health education and health promotion in schools regarding lifestyle factors; Framework for involvement of parents in health education and healthy family lifestyle; Framework in health education for school children.

School nurses spend 40% of their working time on health education and health promotion.

Aspects in school curricula:

- Health economics lessons in schools – Class 1-4 (1 lesson per week), class 5-8 (2 lessons per week), class 9 and 10 optional.
- Physical education lessons in schools (2 lessons general sports and 1 swimming lesson per week, in total 102 hours per year)

In Iceland, there is a broad range of relevant health based data in respect of nutrition and physical activity available, predominantly collected by the following institutions:

**Public health institute in cooperation with other stakeholders**

Questionnaires sent to principles, both in elementary schools and kindergartens in January 2005, 2006 and 2010. Investigating conditions and availability in participating schools concerning food, drink and physical activity.

Unit for Nutrition Research:

- Data-collection 2000 and 2004 (both nutrition and physical activity).

University of Iceland (dep. of Movement Science):
- Surveys of health, fitness and physical activity (20-80 years old) 1997 and 2000
- Survey of physical activity among Icelanders (IPAQ, 18-80 years old) 2006
- Lifestyle of 9 and 15 year old children (EYHS) 2003-2004

Primary health care (Infant care):

- All infants and young children (<6 years) are weighed and their height/length measured during every preventive visit. All data are computerized and analysed by the primary health care organisation through the Centre for Child Health Services (MHB).

Iceland would like to see stipulated in the final memorandum:

- Physical activity:
  Comprehensive national physical activity action plan is needed to guide future strategies and goals. The work should be based on WHO framework for action to promote physical activity in the European region (WHO-Europe, 2006).

- Nutrition:
  Goal: Increase availability, accessibility and affordability of healthy foods
Ireland

The Department of Health & Children is the governmental institution involved in the development of policy concerning non-communicable diseases. The execution of prevention programmes concerning non-communicable diseases is the role of the Health Service Executive.

In Ireland, major topics of health promotion and primary prevention of non-communicable diseases are: Nutrition, Physical Activity, Alcohol, Drugs, Breastfeeding, Mental Health, Men’s Health, Oral Health, Sexual Health, Smoking, Workplace Health, Obesity, Diabetes, Cancer and Cardiovascular Health.

A National Nutrition Policy has been developed and will be published this year. A National Obesity Strategy, which addresses nutrition and physical activity, has been published in 2005. 3 Million euros funding has been allocated for the development of specialist hospital services for adults and children; for specialist posts; for weight monitoring equipment; skills based programmes and working with the catering sector.

Coordinating and cooperating bodies (partners, stakeholders, networks etc.) involved in the above mentioned activities are:

- The Taoiseach’s Office (Prime minister’s Office)
- Department of Health and Children
- Department of Education and Science
- Department of Agriculture and Food
- Department of Social and Family Affairs
- Department of Finance
- Department of Arts, Sport and Tourism
- Department of Enterprise, Trade and Employment
- Department of the Environment, Heritage and Local Government
- Department of Transport
- Department of Community, Rural and Gaeltacht Affairs
- Health Service Executive
- Irish Sports Council
- Food & Drink Industry Ireland, IBEC
- Health Promotion Agency for Northern Ireland
- Irish Nutrition & Dietetic Institute
- University College Dublin
- National Children’s Office
- An Bord Glas
- Irish Heart Foundation
- National Nutrition Surveillance Centre

Main target groups of these activities are children and adults. Settings involved are:
- Schools –Pre-schools, Primary and Post –Primary schools (Nationwide guidelines for Pre-schools and Primary Schools and guidelines under development for Post-Primary Schools, Action for Life, Social and Personal Health education- a subject in school curricula in Primary and Post- Primary Schools),

- Youth Sector- the National Youth Health Programme,

- Community (WHO Healthy Cities Initiative, Community based peer-led healthy eating programme, Cook It programme, National Healthy Eating Campaigns, Healthy Catering Programme[Happy Heart Eat Out programme])

- Workplace (Happy Heart at Work programme)

- Health Services (Healthy Catering guidelines for Staff and Visitors in Healthcare Services, Healthy Eating Guidelines for the prevention of undernutrition in acute hospitals [being developed- for publishing early this year])

In Ireland, the National Nutrition Surveillance Centre is responsible for the ongoing monitoring programmes: SLAN 1 & 2 and Health Behaviours in School Children (HBSC) 1 & 2. These surveys are carried out every 4 years and last reported in 2003. SLAN 3 and HBSC 3 are currently underway. Further monitoring programmes are the North/South Food Consumption Survey, 2002 (18 years plus) and the Children’s Food Consumption Survey, 2005 (5-12 years). An Adolescent Food Consumption Survey is underway.

Ireland likes to see stipulated in the final memorandum: At national level, the implementation of the recommendations in the National Nutrition Policy (prioritises young people 0-18 years and the priority topics are obesity and food poverty) and the recommendations in the National Obesity Strategy. Moreover, a proposal to establish an intersectoral body is considered desirable.
Italy

In Italy, Health Promotion and Primary Disease Prevention lie within the general competencies of the different administrative levels of the National Health System. Besides the basic law that created the National Health System, the National Health Plans 2003-2005 and 2006-2008, especially the National Prevention Plan 2005 and a National Plan called “Gaining Health” are forming the legal and strategic framework in this field. The main topics are Smoking, Nutrition, Physical activity, Hypertension, High blood cholesterol and Alcohol.

The National Prevention Plan 2005 and Gaining Health are the most important initiatives in the field: the first is oriented to move the Health System that it can play a more active role in health promotion, the second is oriented to move the National and Regional Institutions to put health in all policies. Both activities basically target the population as a whole, but focus especially on childhood and youth.

19 Italian Regions and 2 Autonomous Provinces, Scientific Societies, the Superior Institute of Health (ISS) and the Food and Nutrition Research National Institute (INRAN) are involved as coordinating and cooperating bodies for the implementation of the National Prevention Plan 2005. It has the goal of developing prevention programmes at local level in the Italian Regions and it includes project lines on some of the major health issues (vaccinations, oncological screenings, cardiovascular diseases, accidents). Prevention of obesity is part of the general field of heart risk factors and the Italian Regions have produced their projects on the basis of a Strategy worked out by the Ministry of Health – National Centre for Diseases Prevention and Control (CCM).

The intersectoral approach of the “Gaining Health”-Plan integrates various other institutions: the Ministries of Agriculture, Education, Economy, Youth Policies and Sporting Activities, the Industries Confederation (Confindustria), local institutions, food producers and consumer associations. Gaining Health is a national plan to develop interministerial policies aimed to

- Facilitate urban mobility and physical activity;
- Sustaining fruit and vegetables consumption;
- Reducing the concentration of salt and fats in foods;
- Discouraging cigarette smoking; and
- Reducing alcohol consumption.

Relevant nationwide health based data are provided by three institutions. The National Institute of Statistics (ISTAT) collects related population data on weight and lifestyle. Two projects gather data on weight: the PASSI project for the age group 18-69, the CUORE project for the age group 35-74. For Childhood and Youth there are regional surveys.

An Agreement, which adopts the indications of the European Charter on Counteracting Obesity, should be stipulated in the final memorandum.
Latvia

Health promotion and primary disease prevention lies within the remits of the Ministry of Health, the State Health Promotion Agency, the Public Health Agency, the State Addiction Agency and the Sports Medicine State Agency.

Legal frameworks and regulations in this field are: the Public Health Strategy (2001-2010), the Strategy “Healthy Nutrition (2003 – 2013)”, the State Program for Tobacco Surveillance for 2006 – 2010, the Program for Reduction of Alcohol Consumption and Restriction of Alcohol Addiction for 2005 – 2008, the Strategy for Health Care of Mother and Children, the National Programme for Development of Sports, 2006 – 2012, the Law on Restrictions Regarding Sale, Advertising and Use of Tobacco Products, the Law on the Supervision of the Handling of Food, the Law on Sports, the Regulations of the Cabinet of Ministers “On the Labelling of Food” (November 23, 2004 No.964), the Regulations of the Cabinet of Ministers “Procedures for the Organisation and Financing of Health Care“ (21 December 2004, No 1036) and the preventive examination programme is conducted in accordance with these Regulations, the Regulations of the Cabinet of Ministers „Hygienic Requirements for General Primary and Secondary Education Institutions and Vocational Education Institutions“ (December 27, 2002, No.610).

Promote healthy nutrition and physical activity in order to reduce obesity and other non-communicable diseases as well as the reduction of alcohol and tobacco related harm on health are the major topics in this field.

In Latvia, there are the following key nationwide governmental activities (in the field of nutrition and physical activity) relating to primary disease prevention and promotion of healthy lifestyles:

Public Health Strategy (2001-2010):
Target 8 “Reduce non-communicable diseases” – by 2010, morbidity, disability and premature mortality due to non-communicable diseases advisedly should be reduced to the lowest achievable levels.

18 tasks (for example, educate public in matters of healthy nutrition and lifestyle as well as physical activity, promote breast-feeding, promote consumption of fruits and vegetables, carry out the School Milk Project, etc.)

Aims of the Program include:

- „Sports for all“ – to ensure conditions, which allow everyone to be physically active and to practice sports;
- State is responsible for the physical education of the young; every children and adolescent should be able to practice sports.
- Sports for the disabled people should be ensured.

Other ministries (Ministry for Children and Family Affairs, Ministry of Agriculture, Ministry of Economics, Ministry of Education and Science, etc.) are involved as coordinating and
cooperating bodies (partners, stakeholders, networks etc.) in the above mentioned activities as well as Universities, the Latvian Dietitians’ Association, the Latvian Association of Local and Regional Governments, the Latvian Federation of Food Enterprises and the Latvian Traders’ Association.

Main target groups of these activities are: Children and adolescents, pregnant women and breastfeeding mothers, people under 65 years of age.

On 22 August 2006, Regulations of the Cabinet of Ministers were adopted with the aim to restrict marketing of soft drinks, sweets and salty snacks in education institutions. Regulations came into force on 1 November 2006. Latvia has also joined the School Milk Program. Milk is free of charge for children from grades 1 – 4 and for reduced price for other school children.

Planned activities:

- Extend the School Milk Program, so that milk is free of charge for children from grades 1 – 9.
- Promote the consumption of fruits and vegetables in schools.
- Elaborate guidelines for healthy catering in schools.
- Elaborate and integrate in the school curricula a special physical activity program for children with health problems.

The following relevant health based data are available in Latvia:

Health Behaviour in School-aged Children (HBSC):
Cross-national research study conducted in collaboration with the WHO Regional Office for Europe. The study aims to gain new insight into understanding of young people’s health and well-being, health behaviours and their social context. HBSC surveys are carried out at four-years intervals – 2001/2002 and 2005/2006. Target groups – 11, 13 and 15 years old children.

Health Behaviour Among Latvian Adult Population (FINBALT)
FINBALT Health Monitoring is a collaborative system for monitoring health related behaviour, practices and lifestyles in Estonia, Finland, Latvia and Lithuania. FINBALT Health Monitoring system monitors behaviour such as smoking, alcohol consumption, food habits and physical activity. A mailed survey carried out every second year (in Latvia – 1998, 2000, 2002, 2004, 2006). Target group is adult population (15 – 64 years).

Latvia would like to see the following goals and strategies stipulated in the final memorandum:

- Nutrition labelling should be mandatory. Nutrition information to be provided should include energy, total fat, saturated fat, carbohydrates, added sugar, protein, fibre and salt. Labelling should be standardized.
- Restriction or ban of advertising of unhealthy products, especially to children.
- Promotion of consumption of fruits and vegetables, with a focus on children and young people (School Fruit Program in the EU level, similar to the School Milk Program).
- Strategies for improving physical activity should be developed and implemented.
Lithuania

Health promotion and primary disease prevention are located in the National Nutrition Centre of Ministry of Health, which is responsible for the development of the State Food and Nutrition Strategy and the implementation of the Action Plan of the Strategy for nutrition, physical activity and related matters.

According to the Resolution of the Government of the Republic of Lithuania the State Food and Nutrition Strategy is the major state provisions and the ways for their implementation aimed at improvement of food safety and nutrition of the population. This Strategy establishes the guidelines for the optimization of food safety and nutrition of the population, with the aim to safeguard people’s health and improve the quality of life. The main goal of this Strategy is to protect and promote health of people and to reduce the spread of diseases related to unhealthy nutrition, while contributing to social and economic development of the country and sustainability of the environment. The underlying directions of this Strategy are: foodstuffs safety and quality improvement; promotion of healthy nutrition of the Lithuanian population; provision of access to an even supply of all groups of Lithuanian population with foodstuffs of high quality produced by sustaining environment; periodic evaluation of the changes in nutritional status of the population and nutrition-related health problems.

The main aims of the Action Plan of the Strategy are: to develop and implement a National Obesity of the Population Control Program; to organize the promotion campaigns and to promote consumption of whole grain products, low-fat milk and meat products, fruits and vegetables; to implement an integrated teaching on healthy lifestyle and healthy nutrition in the general education of pre-school educational institutions and comprehensive schools; and while implementing the Law of the Republic of Lithuania on Physical Activity and Sports, to achieve that at least 3 weekly physical training lessons are carried out in all types of children educational institutions.

Main implementing partners and stakeholders are: Department of Physical education and sport under the Government of Republic of Lithuania, Ministry of Education and Science, Ministry of Social Security and Labour, Ministry of Environment, Ministry of Agriculture, Municipalities, Youth Organizations, Industrialists Organizations, Trade Organizations, Universities, Mass Communication.

Ministry of Education and Science is responsible for Nutrition and Physical Activity of children and adolescents; National Nutrition Centre and Universities carry out surveys (monitoring) on actual nutrition, lifestyle of the Lithuanian people; Ministry of Social Security and Labour is responsible on actual nutrition by the elderly people.

Programs for nursery, high and secondary schools, in the area of nutrition and physical activity are currently being prepared.

In Lithuania, there are programmes to carry out surveys on nutrition of children and adolescents, on the nutrition of pregnant women and breastfeeding mothers, on actual nutrition by the elderly people; on actual nutrition and lifestyle of the Lithuanian people and their attitude towards health and nutrition and to create respective data bases.

Promoting healthy diets, physical activity for the prevention overweight, obesity and chronic diseases, monitoring on actual nutrition, development and implementation of National Obesity of the population Control Program are considered most valuable.
Luxembourg

Health promotion and primary disease prevention is the responsibility of the Ministry of Health. The Directorate of Health, which is depending from the Ministry of Health, and especially the Division of Preventive Medicine, are the main actors developing preventive programs, together with different national partners. National organized programs are among others:

- National Breast screening program
- National Action Plan against Drugs and Addiction
- Immunization Program
- National Program for Healthy Nutrition and Physical Activity
- National Program for the Protection and the Promotion of Breastfeeding

The legislation, regulation, organization or level of implementation can significantly differ between the programmes.

Luxembourg doesn’t have a special legal framework for an overall regulation of prevention and health promotion. The law regulating the Directorate of Health defines prevention and health promotion as activity areas of the Division of Preventive Medicine and of the Division of School Medicine. The above-mentioned programs and other preventive initiatives are supported by different legal or governmental regulations.

Major topics of health promotion and primary prevention of non-communicable diseases are among others: Healthy nutrition and physical activity, tobacco, well-being of children and adolescents, mental health, early detection of different cancers (breast cancer, bowl cancer, skin cancer), sexual health, breastfeeding and perinatal health.

A national programme promoting healthy nutrition and physical activity is being developed. At the moment the most important initiatives are:

- Common action plan “Gesond lessen, Méi bewegen “ “Eat healthy, Move more”
- Elaboration of national nutritional guidelines
- Nationwide awareness program for the promotion of healthy nutrition and physical activity in school-aged children
- Promotion of initiatives in the municipalities interested to participate at the common action plan.

Prevention of tobacco consumption and of drug consumption in general and of addiction has been a national priority since many years.

The common action plan to promote healthy nutrition and physical activity is carried out between four ministries: Education, Family, Sports and Health and their respective partners, NGO’s associations and professionals active in the field. A national expert group of different health professionals is responsible for the elaboration of the national nutrition and physical activity guidelines, their surveillance and regular update. The main partners for this action with school-aged children are the Ministry of Education and the teachers, the Ministry of health and the units of the school medicine. The Association of Nutritionists is collaborating in all activities. Other important partners are the councils of the municipalities.
The activities in the field of healthy nutrition and physical activity of the year 2006 focused mainly the following population groups: the whole population, the school-aged children and the newborn babies.

Some settings are considered at “national level”, for example: Interministerial initiatives. Other settings are approached more locally: for example schools, municipalities etc.

Measures in the area of nutrition and physical activity are:

- Elaboration of national guidelines for a healthy nutrition and physical activity addressed at the whole population. The recommendations which will be officially presented on March 3th;
- Elaboration of the “dynamic and progressive” interministerial action plan: Gesond lessen, Mei bewegen”;
- Elaboration of criteria of good practise for the attribution of the logo “Gesond lessen, Méi bewegen”;
- A national awareness programme for the kindergarten and the primary school has been elaborated;
- Concrete and active support of the different partners who decided to develop activities in the field of healthy nutrition and physical activity.

The following relevant health based data are available in Luxembourg: HBSC survey (Health Behaviour in School-aged children), Motricity survey in school-aged children, School medical surveys, National mortality statistics, National morbidity data, HFA data Eurostat health data and Eurobarometers.

The initiative in Luxembourg is strongly based on and inspired by the strategies of WHO, the EC and national programs of neighbour countries. The commitment of the EU in the field of physical activity and nutrition influences deeply Luxembourg’s national process. Luxembourg profits enormously of the international scientific and political expertise. The large international collaboration and exchange on EU level represent a significant added value to the whole national programme: scientific evidence, examples of national programmes, models of evaluation, examples of good practise, creation of national networks and links to international networks etc.

Following important dimensions should be mentioned in the memorandum:

- The initiation of “dynamic processes” in favour of healthy nutrition and physical activity and not only limited static programmes
- Make the healthiest choice the easiest one
- Health for all and equity in access to health for all
- Health in all policies, also for nutrition and physical activity
- Significant importance for the creation of networks and of partnerships
Malta

Health Promotion falls within the remit of work fulfilled by the Health Promotion Department. This department is also involved in creating awareness on primary disease prevention with the corresponding community services allocated at Primary Health Care. Health Promotion will be one of the cornerstones proposed in the new health legislation expected in 2007.

Nutrition, Tobacco, Physical Activity, Mental Health, Sexual Health, Alcohol and Drug Abuse are the major topics of health promotion and primary prevention of non-communicable diseases.

Malta has no official plans in the field of nutrition and physical activity, but the Health Promotion Department is engaged in addressing the prevention of risk factors in NCD’s through awareness raising national campaigns. Currently, an NCD strategy is being drawn up which will formulate future plans in Health Promotion Department. The main coordinating body for activities in the field of nutrition and physical activity, mostly aimed at the Maltese population as a whole, is the Ministry of Education. Schools, Local Councils and Work-place environments (to some extent) are settings involved in these activities. Malta has conducted a Lifestyle survey (2003) focussing on adults. DAFNE Food consumption data are in progress. Health Behaviour in school-aged children was surveyed in 2002 and 2006.

Malta likes to see the following goals stipulated in the final memorandum:

National future goals:

1. Reduce obesity and overweight across all age groups.
2. Increase physical activity levels in all age groups.
3. Adopt an NCD national strategy that focuses on addressing the health determinants.

Future goals at EU level:

4. To work on the health determinants at the EU level.
Norway

In Norway, the following governmental institutions are involved in the development and execution of prevention programmes concerning non-communicable diseases: the Ministry of Health and Care Services, the Ministry of Labour and Social Affairs, the Ministry of Children and Family Affairs, the Ministry of Local Government and Regional Development, the Ministry of Culture and Church Affairs, the Ministry of the Environment, the Ministry of Transport and Communications, the Ministry of Education and Research and the Ministry of Agriculture and Food.

Health promotion and primary disease prevention is governed by the following legal frameworks:

- The Act of Tuition
- The Working Environment Act
- The Planning and Building Act
- The syllabus of kindergartens
- The Municipal Health Service Act
- The Act of Specialist Health Care

and regulations:

- The “Learning-Poster”
- The legislation on impact assessments
- National Cycle Strategy

The Action Plan on Physical Activity (2005-2009) “working together for physical activity”- aims at increasing and strengthening factors that promote physical activity in the population and reduce factors that lead to physical inactivity. An increased physical activity will be attained through a total strategy that includes measures in diverse areas of society – in kindergartens, schools, at work, in transport, on the local environment and in leisure. The Public Health White Paper no. 16 (2002-2003) emphasises partnerships as a main strategy for a more committed, permanent and intersectorial co-operative process on order to promote public health. A PS-model shall strengthen public health work by securing a stronger foundation in democratic organs as well as in ordinary planning- and resolution processes. Furthermore, this model shall also create a more solid basis for participation of voluntary organisations in public health work. As a regional development agent responsible for planning, the county municipality is challenged to initiate and co-ordinate public health work. Physical activity shall be given high priority in regional as well as local partnership for public health.

The Action Plan requires co-operation between different sectors and levels of administration, and eight ministries collaborate in the development and the follow-up of this plan. On the regional level there exist partnerships. The primary target groups for the action plan “Working together for physical activity” include decision makers, planners and professionals/ highly skilled persons on all levels within public, private and voluntary sectors. Obviously there are persons like these who are going to contribute to the realisation of the intensions and the
measures within the plan. The target group for the specific intentions and ideas in the action plan is the entire population; especially children and adolescents and persons who have a low level of physical activity.

In Norway there are few guidelines for physical activity. There are national guidelines of at least 30 minutes daily physical activity for adults and elderly and the at least 60 minutes daily physical activity for children and youth. Furthermore exists the work environment law.

After the report Culture for learning (Report no. 30 to the Storting (2003-2004), there came a new Core Curriculum. In this document there is a broad consensus that the schools should make it possible for all pupils to be physically active each day. The Ministry will spread the good experiences from the project “Physical activity and school meals” to other schools. More than 300 schools participated in the project in the period 2002-2006.

There exist no nationwide monitoring programmes over physical activity in Norway. One of the goals in the action plan “Working together for physical activity“ is to establish a system of monitoring the level of physical activity in the population. This work has started and the data collection in the first survey over the activity level and fitness level in children and youth is just finished. The report will come in the end of February 2007. But there are some other data:

Data from the European HEVAS-survey exist. There, Norway has data from 11, 13 and 15-years old boys and girls from the whole country. The survey was started in 1985 and then followed up after a standardised protocol in 1989, 1993, 1997, 2001 and 2005/06. Data from the last survey will come the first part of 2007. The study provides data on physical activity in schools, organised sport activities in leisure time, television watching, use of computers, overweight and nutrition data. In the age group 40-42 years, there are some data over leisure time physical activity, a questionnaire with a question with four different possibilities to describe the activity level from very active to inactive is used. The data reminds from many of the Norwegian counties from the period 1985-87, 1988-90, 1991-1993, 1994-96, and 1997-99 and from 40-45 years old from three counties 2000-01. In the same period there also are body mass index data.

Norway considers the following strategies and objectives valuable:

National level:

- Physical activity must be a prioritized in the primary preventive work
- The voluntary organizations must be involved in the national activities
- Developing strategies and goals in the work to reduce social equalities in health

European level:

- Develop a European monitoring system over physical activity and indicators for physical activity.
- Develop strategies to reduce social equalities in health.
- Develop strategies for workplace actions to promote healthy lifestyle among employees.
- Develop strategies that support the local communities in their effort to promote healthy lifestyles (with special focus on physical activity and nutrition).
- Develop strategies for targeted interventions for healthy lifestyle in high risk groups/areas (like the Moro-project in Oslo).
- Have specific goals like the Nordic action plan (Healthy food and physical activity – Nordic Plan of action on better health and quality of life through diet and physical activity, Nordic Council of Ministers, 2006)
Poland

In Poland, health promotion and primary disease lies within the remits of the State Sanitary Inspection, whose work is governed by the Act of 14 March 1985 on State Sanitary Inspection.

Major topic of health promotion and primary prevention of non-communicable diseases is the Promotion of a healthy lifestyle: a balanced diet and regular physical activity – prevention of overweight, obesity and chronic diseases.

According to the “Position of the Government” adopted on 14 March 2006 in reply to the Green Paper “Promoting healthy diet and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases”, a focus on children and young people is priority. Therefore, in 2006 an educational programme of healthy diets and physical activity among young people (5 000 lower secondary schools in Poland) was initiated.

The following coordinating and cooperating bodies are involved in the above mentioned activities: Organizers of a.m. educational programme: the State Sanitary Inspection and the Polish Federation of Food Industry. Coordinators are at the central level the Chief Sanitary Inspectorate, at the regional level the Voivodeship Sanitary-Epidemiological Stations, and at the local level the County Sanitary-Epidemiological Stations. Moreover, the following partners and stakeholder are involved:

- Ministry of National Education,
- Ministry of Sport,
- Mother and Child Institute,
- National Food and Nutrition Institute,
- Warsaw Agricultural University,
- University of Physical Education in Warsaw,
- “Lider” – health and physical culture magazine.

Specific target groups of the above mentioned activities are 13-15-year-old students (lower secondary schools) and 11-12-year-old children (primary schools) as well as their parents. Schools are key settings for health-promoting interventions – supported by efforts from the media, health services, civil society and relevant sectors of industry. Therefore, in Poland, there is an Educational programme of balanced diets and physical activity in connection with guidelines for school meals, canteens, vending machines etc. and for health promotion by means of physical culture.

Important lifestyle choices pre-determining health risks at adult age are made during childhood and adolescence. In order to avoid that children are exposed to conflicting messages, health education efforts by parents and in schools need to be supported by efforts from the media, health services, civil society and relevant sectors of industry.
Portugal

In Portugal, the General Health Directorate, Regional Health Administrations and Health Centres are involved in the development and execution of prevention programmes concerning non-communicable diseases. The main legal framework in this field is the National Health Plan (2004-2010).

Tobacco, Alcohol abuse, Drug abuse, Nutrition and Health and physical activity are the main topics as regards health promotion and primary prevention of non-communicable diseases. Nutrition and/or physical activity actions are included in some of the programs of the National Health Plan namely the health determinants related to life-style intervention program. There is a national program to counteract obesity and a national multistakeholder platform to counteract obesity is under development.

Coordinating and cooperating bodies (partners, stakeholders, networks etc.) involved in the above mentioned activities are the High Commissioner for Health and the General Health Directorate.

Special attention is turned to children, overweight individuals, health professionals and pregnant women as well as the settings pre-school and workplace.

Partial and regional surveys and other studies are conducted frequently. Moreover some specific group studies, namely in adolescents have been conducted. The national data available on BMI comes from the last National Health Survey - 1999. A New Food and Nutrition National Survey is being planned.

Portugal considers most valuable to address with the memorandum the need to access better food at reasonable prices, namely fruits and vegetables especially in the most disadvantaged groups. Moreover the importance of the improvement of the nutritional profile of the foods produced by the industry and the nutritional information given to consumers. Furthermore the added value that the Mediterranean diet brings to European diets and the need to support and increase the importance of this healthy way of eating and living together with the development of urban conditions to easy access to a more active life could be reflected in the document.
Romania

Health promotion and primary disease prevention lies within the remits of the Ministry of Public Health (MPH) – through the National Agency of Health Programmes from its structure. Further involved are the District Public Health Authorities which are decentralised units of MPH, encharged with implementing the health policy at regional level, Institutes and Centres of Public Health – public institutions, subordinated to MPH and the National Centre for Health Promotion and the unit of the National School for Public Health and Health Management.

Main legal frameworks and regulations in the field of development and execution of prevention programmes concerning non-communicable diseases are the Law on health system reform - no.95/2006; the Minister of Public Health order on organisation and functioning of the District Public Health Authorities – no. 880/2006; the Minister of Public Health order on organisation and functioning of the Ministry of Public Health – no.862/2006; the Minister of Public Health order on reorganisation and functioning of the Institute of Public Health – no. 664/2005; the Strategy of Public Health – published 2004 and the Law on occupational health - no. 90/1996 – complemented by several subsequent orders and methodological norms.

Major topics of health promotion and primary prevention of non-communicable diseases are smoking and tobacco products use, alcohol consumption, physical activity, nutrition and stress.

In Romania, there is a Proposal of the national nutrition and healthy diet plan currently under development by the Ministry of Public Health. The National Plan on health education in schools covers both physical activity and nutrition. Moreover, there is the Law on physical education and sport – no.69/2000, complemented by several subsequent minister’s orders regulating the activities undertaken by different institutions (schools, physical activity centres, youth’s agencies) and the National Information, Communication and Education campaign “Your Health” (www.sanatateata.ro).

Coordinating and cooperating bodies (partners, stakeholders, networks etc.) involved in the above mentioned activities Ministry of Public Health are the Ministry of Education and Research, the National Agency of Sport, the National Veterinary and Food Safety Authority, the Youth Agency, the national Agency for Consumers Protection, a number of non-governmental organisations and the Healthy Schools network. Specific target groups of these activities are children and adolescents, the general population (adults 20-64 years) and employees. Therefore major settings are schools, the communities and work places. Measures are for example the national guidelines and curricula for health education in schools or the national guidelines and norms for occupational health.

Regular surveys of the National Institute for Statistics provide data on food consumption; calories, lipids, carbohydrates and proteins intake at national level. Occasional surveys of monitoring programmes, such as Countrywide Integrated Noncommunicable Diseases Intervention (CINDI) provide data on nutrition and physical activity at local levels (demonstration areas) and in adult population (20-64 years). National monitoring of children devlopment provides data on nutrition in children up to 18 years and occasional surveys of the Mother and Child Care Institute provide data on nutritional status of children under 5 years and 6-7 years and for pregnant women.
Romania would you like to see stipulated in the final memorandum:

- Taking integrated action on risk factors and their underlying determinants
- Strengthening health systems for improved prevention and control of NCD
- The essential role and responsibility of governments to take action and support the NCD prevention
- The essential role of intersectoral collaboration in NCD prevention
Slovak Republic

In the Slovak Republic, health promotion and primary disease prevention is the overall responsibility of the Ministry of Health. The Public Health Authority is the main executive body under the competence of the Ministry of Health and further involved is a network of 36 Regional Public Health Authorities that are under the competence of the Public Health Authority.

The main legal framework in this field is Act No. 126/2006 on Public Health. Major topics are the obesity prevention program, improving of nutritional status of Slovak population, improving of nutrition of Slovak population, physical activity promotion, tobacco control, injuries and chronic diseases.

Key nationwide governmental activities in the field of nutrition and physical activity are the Health State Policy, updated and approved by the Government in January 2006; the National Health Promotion Programme —updated in 2005; the Programme of Improvement of Slovak population's nutrition —approved by the Government in 1999; the Draft of the Act on Sport (actually in legislative process) and the Draft of National Program of Overweight and Obesity Prevention. Cooperating and Coordinating bodies involved in the above mentioned activities are the Ministry of Health (for the Health State Policy), the Public Health Authority and the Ministry of Health (for the National Health Promotion Programme), the Ministry of Agriculture, Ministry of Health, Public Health Authority (for the Programme of Improvement of Slovak population's nutrition), the Ministry of Education and all relevant ministries (for the Draft of the Act on Sport), the Ministry of Health and the Public Health Authority (for the Draft of National Program of Overweight and Obesity Prevention).

Generally, the the above mentioned activities target the whole Slovak population. Specific target groups are children and youth as well as chosen communities. Meassures are:

- Recommended daily intakes of nutrients in SR (issued by Ministry of Health SR in 1997 on the base of WHO documents),
- Recommended food allowances in kg/person/year (issued by Ministry of Agriculture SR in 1999).

The Slovak Republic collects relevant health based data in respect of nutrition and physical activity by the national (statewide) project Monitoring of nutritional status of selected age-groups of adult population in the Slovak Republic focused on both monitoring and intervention in the field of nutritional status of selected age groups of adults between 19 – 54 years.

The Slovak Republic likes to see stipulated in the final memorandum:

- Strengthen action on counteracting obesity in EU according to European Charter on counteracting obesity signed on WHO European Ministerial Conference on Counteracting Obesity in Istanbul
- Multidisciplinary, multisectoral, coordinated approach focused in improvement of nutrition (and especially nutrition of children and young people);
- The media and public sector should have the responsibility in promoting healthy choices
- A National Programme of Overweight and Obesity Prevention in the year of 2007
Slovenia

In Slovenia, health promotion and primary disease prevention lies within the responsibilities of the

- Ministry of Health (with the National Institute of Public Health, the Regional Institutes of Public Health, the Primary Health care services, the Medical Faculty - Institute of Oncology (cancer screening programme ZORA), CINDI Slovenia and the Clinical Institute of Occupational Medicine the Sports and Transport Medicine);
- Ministry of Education and Sport (with the National School meals programme, Curriculum topics);
- Ministry of Labour, Family and Social affairs (Employment Relationships Act (rest break time, the employer must ensure the worker reimbursement of expenses for meals during work); and
- Ministry of Agriculture, Forestry and Food (Rural development strategy).

Legal Frameworks and regulations in this field are: the Food and Nutrition Action Plan 2005 - 2010 – adopted by the National Assembly of the Republic of Slovenia, the National Programme of Children and Adolescents 2006 – 2016, the Health Enhancing Physical Activity National Programme 2007 - 2012 - in adoption process, the Act regulating Health Suitability of Foodstuffs, Articles and Materials Coming into Contact with Foodstuffs, the Restriction of the use of tobacco products Act, the Restriction of the use of alcohol Act, the National Programme for Mental Health – in the final preparation process, the Tobacco Action Plan – in the preparation process, the Alcohol Action Plan – in the preparation process and the National Strategy for reducing inequalities in health – in the preparation process.

Major topics of health promotion and primary prevention of non-communicable diseases are alcohol and tobacco as well as nutrition, physical activity (overweight and obesity reducing) and inequalities in Health.

The Food and Nutrition Strategy was adopted unanimously by the National Assembly in March 2005 and soon after the adoption the intersectorial action plans and implementation followed. A strategy on health enhancing physical activity has been presented to public by the minister of health and the minister of education and sports in May this year. The document launched by two ministers, is now in the final process of adoption by the Government. Implementation will start in coordinated manner early next year. This strategic approach was also aiming to combine all ongoing activities started already decades ago such as the National programme of school meals, including subsidised meals for all children and ensuring the possibility of school kitchens which provide children with up to four meals a day. Children from lower socio-economic groups are entitled to receive refund of food by the state.

Slovenia also has a long tradition in implementing primary prevention activities in schools. The national programme of education for health links the two environments school and primary health care and follows the guidelines of the Egmond Declaration. It assures an integral approach of education for health and promotion of healthy lifestyles from future parents to young adults.

Another important initiative is the National Programme for the Prevention of Cardiovascular Diseases for the adult population. Within the framework of this programme and in addition to preventive examinations and risk assessments, numerous workshops including healthy
nutrition and physical activity promotion are organised for individuals at risk in primary health care and are covered by health insurance.

Coordinating and cooperating bodies (partners, stakeholders, networks etc.) involved in the above mentioned activities are the National Public Health Network (MoH, National Institute of Public Health, Regional Institutes of Public Health, Health Care Services), the Ministry councils (i.e. Food and Nutrition Council, etc.) and expert working groups (i.e. nutrition and school experts and representative of MoH and Ministry of Education and Sport, etc.).

Specific target groups of the above mentioned activities are: Young parents, preschool children, school children, adolescents, adults (active employed from 25 to 65 years), seniors (above 65 years), socio -economics population groups at risk, inhabitants of rural residential areas, patients in hospitals and occupants of homes for the elderly.

In Slovenia, there are the following nationwide monitoring programmes:

- EHIS - European health interview survey (2007/08)
- Public Opinion Survey (annually)
- Physical Activity (Physical and Locomotory Development of children and youth in Slovenia during 1990-2000)

In addition to these programmes, systematic checkups with health education for children and adolescents (population approach at the primary health care level) are carried out.

Slovenia would like to see in the final memorandum:

- Estimations of the burden of disease connected by chronical non-communicable disease, especially linked with health determinants as Nutrition and Physical activity
- Consequent adequate financial and human resources
Spain

The Spanish Food Safety Agency is coordinating the Spanish strategy for nutrition, physical activity and the prevention of obesity, launched in February, 2005.

Major topics of health promotion and primary prevention of non-communicable diseases are the promotion of healthy diets, physical activity and healthy lifestyles as well as prevention of obesity.

Since February 2005, there is a national strategy for nutrition, physical activity and the prevention of obesity. The regional health authorities are also developing strategies and action plans to promote healthy lifestyles and prevent obesity.

In Spain, the coordinating body of these activities is the Spanish Food Safety Agency (AESA).

The Spanish strategy aims to stress the importance of a lifelong perspective in the prevention of obesity, but priority is being focused on children and young people, whose habits are not yet become set and may be changed.

The following activities are carried out in the field of physical activity and prevention:

- Publicity campaigns in the national media
- Leaflets providing information on healthy eating and physical activity
- Collaboration agreements with Walt Disney, National Basketball Association, Carrefour, etc.
- Programme for the prevention of obesity in schools, called Perseo, aimed at 12000 kids from 6-10 years
- Self-regulation code for the marketing of food and beverages aimed at children (PAOS code)

Relevant health based data available in respect of nutrition and physical activity are the National health survey, which is conducted every 2 years (children 0-15, adults 16 and above) and the Kid study, carried out in 2001, targeting children and teenagers (2-21 years old).

Spain would like to see the following goals and strategies stipulated in the final memorandum: A European code on marketing of food and beverages, and a framework to monitor and evaluate the implementation of national policies with some core European indicators.
Sweden

The overall responsibility for health promotion and primary disease prevention lies within the Ministry of Health and Social Affairs. Additionally, a number of governmental agencies work with these issues. The National Institute for Public Health and the National Food Administration have specific tasks regarding nutrition and physical exercise. Another example is the Swedish National Centre for Child Health Promotion located at Örebro University. This centre also works with issues on nutrition and physical activity among children and adolescents. The above mentioned agencies and centre are only a few examples of the institutions dealing with health promotion.

Sweden has a long tradition of public health support via free of charge and almost universal coverage of pregnancy checkups (antenatal clinics), child welfare centres, school health care etc. There are other institutions as well at regional and local level e.g. youth centres for reproductive health. There is a high degree of decentralisation in Sweden with actors within municipalities, county councils etc and more precise sub-goals at different levels. All public agencies and authorities involved must report on their efforts to achieve the national public health target. Most of local authorities have public health councils initiating and supervising public health activities.

In Sweden, the overall objective for health and medical care is good health and care for the whole population on equal terms. This is stated in the Health and Medical Services Act. The Swedish strategy for sustainable development- a joint strategy and an overarching aim for the Government’s policy in all sectors. There are 4 main challenges for the future. One of them is named “Stimulating a good Public Health on equal terms”. At the Nordic level, the Nordic Council of Ministers is the forum for Nordic governmental co-operation with different agreements, action plans etc e.g. Nordic Plan of Action on better health and quality of life through diet and physical activity (adopted in July 2006) and Sustainable Development - goals and initiatives for 2005-2008.

The Swedish Government wants to provide the citizens with the tools they need to make healthy lifestyle choices. Existing target areas are currently being revised and will be transformed into partly new target areas. Within the public health area the new Government will focus, among other things, on increased physical activity, good eating habits and safe foodstuffs as well as smoking and alcohol prevention etc. Many ongoing actions include individuals at high risk and/or vulnerable groups – important also for the field of nutrition and physical activity in Sweden. The promotion of a healthy diet and increased physical activity is part of the overall national public health policy. Successful public health efforts require initiatives in several policy areas - intersectoral action.

Sweden has developed a comprehensive knowledge base for action to improve diet and physical activity which is now partly being implemented and some of the actions are being carried out. Political responsibility lies at different levels and within a number of different sectors. Coordination is needed at national, regional and local levels under the leadership of the Ministry of Health and Social Affairs. At present new guidelines for food in schools and preschool and for food at workplaces are being developed within the National Food Administration.

The Swedish National Institute of Public Health cooperates regarding physical activity with The Swedish Sports Confederation, The National Board of Housing, Building and Planning, the Centre for the Urban Public Space at the Swedish university of Agricultural Sciences and an umbrella organisation for Swedish outdoor organisations. Other coordinating bodies at the national levels are: The National Board of Health and Welfare, The Swedish Food Administration, The Swedish Alcohol Retail Monopoly, The Alcohol Commission, The
National Drug Policy Coordinator, Swedish National Centre for Child Health Promotion, Swedish National Agency for School Improvement.

Specific target groups in Sweden are: Mainly children and adolescents but also vulnerable groups including lower socioeconomic population groups, workplaces and general public. In view of the demographic changes in our societies, the elderly form an important target group.

General practitioners can give out prescriptions of physical activity instead or as a complement of medical prescriptions. An amendment to the national education act which states that all children should be given the opportunity of 30 minutes of daily physical activity and a daily, free of charge, hot lunch for all children in pre-school and school based on national guidelines. All the agencies involved in each sector are responsible for giving essential, objective health information to the population.

In Sweden, an annual public health survey by questionnaire is carried out, statistically representative of the adult general population. A variety of life-style indicators is included, e.g. diet, physical activity, alcohol, gambling, smoking etc. Follow-up and evaluation is needed. To enable follow-up and evaluation of public health work, comprehensive reports on public health are needed. This will enable analysis and assessment of the impact of initiatives within the target areas. In the decentralized Swedish system follow-up and evaluation is a main tool in finding what works.

With a new Government in Sweden more time is needed in developing more detailed strategies within the field of physical activity and nutrition. This makes it difficult to give more precise goals at the moment but in a long-term perspective cross-sectoral co-operation is essential as well as prevention and hopefully more of broad initiatives in the field of physical activity. Important target groups: Children and adolescents and vulnerable groups. Focus on strengthening the individual’s capacity of making healthy choices, supported by public strategies. To make health aspects mainstream all relevant policy areas is essential in order to reach results - especially regarding agriculture, trade, transport and urban planning.

Other actions: It seems important to start building national platform dialogues in Sweden between stakeholders such as government, civil society and the private sector but that is only one of many ways of co-operations. Solid education in nutrition and physical activity for all professions in health care e.g. doctors, nurses, dentists are other possible actions. Workplaces which support healthy food habits and a physically active everyday life and that the health sector and the Government acting as models for health-supporting employers. Coordination of monitoring of height and weight.

The EU-level: From a Swedish perspective it seems important to keep the theme from the Finnish Presidency “Health in all policies”. The European community should make active efforts to mobilise collaboration between its different directorates on how to support public health in all policies. If we want to achieve intra-sectoral collaboration at national level we have to strive for the same type of collaboration between different policy areas at EU level. Some initiatives will be more effective coming from the EU-level for an added value. Other actions will be more of national initiatives but with an open discussion between MS about possible efforts at national level e.g. initiatives concerning the school sector etc.
The Netherlands

The Ministry of Health, Welfare and Sport (www.minVWS.nl English version) is policy making in the field of prevention. Eight private institutions develop and execute programmes (largely financed by the Ministry), like the National Food Centre (www.Voedingscentrum.nl) and the National Institute for Sport and Physical Activity (NISB: www.nisb.nl). Currently the Ministry is in the process of setting up a national Centre for Healthy Living at the National Institute for Public Health and the Environment (www.RIVM.nl English version). It’s core tasks will be the coordination of all actions in the field. This new centre will also act as intermediary between national and local governments. Other ministries play a contributing role: agriculture (green land and nature, lessons on ‘taste your food better’ in schools, subsidies for walking and cycling paths on farmers land), environment, transport (promotion –safe- walking & cycling), education (health education, physical activity).

The main legal framework in the field of Health Promotion and Disease Prevention is the Health Prevention Act: It determines, that municipal governments are responsible for health prevention and promotion, that Municipal Health Services advice municipal authorities on policies in other policy areas that may have a health effect, and that the national government (Ministry of Health) decides on national priorities (every 4 years): In 2006 a white paper on prevention: ‘Choosing for a healthy life’ was published, which has an emphasis is on healthy living. There are five national priorities: overweight (physical activity and nutrition), smoking, alcohol misuse, diabetes (several national actions in cooperation with 4 national NGO’s) and depression.

In the Netherlands, most activities are being carried out mainly in a cooperative network of several national and local organizations. A Manual with successful interventions on both nutrition and physical activity to be used on local level was introduced end of 2006 (similar to the existing Manual on Smoking prevention). It is a collaborative project of the National Food Centre, National Institute of Sport and physical activity, Ministry of Health, Union of municipal authorities, and others. Dozens of promising and successful evidence based interventions are part of the manual, such as: ‘Balance day’ (“eaten too much, done too little exercise? Eat less or do more p.a. the next day!” coordinated by the National Food Centre); a new, innovative project via internet called: ‘Hello World!’: which gives structural parental support during pregnancy and first crucial years of life, with personal life style counseling. Many national, local (public and private) parties will collaborate; Communities in motion: a community based approach on physical activity: both sport and other accessible forms of physical activity (coordinated by the NISB).

Other nationwide programs are: The New Master Plan on Breast Feeding; the National Covenant of Overweight (a National Platform with stakeholders as Ministry of Health and Sport, Ministry of Education, the food industry, employers, and health insurance companies to the National Sports Organization); the National Action Plan on Sport and Physical Activity 2006-2010 (in this four settings are formulated; in each setting a variety of programmes will be carried out in many cities: Neighbourhood/community based programmes (NISB), Health care: Physical Activity on prescription etc. (NISB), Sport: more accessible sport facilities for e.g. chronically ill (NOC*NSF) (www.NOCNSF.nl), Work: active transport, sport in the workplace, relation work and sport clubs; the Nationwide education campaign of p.a. (‘30 minutes’): (NISB); the National Alliance on Sport and Schools: bring sport(clubs) more into the school and create links between school and sport (“in und rundum’): Ministry of Education, Ministry of Health and Sport, National Olympic Committee*Nat Sports Confederation (NOC*NSF). Exept for physical education in primary (compulsory number of hours) and secondary schools (requirements for attainment levels), there are no further guidelines.
People with a low socio-economic status have been identified as people at specific risk. Youth is a specific target group. As regards physical activity and sport, sport clubs are being encouraged to tune the supply of activities more to the specific needs of existing specific groups: Activities should be closer to home/neighbourhood, easy accessible and cheap, in order to address inactive people, elderly, migrants, chronically ill. Sport clubs/unions are also encouraged to develop other types of membership and organization, for example: the national Athletics Union developed in many cities the concept of sportive walking and sportive walking for overweight people.

The National Public Health Compass/National Public Health Status and Forecasting Report of the National Institute for Public Health and the Environment (ongoing) in cooperation with many other scientific institutes provide relevant data on nutrition and physical activity. Many studies are available, see www.RIVM.nl. TNO research/Quality of life (www.tno.nl English version) monitors physical activity (‘OBIN’ project) in population and provides annual data. Moreover, there are many other studies.

The Netherlands like to see the following points stipulated in the final memorandum:

- The ‘health in other policies’ approach has to be worked out more thoroughly, especially on EU level: agriculture, employment/work setting, conditions to funding of large infrastructural plans, more cooperation between Commission services (sport and Sanco, agri and sanco)
- Balance between nutrition and physical activity should be emphasized.
- The specific contributions of physical activities to the fitness of people should be emphasized
- Urban planning, housing, transport etc. needs to be changed, as the environment is considered the real obesogenic/inactivity driver.

The WHO European Charter contains major issues as well.
Questionnaire

Please make your responses to the enquiry as precise and accurate as possible; this will greatly facilitate our work in preparing and designing the conference. In order to make the conference effective and efficient we would kindly like to ask you to answer the following questions. Please adjust the length of your answers to fit the available space.

Please involve other authorities and institutions if required.

1. In which institutional and legal framework is the issue of health promotion and primary disease prevention located?
   1.1 Please name governmental institutions that are involved in the development and execution of prevention programmes concerning non-communicable diseases.

   1.2 Please list existing or intended legal frameworks and regulations in this field.

   1.3 Please name major topics of health promotion and primary prevention of non-communicable diseases.

2. Please illustrate key aspects (in the field of nutrition and physical activity) of your policy target of promoting a healthy lifestyle and of preventing primary disease.

   2.1 Please list key nationwide governmental activities (in the field of nutrition and physical activity) relating to primary disease prevention and promotion of healthy lifestyles (for example: are there existing nationwide nutrition and/or physical activity plans).

   2.2 Please name coordinating and cooperating bodies (partners, stakeholders, networks etc.) involved in the above mentioned activities.

   2.3 Please name the specific target groups of the above mentioned activities.

   2.4 Please name settings involved in the above mentioned activities. Please give a brief illustration of measures in the area of nutrition and physical activity (such as nationwide guidelines for nursery schools and school meals, physical activity programmes or aspects in school curricula etc.).
3. **What relevant health based data are available in respect of nutrition and physical activity (surveys, polls, expert’s reports, monitoring, reporting systems etc.)?**

   If there are nationwide monitoring programmes, e.g. for a population’s weight and physical activity, please describe target groups and give the intervals at which the programmes are carried out.

4. **Which future strategies and goals in the field of primary disease prevention (especially in the field of physical activity and nutrition) do you consider the most valuable at national and EU level?**

   What would you like to see stipulated in the final memorandum?