

Council conclusions on food product improvement

"THE COUNCIL OF THE EUROPEAN UNION

RECALLS

1. Article 168 of the Treaty on the Functioning of the European Union (TFEU)^[1], which states that a high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities and which provides that the Union shall encourage cooperation between the Member States in the field of public health and, if necessary, support their action.
Article 26 TFEU, which states that the internal market shall comprise an area without internal frontiers in which the free movement of goods is ensured.
2. The Council conclusions of 6 December 2007 on the Commission White Paper on a strategy for Europe on nutrition, overweight and obesity-related health issues^[2], which, in the context of an integrated approach to tackle nutritional challenges, called upon Member States to support activities aimed at reformulating foods to reduce levels of salt, saturated fat, trans-fatty acids, added sugar and energy density, given the role these elements play in the development of non-communicable diseases, overweight and obesity.
3. The Council conclusions of 8 June 2010 on action to reduce population salt intake for better health^[3], which called upon Member States to strengthen or develop coordinated and sustainable national nutritional policies, including salt reduction programmes, to reduce salt consumption to an appropriate level.
4. The EU Framework for National Initiatives on Selected Nutrients^[4], established in 2011 following the positive results of the EU Framework for National Salt Initiatives^[5], to which were added, in 2012, Annex I on saturated fat^[6] and, in 2015, Annex II on added sugars^[7], providing political guidance for action.
5. The Council conclusions of 20 June 2014 on nutrition and physical activity^[8], and the Action Plan on Childhood Obesity, recognising the beneficial impact of disease prevention on both citizens and health systems and the importance of healthy diet in reducing the risk of chronic conditions and non-communicable diseases, which invited the Member States to continue to make healthy diet a top priority, thus contributing to better health and quality of life of EU citizens and the sustainability of the health systems.
6. EU Member States' support for the World Health Organisation's (WHO) global action plan for the prevention and control of NCDs 2013-2020, of 27 May 2013^[9], which called for a reduction in the preventable and avoidable burden of morbidity, mortality and disability due to non-communicable diseases by means of multisectoral collaboration and cooperation at national, regional and global levels, so that populations reach the highest attainable standards of health and productivity at every age and those diseases are no longer a barrier to well-being or socioeconomic development.
7. The conclusions of the *report from the Commission to the European Parliament and the Council regarding trans fats in foods and in the overall diet of the Union population*^[10].
8. The Conference on Food Product Improvement, organised by the Presidency, in Amsterdam, on 22 and 23 February 2016^[11], where a *roadmap for action on food product improvement*^[12], to develop more concerted action to move step by step towards a healthier product offer, was endorsed by the majority of the Member States and by Norway and Switzerland as well as by food business operators and health-related non-governmental organisations.

NOTES WITH CONCERN THAT

9. The prevalence of overweight, obesity and other diet-related non-communicable diseases in the European population is too high and is still rising. This has a negative impact on life expectancy, reducing Union citizens' quality of life and affecting society, for example by threatening the availability of a healthy and sustainable workforce and inducing high healthcare costs which may affect the sustainability of the healthcare systems. It thus also imposes an economic burden on the Union and its Member States.

10. In particular, the high prevalence and rise of overweight and obesity among children is a serious concern, calling for strong concerted action, as already addressed at the level of the Member States, the Union and the World Health Organisation (WHO)^[13].

11. Nutrition plays an important role in this context, alongside other lifestyle-related matters: the diet of many Europeans contains too much salt, saturated fats, sugars and energy value, mostly through consumption of processed or prepared foods, whilst at the same time most people do not consume enough fruits, vegetables and wholegrain products. In some Member States, people are still exposed to high amounts of trans fatty acids.

RECOGNISES THAT

12. For people's diet to improve, the healthy choice should be the easy choice.

To achieve such an objective, a holistic approach is needed: physical and social environments that support and encourage healthy patterns of food consumption as well as objective nutrition information and public-health driven education are key for policies and actions at national and local level.

Food product improvement, by reducing among others the levels of salt, saturated fats, added sugars^[14] and energy value, as well as improving the availability of small and/or reduced portion sizes^[15], is an important tool to make the healthy choice easy. In general such reduction should not lead to an increase in energy value^[16] and should not decrease the quality and safety of the products.

13. To reach the majority of the population, in particular children and vulnerable groups, more action is needed on mainstream products that are consumed by the majority of the European population on a daily basis.

14. Accessible and affordable improved food products can contribute to the goal of decreasing health inequalities, as vulnerable groups, for whom it might be difficult to make healthy choices, could more easily opt for improved products as they become more widely available.

15. Governments have the responsibility for setting public health objectives, which should, subsequently, be achieved in cooperation with food business operators and other relevant stakeholders. Food business operators^[17] throughout the food chain have a responsibility towards improving the products and meals they offer and, by doing so, contribute to making the healthy choice the easy choice. Guidelines on the composition of foods to be provided by public bodies (such as hospitals, schools and residences for elderly people or students), including through public procurement, can also play a major role in supporting these objectives.

16. The point of departure varies between Member States, some of which already have a history in food product improvement, for example by setting compositional criteria for products, criteria for school meals and other food provided via public procurement, - validating the proposals of food business operators - criteria relating to labelling or to the marketing of food products to children, and criteria for portion sizes.

17. Cultural differences in preferences and dietary patterns can partly determine the approach, the pace of reduction of salt, saturated fat, added sugars and the final results. Every approach should acknowledge those cultural differences and dietary patterns. Local and traditional foods, including geographical indications^[18], intrinsically tied to a country's culture and heritage, could be subject to special consideration, taking into account the national situation, for example their contribution to the overall dietary intake.

18. Salt, saturated fats and added sugars should be reduced in food gradually, to enable consumer acceptance of improved products. Food for infants and children deserves specific attention, to develop broad tastes, including for fruits and vegetables, and avoid early development of taste preference for high-sugar and high-salt foods.

19. Food is extensively traded across borders within the internal market; therefore, food product improvement calls for cross-border cooperation in order to be effective from the public health and industry points of view, thus ensuring a high level of consumer and health protection and better functioning of the internal market.

20. Small and medium-sized enterprises (SMEs) which would like to participate in food product improvement initiatives may lack the necessary resources or skills to work on food product improvement; raising awareness among SMEs and encouraging support and attention for SMEs through the voluntary sharing of knowledge and best practices is important in view of their market share.

21. The improvement of the composition of food products opens up great possibilities for innovation and business opportunities and can lead to a market advantage. Within companies, increased coherence between the development of improved food products and marketing investment is desirable and expected in order to promote the healthiest options in the portfolio of companies and make the healthy choice easy.

22. Including companies' nutrition and health activities specifically related to food product improvement in auditing initiatives concerning corporate social responsibility could be a valuable incentive.

23. Research provides the necessary information for a solid approach to food product improvement; in general, the necessary know-how for the first important steps in improvement is available, but such information could be better distributed and exploited.

24. Data on current consumption and product composition help to make it possible for actions to be targeted at the most

relevant product groups. The transparency and accessibility of such data facilitate the adoption of good practices.

25. Regular, transparent, credible and independent monitoring of product composition is essential for insight into the market situation and into the results of actions undertaken.

26. Other factors, such as technological possibilities, food safety and sustainability goals, may influence results in food product improvement.

CALLS UPON THE MEMBER STATES TO

27. Have a national plan for food product improvement in place by the end of 2017, either as a new plan or integrated into an existing plan, in cooperation with the relevant stakeholders, to make the healthy choice easier for consumers by 2020, through an increased availability of food with lower levels of salt, saturated fats, added sugars, energy value and, where appropriate, through reduced portion sizes and to provide information on the nutritional composition of processed foods. Local and traditional foods, including geographical indications ^[19], intrinsically tied to a country's culture and heritage, could be subject to special consideration, taking into account the national situation, for example their contribution to the overall dietary intake.

28. Make full use of all existing structures and tools, including the online tools of the EU Health Policy Platform^[20], for sharing experiences on new initiatives and actions, as well as best practices, aimed at promoting food product improvement.

CALLS UPON THE MEMBER STATES AND THE COMMISSION TO

29. Report regularly, at least every two years, on progress achieved in food product improvement initiatives, and share benchmarks, where available, best practices of implementation and results, within the framework of the High Level Group (HLG) on Nutrition and Physical Activity^[21].

30. Integrate the multidimensionality of food product improvement by involving representatives responsible for the areas of health, agriculture, food, economy and distribution, innovation, research and the internal market in the actions undertaken.

31. Support technological and research projects in the field of food product improvement aimed at developing and applying sound and up-to-date scientific knowledge.

32. Raise awareness and facilitate involvement of SMEs, e.g. by supporting research projects aimed at improving food composition, disseminating information on food product improvement techniques and applying criteria relating to food product improvement to relevant structural funds, thus providing affordable solutions for SMEs when improving food products.

CALLS UPON THE COMMISSION TO

33. Assess existing benchmarks for the reduction of salt and saturated fats in the context of the EU Frameworks for National Salt Initiatives and National Initiatives on Selected Nutrients and support the development of new possible benchmarks within the context of the HLG within a clear timeframe.

34. While respecting Member States' competence, continue to involve the stakeholders concerned at Union level, including food business operators, in the food product improvement process, by:

a) continuing to support coordination and cooperation between the HLG on Nutrition and Physical Activity and the EU Platform for Action on Diet, Physical Activity and Health^[22], for more focused discussions and exchanges of information on food product improvement;

b) establishing working groups with experts from both Member States and stakeholders within the EU Platform for Action on Diet, Physical Activity and Health:

to work on improving the methodology, quality and share the results of monitoring activities^[23];

to suggest possible criteria regarding salt, saturated fats, added sugars and, where appropriate, portion sizes for food categories throughout the food chain;

to look for other possible ways to increase the availability of healthy choices, particularly by also increasing beneficial nutritional elements that are recommended to be consumed and in general are not sufficiently consumed.

c) supporting clear, transparent and flexible working procedures (e.g. exchange of information by electronic means and guidance for public-private cooperation) and making the progress achieved and results attained by the working groups publicly available, for example via the online EU Health Policy Platform, to optimise the work of the groups.

35. Continue to support the improvement of the scientific basis, monitoring and data collection and sharing at EU level regarding improved products, consumption and new production methods.

Monitoring of progress to be outlined with the Joint Action on Nutrition and Physical Activity (JANPA)^[24] coordinated by France and to be seen in the light of the work of ongoing activities of WHO Europe, the European Commission and the Joint Research Centre (JRC).

36. Invite the JRC to participate in the autonomous verification and monitoring of EU Platform commitments with regard to food product improvement, which should be measurable, comparable and monitored in a sound and transparent way.

37. Increase coordination and alignment of research activities and open research data to underpin the development of improved food products through the Joint Programming Initiative: Healthy Diet for a Healthy Life.

38. Where possible, closely coordinate all new activities with regard to food product improvement with existing groups and actions, such as the JANPA and the WHO European Salt Action Network (ESAN, coordinated by Switzerland).

39. Facilitate the exchange of best practices, in particular through the following actions:

a) setting up special pages on food product improvement on the online multi-stakeholder EU Health Policy Platform, with links to existing databases where possible, where all stakeholders involved can share experiences, challenges, knowledge, showcase results, identify obstacles in the EU internal market and share possible solutions to these obstacles;

b) updating all stakeholders on planned and implemented actions at the regular meetings of the HLG and the EU Platform for Action on Diet, Physical Activity and Health."

[1] OJ C 326, 26.10.2012, p.47 (consolidated version).

[2] 15612/07.

[3] OJ C 305, 11.11.2010, p. 3.

[4] http://ec.europa.eu/health/nutrition_physical_activity/docs/euframework_national_nutrients_en.pdf

[5] http://ec.europa.eu/health/archive/ph_determinants/life_style/nutrition/documents/salt_initiative.pdf

[6] http://ec.europa.eu/health/nutrition_physical_activity/docs/saturated_fat_eufnism_en.pdf

[7] http://ec.europa.eu/health/nutrition_physical_activity/docs/added_sugars_en.pdf

[8] OJ C 213, 8.7.2014, p. 1.

[9] http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf

[10] http://ec.europa.eu/food/safety/docs/fs_labelling-nutrition_trans-fats-report_en.pdf

[11] <http://english.eu2016.nl/events/2016/02/22/thematic-conference-on-product-improvement>

[12] <https://www.rijksoverheid.nl/documenten/formulieren/2016/02/22/roadmap-for-action-on-food-product-improvement>

[13] Non-exhaustive list: EU Strategy on Nutrition, Overweight and Obesity-Related Health Issues 2007; Political Declaration of the High-level Meeting of the General Assembly (of the United Nations) on the Prevention and Control of Non-communicable Diseases" of 2011; WHO European Food and Nutrition Action Plan 2015-2020; Vienna Declaration on Nutrition and Non-Communicable Diseases in the Context of Health 2020; EU Action Plan on Childhood Obesity 2014 - 2020.

[14] In the sense used in Annex II to the EU framework for national initiatives on selected nutrients (http://ec.europa.eu/health/nutrition_physical_activity/docs/added_sugars_en.pdf) 'added sugars' refers to sucrose, fructose, glucose, starch hydrolysates (glucose syrup, high-fructose syrup) and other isolated sugar preparations used as such or added during food preparation and manufacturing, as well as sugars present in honey, syrups and fruit juices and fruit-juice concentrates.

[15] A number of foods are packed (biscuits, chocolate bars, milk drinks, yogurts, nuts, salads, preserves, etc.) or sold (hamburgers, dishes in canteens, etc.) in portions designed to be consumed immediately or once open. There are no unified 'sizes' for such portions, but it is clear that the size chosen by the producer is a clear invitation to consumption, as people avoid wasting food. Smaller portions offer more flexibility for the consumer, as a second portion will only be eaten through an active decision.

[16] However, even if the energy value remains unchanged, reductions of saturated fats or added sugars can be encouraged through an increase of recommended nutritional components that are not generally consumed in sufficient amounts (e.g. fibre, fruits and vegetables).

[17] This includes, among others, manufacturers, retailers, caterers, bars, restaurants and other providers of food.

[18] <http://ec.europa.eu/trade/policy/accessing-markets/intellectual-property/geographical-indications/>

[19] <http://ec.europa.eu/trade/policy/accessing-markets/intellectual-property/geographical-indications/>

[20] http://ec.europa.eu/health/interest_groups/policy_platform/index_en.htm

[21] http://ec.europa.eu/health/nutrition_physical_activity/high_level_group/index_en.htm

[22] http://ec.europa.eu/health/nutrition_physical_activity/platform/index_en.htm

[23] For monitoring purposes the focus should be on total sugars instead of added sugars, since (currently) only total sugars can be analysed.

[24] <http://www.janpa.eu/>

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