EU Action Plan on Childhood Obesity 2014-2020

24 February 2014 [updated 12 March and 28 July 2014]

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The purpose of this EU Action Plan on Childhood Obesity is to:

- **demonstrate the shared commitment of EU Member States[1] to addressing childhood obesity;**
- **set out priority areas for action and a possible toolbox of measures for consideration and**
- **propose ways of collectively keeping track of progress.**

The Action Plan recognizes and respects Member States' roles and freedom of action in counteracting childhood obesity.

1. A growing health challenge for the EU

1.1 Childhood obesity rates at a worrying trend

Despite action at the European level to reverse the rising trend in overweight and obesity[2], **the proportion of the population who are overweight or obese remains worryingly high for adults and for children and young people**.

The implications of overweight and obesity in the Europe are stark: the prevalence of obesity has more than tripled in many European countries since the 1980s and with this rise comes a concomitant increase in rates of associated non-communicable disease[3].

At present, it is estimated that around **7% of national health budgets across the EU are spent on diseases linked to obesity** each year. Substantial indirect costs are also incurred from lost productivity arising from work absences due to health problems and premature death. Recent estimates show that around 2.8 million deaths per year in the EU result from causes associated with overweight and obesity[4].

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[1] The Dutch Member of the High Level Group stated that "the Netherlands can not support the Action Plan at the current moment, because it considers most of the actions lacking cross-border elements and having a dominant national character, thus falling under national responsibility. Therefore the Netherlands regards the Action Plan as not being sufficiently in line with subsidiarity requirements in order to legitimize an Action Plan coordinated by the European Commission".

[2] In pre-school children aged 0-5 years, overweight and obesity are defined as the proportion of children with a sex- and age-specific body mass index-for-age value above +2 Z-score and above +3 Z-scores of the 2006 WHO recommended Growth Standards, respectively. In school age children and adolescents aged 5-19 years, overweight and obesity are defined as the proportion of children with a sex- and age-specific body mass index-for-age value above +1 Z-score and above +2 Z-scores of the 2007 WHO recommended Growth Reference, respectively. http://who.int/growthref/who2007_bmi_for_age/en/index.html; http://who.int/entity/childgrowth/training/module_c_interpreting_indicators.pdf.

[3] http://ec.europa.eu/health/archive/ph_determinants/life_style/nutrition/documents/10keyfacts_nut_obe.pdf

[4] World Health Organisation. Global Status Report on Non-Communicable Diseases 2010. http://www.who.int/nmh/publications/ncd_report2010/en/

The high level of overweight and obesity in children and young people is an area of particular concern. According to estimates from the WHO's Childhood Obesity Surveillance Initiative (COSI), around 1 in 3 children in the EU aged 6-9 years old were overweight or obese in 2010[5]. This is a **worrying increase** on 2008, when estimates were 1 in 4[6]. If we fail to act on overweight and obesity in children and young people soon, this issue threatens to have a highly negative impact on health and quality of life and may overwhelm our healthcare systems in the near future.

1.2 Health effects of childhood obesity, poor diet and physical inactivity

The rise in overweight and obesity in children and young people is distressing given the **strong link between excess adiposity and detrimental health and psychosocial outcomes in later life**. These include, but are not limited to, cardiovascular diseases, type 2 diabetes, certain cancers and musculoskeletal disorders, as well as social stigmatisation and mental health problems[7]. Research shows that, compared to normal weight children, those who are overweight or obese are more likely to go on to become obese adults, and so are at an increased risk of suffering from associated health problems[8].

Poor diet and physical inactivity[9] are important determinants of adiposity in adults as well as in children and young people. Not only do these behaviours lead to overweight and obesity, but they are also independently associated with a number of non-communicable disease risk factors, including high cholesterol levels, high blood pressure and abnormal glucose tolerance[10]. For children and young people, **a healthy diet and a physically active lifestyle can reduce the risk of overweight and obesity in adulthood as well as contributing to healthy growth and development**[11].

1.3 Multi-dimensional aspects of obesity

Changes in the average European's lifestyle are thought to be responsible for the increases in overweight and obesity seen across age groups[12]. This issue is complex and several diverse contributory factors need to be addressed if we want to successfully curb this upward trend.

One influential factor is our eating patterns: what, how much and where we eat. Young people in the EU now consume **more fast-food and substantial amounts of sugar-sweetened beverages, eat outside the home more frequently and spend less time eating family**

[5] World Health Organisation. European Childhood Obesity Surveillance Initiative, COSI, round 2010.
[6] World Health Organisation. European Childhood Obesity Surveillance Initiative, COSI, round 2008.
[7] World Health Organisation. Global strategy on diet, physical activity and health. Why does childhood overweight and obesity matter? http://www.who.int/dietphysicalactivity/childhood_consequences/en.
[8] http://ec.europa.eu/health/archive/ph_determinants/life_style/nutrition/documents/10keyfacts_nut_obe.pdf
[9] Physical inactivity is defined here performing as less than the recommended 150 minutes of moderate intensity physical activity or equivalent per week.
[10] World Health Organisation. Global Health Observatory. Prevalence of insufficient physical activity. http://www.who.int/gho/ncd/risk_factors/physical_activity_text/en.
[11] World Health Organisation. Global strategy on diet, physical activity and health. Physical Activity and Young People. http://www.who.int/dietphysicalactivity/factsheet_young_people/en.
[12] http://ec.europa.eu/health/archive/ph_determinants/life_style/nutrition/documents/10keyfacts_nut_obe.pdf

meals[13]. In addition, prepared and **processed foods are more accessible** than ever before and **in larger portion sizes**. All of these factors contribute to increasingly poor eating habits. For example, in EU Member States in 2009-2010, only 1 in 3 girls and 1 in 4 boys aged 15 years reported eating at least one piece of fruit daily[14].

Physical activity patterns play an important role in the development of overweight and obesity. It is therefore a concern that in 2012 only 1 in 5 children in the EU reported taking part in regular moderate-to-vigorous intensity exercise[15]. Children in Denmark, France and Italy were least likely to report exercising regularly, with Italy showing the lowest levels of physical activity for both boys and girls in any age group.

Especially alarming is the fact that **physical activity tends to drop off between the ages of 11 to 15** in most European countries. For example, in Austria, Finland, Norway and Spain, the average level of physical activity in boys decreases by 50% between the ages of 11-15 years, whilst **even more dramatic decreases are seen in girls**[16]. In most EU countries, the level of physical activity in 15-year-old girls is less than half of that recorded at age 11, and girls in Austria, Ireland, Romania and Spain exhibit decreases of over 60%[17].

Among other factors, the physical environment is thought to play a key role in determining activity patterns, with **the layout of many communities offering little or no safe spaces for children and young people to be physically active in**, either during their free time, or as part of their commute to and from school by walking or cycling[18].

Watching television and spending time on computers or gaming systems are popular past times for children and young people[19]. These sedentary behaviours detract from more physically active leisure time pursuits, such as organised sport or informal playing, and **"screen time" or "being sedentary"[20] are now recognised as independent risk factors for**

[13] Duffey KJ, Huybrechts I, Mouratidou T, Libuda L, Kersting M, De Vriendt T, Gottrand F, Widhalm K, Dallongeville J, Hallström L, González-Gross M, De Henauw S, Moreno LA, Popkin BM; HELENA Study group. Beverage consumption among European adolescents in the HELENA study. Eur J Clin Nutr. 2012 Feb; 66(2): 244-52.

[14] OECD (2012), Health at a Glance: Europe 2012, http://ec.europa.eu/health/reports/european/health_glance_2012_en.htm

[15] OECD (2012), Health at a Glance: Europe 2012, http://ec.europa.eu/health/reports/european/health_glance_2012_en.htm

[16] Eurostat Pocketbooks. European Social Statistics, 2013 Edition. European Union, 2013. doi:10.2785/36105.

[17] Eurostat Pocketbooks. European Social Statistics, 2013 Edition. European Union, 2013. doi:10.2785/36105.

[18] Aarts MJ, Mathijssen JJ, van Oers JA, Schuit AJ. Associations Between Environmental Characteristics and Active Commuting to School Among Children: a Cross-sectional Study. Int J Behav Med. 2013 Dec; 20(4): 538-55.

[19] Santaliestra-Pasías AM, Mouratidou T, Verbestel V, Bammann K, Molnar D, Sieri S, Siani A, Veidebaum T, Mårild S, Lissner L, Hadjigeorgiou C, Reisch L, De Bourdeaudhuij I, Moreno LA. (2013). Physical activity and sedentary behaviour in European children: the IDEFICS study. Public Health Nutr. 2013 Oct 8:1-12. [Epub ahead of print]

[20] Sedentary behaviours are defined here as behaviours that occur whilst sitting or lying down that require low levels of energy expenditure.

disease[21]. Moreover, television viewing and internet use are **also understood to have harmful effects on the eating habits** of children and young people, and are associated with **greater consumption of sugar sweetened beverages and exposure to advertising of unhealthy products**[22]. The problem of passive overconsumption should also not be neglected[23].

Overweight and obesity in children and young people in Europe is associated with parental socio-economic status[24]. **Lower socioeconomic status, physical inactivity, food and nutrition insecurity and obesity are associated**[25,26]. Research indicates that individuals who are food insecure have a 20% to 40% higher risk of becoming obese compared to those with food security[27]. At present however, there is too little data available on the prevalence of obesity across different socio-economic groups in the EU region. This makes the direct comparison of rates and trends difficult.

There is increasing evidence to show that preventative interventions targeting children and young people pay off, with a **return on investment of 6–10% expected from interventions implemented in early life**. Nevertheless, Europe's current economic reality and the rising health-care demands of an ageing population mean that additional investment in this area is likely to be a challenging but important target to pursue[28,29].

1.4 The Strategy for Europe on Nutrition, Overweight and Obesity-related Health issues

The European Commission responded to the challenge of overweight and obesity by adopting the White Paper on a **Strategy for Europe on Nutrition, Overweight and Obesity-related Health issues** in 2007[30]. This Strategy framed action in six priority areas: better informed consumers, making the healthy option available, encouraging physical activity, developing

[21] Thorp AA, Owen N, Neuhaus M, Dunstan DW. Sedentary Behaviors and Subsequent Health Outcomes in Adults: A Systematic Review of Longitudinal Studies, 1996–2011. Am J Prev Med. 2011 Aug 2: 207-15.

[22] Olafsdottir S, Berg C, Eiben G, Lanfer A, Reisch L, Ahrens W, Kourides Y, Molnar D, Moreno LA, Siani A, Veidebaum T, Lissner L. Young children's screen activities, sweet drink consumption and athropometry: results from a prospective European study. Eur J Clin Nutr. 2013 Nov doi: 10.1038/ejcn.2013.234.

[23] Passive overconsumption is defined here as eating food without really thinking about how much is being eating e.g. whilst in front of the TV or playing screen games.

[24] Fernández-Alvira JM, Mouratidou T, Bammann K, Hebestreit A, Barba G, Sieri S, Reisch L, Eiben G, Hadjigeorgiou C, Kovacs E, Huybrechts I, Moreno LA. Parental education and frequency of food consumption in European children: the IDEFICS study. Public Health Nutr. 2013 Mar;16 (3):487-98.

[25] Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.

[26]Metallinos-Katsaras E, Must A, Gorman K. A longitudinal study of food insecurity on obesity in preschool children. J Acad Nutr Diet. 2012 Dec;112(12): 1949-58

[27] Robertson A, Lobstein T, Knai C. Obesity and socio-economic groups in Europe: Evidence review and implications for action. 2007. Work contracted by SANCO/2005/C4-NUTRITION-03, European Commission.

[28] Davies SC, Lemer C, Strelitz J, Weil L. Our children deserve better: prevention pays. Lancet. 2013 Oct; 382 (9902):1383-84.

[29] Heckman J, Moon S, Pinto R, Savelyev P, Yavitz A. The rate of return to the High Scope Perry Preschool Program. J Public Econ. 2010; 94: 114-128.

[30] COM (2007) 279.

the evidence base to support policy making, developing monitoring systems and making children and young people and low socio-economic groups a priority.

In order to implement this Strategy, a range of policies have been, and are currently being developed at the EU-level. These policies aim to improve the nutritional content of food, improve access to healthy foods, increase physical activity levels and prevent overweight and obesity. Areas so far considered include food labelling, nutrition and health claims, the Common Agricultural Policy (CAP) and the transport, urban planning, education and culture sectors, as well as research projects in physical activity, nutrition and health. This approach is consistent with the WHO's efforts to fight obesity.

This Strategy also encourages more action-oriented partnerships across the EU involving key stakeholders (i.e. the Member States and civil society). The **High Level Group on Nutrition and Physical Activity**[31] and the **EU Platform for Action on Diet, Physical Activity and Health**[32] are the primary instruments set up for implementation of the Strategy.

In 2012/2013, the Strategy underwent an independent external evaluation to determine its effectiveness and to review its success in promoting healthier lifestyles[33]. The results of this evaluation were positive and support continuation of the Strategy and its instruments (the High Level Group on Nutrition and Physical Activity and the EU Platform for Action on Diet, Physical Activity and Health). The evaluation did however identify that, to ensure a more balanced response, greater focus is now needed on physical activity promotion. Continued coordination at the EU-level by the European Commission also remains necessary to facilitate actions relevant to children and young people.

1.5 Childhood obesity as a focus

Problems related to **overweight, obesity and physical inactivity tends to start in childhood, and often disproportionately affect disadvantaged socio-economic groups**[34]. As a result, individuals of lower socio-economic status and children and young people have been identified in the Strategy as priority targets for action. Given that **eating and physical activity habits are established at an early age**, addressing the issue of healthy eating[35] and physical activity in early life can help children and their families to develop and maintain healthy lifestyles. By learning and adopting healthy habits when young, the chance that such habits will be sustained into adulthood is greatly increased.

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

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

[33] http://ec.europa.eu/health/nutrition_physical_activity/docs/pheiac_nutrition_strategy_evaluation_en.pdf

[34] Mackenbach JP, Stirbu I, Roskam AJR, Schaap MM, Menvielle G, Leinsalu M, Kunst AE. Socioeconomic Inequalities in Health in 22 European Countries. N Engl J Med. Jun 2008; 358 :2468-2481.

[35] In the context of this document, we consider that "less healthy food options" refers to foods that contain high levels of nutrients for which there is evidence that excess consumption in European populations might influence diet-related adverse health conditions: total fat, saturated fatty acids, trans-fatty acids, sugars and salt. The set of these nutrients may vary according to national specificities.

In fact, **appropriate nutrition during pregnancy and lactation is essential for the future wellbeing of both mother and child**. In addition, **when pregnant and lactating**, mothers (and families) are arguably more willing to modify their behaviour. They may also engage more frequently with routine medical care services, meaning more opportunities to encourage beneficial lifestyle change. Furthermore, during these periods different socioeconomic groups may be easier to reach through maternal and child health care centres. Effective **interventions during pregnancy and lactation do therefore have strong potential to positively affect the health of both mother and child** throughout their life spans.

Relevant action on children and young people's health is needed to promote health and healthy choices in the adult population of tomorrow, achieve sustainable and efficient health systems and to ensure a healthy work force in future. It is important to address risk factors for chronic disease in order to reduce premature death and disability at all ages, and to tackle health inequalities.

As a result, policy actions that address overweight and obesity at the European level will contribute to **achieving the objectives laid out in Europe 2020**[36] the EU's 10 year economic growth strategy. Promoting good health and keeping people active for longer can help to enhance productivity and competitiveness.

1.6 The support for an EU-wide action plan on childhood obesity

Overweight and obesity in children and young people was a major theme of the Irish Presidency informal meeting of **EU Health Ministers in Dublin in March 2013**. Following this meeting, EU Health Ministers declared their commitment to health promotion and non-communicable disease prevention and agreed to raise the profile of these issues on political agendas at all levels[37].

There was also broad consensus among Ministers that overweight and obesity in children and young people deserves to be prioritised in health agendas of Member States, and that this issue needs to be addressed in an EU-wide context. The Commission supported the Irish Presidency's proposal to mandate the EU High Level Group on Nutrition and Physical Activity to draw up an Action Plan to address the issue of overweight and obesity in children and young people. This Action Plan will play a central role in the implementation of the EU Strategy for Europe on Nutrition, Overweight and Obesity-related Health issues.

At both national and European level, it was recognized that inter-departmental and cross-policy actions are needed to halt the global challenge of rising rates of overweight and obesity across all age groups. Engagement in whole-of-government, whole-of-society and health-in-

[36] http://ec.europa.eu/health/health_structural_funds/docs/ev_20101025_co01_en.pdf

[37] Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020, 5 July 2013, WHO European Ministerial Conference on Nutrition and Noncommunicable Diseases in the Context of Health 2020 Vienna, 4–5 July 2013.

all-policies approaches are crucial and are highlighted in the WHO Vienna Declaration on Nutrition and Non-communicable Diseases in the Context of Health 2020[38].

In addition, the Council called for further EU action to promote physical activity and adopted a **Recommendation on Health-Enhancing Physical Activity across Sectors** on the 26th of November, 2013[39]. This strategic document, inter alia, tackles physical inactivity in children and young people. It will build on existing structures and be implemented in cooperation with the Member States. It directly addresses some elements of the Action Plan on Childhood Obesity.

The Action Plan on Childhood Obesity will also take forward this agenda, supplementing this Recommendation and other Commission activities (for example, youth participation in sports, as highlighted in the EU Strategy for Youth – Investing and Empowering[40]).

2. The Action Plan on Childhood Obesity

2.1 Objective

The overarching goal of the Action Plan on Childhood Obesity is to contribute to **halting the rise in overweight and obesity in children and young people (0-18 years) by 2020**.

To achieve this goal, the active participation of a wide range of stakeholders is necessary. The Action Plan specifies a set of operational objectives that have been designed to guide the actions of stakeholders across eight priority areas.

The actions were proposed by a number of Member States and provide a basis for countries to develop policy on tackling childhood obesity. This list is not exhaustive and aims to be flexible in order to allow for different country policies that may require different approaches, structures or specific priorities. Some countries might have systems in place (e.g. regulation) which allow them to vary upon the actions suggested below. These actions are voluntary and should be taken forward by each of the Member States according to their own circumstances and reported accordingly.

A mid-term revision of these objectives is scheduled for three years after the endorsement of the Action Plan.[41]

2.2 Main actors and competences

The Action Plan identifies three main types of stakeholder that will play an important role in achieving its overarching goal: the 28 EU Member States, the European Commission and international organisations such as the WHO and civil society (for example, Non-

[38] Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020, 5 July 2013, WHO European Ministerial Conference on Nutrition and Noncommunicable Diseases in the Context of Health 2020 Vienna, 4–5 July 2013.

[39] Council Recommendation of 26 November 2013 on promoting health-enhancing physical activity across sectors (OJ, C 354, 4.12.2013, pp. 1-5).

[40] COM(2009) 200 final.

[41] The terms of reference for this revision should be agreed by the High Level Group.

governmental organisations (NGOs), industry and research institutes). Their active participation across the eight priority areas for action will be crucial to the Action Plan's success.

National authorities, as well as regional and local authorities (with responsibilities beyond the area of health directly), are also important stakeholders given their capacity for leadership in coordinating health initiatives across Member States. The cooperation of different policy sectors will be key to the successful implementation of this Action Plan. The work of national authorities is supported by the activities of the High Level Group on Nutrition and Physical Activity.

It is important to note that defining national health policies remains the exclusive competence of **Member States**. Consequently, EU-level action will not define the specific content of health policies. It is recognised that different actions will be relevant for different Member States depending on national contexts and priorities. European level health policy exists to help develop shared goals and to assist with coordinating national policies. For example, the new Council Recommendation on health-enhancing physical activity (HEPA) [42]aims to support and complement Member States' policies and actions in all areas that have responsibility for promoting physical activity. Several Member States are now considering, with the Commission, to launch a Joint Action to facilitate the sharing of good practice regarding policies to tackle poor diets and physical inactivity.

The Member States ask the **European Commission** to be responsible for three key priorities regarding the Action Plan on Childhood Obesity. Firstly, the European Commission's main task will be to continue providing support and coordination through the High Level Group on Nutrition and Physical Activity and the EU Platform for Action on Diet, Physical Activity and Health, and to further facilitate exchange of information and guidance on best practice. Secondly, the European Commission will promote better utilisation of the existing instruments at its disposal, namely the EU Health Programme and the Horizon 2020 growth strategy. Thirdly, the European Commission will strengthen its aim to integrate the issue of health in other EU policy areas such as those relating to urban mobility, media, education, physical activity, sport and the Common Agricultural Policy (CAP).

A range of **civil society stakeholders**, including those already actively involved in the EU and national Platforms for Action will also play a vital role in halting the rise in overweight and obesity in children and young people:

1. ***Health, education, family, consumer, and sport NGOs*** can help with development and implementation of projects and regular events, and in the dissemination of information and research outcome data. Their expertise and networks can also help with the monitoring of actions and reporting of local, regional and national developments and activities.

[42] COM (2013) 603.

2. The role of the ***industry, including the retail, catering and agricultural sectors***, is also vital in shaping healthier environments. Through the EU Platform for Action on Diet, Physical Activity and Health, stakeholders are encouraged to make commitments and initiatives in areas such as marketing, food reformulation, food distribution, catering and physical activity. Priority targets of the Platform are children and young people, as well as deprived groups. Members of the Platform have already implemented a number of good examples of self-regulatory measures, although more remain to be developed in the areas of marketing of food and drink products and initiatives to create and promote healthy dietary and physical activity choices in children and young people (see point 3.2 for new commitments).

3. Finally, ***universities and research institutes*** can also make authoritative contributions to the Action Plan through relevant research on diet and physical activity. This work can help to identify topics of interest, ensure scientific evaluation of projects and assist with dissemination of findings. Such efforts may be supported by the European Commission's Joint Research Centre, which can assist with coordinating research, and by the Public Health and Horizon 2020 programmes.

Such integrated community-based initiatives involving a wide range of stakeholders are considered good practice in obesity-prevention policies, as overweight and obesity cannot be solved through individual action alone. Multi-sectoral responses are required to create healthy environments. These responses will probably entail the use of multiple channels and media (including the use of social marketing campaigns and new media whenever they can be effective in influencing behaviour change). A survey of community-based initiatives to reduce childhood obesity was commissioned by the European Commission in 2010 in collaboration with the WHO Europe. The final report summarises practical experiences, activities and instruments used in community-based initiatives[43] and this has so far informed policy recommendations on childhood obesity.

2.3 Areas for action

The Action Plan includes wide-ranging measures to strengthen European cooperation in halting the rise in overweight and obesity in children and young people. A comprehensive, multi-sectoral approach is needed to address the varied behavioural risk factors associated with overweight and obesity as no single action alone can halt the epidemic. The Action Plan encourages the creation of environments in which health and wellbeing are promoted and healthy options become the easy option.

[43] Bemelmans WJE, Verschuuren M, Dale van D, Savelkoul M, Wendel-Vos GCW, Raaij van J.Final Report: An EU-wide overview of community-based initiatives (CBI) to reduce childhood obesity. Specific contract – No SC 2010 62 51, implementing Framework Contract No EAHC/2010/Health/01 (Lot 1).

The Action Plan deals with complex phenomena that will require long-term approaches to bring about change. The Action Plan is envisaged to cover the six years between 2014 and 2020 and is based on eight key areas for action:

- Support a healthy start in life;
- Promote healthier environments, especially in schools and pre-schools;
- Make the healthy option the easier option;
- Restrict marketing and advertising to children;
- Inform and empower families;
- Encourage physical activity;
- Monitor and evaluate;
- Increase research.

2.3.1 Support a healthy start in life

A mother's pre-conception weight and her weight gain during pregnancy are two of the most important pre-natal determinants of childhood obesity[44]. Health care professionals responsible for the provision of primary and pre-natal care should offer families counselling and support on diet and physical activity that is tailored to their specific circumstances, with special attention given to low socio-economic groups. Proper nutrition and health care are essential for a child's healthy growth, learning and neurodevelopment.

Breast feeding is considered the best option for mothers, new born babies and infants, providing nutritional and health advantages such as improved resistance to infections.[45] Research also shows that children who are breastfed appear to have a reduced risk of obesity in later life[46]. Hospitals and health care professionals need to ensure that pregnant women, new mothers and their families receive proper information and support on breastfeeding at pre-natal classes after giving birth. Parents should be made aware of the importance of the age at which complementary feeding is introduced and of how feeding practices affect taste development.

A healthy lifestyle should be adopted from an early age and should encompass healthy diet (breastfeeding as the best option, complementary foods introduced at the appropriate age) **and physical activity** (indoor and outdoor activities with parents or carers; avoidance of or limiting sedentary behaviours such as screen time). Children and young people should grow

[44] OECD (2012), Health at a Glance: Europe 2012, http://ec.europa.eu/health/reports/european/health_glance_2012_en.htm

[45] EURO-PERISTAT Project, with SCPE, EUROCAT, EURONEOSTAT. European Perinatal Health Report. 2008. Available: www.europeristat.com, see for example page 103.

[46] OECD (2012), Health at a Glance: Europe 2012, http://ec.europa.eu/health/reports/european/health_glance_2012_en.htm

up in a safe and stimulating environment with easy access to healthy food and healthy habits should be adopted by the whole family and community.

In order to ensure the best support during early years, increased attention must be given to the **education and training of health care and child care professionals**: the importance of **primary prevention** should be stressed and training should cover risk factors for overweight and obesity, early detection of overweight and obesity in children and young people and ways to motivate and help families to make positive changes to their lifestyles.

Healthcare systems need to develop interdisciplinary **evidence-based programmes** for obese children and young people that list intervention and treatment options and provide guidance for health professionals.

2.3.2 Promote healthier environments, especially in schools and pre-schools

Children and young people spend much of their day at school, typically consuming at least one meal a day there, either brought from home or provided by the school itself. Schools are therefore an essential environment to consider when tackling overweight and obesity in children and young people. It is important to improve the uptake of healthy and high quality school meals and to limit access to snacks and other supplementary less healthy food options on school premises. Children and young people's food choices also depend on what is most visible and easily accessible.

Implementation of comprehensive policies that provide access to healthy meals and snacks, opportunities for physical activity and that **limit exposure to less healthy food options** in both pre-schools and schools **can improve children and young people's well-being, health and learning potential**. Schools also need to provide children and young people with access to free drinking water as an alternative to sugar-sweetened beverages.

It is therefore vital that **meals provided in schools are healthy, that the nutritional quality of any other foods sold in schools is improved, that the healthy option is always the easier option** and that healthy eating and lifestyle education is improved, including a strong focus on increasing physical activity, attaining sustainable diets and **reducing food waste**.

It is important to **promote good habits from an early age**, to ensure ease of access to healthy and nutritious food and to **allow sufficient time for** such **foods to be consumed**. This will help to introduce **children to the taste and feel of healthier foods** and will help in maintaining their **concentration levels throughout the school day (and healthier throughout their lives**).

The Strategy for Europe on Nutrition, Overweight and Obesity-related Health Issues[47] states that schools should be protected environments and that any partnership with private parties, including businesses, to provide healthy options should be undertaken in a transparent and non-commercial way.

[47] COMM (2007) 279.

A special focus must be placed on **providing vulnerable children and young people in socially disadvantaged communities with healthy foods**. The European Commission and the European Parliament have launched pilot projects aimed at promoting healthy diets and increasing consumption of fresh fruit and vegetables to children in deprived areas.[48]

Physical activity is another important aspect of a healthy environment, in school and beyond. Not only are sufficient and high quality **physical education lessons** with proper encouragement and assessment of pupils' progress a necessity, but "**physical activity friendly**" **environments** need to be created by providing access to spaces for active play, such as schoolyards and sport halls. Active breaks should also be encouraged as part of the school schedule.[49]

To be successful, **the needs of different target groups must to be considered** (i.e. different ages, genders, ethnicities and socio-economic backgrounds). For example, given the marked decreases in physical activity participation seen in adolescent girls[50], school policies should strive to make physical education more attractive to girls, especially those from lower socio-economic and ethnic minority backgrounds.[51]

2.3.3 Make the healthy option the easier option

Both long term social trends and the recent economic downturn have resulted in an increase in intake of energy-dense less healthy food options: changes in working patterns with **parents working longer hours, a shift to eating outside of the home, loss of cooking skills, difficulties accessing to affordable fresh products** and decreased purchasing powers of populations following the economic crisis. In particular, the impact of the economic crisis on diet appears to be even greater for lower socioeconomic groups who are resorting to buying cheaper food which often results in less healthy diets.[52,53]

48

http://ec.europa.eu/health/nutrition_physical_activity/key_documents/tender_pilot_project_fresh_fruits_vegetables_en.htm

49 In its Recommendation of 26 November 2013 (Council Recommendation of 26 November 2013 on promoting health-enhancing physical activity across sectors OJ, C 354, 4.12.2013, pp. 1-5), the Council considered that "[p]hysical education at school has the potential to be an effective tool to increase awareness of the importance of HEPA, and schools can be easily and effectively targeted to implement activities in this regard." These Council Recommendations also specified a number of proposed indicators to evaluate HEPA levels and HEPA policies in the EU. On this basis, physical education at school will be a key element in the future EU-level political cooperation in relation to sport, physical activity and HEPA.

50 This finding is also confirmed by the research project ENERGY European Energy balance Research to prevent excessive weight Gain among Youth: Theory and evidence-based development and validation of an intervention scheme to promote healthy nutrition and physical activity funded by 7th Framework Programme for Research and Technological Development (FP7) http://www.projectenergy.eu/flash.html

51 Robertson A, Lobstein T, Knai C. Obesity and socio-economic groups in Europe: Evidence review and implications for action. 2007. Work contracted by SANCO/2005/C4-NUTRITION-03, European Commission.

52 Institute for Fiscal Studies. Press Release 2013. http://www.ifs.org.uk/pr/fss_pr_2013.pdf

53 Eurostat, Ad-hoc 2009 module on Material deprivation from the European Statistics on Income and Living Conditions (EU-SILC).

Available data suggest that **intake of fruit and especially vegetables is well below the WHO's recommendation of 400 g per day for children and young people** in almost all Member States[54]. A study conducted in France showed that vegetable consumption varied considerably by household structure and socio-economic status, although little is known about the consumption of fresh vs. processed vegetables[55]. Recent evidence demonstrates socio-economic inequalities in the quantity of fresh vegetables purchased for at-home consumption and in spending on both fresh and processed vegetables. This suggests that monitoring the price and nutritional quality of processed vegetables in particular, and **providing appropriate information to consumers could help them to identify nutritious, affordable and convenient options**[56].

The development of new initiatives to improve both children's and parents' eating habits are now needed. **Access to an improved supply of healthy offer in supermarkets, local producers and markets, restaurants and other retailers** (and schools) **must be made easier**. Complementary action is still required such as using **nutritional criteria in food service procurement** and the provision of nutrient and energy content information for non-prepacked food as appropriate. By **making healthy options more affordable and attractive** (e.g.: making it the default option, redesigning food displays, providing water at tables, and also encouraging reformulation of less healthy food options and taking nutritional objectives into consideration when defining taxation, subsidies or social support policies) they will become more accessible to consumers, including those with limited socio-economic means. This may be achieved by encouraging local producers and manufacturers not to add premiums onto reformulated foods or by subsidising products such as fruit and vegetables, as is the case within the EU School Fruit Scheme.

Signposting or labelling of food could help make it easier for consumers to choose healthy options (e.g. Green Keyhole). Such initiatives should be carried out in the legal framework designed by both Regulation (EC) No 1924/2006 on nutrition and health claims and Regulation (EU) No 1169/2011 on food information to consumers.

At the same time, portion sizing, especially of energy dense food, remains an important consideration. **Parents need to be educated on appropriate portion sizes for children and young people to differentiate between an adult portion and a child's portion**.

Initiatives to **provide children and young people with fresh drinking water** in schools, both to promote health and as a substitute for sugar-sweetened beverages should be prioritised. Similarly, the EU School Milk Scheme promotes consumption of milk as an alternative to sugar-sweetened beverages.

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[54] OECD (2012), Health at a Glance: Europe 2012, http://ec.europa.eu/health/reports/european/health_glance_2012_en.htm

[55] The definition fresh-cut ('minimally processed') vegetables used in the study; raw or cooked vegetables, frozen, in cans or jars; composite foods, such as soups (dehydrated, frozen or in cans or jars) and ready-to-eat dishes (containing at least one portion of vegetables).

[56] Plessz M, Gojard S. Do processed vegetables reduce the socio-economic differences in vegetable purchases? A study in France. Eur J Pub Health. 2013 Oct; 23 (5): 747-52.

Opportunities for physical activity need to made more accessible. For more information on physical activity specifically, see section 2.3.6. Children and young people need easy access to safe spaces in which to be active, such as parks, playgrounds and green spaces. **The price of activity facilities should not be prohibitive**, especially for families on lower incomes. Improvements in urban planning, including the provision of cycle paths, pavements and pedestrianized zones and adequate street lighting can also help to integrate activity within children and young peoples' daily routines, including **active commuting to and from school**.

2.3.4 Restrict marketing and advertising to children

In order to tackle overweight and obesity in children and young people, it is necessary to address the issue of the marketing of foods high in fat, sugars and salt targeting those age groups[57]. While adults may recognise when they are being targeted by advertising, children **and young people** cannot necessarily distinguish between advertisements and cartoons. This makes them **particularly vulnerable to messages that may lead to the development of unhealthy dietary preferences**.[58]

There is a **strong link between TV and screen exposure and adiposity in children and young people**. According to the WHO, recent data suggests that children become obese not just because they watch TV instead of being active, but also because they are exposed to food advertisements and other marketing tactics[59]. The research project TEMPEST funded by 7th Framework Programme for Research and Technological Development (FP7) suggests that adolescents' use of self-regulation strategies was shaped by for example, the eating-related practices and norms of parents and peers, family food cultures and exposure to food-related advertising[60].

Some Member States have implemented **regulations to reduce children and young people's exposure to food and drink marketing** whilst others have implemented mechanisms to co-regulate publicity concerning food and non-alcoholic drinks aimed at under age children and young people. These are based on voluntary government agreements with economic operators and service providers of audio-visual commercial communications[61].

The food industry has already set up a number of **voluntary initiatives to restrict the marketing of less healthy food options to children** and young people as part of the EU Pledge[62]. For example, the World Federation of Advertisers has developed a Nutrition Criteria White Paper. This White Paper sets thresholds for advertising of food products to children

[57] World Health Organisation. Marketing of foods high in fat, salt and sugar to children: update 2012–2013. http://www.euro.who.int/__data/assets/pdf_file/0019/191125/e96859.pdf

[58] Boyland EJ, Halford JCG. Television advertising and branding. Effects on eating behaviour and food preferences in children. Appetite. 2013Mar ; 62: 236-41.

[59] World Health Organisation. Press Release 2013. http://www.euro.who.int/en/what-we-publish/information-for-the-media/sections/latest-press-releases/lax-marketing-regulations-contribute-to-obesity-crisis-in-children

[60] TEMPEST Temptations to Eat Moderated by Personal and Environmental Self, www.tempestproject.eu

[61] As is the case in Spain http://www.naos.aesan.msssi.gob.es/naos/ficheros/empresas/PAOS_2012_INGLES.pdf

[62] EU Pledge. 2013. http://www.eu-pledge.eu

under 12 years of age. Given continued developments in the area of advertising, this pledge and other commitments in this area should continue to be reviewed and strengthened.

These efforts to restrict marketing and advertising to children and young people should **include not only TV but all marketing elements**, including in-store environments, promotional actions, internet presence and social media activities.

2.3.5 Inform and empower families

Actions must not only be targeted towards children and young people but also to parents as the primary individuals responsible for the children and young people's health and development and for being reference models for behaviour. Parents are responsible for shaping their children's first food choices and play an influential role in the formation of eating and activity habits. Given **the role of habits in determining life-long preferences and health behaviours**, a lifestyle approach that starts early and encourages long-term changes is now needed to tackle overweight and obesity in children and young people.[63]

Analyses of data generated by the research project ENERGY show that obesogenic behaviours may result from a range of important determinants at the individual, home and school environment levels. **The impact of parents (as role models, facilitators, by setting rules and boundaries and by means of specific parenting behaviours) appears to be of crucial importance**[64]. Tools that can help parents and carers to recognise when their child may be becoming overweight or obese and that can guide their response can prove useful. A comprehensive response should involve all relevant actors, including other family members, schools and local communities.

A family approach is likely to be essential. There is a need to **promote healthy family meals** (around a schedule and table) and to **pay closer attention to children and young people's diet and plan regular active leisure activities**. Family-based programmes should be promoted and encouraged.[65]

Every day, both parents and children are bombarded with messages about what to eat and how to be active, including nutrition and health claims or labels on food packages and other marketing materials. The multitude of information makes it increasingly difficult for parents to make healthy food choices for their child. **Nutritional information needs to be become more useful and easy to understand for everyone**, including for low socio-economic

[63] National Institute for Health and Care Excellence. Families need support to help tackle child obesity time-bomb. 2013 Oct. www.nice.org.uk

[64] ENERGY European Energy balance Research to prevent excessive weight Gain among Youth: Theory and evidence-based development and validation of an intervention scheme to promote healthy nutrition and physical activity funded by 7th Framework Programme for Research and Technological Development (FP7) http://www.projectenergy.eu

[65] As an example, these could take the form of cooking classes or clubs aimed at helping families (especially in lower income groups) to acquire the right skills to selected and cook healthy food. These cooking lessons or clubs could also cover schools, local council, workplace or mother and baby clubs.

families. This information needs to be effectively delivered while taking care that parents, children and young people do not feel stigmatised in relation to their weight.

At present, EU legislation regarding nutrition and health claims made on foods has to consider nutrient profiles.[66] These specify nutritional criteria, such as thresholds for nutrients in less healthy food options, above which nutrition and health claims would be prohibited.[67]

2.3.6 Encourage physical activity

Physical activity plays a vital role in maintaining a healthy lifestyle. **The benefits of physical activity are well documented** and include a reduced risk of cardiovascular disease, some cancers and type 2 diabetes as well as improvements in musculoskeletal health and weight control[68]. There is also a growing body of evidence to suggest a positive association between physical activity and mental health, mental development and cognitive processes.[69]

Despite these benefits, rates of physical inactivity remain persistently and alarmingly high for adults and for children and young people. Available data show that the majority of Europeans do not engage in sufficient health-enhancing physical activity and trends are not improving[70]. Increased efforts are now needed to promote physical activity among children and young people. **Activity should be encouraged as early on as possible in childhood** (from the first year of life) and should incorporate an element of fun so that children and young people enjoy taking part.

Focus needs to be directed towards **giving families the best opportunities to be physically active throughout the day**, either during school, at home or when travelling between the two. Physical activity should be encouraged as an everyday occurrence for families and not just for the weekend.

Sustained improvements will require changes to the design and layout of urban areas in order to encourage physical activity in adults, children and young people.[71] This may include provision of cycle paths, pavements and adequate spaces for active play. Efforts are also needed to engage all family members, local communities and schools and kindergartens in promoting activity in children and young people.

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[66] Regulation (EC) No 1924/2006 of the European Parliament and of the Council of 20 December 2006 on nutrition and health claims made on foods, article 4.

[67] So far, nutrient profiles have not been agreed.

[68] Lee IM, Shiroma EJ, Lobelo F, Puska P, Blair SN, Katzmarzyk PT, Lancet Physical Activity Series Working Group. Effect of physical activity on major non-communicable disease worldwide: an analysis of burden of disease and life expectancy 2012 Jul. Lancet; 380 (9838): 219 -29.

[69] U.S. Department of Health and Human Services. Physical Activity Guidelines Advisory Committee Report, 2008. http://www.health.gov/paguidelines/Report/pdf/CommitteeReport.pdf.

[70] COM (2013) 603.

[71] As reflected also in the 2013 Council Recommendation on HEPA,

2.3.7 Monitor and evaluate

It is important to **monitor the health status and behaviours of children and young people** in relation to nutrition and physical activity in order to develop and direct targeted action. Monitoring procedures do however tend to vary by country, making it difficult to compare results directly.

The governance of monitoring and evaluation of the Action Plan will be led by the High Level Group on Nutrition and Physical Activity. The European Commission will also cooperate with the WHO to monitor the outcomes of the Action Plan.[72]

In order to have up-to-date, reliable and comparable data, improvements are needed in the collection of data on health indicators, health outcomes and health risk factors. There is a need for a surveillance system that is able to record nutritional and physical activity behaviours in children and young people.

Member States thus agree to discuss the measures that could be taken to directly improve the quality of data and international comparisons and to identify examples of best practice. Areas to be considered as a priority include the monitoring of **the nutritional quality of food**, **assessing social inequalities** in relation to obesity and overweight in children and young people, and evaluating the **impact of actions** in this area.

The WHO Regional Office for Europe has established the Childhood Obesity Surveillance Initiative that currently involves 15 EU Member States. The system aims to routinely measure trends in overweight and obesity in primary school children (6-9 years), in order to understand the progress of the epidemic in this population group and to permit between-country comparisons within the European Region.[73]

The Action Plan sets out concrete **operational objectives** for each of the eight areas for action for consideration by Member States as part of their strategies. These objectives are specific, comprehensive, multi-sectorial and as far as possible evidence-based or innovative.

The Action Plan aims to be consistent with the four priorities outlined in the WHO Action Plan for Implementation of the European Strategy for the Prevention and Control of Non-communicable Diseases 2012−2016[74]: 1) governance for non-communicable diseases, including building alliances and networks, and fostering citizen empowerment; 2) strengthening surveillance, monitoring and evaluation, and research; 3) promoting health and preventing disease; 4) re-orienting health services further towards prevention and care of chronic diseases.

[72] Monitoring provisions for physical activity levels and policies, based on 23 indicators are included in the 2013 Council Recommendation on HEPA.

[73] World Health Organisation. WHO European Childhood Obesity Surveillance Initiative (COSI). http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/activities/monitoring-and-surveillance/who-european-childhood-obesity-surveillance-initiative-cosi.

[74] World Health Organisation. Action Plan for Implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2106. http://www.euro.who.int/__data/assets/pdf_file/0019/170155/e96638.pdf

In drawing up the Action Plan, it was recognised that the operational objectives need to be evidence-based, scientifically sound, realistic, time-bound and measurable, with clear EU relevance and added value. The Action Plan indicates timetables, responsible parties, indicators and data collection/assessment mechanisms for consideration by Member States.

Based on existing reporting mechanisms, a number of **indicators** from the 2007 Strategy for Europe on Nutrition, Overweight and Obesity-related Health issues are set out in Annex I. The purpose of these indicators is to inform measurement of the overall effectiveness of this Action Plan in a way that does not require additional reporting burden[75]. The 2007 Strategy indicators are currently used by the WHO to monitor Member States' implementation of the Strategy according to the WHO European Database on Nutrition, Obesity and Physical Activity.[76]

For the Action Plan, particular attention will be given to capacity building in national information focal points or alternative approaches. Providing clear indicators across all the eight fields of action will help to increase the visibility and recognition of the childhood obesity policy field and highlight its cross-sectorial relevance in Member State strategies.

The use of these indicators is dependent on data collection processes in each Member State, or at the EU institution level. Data collection must also allow for easy comparison between countries on the key health indicators/outcomes, e.g. via the WHO Childhood Obesity Surveillance Initiative.

Monitoring and evaluation tools will be developed, as well as health indicators, to review implementation of the EU Childhood Obesity Action Plan at the end of 2020. Health indicators will be in line with Global indicators framework[77]. The Action Plan will be launched in 2014 and will be evaluated at the end of 2020. **After three years, the Action Plan will be revisited** in order to see whether objectives and actions are still relevant to the objectives of the action plan.

2.3.8 Increase research

Overweight and obesity in children and young people is an issue that is well covered in on-going research agendas but **systematic data collection should be improved** and coordinated at both national and European level in order to ensure harmony with existing EU policies and approaches. Annex 2 to this Action Plan contains a list of recent EU research projects in the area of overweight and obesity in children and young people.

[75] Particular attention will be paid to the need to avoid duplication of reporting efforts regarding physical activity. The new monitoring mechanism set up in the context of the 2013 Council Recommendation on HEPA across sectors will provide an essential part of the physical-activity related information in the monitoring scheme envisaged by this Action Plan.

[76] WHO European Database on Nutrition, Obesity and Physical Activity (NOPA). http://data.euro.who.int/nopa

[77] World Health Organisation. NCD Global Monitoring Framework.http://www.who.int/nmh/global_monitoring_framework/en

Gaps in research should be identified and eliminated through the funding of new projects and by improving alignment of national research agendas e.g. in the Joint Programming Initiative Healthy Diet for a Healthy Life[78], as well as through the new Framework Programme for Research and Innovation, Horizon 2020.

Research findings need to be disseminated and turned into innovative actions. In this respect, the outcomes of REPOPA research project, which is developing a framework and indicators to integrate research evidence into real-life policy making, could be of valuable guidance.[79]

As the in-house science service of the European Commission tasked with providing scientific and technical guidance to support EU policy-making, the Joint Research Centre is well placed to support EU actions in the fields of nutrition and physical activity research. Moreover, research projects being funded by the 7th Framework Programme for Research and Technological Development (FP7), as well as by the Public Health Programme and Horizon 2020 can provide further evidence relevant to this EU action plan.

2.4 Overarching actions

Several activities are planned to cover all eight areas for action described above:

- This Action Plan aims to support Member States in developing their policies to tackle childhood obesity. These are expected to vary across countries in order to best address local needs. Each Member State can thus develop, implement and/or evaluate their own **national action plan on childhood overweight and obesity**.

- Member States can share good practices and develop compatible tools to monitor their national policies on childhood overweight and obesity through a **Joint Action**.

[78] http://www.healthydietforhealthylife.eu

[79] REPOPA 'REsearch into POlicy to enhance Physical Activity http://www.repopa.eu/

3. Actions to address childhood obesity

As mentioned under 2.3.7, a number of 2007 Strategy indicators are listed in annex 1 and are set out in the below actions in order to facilitate the measurement of the overall effectiveness of this Action Plan.[80]

The actions were proposed by a number of Member States and provide a basis for countries to develop policy on tackling childhood obesity. This list is not exhaustive and aims to be flexible in order to allow for different country policies that may require different approaches, structures or specific priorities. Some countries might have systems in place (e.g. regulation) which allow them to vary upon the actions suggested below. These actions are voluntary and should be taken forward by each of the Member States according to their own circumstances and reported accordingly.

The actions take different socio economic groups into consideration; they aim to improve health equity in children and young people (up to 18 years) within individual Member States and, if possible, between the Member States.

[80] They are named 2007 indicator x

3.1. Areas for Action

Area for action 1: Support a healthy start in life **Main priority: to ensure an effective approach at an early stage as possible**						
Operational objective	**Action**	**Responsible party**	**Indicator(s)**	**Data collection and assessment mechanisms**	**Time**	**EU Target**
Increase the prevalence of children that are breastfed. The WHO Baby Friendly Hospital Initiative and the Innocenti Declaration can serve as inspiration.	Promote early childhood services and maternity care practices that empower new mothers to breastfeed.	Member States	% of children breastfed Increase in breast feeding rates, measure duration and adequate breast feeding WHO Baby-friendly Hospital Initiative operational targets	Surveys	2020	20 % of children with adequate periods of exclusive breastfeeding according to national recommendations
	Promote Breastfeeding through national health strategies.	Member States	% of children breastfed Increase in breast feeding rates, measure duration and adequate breast feeding	Surveys	2020	20 % of children exclusively breastfeed
	Training of health care professionals to help raise awareness among parents of the importance of	Member States	% of children breastfed Increase in breast feeding rates, measure duration and	Surveys	2020	

	breastfeeding.		adequate breast feeding			
	Monitoring of the implementation of the provisions of the WHO International Code of marketing of breast milk substitutes in Member States in line with Directive 2006/141.	Member States	WHO Standard provisions in line with Directive 2006/141	Regular follow up of the reported violation of the provisions of the code in line with Directive 2006/141 in a Member State	2018	No violations of the provisions of the code in line with Directive 2006/141
Promote timely introduction of complementary foods.	Development of guidelines for complementary feeding of infants, including timely introduction of complementary feeding.	Member States	Number of Member States with guidelines	NOPA database		75 % of the Member States with implemented guidelines
	Offer updated informational material on infant and young child nutrition (for example: Vitamin D, Folic Acid (for pregnant women)).	Member States	Number of Member States with guidelines Better uptake of folic acid and other micronutrients % of infants that have been given vitamin D supplementation	National nutrition surveillance		
	Training of health care professionals, teachers and parents to foster healthy food taste development in children.	Member States	Number of Member States with guidelines			25 % of Member States with guidelines

Encourage healthier food habits and physical activity in pregnant women, infants, toddlers and preschool children; include vulnerable groups and respect ethnic minority background.	Increase awareness of the importance of maternal nutrition (e.g. folic acid for pregnant women), physical activity and healthy birth weight range. Increase awareness regarding the importance of obtaining and maintaining a healthy weight preconception.	Member States	2007 indicator 10 Number of Member States with guidelines for maternal nutrition and physical activity Better uptake of folic acid and other micronutrients More infants been given vitamin D supplement	National surveys	2020	50 % of Member States with guidelines
	Development of the gestational weight gain guidelines.	Member States	WHO Global Monitoring Framework indicators: - Prevalence of overweight and obesity in adolescents - Prevalence of overweight and obesity in 18+ population	National surveys		Curbed trend in childhood obesity in 25 % of Member States
	Provide clear messages on healthy diets, physical activity promotion and sedentary behaviour to families. Enhancement of parental skills by support for the implementation of recommendations (e.g. early childhood support, family midwives, kindergarten).	Member States	2007 indicator 3, 11, 14 Clear messages delivered to young families Complementary foods introduced at 4 and at 6 months.			

	Organise cooking group activities especially for low income families.	Member States	Member States offering cooking group activities	Reported to the NOPA database, via national focal points	2020	Report on the cooking activity reported by 50 % of Member States
	Promote the consumption of fruit and vegetables as the basis for a healthy diet taking into account the price: • especially fruit and vegetables as snack food alternatives • reduce the number of servings of less healthyfood options	Member States	2007 indicator 10 Introduction of healthy weaning foods – limited less healthy food options			
	Implementation of a pilot project on the promotion of healthy diets targeting pregnant and lactating women. This project will aim to further test field work initiatives through various settings and channels, such as paediatric doctors, nurses, midwives, nutritionists, health oriented NGOs and national and regional health authorities, with the aim of delivering targeted education about nutrition, independently of the food industry, to both parents and children.	Commission	Size/proportion of the target audience reached. Data on the recall and qualitative appreciation of campaigns and individual tool(s)/materials within the target population Data on the impact of campaigns, e.g. in inducing or changing behaviours, inducing health outcomes in the target population, or in triggering changes in attitude	Project report	2014-2015	Successful completion of the project within the timeline.

			etc.			
	Provide physical activities measures for pregnant women and young mothers including the promotion of physical activity for babies and infants by creating an environment which encourages pregnant women to be physically active as well as early childhood, e.g. in local authorities and sport clubs can offer special play- and movement offers	Member States	2007 indicator 7 Level of physical activity during pregnancy	Surveys	2020	25 % of Member States with the data available
Further improve the effective response of the health care sector.	Education of health care staff on issues related to childhood obesity.	Member States	2007 indicator 11 Developed education courses in the Member States	% of Member States with developed courses, report via NOPA database, nation focal points	2020	50 % of Member States with developed courses for paediatric teams, family doctor (GP) 25 % of paediatric teams, family doctor, educated, per Member State
	Create a healthy environment in hospitals and primary health care facilities .	Member States	2007 indicator 11 % of hospitals and % of primary health care facilities	Regular national reporting system, report to the NOPA	2020	50 % of hospitals and PHC with healthy food

			with healthy food offered to patients, including in vending machines and canteens	database		offer
	Development and updating of treatment programmes for prevention and therapy of overweight and obese children based on the inter-professional approach including paediatric doctors, public health service nurses, general practitioner, nutritionists, physical activity therapists and psychologists.	Member States	2007 indicator 11 Adopted treatment program or guidelines in Member States	NOPA database	2020	50 % of Member States with adopted program or guidelines

Area for action 2: Promote healthier environments, especially at schools and pre-schools **Main priority: to establish children's health as a priority at schools**						
Operational objective	**Action**	**Responsible party**	**Indicator(s)**	**Data collection and assessment mechanisms**	**Time**	**Target**
Provide the healthy option and increase daily consumption of fresh fruit and vegetables, healthy food and water intake in schools (with a targeted focus on schools in underprivileged districts). Focus should also be on making the school environment attractive to eat in.	Develop a framework on preschool and school meals including the distribution of fruit and vegetables and drinking milk, e.g. via the existing EU School Fruit Scheme, EU School Milk Scheme and the proposal for a New School Scheme. The Joint Research Centre mapping of school meals in the Member States can be an inspiration.	Member States Commission	2007 indicator 10 COSI project Number of Member States implementing frameworks on preschool and school meals Number of Member States and schools implementing and involved in the EU School Fruit Scheme, the EU School Milk Scheme and the possible upcoming New EU School Scheme	EUROSTAT or national public health data on consumption of fruit and vegetables in adolescents WHO Health Behaviour among Schoolchildren and for Health-Promoting Schools (HBSC) surveys	2020	90 % of Member States participating in the programme
	Extension of the national implementation of the School Fruit Scheme, e.g.: • to more schools, or • to increase the number/amount of fruit & vegetables per child, • to increase the duration (length) of fruit and	Member States	Amount spent on fruit and vegetables per child Number of schools participating in the EU School Fruit Scheme and the New EU School Scheme	EUROSTAT or national public health data on consumption of fruit and vegetables Number of Member States implementing the EU School Fruit Scheme and the New EU School Scheme % of primary schools	2016-2020	25 % of primary schools implementing the School Fruit Scheme per Member State (2016) 50 % of primary schools implementing the School Fruit

	vegetable distribution in schools • Accompanying the School Fruit Scheme with education on healthy eating habits and combating food waste.			implementing the School Fruit Scheme		Scheme per Member State (2018) 60 % of primary schools implementing the School Fruit Scheme per Member State (2020)
	Promote the intake of tap water whilst reducing the intake of sweetened beverages, e.g. by installing water fountains and assessing daily water intake compared to a reference standard.	Member States	2007 indicator 13 and 14 Restrict vending machines with soft drinks in primary schools % of schools with water fountains per Member State Promotion activities in kindergartens and primary schools, for use of tap water	National surveys Cosi project NOPA database	2015 2018	50 % of Member States with restrictions on soft drinks vending machines in primary schools
	Implementation of pilot projects on the distribution of healthy foods including fruits and vegetables to vulnerable groups, including children, in the populations of EU NUTS2 regions in Romania, Bulgaria and Slovakia as well as in Poland and Hungary.	Commission	Size of the target audience reached Data on the recall and qualitative measures of the appreciation of the campaigns and individual tool(s)/materials in the target population		2012-2014 2014-2015	

			Data on the impact of the campaigns, e.g. in inducing or changing behaviours, inducing response actions in the target population, or in triggering changes in attitude etc.			
Improve the education on healthier food choices and physical activity at schools.	Educate children about nutrition and healthy lifestyle (the whole food approach), including the importance of a sustainable diet, reducing food waste etc. This could be done by integrating the nutrition education aspects as part of the school curriculum (social sciences, health education, household etc.) both in primary and secondary school. This can be combined with practical cooking classes. It is important and necessary that teachers, catering staff, school managers and school health care providers cooperate to create a healthy school environment that promotes healthy eating and sufficient physical activity.	Member States	2007 indicator 8, 11 Number of schools offering nutritional education to school kitchen staff Number of schools with integrated education on nutrition	Questionnaires (before and after) Number of Member States with integrated education on healthy nutrition in the regular curricula schools	2020	50 % of Member States with mandatory nutrition education in the regular curricula of primary schools
	Awareness raising activities such as establishing school-based food gardens and/or food preparing	Member States	2007 indicator 3, 8, 11 % of primary schools with	Eurydice database	2020	25 % of primary schools with school garden per

	kitchens.		food gardens % of primary schools with food preparing kitchens			Member State 20 % of primary schools with food preparing kitchen per Member State
	Providing nutritional training to school kitchen staff in order to provide healthy food choices and on portion sizes, e.g. by a "driver's license" to prepare school food.	Member States	2007 indicator 11 % of Member States offering nutritional education to school kitchen staff per Member State	Eurydice database	2020	25 % of primary schools offering nutritional education to school kitchen staff per Member State (2018) 50 % of primary schools offering nutritional education to school kitchen staff per Member State (2020)
Develop and manage initiatives to care for overweight children and prevent them making the transition to obesity. This has to be linked with the clinical	Adopt and apply evidence-based guidelines on overweight and obesity screening and management for children, including their families. Ensure adequate obesity treatment centres for children. Ensure opportunistic screening and early intervention when visiting	Member States	2007 indicator 11, 14 Number of Member States with guidelines % of children included in these programs	On-going screening through the COSI project	2020	50 % of Member States with guidelines

work. It is important that the health promoting work in schools not only focuses on overweight and that overweight children are not stigmatized. Promoting healthy eating and physical activity should be stimulated regardless of body size and appearance.	general practitioner, paediatric doctors, other health professionals or school health nurses.					
Improve a physical activity friendly kindergarten and school environment.	Encourage active commuting to and from school. Provide infrastructures for active breaks according to students' age (e.g. playgrounds, schoolyards), so that physical activity promotion can become an integral part of the school day. Integrate physical activities in the curriculum. Use the interior equipment for kindergarten and schools to offer different possibilities to be active, e.g. open spaces for movement in- and outside, so that physical activity	Member States	2007 indicator 6, 7, 14 Number of Member States with recommendation for human powered transportation to and from school Number of Member States with recommendations for active breaks in primary schools Number of Member States with integrated physical activities the in curriculum % of kindergarten and	NOPA database	2020	25% of Member States with recommendations for active transport and active breaks 25% of Member States with integrated physical activities the in curriculum 25% of Member States with kindergarten and primary schools

	becomes part of the structure and the routines of kindergarten and schools.		primary schools with open spaces, gyms and playgrounds for physical activities per Member State			equipped for physical activities

Area for action 3: Make the healthy option, the easier option **Main priority: to ensure a wide availability of healthy food choices to children**						
Operational objective	**Action**	**Responsible party**	**Indicator(s)**	**Data collection and assessment mechanisms**	**Time**	**Target**
Make the healthy choice the easy choice.	Develop a voluntary sign posting scheme promoting the healthy options at preschools and schools (e.g. the Green Keyhole), including healthier food/drinks in vending machines in preschools and schools or restrictions on (certain foods and beverages sold in) vending machines. Such initiatives should be carried out in the legal framework designed by both Regulation (EC) No 1924/2006 on nutrition and health claims and Regulation (EU) No 1169/2011 on food information to consumers.	Member States	2007 indicator 1, 4, 5, 10 Number of Member States implementing a voluntary signposting scheme % of primary schools implementing a voluntary signposting scheme.	Existing surveys and surveillance e.g. COSI; NOPA database and the Joint Research Centre school food policy mapping		50 % of Member States protecting the school environment (e.g. by restriction related to vending machines, sign posting or implementation of quality standards)"
	Provide quality standards (e.g. a products catalogue) for the foods included in school meals to be sold in preschool and school canteens. Meals and foods must comply with e.g.: • the national nutrient recommendations • Guidelines on portion sizes	Member States	2007 indicator 4, 5 Number of Member States/schools implementing quality standards No sponsorship by food and drinks companies in schools	Inspection checks according to national policies on whether quality standards are in compliance with agreed criteria and on whether there are sponsorships of food and drink companies in schools Environmental Health		No violation of the "no sponsorship" specification

	could be included in these quality standards			Officer and Pre School Inspection Team checks		
	Free supply of fresh drinking water in schools through e.g. installation of water fountains.	Member States	Number of Schools offering free supply of drinking water	Report to NOPA database		40 % of Member States offering free supply of drinking water
Increase food reformulation actions in order to achieve the objectives in the EU Framework for National Initiatives on Selected Nutrients.	Continue to encourage all food producers to enhance their reformulation actions in line with public health goals, recommendations and guidelines and especially those • providing foods for school meals or being responsible for school meals • providing foods and drinks in sports halls & venues & community activity/centres .	Member States, Stakeholders (for implementation)	2007 indicator 4, 5, 13 Wider range of healthier food and drink options including in sports halls & venues & community activity/centres - not just niche products	EU Joint Action NOPA database	2018	25 % of Member States with reformulated food products including school environment
Promoting water intake.	Promote free water in public areas like administrations, hospitals, schools (e.g. via installing water fountains).	Member States	Number of Member States with recommendations for increasing tap water availability in public places	NOPA database	2020	25 % of Member States with recommendations for increasing tap water

Continue to address the issue of portion sizes.	Continue to encourage food and drink producers to reduce portion sizes for pre-packed foods and beverages. Portion size guidelines could be provided.	Member States	2007 indicator 4, 5, 13 Wider range of smaller portion sizes for children. Number of Member States with nutritional guidelines.	NOPA database		50 % of Member States with nutritional guidelines
	Restaurants, caterers and all providers of meals eaten by children should improve menus, including portion sizes, provide nutritional information for parents and make healthy options the default choice whenever possible. Encourage nutritional training for staff working in restaurants and cafes particularly in suitable portion sizes for children and avoiding less healthy food options recipes and servings.	Stakeholders	2007 indicator 4, 5 13 Number of Member States with nutritional guidelines. Evidence of intervention by the private sector.	NOPA database		50 % of Member States with nutritional guidelines

Area for action 4: Restrict marketing and advertising to children **Main priority: to limit the exposure of children to advertisement of food/drinks high in fats, sugars and salt**						
Operational objective	**Action**	**Responsible party**	**Indicator(s)**	**Data collection and assessment mechanisms**	**Time**	**Target**
Ensure that schools are free from marketing of less healthy food and drink options.	Protect from marketing practices that promote these food and drinks at preschools and schools and other places for children, e.g. sport clubs/halls, recreation places in order to ensure that these facilities are protected environments and free from marketing.	Member States	2007 indicator 2, 4 Less advertisements of less healthy food options to children	Eurydice database	2020	Less than 5 % of schools reporting violation, annually per Member State
	Develop or improve schemes that limit marketing of energy-dense foods to children also beyond the school environment. This could be done via public private partnerships, e.g. including healthy vending fresh fruit, flavoured water & snacks that are not considered to less healthy food options.	Stakeholders	2007 indicator 4, 13 Number of signatories participating in the initiatives			
Define nutrition criteria to use in a framework for marketing of foods to children.	Building on existing schemes, develop appropriate nutrition criteria to use in marketing of foods to children. This could be implemented in collaboration with Stakeholders.	Member States Stakeholders (for implementation)	2007 indicator 4 Consolidate nutrition criteria for restricting marketing of foods to children Number of Member States implementing the nutrition criteria	NOPA database	2016	Consolidated nutrition criteria for restricting marketing of less health food options to children by 2016 at latest

Set recommendations for marketing foods via TV, internet, sport events etc.	Focus on children, especially under 12 years. This could be implemented in collaboration with Stakeholders (e.g. as part of the EU Pledge)	Member States	2007 indicator 4 Member States with recommendations relating to the marketing of foods to children	NOPA database	2020	30 % of Member States with recommendations
Encourage media service providers to set up stricter codes of conduct on audio-visual commercial communications to children regarding foods which are less healthy food options.	Actions to strengthen implementation of Article 9.2 of the Directive on Audiovisual Media Services (Directive 2010/13/EU).	Commission Member States	2007 indicator 4 Number of Member States with the implemented and monitored Directive on Audiovisual Media Services	NOPA database	2017	80 % of Member States with fully implemented Directive on Audiovisual Media Services
	Ensure effective enforcement of the codes of conduct on audio-visual commercial communications of less healthy food options to children.	Stakeholders	2007 indicator 13			

Area for action 5: Inform and empower families **Main priority: to inform and educate parents with children on their daily food and health choices**						
Operational objective	**Action**	**Responsible party**	**Indicator(s)**	**Data collection and assessment mechanisms**	**Time**	**Target**
Educate and support families to make healthy changes to their diets and promote physical activity including related issues with specific focus on lower socio economic groups.	Provide consumer advice, including recipes/cooking skills and information on portion sizes. In order to be inclusive, these classes should address cooking with affordable and yet nutritious ingredients. This could e.g. be done via smart phone apps or by other means for less well of families on healthier food choices and lifestyles: daily tips, menu of the day, computer apps, etc.	Member States	2007 indicator 3,11, 13, 14 Level of awareness in general Reduction in overweight and obesity Increase in fruit and vegetable consumption Improvement in correct amount and portion size as indicated national recommendations Number of users of these dedicated apps.	WHO Health Behaviour among Schoolchildren and for Health-Promoting Schools (HBSC) surveys		

	Offer cooking classes and provide advice on healthy and affordable foods, portion sizes and healthy cooking methods. It will be important to take into account that cooking practices differ across the EU depending on the different cultures. Promote preconception planning for overweight and obese women prior to the conception of their child.	Member States	2007 indicator 3,13, 14 Level of awareness in general Reduction in overweight and obesity Increase in fruit and vegetable consumption Improvement in correct amount and portion size as indicated national recommendations Number of parents/families attending the cooking classes.	NOPA database	2020	20 % of Member States reporting activities in this area
	Support of families in order to integrate physical activity and healthy diet in everyday life. This action could be covered by a Joint Action work package.	Member States	2007 indicator 3,7, 11, 14 Level of awareness in general Reduction in overweight and obesity	NOPA database	2020	20 % of Member States reporting activities in this area
	Promote adequate sleep duration via information material. Provide information about the importance of physical activity for healthy development, the negative consequences of a sedentary	Member States	2007 indicator 3,11, 13 Level of awareness in general Number of national targeted campaigns	NOPA database	2020	25 % of Member States with national targeted campaigns

	lifestyle/excessive media use and the importance of parental role modelling and social support for the development of an active lifestyle. Integrate new medias, e.g. smart phone to spread the information		Number of program viewers			
Promote the importance of spending time together either in a family or as friends.	Promote eating together ("family meals") Promote active weekends (e.g. joint outdoor activities) Promote active travel for all the family	Member States	Questionnaire on the number of regularly joint meals and Time spent together per week	Surveys NOPA database	2020	20 % of Member States reporting activities in this area
Make the healthy choice the easy choice for the families.	Improve nutrition labelling through the implementation of EU Regulations and guidelines on labelling and on nutrition and health claims: • Educate consumers about these new labelling schemes • Recommendations on portion sizes • Develop a voluntary sign posting framework that is easy to understand for consumers and easy to use for stakeholders including	Member States	2007 indicator 1, 3 Number of products included in a signposting system Number of campaigns to raise awareness on the use of nutrition labels Number of people hearing the message and acting based on the campaign	National monitoring		

	supermarkets and restaurants (e.g. also including calorie information on menus) Such initiatives should be carried out in the legal framework designed by both Regulation (EC) No 1924/2006 on nutrition and health claims and Regulation (EU) No 1169/2011 on food information to consumers. See for inspiration the Commission funded Framework Programme 7 projects FLABEL and CLYMBOL.					
	Implement on a voluntary basis a clear signposting scheme for foods and meals that promotes healthier choice (e.g. the Green Keyhole) at • Supermarkets • Restaurants, including take away menus (e.g. also including calorie information on menus) • Encourage restaurants to offer all items on their menu as half portions for children	Stakeholders	2007 indicator 1, 3, 13 Number and share of products included in a voluntary signposting system Number of campaigns to raise awareness on the use of nutrition labels More healthy options available and accessible in supermarkets at an affordable cost	Food and Drinks Industry surveys	2017	Develop a clear signposting scheme for foods and meals that promotes healthier choice Develop award schemes

	Encourage the development of award schemes for healthy food promotions and good practise examples in the community catering. Prioritise disadvantaged communities when developing food-related support schemes (e.g. co-ops and food banks). See for inspiration the Commission funded Framework Programme 7 projects FLABEL and CLYMBOL, see annex 2.				2018	
Increase the intake of healthy foods (especially fruits and vegetables, milk and water) in parents and children in local communities, with a special focus on disadvantaged regions and communities.	Increase the intake of fruit and vegetables, within a variety of settings, e.g. encourage the establishment and use of direct–to-consumer marketing outlets such as farmers' markets and community supported agricultural subscriptions. Encourage home food production through the following schemes:- • Rooftop/balcony gardens • School raised bed gardens Planting fruit trees in parks, schools grounds, urban streetscapes and waste ground areas to encourage	Member States	2007 indicator 13, 14 Test the consumption rate, both for children and parents % of schools with school garden	EUROSTAT household budget survey or national public health data on consumption of fruit and vegetables Eurydice database and DAFNE database	2020	15 % Increased fruit and vegetable intake

	free picking & consumption of fresh fruit.					
	Establish health partnerships between local governments and supermarkets and retailers and other relevant stakeholders to promote the intake of fruits and vegetables and raise awareness (e.g. the on-going 6 a day or 5 a day campaigns).	Member States	2007 indicator 3, 13 Number of Member States with an established Framework to support health partnerships between local governments and supermarkets and retailers and other relevant stakeholders in the community	NOPA database		25 % of Member States with Framework to support health partnerships between local governments and supermarkets and retailers and other relevant stakeholders in the community
Support disadvantaged communities, families, children and adolescents, by making the healthy choice more easily available, accessible and affordable.	Implementation of pilot projects on the promotion of healthy diets and distribution of fruit and vegetables targeting children, pregnant women and elderly, with a special focus on EU regions, where the household income is very low.	Commission	Size of the target audience reached Data on the recall and qualitative measures of the appreciation of the campaigns and individual tool(s)/materials in the target population Data on the impact of the campaigns, e.g. in inducing or changing behaviours, inducing response actions in the target population, or in triggering changes in		On-going-2015	

			attitude etc.			
Support disadvantaged communities to help reduce food poverty.	Implementation of pilot projects on the promotion of healthy diets targeting children, pregnant women and elderly.	Commission	Size of the target audience reached Data on the recall and qualitative measures of the appreciation of the campaigns and individual tool(s)/materials in the target population Data on the impact of the campaigns, e.g. in inducing or changing behaviours, inducing response actions in the target population, or in triggering changes in attitude etc.	NOPA database	2012-2015	
	Provide nutrition guidelines for the health experts working on targeted food programmes for socially disadvantaged communities and disadvantaged children.	Member States	2007 indicator 3 Number of countries with guidelines Number of targeted people reached	On-going surveys NOPA database	2020	50 % of Member States with guidelines by 2020
Encourage professional health bodies to develop guidelines to strengthen their nutrition and (daily) physical	Work with health professionals to develop a module on nutrition and physical activity for inclusion in training and continuing education programmes on nutrition and physical activity and health promotion as part of the WHO	Member States	2007 indicator 11 Member States who have implemented the WHO Healthy hospital/healthcare centers initiative	NOPA database	2020	50 % of Member States with implemented WHO initiative 20 % of

activity training.	Healthy hospital/healthcare centers initiative		% of hospitals/healthcare centers involved in the WHO Healthy hospital/healthcare centers initiative			hospitals/HCC involved per activated Member State
Encourage/support families, professionals and day-care centres to integrate physical activity in the children's daily routine.	Provide recommendations and guidelines on physical activities for children, tailored to age groups e.g. by working together with sport clubs Give best practices examples to integrate physical activity in the daily routine, especially for local authorities, e.g. holiday programs for disadvantage groups.	Member States	2007 indicator 6, 7 National guidelines adopted	NOPA database	2020	50 % of Member States with adopted guidelines

Area for action 6: Encourage physical activity

Main priority: to increase the regular participation of children in sports or other physical activity

Operational objective	Action	Responsible party	Indicator(s)	Data collection and assessment mechanisms	Time	Target
Strengthened promotion of physical activity policies.	Commitment to support Health-Enhancing Physical Activity through: • Further promotion of the EU Physical Activity Guidelines to raise awareness of and participation in adequate physical activity, and • Strengthened policy coordination and	Member States Commission	2007 indicator 6, 7, 9, 11, 12, 14	EUROSTAT-Public health data on the practice of physical activity Commission report on the implementation of the Council Recommendation on HEPA across sectors, incl. the monitoring framework Eurobarometer on Sport and Physical Activity	2018	Council Recommendations implemented the list of indicators (see Annex) in all Member States by 2018

	dialogue with Member States, in particular in the context of the implementation of the Council Recommendation on HEPA across sectors • Support for HEPA activities, networks and studies under the Sport Chapter of the new Erasmus+ programme (2014-2020)					
	Develop and implement national physical activity guidelines.	Member States	Number of countries with national physical activity guidelines	NOPA database Results (information and data) from the monitoring framework established by the 2013 Council Recommendation on HEPA	2016 2018 2020	50 % 60 % 80 % of Member States with national physical activity guidelines

	Increase/Ensure the quality of sequential, age- and developmentally-appropriate physical education for all preschool and school children, taught by certified physical activity teachers.	Member States	2007 indicator 6, 7, 9, 14 Raised levels of awareness amongst the general population and in children of being physically active Number of hours per week dedicated to physical activity/sports at schools All pupils engaged in inclusive physical education	EUROSTAT-Public health data on the practice of physical activity Results (information and data) from the monitoring framework established by the 2013 Council Recommendation on HEPA (indicators on physical education: 13-16) WHO Health Behaviour among Schoolchildren and for Health-Promoting Schools (HBSC) surveys Data collection within the Eurydice system http://eacea.ec.europa.eu/education/eurydice/index_en.php	2020	90 % of Member States reporting hours per week dedicated to physical activity/sports in schools
Supportive role of urban design and planning in order to reduce after-school sedentary	Develop and implement a 'Health in all Policies' mechanism/framework for cross-sectoral work to promote physical activity by governments and key stakeholders to promote physical activity.	Member States	2007 indicator 6, 7, 13, 14	EUROSTAT-Public health data on the practice of physical activity Results (information and data) from the monitoring framework established by the 2013 Council Recommendation on HEPA across sectors (indicators on environment, urban planning, public safety: 17-18) WHO Health Behaviour among Schoolchildren and for	2020	50 % of Member States have applied leisure-time physical activity European Guidelines

behaviour.	European Guidelines for improving Infrastructures for Leisure-Time Physical Activity being applied systematically to plan, build and manage infrastructures			Health-Promoting Schools (HBSC) surveys		
	Facilitate urban environments and infrastructure to reduce sitting and increase opportunities to be active for all children and adults. Extensive and well maintained walking and biking infrastructure so that children can either walk or bike to school and can also bike in their free time.	Member States	2007 indicator 6 % of children and adolescents cycling or walking to school	EUROSTAT-Public health data on main mode of transport used for your daily activities (car, motorbike, public transport, walking, cycling, other) for adolescents WHO Health Behaviour among Schoolchildren and for Health-Promoting Schools (HBSC) surveys NOPA database	2020	20 % increase in population cycling or walking to school per Member State
	Ensure an adequate presence of free/low cost sports facilities within local and regional communities to facilitate sports activities during and after school.	Member States	2007 indicator 6 Presence of free or low-cost playground/sportsfacility, biking and walking infrastructure in the community	NOPA database	2020	25 % of Member States with a Framework to support free/low cost playground/sport facility, biking and walking infrastructure in the community

	Increase the number of safe and accessible parks and playgrounds, particularly in underserved and low-income communities.	Member States	2007 indicator 6 The number of safe and accessible parks and playgrounds, particularly in underserved and low-income communities.	NOPA database	2020	30 % of Member States with Framework to support opportunities to increase access to recreational or exercise facilities for low socio-economic groups
	Give children the possibility to participate in school, city and neighbourhood planning in order to create spaces to move.	Member States	2007 indicator 6 % of schools reporting on participatory school groups for physical activity	Eurydice system NOPA database	2020	50 % of Member States taking up this initiative 20 %of schools reporting on participatory school groups for physical activity per activated Member State
Increase the awareness of and participation in the European Week of Sport (EWoS	Promote actions in the context of this initiative specifically targeted towards children/schools.	Commission	2007 indicator 9 Number of children/schools taking part in the European Week of Sport in each Member State	2007 indicator 9 Number of Member States taking part in the European Week of Sport % of children/school taking part in the European Week of Sport per Member State	Eurydice system	2015 2020

(EWoS, expected start: 2015).	Develop and implement actions in the context of this initiative specifically targeted towards children/schools.	Member States	Number of children/schools taking part in the European Week of Sport	2007 indicator 9 Number of Member States taking part in the European Week of Sport % of children/schools taking part in the European Week of Sport	EUROSTAT-Public health data on the practice of physical activity Evaluation of the European Week of Sport	2015 2020

Area for action 7: Monitor and evaluate

Main priority: Better monitoring and evaluation of children's nutritional status and behaviours

Operational objective	Action	Responsible party	Indicator(s)	Data collection and assessment mechanisms	Time	Target
Improve the reporting on the availability, nutritional status, food quality, food consumption habits, and levels of physical activity in different age and socio-economic groups.	Improve monitoring and reporting of initiatives. Develop and/or improve national food composition databases, e.g. an observatory on the composition of the available foods. Develop and/or improve national physical activities and sports databases.	Member States	2007 indicator 11, 12	EUROSTAT-Public health data on mortality from diet related chronic diseases and Body Mass Index European Health Information survey (EHIS) European Health Examination Survey (EHES) National surveys Results (information and data) from the monitoring framework established by the 2013 Council Recommendation on HEPA across sectors (selected indicators relating to health, education, evaluation: 12, 15, 21)	2020	80 % of Member States have implemented the monitoring mechanisms
	Collecting data from the Member States on the monitored initiatives, e.g. via the WHO European Childhood Obesity	WHO	2007 indicator 1-14 Data on height and weight in	NOPA database Measured weights and heights in different age groups (COSI) and WHO Health Behaviour among Schoolchildren and for Health-Promoting Schools	2020	Curbed rise in childhood obesity by 2020, in low socio-economic groups of children

	Surveillance Initiative (COSI), the WHO NOPA database and the WHO Health Behaviour among Schoolchildren and for Health-Promoting Schools (HBSC) surveys • increase the number of Member States being part of the COSI project.		children	(HBSC) surveys		and adolescents
Sharing of good ideas and practices regarding the monitoring of policy initiatives	Facilitate the sharing of good practices between Member States regarding national policies on diet and physical activity. This will include monitoring nutritional changes to food. This can e.g. be done via a Joint Action: • Implement indicators/tools to monitor the relevant policies • Review priority actions on an	Member States	2007 indicator 12, 14	Physical activity aspects: Reporting in the context of the monitoring framework established by the 2013 Council Recommendation on HEPA across sectors	2020	Established a reporting system for Council Recommendations list of indicators (Annex) in all Member States Monitoring report every 5 years

	annual basis					
Monitoring in order to strengthen obesity prevention.	Increased childhood screening and surveillance, in particular by identifying overweight children and preventing them from making the transition to obesity, e.g. via WHO European Childhood Obesity Surveillance Initiative (COSI). Paediatricians should be encouraged to routinely calculate children's BMI and measure fat fold and provide information to parents about how to help their children achieve a healthy weight and body composition.	Member States	2007 indicator 11, 12, 14	NOPA database Establish population based public health screening and individual based paediatric screening in Member States	2020	Majority of Member States with established screening
Develop a database on childhood obesity.	Establish a national data base, using the WHO Childhood Obesity Surveillance Initiative, national and local childhood nutrition surveys. Develop a data base of good practice at local,	Member States	Database established and kept up to date	National survey and surveillance data NOPA database	2015	100 % of Member States contributing to the database by 2020

	national and European level using the WHO NOPA 'scoring' tool.					
Establish harmonised monitoring of school nutrition in EU (in primary and secondary schools).	Agreement on the EU sustainable and harmonized data source on school nutrition. Identification of Eurydice as the possible monitoring tool. Definition and implementation of the school nutrition indicators to the Eurydice.	Member States	2007 indicator 12 Regulation of school nutrition program in Member States – Y/partly/N Adopted school nutrition guidelines – Y/partly/N Implemented school nutrition guidelines - Y/partly/N % of primary schools in Member States providing students with at least one	Data collection within the Eurydice system http://eacea.ec.europa.eu/education/eurydice/index_en.php	By end 2017	75 % of Member States reporting via Eurydice system

			meal per school day % of secondary schools in Member States providing students with at least one meal per school day Established subsidies mechanism for students from low socioeconomic groups in Member States at the national level – Y/partly/N			
Establish annual monitoring of the physical activity of the students as a part of	Agreement on the EU sustainable and harmonized data source on physical fitness of children. Identification of Eurydice as the possible monitoring	Member States	2007 indicator 12 Developed program of monitoring of physical activity of	Eurydice system http://eacea.ec.europa.eu/education/eurydice/index_en.php	By end 2020	75 % of Member States reporting via Eurydice system

regular sports curricula in primary and secondary schools.	tool. Definition and implementation of the physical activity indicators of the children to the Eurydice.		children in primary and secondary schools in Member States - Y/partly/N % of children achieving the agreed level of physical activity, by gender, age groups and BMI, in primary schools % of children achieving the agreed level of physical activity, by gender, age groups and BMI, in secondary schools Use of the collected data for medical			

			and development counselling for the child - Y/partly/N			

Area for action 8: Increase research

Main priority: Up-to-date and comparable information and data

Operational objective	Action	Responsible party	Indicator(s)	Data collection and assessment mechanism	Time	Target
Increase the financial support by national and EU research programmes.	Promotion of existing financial support to programmes and further improve financing possibilities.	Commission	Amount and type of EU funding provided across the different programmes and projects	Commission research progress report		
	Better promote the availability of existing programmes and further improve national financing possibilities.	Member States				
Ensure quality and conformity of research projects to existing EU policy objectives and approaches.	a) take account of the priorities of the EU Nutrition Strategy and Action Plan b) take account of gaps in policy formulation c) deliver clear added value and ensure coherence and synergy d) avoid duplication with research under other programmes and bodies	Commission	The inclusion of the priorities of the EU Nutrition Strategy and Action Plan in the funding and assessment criteria of EU-funded research in the area of nutrition and physical activity	Commission Research progress reports		

	e) take account of the importance of behavioural research f) take account of socioeconomic disparities and cultural background g) prioritise research to understand the health conditions associated with obesity					

3.2 Actions on childhood obesity by members of the EU Platform

The members of the EU Platform for Action on Diet, Physical Activity and Health have made a number of on-going commitments which could contribute to the priority areas of this Action Plan on Childhood Obesity. These may be found at the Commission's website.

The members of the High Level Group invite the EU Platform to develop new commitments, linked to their core businesses, on childhood obesity in line with this Action Plan.

Annex 1

2007 Strategy for Europe on Nutrition, Overweight and Obesity-related Health issues indicators for the EU Action Plan on childhood obesity 2014-2020 (existing reporting mechanisms)

1. Legislation / voluntary initiatives requiring nutritional labelling or signposting
2. Legislation / voluntary initiatives on the marketing of unhealthy food and beverages to children
3. Information and education campaigns
4. Initiatives to increase the availability of processed foods with reduced content of total fat and/or added sugar
5. Salt reduction initiatives (in line with the EU target of 16% reduction by 2013)
6. Initiatives promoting better urban design to provide safe and attractive structures for everyday
7. Provision of guidelines for physical activity / education campaigns
8. Mandatory inclusion of nutritional education in schools
9. Mandatory inclusion of physical education in schools
10. Provision of free or subsidized school meals / promotion of healthy food
11. Role of health and education professionals
12. Strengthening monitoring and evaluation
13. Engaging commitment from commercial stakeholders
14. Promoting and supporting community based interventions

Annex 2

Recent EU research projects relevant to the Action Plan on Childhood Obesity (2010 onwards)

1. ENERGY European Energy balance Research to prevent excessive weight Gain among Youth: Theory and evidence-based development and validation of an intervention scheme to promote healthy nutrition and physical activity

The overall aim of the ENERGY-project is the development and formative evaluation of a school-based, family-involved intervention scheme to promote healthful energy balance-related behaviours (EBRBs) in school-aged children from countries located in different regions of Europe.

http://www.projectenergy.eu

2. I. Family

The I.Family Study is investigating the determinants of food choice, lifestyle and health in European children, adolescents and their parents. For more explanation please see also below the predecessor project IDEFICS.

http://www.ifamilystudy.eu/

3. ToyBox (Multifactorial evidence based approach using behavioural models in understanding and promoting fun, healthy food, play and policy for the prevention of obesity in early childhood)

Aim: To build and evaluate a cost-effective kindergarten-based, family-involved intervention scheme to prevent obesity in early childhood, which could potentially be expanded on a pan-European scale.

http://www.toybox-study.eu/

4. Habeat (Determining factors and critical periods in food Habit formation and breaking in Early childhood: a multidisciplinary approach)

http://www.habeat.eu/

5. EarlyNutrition

EarlyNutrition investigates the effect of early nutrition and lifestyle on metabolic programming and its implications for obesity and health later in life.

http://www.project-earlynutrition.eu/

6. Full4Health (Understanding food-gut-brain mechanisms across the lifespan in the regulation of hunger and satiety for health)

Aim: To investigate mechanisms of hunger, satiety and feeding behaviour, and how these change across the life course, effects of dietary components and food structure on these processes, and their possible exploitation in addressing obesity, chronic disease and under-nutrition.

http://www.full4health.eu/

7. IDEFICS (Identification and prevention of Dietary- and lifestyle-induced health EFfects In Children and infantS)

Objectives: "To enhance knowledge of health effects of changing diet & altered social environment & lifestyle of children, 2-9 years, in Europe;

to develop, implement & evaluate specific intervention approaches to reduce prevalence of diet- & lifestyle-related diseases & disorders.

The focus of the IDEFICS Study, which ended in 2012, lied in exploring the risks for overweight and obesity in children as well as associated long-term consequences. Beyond pure research, IDEFICS offered activities for health promotion and prevention in kindergartens and schools. These prevention programmes were developed, implemented and evaluated within the IDEFICS Study. The results of the study are currently being incorporated into various guidelines on nutritional, behavioural and lifestyle as well as ethical aspects in all participating countries.

The I.Family Study (see above) builds on the work of the IDEFICS study including the on-going survey of the 16,000 children and family cohort managed across 8 European countries.

www.ideficsstudy.eu

8. **Afresh** (Activity & Food for Regional Economies Supporting Health by research and Innovation)

Nutrition and physical activity are looked at together in the EU project afresh. Scientists, enterprises and representatives of public services from eight European regions – strong in food research and/or physical activity research (food and health clusters) – join forces to analyse innovative solutions in order to tackle future challenges to society: the prevention and reduction of diet-related and physical-inactivity-related diseases (i.e. diabetes, obesity, cardiovascular diseases, cancer).

http://afresh.region-stuttgart.de/

9. **PAPA** Promoting Adolescent health through an intervention aimed at improving the quality of their participation in Physical Activity

PAPA aimed to develop the Empowering Coaching programme for the context of grassroots football in five European countries, and to develop, deliver and apply a multi-method approach to rigorously evaluate this programme. Via the implementation of Empowering Coaching training, PAPA aimed to address the physical and psychological health challenges experienced by many young Europeans Specifically, the delivery of this programme within and beyond the lifespan of PAPA has the potential to reduce inactivity and promote physical activity participation among European's youth. This renders these young people as less likely to be at risk of the profound health risks of physical inactivity, such as being obese or overweight, as well as associated psychological health risks such as depression and compromised self-esteem. Thus, the PAPA project is helping to realize the potential of sport as a solution to the obesity crisis and rising health costs of treating an inactive population.

www.projectpapa.org

10. TEMPEST Temptations to Eat Moderated by Personal and Environmental Self-regulation Tools

The aim of the project was to find out in what way adolescents (10-17 years of age) can learn to regulate their food intake in a food-replete environment. Almost 15,000 adolescents participated in the project. It assessed various aspect of health-related self-regulatory competence and weight-related behaviours such as the Meso- and Macro-environmental influences, the impact of incentive schemes, and the impact of weight-related temptations. The project findings generally show that the use of appropriate self-regulation strategies may help adolescents to effectively navigate today's obesogenic environment.

www.tempestproject.eu

11. TICD Tailored implementation for chronic diseases

The project aims to develop better methods of tailoring implementation interventions to barriers and enablers for knowledge implementation in chronic illness care, focusing on five chronic conditions: chronic heart failure, obesity, mental health, asthma and COPD, and multimorbidity. The project will assess the validity and effectiveness of specific tailoring methods and models, practical guidelines on tailoring for stakeholders, and specific evidence on improving medical care for the targeted chronic conditions.

http://www.ticd.umed.lodz.pl/

12. SPOTLIGHT Sustainable prevention of obesity through integrated strategies

SPOTLIGHT aims to increase the knowledge base on obesogenic determinants in order to obtain a comprehensive overview of the factors necessary for establishing effective and sustainable lifestyle behavioural change interventions.

http://www.spotlightproject.eu/

13. REPOPA REsearch into POlicy to enhance Physical Activity

REPOPA aims to integrate scientific research knowledge, expert know-how and real world policy making process to increase synergy and sustainability in promoting health and preventing disease, and to promote physical activity in structural policy making.

http://www.repopa.eu/