

Report of the Third Consensus Workshop on Nutrition ¹

CAVEAT

This report summarises the actual discussions at the workshop. As such it is a limited document, confined to the topics covered, by the participants present.

In no way does it attempt to be a comprehensive report of all pertinent nutrition issues, nor does it represent BEUC policy.

It is a summary of the discussions from the workshop

Conclusions and Recommendations

Conclusions

- Good nutrition is a significant contributor to health.
- Nutrition and health programmes need to have a long time scale and appropriate funding.
- The power of the advertising media was recognised but it was clear that generic, healthy eating messages were not promoted – there was consensus that they should be.
- Co-ordinated messages from all stakeholders are vital so that consumers are not confused by contradictory points of view.
- Concerted approaches across multi-stakeholder groups were agreed as the way forward.
- Excellent networks and personal contacts have been established through these workshops at the national and European level. Recognising that working together was vital, this could now be better facilitated for the future.
- There is a real need for an independent trusted source of advice: this could be a role for the European Food Safety Authority (EFSA). Advice provided by EFSA should then be actively promulgated by national governments.
- Food and agriculture policy and the structure of food prices can cause problems that mitigate against a nutritious diet; subsidies and economic policies have a major role to play here in influencing what consumers are offered, at prices they can afford.

¹ Third Consensus Workshop on Nutrition, 9 - 11 July 2003, Ministry of Education, Research and Development, Budapest, Hungary <http://www.consensusworkshops.org/>

- A one-size fits all approach is not appropriate to promoting 'good' food choices.
- While the importance of diet and nutrition in health promotion were accepted, they should also be seen in the context of recognising the importance and contribution of other factors for health such as taking regular physical exercise.

Recommendations

- Co-operation of all stakeholders, including industry, legislators, health professionals, consumers and scientists is important to achieve a common goal and objectives for a health policy, with nutrition being a substantial part of it.
- Sustained nutrition campaigns are important both to improve knowledge and to influence behaviour.
- Ongoing monitoring, based on comparable data and evaluation of national campaigns, is essential to track successes and to learn from best practices.
- Successful campaigns should be analysed to assess appropriate strategies that could work at European level. Failures should not be repeated.
- It is imperative to create environments supportive of positive food messages and choices throughout society. Education and positive messages in one sector alone will not work – these can be, and are, undermined by contradictory messages from any other sector, and they are often not backed by adequate policies.
- Changes gradually introduced by the food industry (such as reducing salt or changing the fat content of processed foods) can have a huge impact on nutrition with no consumer detriment. Such changes should be further encouraged and addressed by further industry research and product development.
- The EFSA could/should become an independent trusted source of nutrition advice.

Further Research and Discussion

Further research needs

- Study the perception of nutrition/diet related information/communication to consumers throughout Europe.
- Estimation of real consumption patterns, in different countries and different consumer sub-groups of different ages, social levels and cultures.
- Research and knowledge about how consumers behave and make choices in different situations.
- How do consumers respond to nutrition interventions? Study whether nutrition/health messages were effective – which messages, campaigns or brochures work best?
- There is a critical need for co-operation between scientists from all scientific disciplines, including especially the social sciences, in order to communicate effectively a message, which is understandable and useable. At the European level in the framework programme there are few proposals with this co-operation between the different scientists, which was seen to be essential for success.

Areas for further discussion

- There was little dissent between the participants in these discussions. Yet it was clear that many long-established nutrition and diet-related health problems (such as high cholesterol levels) have not been solved, and new problems (such as childhood obesity) continue to emerge.
- Further discussion is needed on how to better communicate nutrition and healthy eating patterns to consumers and the best ways to do this, by use of food pyramids, models, better food labelling and information. It is evident that much effort is being expended but better prioritisation and application is necessary to be more effective.

Third Consensus Workshop on Nutrition

Introduction to the workshop

A three-day workshop to discuss nutrition was organised on 9 - 11 July 2003 in Budapest, Hungary at the kind invitation of METE – Hungarian Scientific Society for the Food Industry. (see Appendix 1 for Agenda).

The workshop brought together consumer representatives, scientists and other stakeholders to discuss nutrition, from a consumer, health, scientific, government, and policy point of view. Other stakeholders including primary food producers, food and feed manufacturers, retailers, representatives of the WHO, and legislators in the food and feed chain actively participated in the discussions (see Appendix 2 for list of participants). A 'farm to fork' approach was adopted with participants/stakeholders from all parts of the food chain.

The overall aim was to try to define areas of consensus and to identify where there were differing views, and where there was a need for more research or further discussion concerning nutrition, its contribution to health, current controversies, policies and the promotion of good nutrition. The emphasis was to focus on observations that would be worth promoting throughout Europe, working with and building on the WHO's emphasis on diet related non-communicable diseases.

Workshop presentations

The main topics for the agenda were defined by BEUC's members and were elaborated by the Project Steering Committee.

Each session focussed on a different aspect of the topic:

- Day 1 – Nutrition, lifestyle and chronic diseases in context.
The consumer and a healthy diet
- Day 2 – The role of some constituents in the overall diet.
Nutritional controversies – the debate on fat.
- Day 3 – Challenges for the implementation of nutritional policies.

Presentations were made by scientists, consumers' representatives and regulators, including input from the food and feed industry.

Full details and copies of all the presentations can be found on the project's website².

This report presents details of the discussions for each day. Common themes are identified along with overall conclusions and recommendations. Areas of consensus are noted along with those areas where it was considered that further research or discussion was needed.

² Proceedings and details of all papers for this workshop can be found on the website at <http://www.consensusworkshops.org/>

Discussion groups

Discussion sessions followed the presentations in the plenary, where all stakeholders actively participated. Each group was presented with a series of questions to structure the initial discussions, but they were not precluded from addressing other pertinent issues.

The following questions were presented to the workshop groups³:

1. Nutrition contributing to health – changes for the better or worse;
2. Eating habits and health – changes for the better or worse;
3. Nutrition intake – changes for the better or worse;
4. Nutrition controversies: how to deal with them (evidence, interpretation, and application)?
5. Communication: promotion and marketing of nutritional messages – where are the limits?
6. Targeting nutritional messages to vulnerable groups – how do we get it right?
7. The role of the national government in the promotion of good nutrition;
8. The role of stakeholders and consumer organisations in the promotion of good nutrition;
9. The role of the European Commission within the EU health programme.

Common themes emerged, as reported below, and these were discussed further in the final plenary session.

Report back from the discussion groups

1. Nutrition contributing to health

There was general consensus that good nutrition is a significant contributor to health. Yet, this was qualified by noting that poor nutrition could also lead to poor health, for example, in coronary heart disease, cancers and type-2 diabetes.

Apart from some specific projects (focusing on fruit, school meals and examples about fat intake) it was concluded that overall eating patterns and improvements in nutrition have changed very little for the better.

Research has shown that the levels of LDL-cholesterol and some other risk factors have been reduced in some countries. Five years ago it was doubted that diet could have any effect on type-2 diabetes, yet now this has been accepted; scientific evidence and consensus evolves and has implications for nutrition policy and consumer education.

It was important not to over generalise changes in diet and nutritional intakes but to recognise the wide range of consumption patterns in and between different countries, making it difficult to establish a definite trend for all countries. This is all the more complex since it is very difficult to compare the data from different countries.

Noting that throughout Europe there were considerable nutrition problems and the overall diet was poor, there had been some notable changes in some countries. While fat consumption seems to have decreased in many countries, on the other hand obesity has increased. The type of fat consumed has improved with more unsaturated fats being consumed. A negative aspect is that sugar consumption, especially in soft drinks has increased significantly in recent years. This may be accounted for by their enormous advertising and promotion budgets. Vegetable consumption has increased in some countries, due perhaps to recommendations for a Mediterranean-type diet. Overall it was considered that nutrition targets for a healthy diet were not being met.

³ **CAVEAT:** please note that this report is limited to a summary of the discussions that took place at the workshop. As such it is a limited document, confined to the topics covered, by the participants present. It must be recognised that there are more aspects to this debate than could be covered within the confines of the workshop sessions.

2. Influences on food choices

Consumer research has shown that consumers, including low income and vulnerable consumers and those caring for dependants, were concerned about nutrition and health issues, and their food choices.

Particularly of note was the new concept of 'optimistic bias' – where people tend to know and accept the evidence about nutrition and diet related disease risks, but that optimistically this didn't apply to them individually, but rather to 'other people'.

Possibilities for encouraging consumers to eat healthily were explored, particularly supporting more information, direct intervention and/or promotion of healthy eating. However, there was discussion about the emphasis put on education and information campaigns since often these don't work; people know and are educated about diet and nutrition yet they don't change or improve their behaviour accordingly.

The notion of the 'average consumer' was challenged given the individual differences within and throughout Europe.

When considering the negative factors impacting on eating habits and lifestyle, it was agreed that, at times, healthy eating could place excessive demands on poorer people and their budgets. For example, the higher cost of some more nutritious foods can be a barrier to less affluent consumers. In particular fruit maybe too expensive for some groups of consumers in all countries, and especially in the accession countries. There was a perception that more nutritious foods cost more, however, this is not necessarily the case, for example, with fruits and vegetables eaten in season.

Another issue influencing consumers adversely is where there was restricted or poor nutritional choice such as in school meals or other food services. Even those with the strongest intention of eating healthily may not be able to do so when eating away from home and relying upon others to provide nutritious foods.

Concerns were raised about consumers' lack of understanding about how food is produced – urban consumers have little if any contact with the land and how food is produced on the farm or the process of how it gets to their table via food producers and retailers. Increasingly with changes in lifestyle choices, work/life balance, priorities for more leisure activities etc., many consumers, particularly in affluent societies, have little interest or involvement with how their food is produced and prepared, and spend little time on this compared with these activities in the past. The trend for convenience foods, some of which may contain higher levels of sugars and fat, was recognised as a major problem for nutrition and food education.

From some of the examples discussed it was clear that there were significant differences between Accession Countries and Member States. When talking about EU-15 members it should be noted that there would be a completely different picture when talking about the future EU-25 members. It will be important therefore to keep an open mind on whether eating habits change for the better or for the worse as Europe expands.

There was consensus that the influences on consumers were many and varied. The main factors over which there was consensus included the following:

- The availability of healthy fast food for people with little time, such as those with short lunch breaks, is critical if they are to find convenient pre-packed salads or fruits.
- Better labelling and information, preventing misleading health claims and advertising is particularly important due to the impact this has on consumers' and especially children's food choice.
- Restrictions on advertising, especially that directed at children, was considered very important by consumer and health representatives.

Other important factors include the use of positive role models, the promotion of 'life skills' such as being able to make informed choices etc., and being motivated to have practical skills especially for young people.

Food composition and food choices can be changed, but generally speaking, changing food habits for the better is a long-term aim, maybe even taking a generation.

It is imperative to create environments supportive of positive food messages and choices throughout society. Education and positive messages in one sector alone will not work – these can be and are undermined by contradictory messages from any other sector, and they are often not backed by adequate policies.

While the importance of diet and nutrition in health promotion were accepted, they should also be seen in context recognising the importance and contribution of other factors for health, such as taking regular physical exercise.

Changes gradually introduced by the food industry (such as reducing salt or changing the fat content of processed foods) can have a huge impact often without consumers noticing. These changes are to be further encouraged.

2.1 Local food cultures and traditions

There was discussion about the diversity of local traditions and the very different dietary traditions and cuisines across Europe – some of which might be unhealthy. It is not possible to recommend abolition of a local food culture because its nutritional content is inappropriate for peoples' needs today. This presents policy-makers with a dilemma.

The preservation of local food cultures throughout Europe is important – all have a right to exist and survive. A systematic harmonised European diet approach would not be appropriate, as national traditions, the availability of traditional fresh food, and cultural preferences play an important role in national dietary habits. The means of achieving harmonised nutrition and diet targets can be as varied as the different food choices and diets within Europe.

In terms of local differences and food cultures, there is a need for more support and finance for research on different patterns of eating, local diets and health. More publicly available and disseminated information is needed about the relative risks and benefits of different diets so that consumers know more about the health risks associated with different dietary choices in each country, analysing diets and what they mean in terms of health.

The erosion of local food cultures and traditions is a consequence of the globalisation of the food supply, where local foods and traditions are disappearing and as a result diet-related diseases are spreading. A one-size fits all approach is not appropriate to promoting 'good' food choices. It is not appropriate as an educational message to consumers with a strong local food culture.

2.2 Price mechanisms

Price, including taxation, has a significant impact on food choice. There are many groups of poorer consumers who find it difficult to eat a healthy diet on low budgets. However, those with good basic cooking skills are more able to produce nutritious meals from basic commodities, and at an economic price. The importance of teaching good cooking skills was emphasised.

Price mechanisms as part of a nutrition policy can impact significantly on food choices. Examples from Norway and Finland where taxation of sugar and alcohol had previously been tied to policy objectives (to reduce their consumption) had been successful. However, these initiatives have been ruled out by EU fiscal policies, implying that EU policy can be bad for health. It is evident that there can be competing policies within the EU working against health and public policy.

Reform of the Common Agriculture Policy (CAP) is moving progressively to reduce support prices with payments being decoupled from production and wider considerations such as food

quality coming to the forefront. Even though there are different national approaches both to taxation and reform of CAP, and sometimes contradictions to healthy eating advice.

The importance of taking a step by step approach, keeping the dialogue open between those having an impact on policy was recognised as a very important way forward for collaborative working and meaningful policy outcomes.

The importance of educating consumers to select foods when in season was emphasised for several reasons: quality, price, taste and nutritional value are all at a premium, though consumers appear to have forgotten these additional benefits of selecting foods in season.

3. Vulnerable groups of consumers: special nutritional requirements?

The first problem was a definition of vulnerable groups. One major point of discussion was whether we are all part of a vulnerable group – the answer is probably yes. On the basis of new technologies on human polymorphism it will be possible to define those who are more sensitive to some components of the diet – lipids, fats, or some carbohydrates, or some vitamins or minerals. In the near future this will be the reality and it will be necessary to define the healthy diet for each group of the population at risk. This will present even more challenges: science and nutritional science is progressing so quickly that this will be the next question for consumers.

In defining vulnerable groups two axes emerged – the physiological and pathological aspects and secondly, social and economical aspects. PARNUTS⁴ (particular nutritional uses) defines groups with particular nutritional needs. The groups discussed at the workshop do not belong to the groups, as defined in this directive.

3.1 The elderly

Several studies in Europe on 'free-living elderly' indicate that their nutritional status, including their capacity to absorb nutrients, is no different from adults. There are no special nutrition needs for elderly people, but what is important is that they eat sufficient amounts of foods: it is really important to distinguish between the nutritional needs and other social needs. Some vulnerable elderly people have special needs but this is not to say that they have different physiological needs. Statements such as the elderly need different nutrition are being challenged – the elderly in hospital need special nutrition, but those who are still working and are still active have comparable needs and comparable physiological functions to younger adults. It is important to challenge assumptions and to look at the literature, and to keep up to date with new thinking.

3.2 Special physiological needs

Sufferers from a specific pathology, allergic problems for instance or food intolerance will inevitably have difficulty obtaining these special foods which often cost more.

3.3 Low income consumers

It was noted that poor people have no different nutritional needs, yet often they should be classed as a vulnerable group due their severe financial constraints and inability to spend enough money on foods, and often the consequence is the poor nutritional quality of their diet.

When considering the rise of diet-related chronic diseases the main feature is poverty – the problems are often more extensive and pronounced than in other groups with different physiological needs.

When considering priorities to improve nutrition it is clear that providing basic foods such as fruit and vegetables for people who cannot afford them would have a greater and more direct effect on nutrition than investing in the development of more functional foods. In terms of improving nutrition it would be cost effective in poorer areas of Europe to give away free foods. This would

⁴ Council Directive 89/398/EEC of 3 May 1989 on the approximation of the laws of the Member States relating to foodstuffs intended for particular nutritional uses

be an effective, expedient solution to many nutrition and chronic health conditions; health care costs in those areas would be reduced. These broader policy issues were raised in the discussions but they were beyond the scope of the workshop to explore further.

4. Nutrition profiles of foods

4.1 Are there good and bad foods?

When discussing 'good and bad' foods there was no agreement whatsoever about these categories. What was agreed was that some foods contribute to bad diets more than others. While there was no intention to castigate particular foods, it was noted that certain foods should not be promoted if they do not have an appropriate nutrition profile and/or a direct contribution to achieving nutrition targets. The approach of nutrition 'profiles' as contained within the proposed EU Regulation on nutrition and health claims is supported by consumer organisations.

4.2 Are there undesirable foods?

In the WHO report the basic definition of undesirable food includes those which are high in salt, fat, saturated fat (in particular), sugar, foods high in calories but low in nutrients; these foods should not be eaten in abundance. Desirable foods would be the foods that people should have in their diet everyday and that can be eaten in abundance, with no restrictions.

Probing further the specifications for an 'undesirable' food there was no consensus on this point in the workshop discussion, but there was a lively exchange of views.

Foods that are undesirable and at the top of food pyramids, are those that are especially low in micronutrients, or low nutrient and high energy and/or saturated fat and sugar foods; these are all less desirable and should be eaten in moderation. These foods should not be forbidden but restricted.

The definition of 'undesirable foods' needs further discussion, exploration and research within the European context.

4.3 Should certain food be forbidden in a healthy diet?

A most interesting question was raised in the discussion: why would we NOT want to castigate a food? For example, if a single portion of a food contained much more than the daily requirement of sodium or sodium chloride, why wouldn't we want to say that we shouldn't eat that food because it is double the recommended intake of sodium chloride?

Comparisons were made with food safety advice where we would want to castigate a food that contained double the load of salmonella or campylobacter, so why don't we want to castigate a food that contained double the amount of sodium or fat that we would like to see? This was one of the most challenging issues raised in the plenary discussions.

A distinction was made between nutritional profile related questions and food safety related reasons for a possible castigation of any food.

Clearly the participants of the meeting were of a different opinion in relation to nutritional profiles, but could agree on food safety related aspects.

4.4 Is there a role for food fortification?

The role of food supplements and fortified foods was noted – they should not necessarily be promoted but they do, under some situations, have a place. Although it should be noted also that some consumer representatives were strongly against fortification and supplementation.

During the discussion, consumer organisations expressed strong views about fortification of 'undesirable' foods – they were against linking fortification and health claims to inappropriate, undesirable foods.

The issues of food fortification and health claims were discussed in the context of two impending proposals for EU regulations (adopted subsequent to the workshop) on nutrition and

health claims and food fortification. The prohibition of health claims on foods with an inappropriate overall nutrition profile was strongly supported by consumer and health representatives.

4.5 Is there a role for “functional” foods?

Fundamental questions were posed about whether society really needs functional foods and supplements? The answer is that nutrition, based on epidemiological evidence shows that good health is based on a good diet, as part of local culture and tradition in some but not all parts of Europe. We should learn from the evidence before us.

Concern was expressed that it still seems that within FP6 a lot of the focus is on developing functional foods. There appears to be less emphasis on how to actually influence behaviour, and broader ways of improving diets as a whole. At the end of the day there still seems to be quite a narrow focus to the research agenda, to develop more functional foods that will probably be quite expensive and beyond the reach of most people.

It is arguable whether or not functional foods actually deliver any benefits; sometimes they actually contradict healthy eating advice.

5. Nutrition campaigns

There was consensus about the importance of education – particularly as nutrition intervention. Nutrition education and intervention can have an impact. In a study of two villages in France (<http://www.villesante.com>) – one village was given nutrition information and the other was not. Apparently the level of obesity in the village without nutrition education rose while an increase in obesity levels was not seen in the other village where there was nutrition advice and intervention. Physical exercise was also recognised as an important and significant factor in the management and prevention of obesity.

When considering nutrition interventions and being able to maximise these, it is important to start at a young age and continue throughout the life span. For example, in Norway and Sweden, parents were targeted so that they can start basic healthy eating patterns as the first education of their child and then continue through the different life stages as more education is provided. These projects have targeted schools, teachers as the communicators in schools with differentiated campaigns.

There was consensus that a one size fits all approach to nutrition education does not work, but that information should be specifically aimed at different age groups and different situations.

5.1 Campaign successes

Where there is the political will successful campaigns have demonstrated an impact: many positive examples were cited. For example, in Denmark there was a campaign to increase fish consumption. The design of the campaign was the critical driver for success, and the outcome was a 10% increase in consumption over three years. Initially barriers were identified and a programme developed to deal with these. One barrier was the lack of cooking skills, specifically not having the skills to fillet fish, which was overcome by supplying filleted fish. This approach was direct and simple, removing barriers to consumption. Lessons from this type of approach need to be applied wider, encouraging healthier food consumption by removing the inhibiting barriers.

In Finland the intake of milk fats was substantially reduced through concerted and co-ordinated policy actions to improve nutrition.

Unfortunately many unsuccessful examples of nutrition interventions were available, including for example, where guidelines had been drawn up for school meals, but had never been followed up and properly implemented.

5.2 Nutrition education models and methods

Many Member States base their nutrition policy/advice – if they have one – on nutrition and healthy eating 'pyramids' when advice is given about dietary choices.

It was noted that there are new food pyramids in the media with contradicting messages and these all serve to confuse consumers. Different models include the Harvard Medical School – with oils at the base of the pyramid and potatoes at the top – which is in opposition to other models.

Models with different messages are not only confusing for consumers but also for legislators attempting to use science for making legislation.

It was also stressed that all models have to be as practical as possible and give accurate information to the consumer. It was agreed that at the current time there is no need to change the pyramids currently in use in Europe. It would be premature to jump onto the major changes being proposed in America.

There was consensus that food pyramids are a very good tool to inform consumers, but there are also other tools, such as the food plate or colour coding, which can also be helpful. In terms of promoting foods that should be eaten more often, different ideas were discussed such as a colour coded system according to the food group. Consumers need some way of identifying which foods they should be eating more of, or cutting down on. The idea of the 'Weight-Watchers' points system' was discussed particularly in relation to dealing with processed food: its approach could be explored further as a way of getting the information across in a very simple way.

The important thing is that nutrition models need to be food based and not nutrient based.

Mandatory nutrition labelling as a means to better facilitate consumers' choice was noted. Guideline daily amounts provide useful additional information.

Whatever approach is adopted this should be supported by consistent education and promotion, and by clear messages that can easily be applied.

6. Communication and education

Nutrition education should be positive to stimulate good behaviour instead of condemning bad behaviour – which can have the opposite effect of making the 'forbidden fruit' desirable.

Stakeholders, and this includes political bodies, should co-operate to promote good communication of consistent messages, relevant and applicable at the personal level.

Stimulus control techniques for example, impulse buying situations at cash registers in supermarkets could substitute fruits instead of sweets that could have an impact on children's choices too.

There were differing views over the level of individual freedom of choice and direct state intervention. To what extent is food choice and nutrition a matter for the individual, however inappropriate the choices and expensive the consequences? Or is this something that governments should take responsibility for, especially where the taxpayer funds the health costs of poor nutrition and dietary choices. Getting the right balance between individual choice and freedom and the state's intervention and control over the nutritional quality of the diet is the challenge: appropriate policies need to be adopted to deal with these different objectives.

6.1 Trusted sources of information

Consumers' organisations have been seen as trustworthy sources of information, as are independent scientists. Various research projects and surveys, such as Eurobarometer, have concluded that consumers do not trust government organisations or scientists from industry. The extent of this mistrust varies from country to country – consumer trust cannot be taken for granted and has now to be earned.

There was consensus that nutrition information should come from a wide range of sources from consumer organisations, from health organisations, from governmental agencies, from scientists, from retailers, and also from producers. But it is important that the information is reliable and trustworthy.

It was stressed by consumer organisations that there should not be a spotlight on any one product – there is a fear that trivial products would be promoted. Rather the aim should be to promote a healthy diet and lifestyle. The spotlight should be on good general nutrition.

6.2 Advertising and promotion of good nutrition

There was consensus for government support for the advertising of healthy foods, including subsidising advertising and perhaps even celebrity endorsements of certain foods such as fruits and vegetables. These foods would be defined by the use of criteria, such as the nutritional profile approach, as presented in the proposal for EU regulation of nutrition and health claims.

7. Nutrition policy

7.1 Evidence base

There was also consensus that while the evidence base for some nutrition recommendations may not be absolute, for the time being, these current recommendations should be maintained, taking into account political decisions and the difficulties of motivating people to understand and apply what we already know in nutritional science.

There was concern that recommendations were based on evidence but that at times there appeared to be conflicting evidence and differing levels of evidence. The approach used in the WHO report⁵ ('Joint WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases 2002'), rating the evidence was commended.

Only when there are conclusive results from nutrition research projects is there the highest level of evidence on which to base recommendations. There could probably be a hierarchy of recommendations, some would be based on evidence, some would be more important than others in terms of visibility and in terms of the socio-economic factors.

It was noted that as more evidence accrues then recommendations can change, as noted with folic acid. The important aspect is to be clear when communicating new, different information to consumers, explaining why the message has changed.

7.2 A European diet?

There was consensus that there is no need for a 'eurodiet' – i.e. a recommendation for a standardised European diet. Rather it is important to use different foods from different countries, to preserve national foods and national habits, and to promote the good things from individual national diets, such as the principles of the Mediterranean diet. However, it is important to have population-based dietary goals to feed into EU policies. Policies should positively impact on public health nutrition.

7.3 Political priorities?

Generally there was consensus that nutrition has figured relatively low compared with other policy issues such as food safety or agricultural policy.

However, given the increase in non-communicable diseases (NCDs) such as the growing obesity problem in Europe there was more recognition of the role of the diet and related diseases, which now seem to be getting more public and political attention.

Over the past decade food safety issues have been high on the political agenda. Matters such as Bovine Spongiform Encephalopathy (BSE) have been high profile and costly to the economy. However, the long-term health and economic costs of NCDs should not be underestimated.

⁵ http://www.who.int/hpr/NPH/docs/who_fao_expert_report.pdf

There was a broad consensus that food and health must be much higher on the political agenda.

Commitment, consensus and harmonisation about food safety have been achieved in Europe. But harmonisation for the promotion of health within the European Community, through Article 152 of The Treaty establishing the European Community appears to be a long way off (that is because Art. 152 does not allow for harmonisation with the exception of a few specific areas such as blood safety). Member States, while prepared to harmonised food safety rules have not been, thus far, prepared to harmonise approaches to health programmes, including setting nutrition targets.

8. Role of stakeholders within the food and feed chain as agents of change for better nutrition⁶

This workshop has demonstrated that stakeholders from all sectors in the food and feed chain, with very different interests and perspectives are interested and committed to improving the nutritional aspects of foods and diet of European consumers. In this respect all stakeholders at the workshop were on the same side.

But significantly it was perceived that there is often conflict with other interests, such as trade and agriculture, foreign and development policy. These conflicting and competing interests should be the focus of attention in both national politics and politics on the European and international level.

8.1 Role of public authorities

8.1.1 European Commission – European Health Programmes

Within Europe with its diverse population and cultures, clearly there are major differences between national and regional dietary patterns, nutritional trends, needs and lifestyles.

There was consensus that there should be no intention to harmonise diets, or to create a 'unified European diet'. Europe and its people are so diverse that a standardised European diet is entirely inappropriate. However, what is appropriate is an assessment of how different diets within Europe attain (or not) nutritional targets for health and how improvements can be suggested for consumers to better meet nutrition targets. National data of nutritional status, dietary intakes and health status is essential to provide the starting point for improvement, within the national context.

At the European level it was considered imperative for current and future Member States to have comparable monitoring systems for nutrition and health status. While it was recognised that this is currently not the case, this is a goal for the future.

In addition, defining policy targets and objectives at the European level to agreed outcome across policy areas such as food and agriculture is essential. These common EU policies can then be implemented at the national level. Agreed EU targets have to be set for food, nutrition and health policy.

Common targets must be agreed and be accepted as relevant for all stakeholders at the European level for appropriate interpretation and adoption at the national level.

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8.1.2 Role of DG Agriculture in agriculture policy

Inherent within the Common Agricultural Policy are conflicts between agricultural production and subsidies and nutrition and dietary health policies, for example, price support mechanisms for the promotion of sugar and meat compared with support for fruits and vegetables.

The connection between nutritional policy and the CAP has, in the past, resulted in much conflict between stakeholders and policymakers.

Regarding the CAP there was consensus that it is possible for EU consumers to have a healthy diet on the basis of the existing food supply. Europe has a diverse range of quality products able to deliver healthy food to EU consumers. Lacking is the strategy, at European and national level, to ensure CAP reform by a stepwise process to reach targets for better co-ordinated and healthier food production and consumption patterns within Europe.

There was consensus that EU policy on nutrition should be science related. For example, nutrition based recommendations from the scientific evidence should be translated for consumers into food-related advice.

Not wanting to reinvent the wheel by carrying out extensive work in Europe, the WHO/FAO report on diet, nutrition and the prevention of chronic diseases should be used to draw out the European experiences – what are the interesting points and lessons for European conditions, for regional and national strategies? This would provide the starting point for the Commission to draw up European recommendations for ratification by the Council and the Parliament.

There was consensus that a concerted EU policy is needed so that EU legislation (particularly but not exclusively within the food, agriculture and health areas) is developed in line with overall EU nutrition and public health goals.

8.1.3 Role of DG SANCO regulating claims

It was noted that many partners were of the opinion that there was a need for pre-market clearance and approval of food claims and that this should include claims on advertisements. This is the intention of the proposed EU regulation on nutrition and health claims, which would be legally binding. The need for effective enforcement was emphasised.

Not all participants were in favour of health and nutrition claims, yet it was noted that consumers do value claims as an easy way to identify products. However health claims were not at the moment trusted: better regulation and enforcement was needed.

8.1.4 Role of EFSA – nutrition 'watchdog' organisation

Although EFSA has some responsibilities with regard to nutrition, food safety has a higher priority than nutrition, although the latter has such huge impact on public health.

There was consensus for an independent, overarching watchdog function, as a trusted source of advice: this could be a role for EFSA. Often messages are contradictory and conflicting. A body is needed that could take an opinion on all the different scientific views and provide a benchmarking opinion to ensure that the correct message is presented to consumers.

EFSA could provide the definite position that could be used by all national authorities to ensure harmonised messages that could be communicated by a variety of different approaches by the individually responsible national authorities.

8.1.5 Role of national governments

There was widespread consensus that governments have a role to play in promoting good nutrition. The social and economic burden of diet related diseases is acknowledged, as is the role of preventing such non-communicable diseases.

There was criticism of governments and their role in nutrition and food policy: political pressures are often such that goals are too short-term and too politicised. There was consensus that more political imperative is needed to address diet-related health problems for the long-term. Vision and commitment is needed from leaders and politicians to address these problems at national and EU level.

8.2 Role of consumer organisations

Virtually every consumer organisation was in some way involved in a campaign to promote good nutrition. As one example, in the UK the campaign on folic acid involved co-operation between consumer organisations and retailers, with a substantial government budget available for consumer information and education. Many other examples were cited in the discussions.

It was evident that a major role for consumer organisations was the provision of information. Almost all consumer organisations, as well as other professional groups of nutritionists or for example, diet related health charities, have leaflets, website information, information in schools, etc. A very good example was a free nutrition hotline in Austria, where you could even ask for personal nutrition advice.

Other examples illustrated where consumer organisations have tested products and taken the results to the food industry, challenging them about the unhealthy composition of foods. These covered fat, sugar and salt levels and working with other stakeholders, such as bakeries, to achieve a significant salt reduction.

Consumer organisations can supply information in different ways – through websites, leaflets and magazines. They can play an important role in lobbying, both to industry and to the government to influence policy. Where there is misleading practice consumer organisations can use the tactics of 'naming and shaming' to inform consumers and to bring pressure on the industry for change; if all else fails legal proceedings can also be pursued.

8.3 Role of the private sector

8.3.1. Role of farmers as primary producers

The role of farmers and those that supply these primary producers (such as feed manufactures) is critical to providing the basic components of a healthy diet.

Increasingly improvement of primary products is a fundamental consideration for farmers and growers, driven by market considerations including meeting consumers' demand for improved nutritional value.

Farmers were of the opinion that given impending reforms of CAP, production in the future will no doubt be more market driven. There may be opportunities for farmers and growers to preserve and develop the European agriculture and food heritage in all its diversity and to play a role in delivering the constituents of a better diet for consumers.

8.3.2 Role of the food industry (manufactures and retailers)

Retailers can have a major influence on consumers by providing information and education in stores, and by delivering healthier products through negotiation with their suppliers.

The food industry should provide honest and clear information for food claims, making sure that consumers can understand and use the information, including advertisements and all other marketing practices.

Extensive market research is undertaken by the private sector into consumer behaviour and ways of communicating with consumers. Some companies would be prepared to share this information so that, in conjunction with food science and consumer research, a bigger picture could be viewed in multi-stakeholder forums.

Traditionally multi-stakeholder approaches to problem solving have not been common, but more co-operation and concerted action could ensure consistent messages and more powerful campaigns.

The food industry's skill in marketing new products is often very successful, whether or not directly promoting health. These advertising and marketing skills from the private sector need to be harnessed and exploited and lessons transferred to the public sector to better promote healthy eating.

8.4 Future direction – concerted action – multi-stakeholder approaches

There was consensus that concerted action and a multi-stakeholder approach (including scientists, industry, health professionals, legislators and consumers organisations) is needed for the successful promotion of good nutrition, to inform consumers and encourage them to make changes to improve their own health.

Contradictory nutrition messages should be avoided.

The complexity of making changes to promote good nutrition and the need for an all round perspective was reinforced by an example illustrating the need to take a wider view, and a more concerted approach to promoting good nutrition. In France there was a campaign to improve foods supplied to schools by vending machines. However, this scheme failed to acknowledge the financial support and sponsorship money gained from the sale of the previous snack foods, nor did it educate about the new products. Simply providing healthier food was not enough. Pupils did not like or buy the healthier foods and schools were unhappy since they lost revenue.

Civil society groups and organisations such as nutritionists and heart foundations can and do play a major role in providing information, lobbying, and campaigning.

This workshop brought together players working towards the same goals, but seldom working together. It was considered to be the first successful series of meetings with a truly food chain perspective where all the partners have been involved at the European level.

The Consensus Workshop Project was an excellent initiative, and has provided the foundation for an ongoing dialogue.

In addition, it was agreed that having an authoritative body to co-ordinate responses at European level was important for lobbying and campaigning to improve nutrition. Combining forces would be most productive. Working together is very important – being able to meet and talk with each other in a constructive dialogue, as in the good example of these workshops, is invaluable – and it should be continued.

9. Additional research needs

During the discussions it was clear that there were many healthy eating initiatives at national level. Knowledge about what worked and what didn't and why, was fragmented. It was recommended that DG Research or national governments should undertake an audit of campaigns to evaluate what was being carried out, what was successful, what wasn't and why. This cross border approach could be useful for planning and support of future campaigns.

Better co-ordination and planning of future research, from a pan-European perspective is needed, both from DG Research and national research institutions.

The estimation of real consumption patterns, in different countries and different consumer sub-groups of different ages, social levels and cultures is important to be studied.

Discussion highlighted the need for future research to check nutrition messages and ascertain exactly what is effective – which messages, campaigns or brochures work best?

In addition, more research is needed to find out how consumers understand messages and respond to them.

Research and knowledge about how consumers behave and make choices in different situations and respond to nutrition interventions in different countries and cultural groups is lacking – further research at the European level was recommended. This could include the study of economic factors and lifestyle choices; better understanding of these factors and their impact on consumers is needed.

It's not just communication, as such, but also about consumer perceptions of information which is a recurring fundamental issue in various contexts. When we were talking about research needs wouldn't it be a good idea if consumer scientists, consumer representatives/associations and the industry that wants to market products all co-operate and maybe think together how to approach this problem. Consumer perception of information is perhaps something to be worked on collaboratively.

There is a critical need for co-operation between scientists from the natural science and social sciences in order to communicate effectively a message, which is understandable, and useable. The translation of science and nutritional knowledge into behavioural changes for consumers is complex, and is often too weak to be effective – these interactions need more study.

At the European level in the framework programme there are few proposals with this co-operation between the different scientists, which was seen to be essential for success.

In addition, there are still many aspects of nutritional science that need further basic research; note the nutritional controversy discussion about fats at the workshop: these aspects should not be underestimated.



The European Consumers' Organisation
Bureau Européen des Unions de Consommateurs

CONSENSUS WORKSHOP ON NUTRITION

BUDAPEST, 9/10/11 July 2003

AGENDA

VENUE: Ministry of Education, Research and Development Division, Szervita tér 8, Budapest, Hungary Tel: +36 1 485 3158 and Fax: +36 1 485 3111

Remember: Please take your passport/ID with you

Wednesday 9 July 2003

Time

- | | |
|--------------|---|
| 08.30 | Registration |
| 09.00 | Chairs/rapporteurs of the afternoon workshops to meet for a briefing |
| 09.15 | Welcome address |
| | Zoltán Somogyi (Ministry of Education, Hungary) |
| | Péter Biacs (Deputy Secretary of State, Ministry of Agriculture, Hungary) |
| 09.30 | Nutrition, lifestyle and chronic diseases in context |
| | Chair: György Bíró (Semmelweis University, Hungary) |
| 09.35 | <i>European Commission work in the field of nutrition in Europe</i> |
| | Speaker: Basil Mathioudakis (European Commission, Belgium) |
| 10.00 | <i>Diet, Nutrition and the Prevention of Chronic Diseases</i> |
| | Speaker: Jaap Seidell (Vrije Universiteit, Amsterdam, NETH) |
| 10.25 | <i>Food consumption patterns: data collection and interpretation – the pros and cons.</i> |
| | Speaker: Anders Møller (Danish Veterinary and Food Administration, Denmark) |

- 10.50 Coffee break
- 11.05 **The Consumer and a Healthy Diet**
Consumer Representatives
1. *Activities of OPM for consumers education and protection in the area of a healthy diet*
 Lidija Petrushevska-Tozi, Consumers' Organisation of Macedonia - OPM,
 Former Yugoslav Republic of Macedonia
 2. *The consumer and a healthy diet – a UK consumer organisation perspective*
 Sue Davies, Consumers' Association, United Kingdom
 3. *Confusing health messages*
 Louise Ungerth, Sveriges Konsumentråd, Sweden
- Consumer Scientist
4. *Influencing dietary behaviour*
 Richard Shepherd (University of Surrey, UK)
- 12.30 **Introduction to the workshops**
- 12.40 Lunch
- 13.45 **Workshop 1:** Nutrition contributing to health – changes for the better or worse.
Chair: Bevan Moseley
Rapporteur: Michael O'Neill
- Workshop 2:** Eating habits and lifestyle – changes for the better or worse.
Chair: Ada Knaap
Rapporteur: Joachim Scholderer
- Workshop 3:** Nutritional Intake – changes for the better or worse.
Chair: Anne Heughan
Rapporteur: Jochen Wettach
- 15.45 Coffee break
- 16.00 **Closing plenary session**
Chair: György Bíró
- 17.30 **End of session**
- 17.35 Briefing of chairs and rapporteurs for Thursday's working groups.
- 20.00 **Dinner:** Mátyás Pince, Március 15. tér 7

Thursday 10 July 2003

08.45 Welcome and refreshments

09.00 The role of some constituents in the overall diet

Chair: Gérard Pascal (Institute National de la Recherche Agronomique - INRA, France)

09.05 *The quality of nutrients in a healthy balanced diet: Carbohydrates.*

Speaker: Christine Bouley (Danone Vitapole, France)

09.25 *The Importance of Sufficient Folate.*

Speaker: Paul Finglas (Institute of Food Research, UK)

09.45 *The influence of so-called non-nutrients such as polyphenols on human health.*

Speaker: Francesco Branca (National Institute for Food and Nutrition Research - INRAN, Italy)

10.05 *Fruit and Vegetables: Health Perspectives*

Speaker: Sue Southon (Institute of Food Research, UK)

10.25 Coffee break

10.40 *Nutritional controversies: Example – the debate on fat.*

Speaker 1: Ibrahim Elmadfa (University of Vienna, Austria)

Speaker 2: Alain Grynberg (INRA, France)

11.30 Introduction to the workshops

11.40 **Workshop 1:** Nutritional controversies: how to deal with them (evidence, interpretation, and application).

Chair: Bevan Moseley

Rapporteur: Birgit Beck

Workshop 2: Communication: Promotion and marketing of nutritional messages – where are the limits?

Chair: Ada Knaap

Rapporteur: Sue Davies

Workshop 3: Targeting nutritional messages to vulnerable groups: how do we get it right?

Chair: Richard Shepherd

Rapporteur: Olivier Andrault

- 12.45 Lunch
- 13.45 **Continuation of the Workshops**
- 14.45 Coffee break
- 15.00 **Closing plenary session**
Chair: Gérard Pascal
- 16.30 **End of session**
- 16.35 Briefing of chairs and rapporteurs for Friday's working groups
- 19.00 Cruise on the Danube and hot/cold buffet meal. Leaving on the 'Rapszodia' from Vigadó-tér.

Friday 11 July 2003

- 08.45 Welcome and refreshments
- 09.00 **What is next: challenges for the implementation of nutritional policies (EU and national)**
Chair: Jim Murray (BEUC, Belgium)
- 09.05 *Nutritional campaigns: A case study - the role of government.*
Speaker: Amleto D'Amicis (INRAN, Italy)
- 09.20 *Government actions to reduce coronary heart diseases in Finland*
Speaker: Auli Suojanen (National Food Agency, Finland)
- 09.35 *The role of nutritionists.*
Speaker: Hildegard Przyrembel (Federal Institute of Risk Assessment - BfR, Germany)
- 09.55 *Dietary habits and nutritional status of Polish population on the verge of accession to European Union*
Speaker: Janusz Ciok (National Food and Nutrition Institute, Poland)
- 10.10 *A Nutritionist's view: Functional Foods Challenges: Obesity as a Paradigmatic Example*
Speaker: Andreu Palou (University of the Balearic Islands, Spain)
- 10.25 *The Role of Public Health Organisations – Nutrition and Heart Health*
Speaker: Susanne Løgstrup (European Heart Network, Belgium)

- 10.45 Coffee
- 11.00 **Stakeholder Panel Discussion**
Can we improve nutrition? The role of each player in the field.
- Chair:** Ada Knaap, National Institute of Public Health and the Environment - RIVM, Netherlands
- Alexander Döring, European Feed Manufacturers Federation - FEFAC, Belgium
- Elizabeth Hogben, National Farmers' Union, United Kingdom
- Hilary Green, Nestle, Switzerland
- Ibrahim Elmadfa, University of Vienna, Austria
- Karen Tonks, Tesco Stores Ltd., United Kingdom
- Amalia Waxman, World Health Organisation, Switzerland
- Auli Suojanen, National Food Agency, Finland
- Basil Mathioudakis, European Commission, DG SANCO, Belgium
- Olivier Andrault, Consommation, Logement et Cadre de Vie - CLCV, France
- 12.15 Lunch
- 13.00 **Workshop 1:** The role of the national government in the promotion of good nutrition.
- Chair:** Hildegard Pzyrembel
Rapporteur: Michael O'Neill
- Workshop 2:** The role of stakeholders and consumer organisations in the promotion of good nutrition.
- Chair:** Susanne Løgstrup
Rapporteur: Annemiek Van der Laan
- Workshop 3:** The role of the European Commission within the EU health programme.
- Chair:** Bevan Moseley
Rapporteur: Petra Lehner
- 14.45 Coffee
- 15.00 **Conclusions and recommendations of this Consensus Workshop**
Chair: Jim Murray
- 16.00 **Overall conclusions from the Consensus Workshop Project**
The project's achievements: Diane McCrea
The way forward: Beate Kettlitz
- 16.15 **Close of Consensus Workshop**

APPENDIX 2 - PARTICIPANTS

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CONSENSUS WORKSHOP ON NUTRITION

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