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On 8 April 2017, the CPME Board adopted the 'CPME Policy on Obesity' (CPME 2016/061 FINAL).

CPME Policy on Obesity

The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues[1].

Building on previous policies on diet, nutrition and physical activity[2], CPME reaffirms its commitment to contribute to the fight against obesity.

CPME has repeatedly underlined the complex nature of action against obesity and the need for coherent policies across sectors, which allow for healthy environments, clear consumer information, effective protection of vulnerable groups, in particular children, and access to high quality care for both prevention and treatment relating to obesity. This is crucial in light of the impact of socio-economic and educational conditions on health.

CPME recognises the differences between lifestyle-related overweight, obesity and severe obesity, and morbid obesity.[3]

Healthy environments

The environments in which we live, translate into the social determinants of health, meaning the conditions in which people are born, grow, work, live and age. These have a profound and sustained impact on our options, choices and behaviour. It is therefore necessary to ensure that citizens are literate as to healthy lifestyles and are able to put recommendations into action. Healthy foods and drinks, in particularly fresh fruits and vegetables, as well as other foods and drinks unprocessed by industry, should be available, affordable and attractive, while measures should be taken to

[1] CPME is registered in the Transparency Register with the ID number 9276943405-41. More information about CPME's activities can be found under www.cpme.eu.

[2] Examples include CPME views on obesity, adopted in 2004; EU Commission "Green paper" consultation on the fight against obesity in Europe: CPME contribution, adopted in 2006; CPME reaction to the EU Commission's White Paper on "A Strategy for Europe on Nutrition, Overweight and Obesity-Related Issues", adopted in 2008.

[3] Body Mass Index (BMI) > 40, ICD-9-CM Diagnosis Code 278.01, 2015

discourage consumption of unhealthy foods and drinks. This requires coordinated and coherent action in education, taxation, social, agricultural and industrial policy.

Similarly, physical activity, in particular for children, requires safe and easily accessible infrastructures, which not only refers to green spaces, but also e.g. pavements, cycling paths, playgrounds, and sports facilities. Urban planning, housing and transport policy decisions should take into account the health dimension.

Clear consumer information

To enable citizens to access and process information on healthy lifestyles it is essential to ensure that information is presented in an understandable way, evidence-based and free from conflict of interest. This applies to education on healthy lifestyles, labelling on products' packages, as well as advertising and marketing. There is a wealth of evidence which points to the most effective regulatory tools to achieve the desired objective of well-informed consumers, which must be followed by policy-makers. For instance, front-of-pack traffic light labelling for nutrient profiles provides easy access to key nutritional information. As to the legal framework on health claims and nutritional advice, CPME points to WHO nutrient profiles[4] and recommendations as the benchmark against which claims assessed. The food and drink industry's role in providing consumer information should be strictly separated from educational activities.

Effective protection of vulnerable groups

For vulnerable groups there is a special need to ensure they too are able to lead healthy lifestyles and prevent obesity. There is a proven link between a lower socio-economic status as well as a lower level of education and poorer health. Therefore this is a primary target for action. Parents of young children should receive guidance and real support for preventing obesity in their offspring in the vulnerable age bracket of 0-3 (e.g. by favouring breastfeeding and being informed and monitored on healthy feeding). Likewise at-risk children, ethnic minorities, older citizens (70 plus who are susceptible to changes in their diet), undocumented migrants and refugees, prisoners and other institutionalised persons as well as chronic disease, mental illness and hospital patients should be ensured access to clear and evidence-based information, which is free from conflict of interest, as well as options as to diet and physical activity which allow for pro-active prevention of obesity. Equally their access to treatment must be safeguarded in accordance with their medical needs.

To protect vulnerable groups, specific measures may be required. CPME refers to the significant body of evidence on the impact of exposure, in particular for children, to advertising and marketing for alcohol and foods and drinks, which are high in fat, salt and sugars or contain other ingredients,

[4] WHO Regional Office for Europe nutrient profile model, 2015

which are harmful to health. The evidence also substantiates that legislation is the most effective tool to reduce exposure to advertising and marketing.

Prevention

Doctors recognise the key role they play in enhancing literacy on healthy lifestyles and translating information into knowledge. CPME therefore strongly supports doctors' promotion of healthy lifestyles, including physical activity, balanced diet, reduced alcohol intake, no smoking, stress management and good night's sleep. Such promotion can be put into practice both within the traditional patient-doctor setting and through innovative channels, such as a 'Health Village'[5].

The prevention of obesity is also relevant with regard to avoiding multi-morbidities, for example in patients with musculo-skeletal diseases or mental illnesses. Medical specialists are therefore encouraged to address obesity and coordinate with general practitioners and others to ensure a coherent and patient-centred approach. As to the treatment of obesity, CPME reaffirms that efforts must be invested into combatting stigma of patients with obesity.

Finally, physicians' and health professionals' education in nutrition assessment, obesity prevention and treatment should be ensured.

Calls for action

CPME calls for all doctors and healthcare-workers to be aware of the explosive problem of overweight and obesity and calls them to raise awareness amongst their patients and communities to promote healthy lifestyles and healthier food intake as from the earliest days in life (WHO 12 steps to healthy eating and the benefits of regular physical activity).[6]

CPME calls for citizens and patients to be aware of the benefits in terms of health and well-being of normal weight and healthy food and physical activities.

CPME calls for the EU and local governments to take the problem of overweight and obesity seriously. It should be ensured that citizens are encouraged and have opportunities to adopt healthy lifestyles (e.g. access to affordable healthy food, measures to discourage consumption of unhealthy food and drinks, education of parents, and inclusion of diet and lifestyle issues such as physical education in school curricula). Moreover, the aim of 10% less added sugars by 2020 should be ensured.[7] *Through the use of public-private partnerships, governments have placed too much emphasis on industry involvement in developing food and nutrition policy. This has led to a disproportionate focus on*

[5] CPME 'Health Village' toolbox, 2016
[6] WHO 12 steps to healthy eating and the benefits of regular physical activity
[7] Strategic plan 2016-2020 of the DG Health & Food Safety, European Commission, 2016

personal responsibility and voluntary action by industry, which has delivered limited or negligible public health gains.

CPME calls for stricter controls in legislation to product information, information on food safety and marketing. This should aim e.g. at restricting advertising for unhealthy foods and drinks, and prohibiting social responsibility messages by manufacturers or retailers, as well as commercial communications for alcoholic beverages to effectively limit the exposure of children and minors.