

Stakeholders' addresses

Agriculture

Food and nutrition - the point of view of European farmers and their co-operatives on European dietary guidelines

Costa Golfidis *

Director, COPA / COGECA Secretariat
Committee of Agricultural Organisations in the European Union / General Committee for Agricultural Co-operation in the European Union (COPA/COGECA), 23-25 rue de la Science, B-1040 Brussels.

Chairman, Ladies and Gentlemen!

Thank you very much for the invitation to present the views of European farmers and their co-operatives on food, nutrition and dietary guidelines.

The Eurodiet project is one out of several initiatives on this important topic and we really wish to congratulate you for the excellent work done in the last 2 years. The result will certainly be beneficial to the European consumers and hopefully also to the European producers.

We are here mainly to listen and to learn on this relatively new issue at EU level and a new issue for us. Nutrition policy is quite a complex issue but thanks to you, non-experts like us learn quite a lot by reading the material you have produced. We have to digest this first of course since apart from the fact that we are not experts, we are catching a train that has been running for more than 2 years.

As we stated in our response to the Commission's White Paper on food safety¹, the objective of European farmers and their co-operatives is to supply consumers with products that are healthy and of good quality. European farmers and their co-operatives are committed to continuing to contribute substantially to the quality of life and health of consumers. They are willing to respond to the wishes of European society to preserve and develop, in a sustainable way, our European agriculture and food heritage in all its diversity.

Nobody can contest that availability of food has increased over the past decades and that food has

never been so cheap as today, since the official figures tell us that costs for food are 17.5% of total expenses of households in the EU². But also the pattern of food consumption has changed and I can confirm that from my personal experience being Greek and living in Belgium for almost 20 years.

Information to consumers on nutrition is a very positive issue and we can only support this. Therefore, we welcome the idea of discussing possible dietary guidelines. However, any decision on dietary requirements at European level has to take account of the diversity found within Europe in this field as in many others.

Eating habits in Europe vary and this variation of different dishes and menus is just part of our "European culture".

As you may know, two weeks ago, following a competition among schools from several European countries, the new slogan for the EU chosen by a jury and presented in the European Parliament is: **Unity through diversity**.

We believe that this is a good basis on which Europe must build upon and that it is a good path to follow when dealing with European guidelines on nutrition.

It is also important to stress that many factors may have an impact on health: physical activity (e.g. sport) – lifestyle (e.g. stress) – nutrition and the relation between these major factors is a very complex issue as well. Therefore, to focus only on nutrition aspects when discussing health is too narrow. However, we understand that in a paper dealing with food i.e the Commission's

*Correspondence: Email costa.golfidis@copa-cogeca.be

White Paper on food safety it is normal that the focus is on nutrition and diet.

At European level, some specific aspects related to information to consumers need to be addressed. For health claims, for example, alleging certain beneficial health effects of a particular foodstuff (so-called “functional foods”) and compositional claims (such as ‘light,’ ‘low-fat’ or ‘cholesterol-free’), there are currently no rules defining the circumstances or conditions for use. The use of these claims should be regulated. Due to the high risk of misleading consumers, especially in the use of health claims, strict requirements must be set up with regard to the verification of the claim and efficient control be ensured.

These were general reflections, common sense considerations. As you could imagine COPA and COGECA are not really on the forefront on nutrition and diet topics and this is may be simply due to the fact that farmers, “primary producers” are producing agricultural products, mainly raw materials which are further processed in food. Farmers as well as the food industry, should, however, be fully consulted in all developments such as the Eurodiet Project.

Let me now draw your attention to one issue which is mentioned in several initiatives on nutrition policy: the relation between nutrition and the Common Agricultural Policy. This relation needs clarification.

As you may know, the Common Agricultural Policy, created already in 1958, has changed through its reforms in 1992 and 1999 (Agenda 2000). Progressively, support prices have been reduced, increased direct aid to farmers have been introduced, which are becoming more decoupled from production and where environmental considerations are coming more and more to the forefront.

Taken together, these reforms amount to a major change in direction for our agricultural policy. The new focus is now on the multifunctional nature of agriculture rather than on its food producing role. And as Mr. Fischler (member of the European Commission) says, this concept of multifunctional nature of agriculture is today the main element, the new basis for the further development of our Common Agriculture Policy.

In this context, it is also important to stress the fact that Europe is asking its farmers to be more competitive on the global market, while at the same time Europe is tying one hand behind the back of her

farmers by putting restrictions and constraints on production methods, on environment, animal welfare, feed additive bans, food safety standards, etc. EU farmers are not on a level playing pitch, and this is a particular problem for us when we come to discuss market liberalisation with our world trading partners.

Given this background, it is important that the constraints put on European farmers which increase their cost of production are paid either by the market, or directly by society. The multifunctional role of agriculture is really focusing on the fact that farmers are not only providing products, but also some externalities: some services for society that need to be remunerated be they territorial, environmental, social or more generally related to what we call our European agricultural and food heritage in all its diversity. If this cannot be done through the market, then the only alternative for us is from transfers of money.

Frequent comparisons made to the agricultural budget are quite surprising for us. A comparison between the expenditure for health measures and for agriculture at European level is a spurious comparison. The Common Agricultural Policy has been the first really harmonised common policy at European level and is still mainly financed by the European budget. Imagine a Brussels financed pension or public health system! The agricultural budget would be a very small part of this total budget. Europe has to have the means of its ambitions. And its ambitions eventually have to be translated in policies.

The argument that the impact of the Common Agricultural Policy on health is negative – as certain people want to demonstrate – can be counterbalanced by the opposite well founded arguments – as indicated in the Working party 4 Draft report.

In the Working party 4 draft report we are concerned about the politically speculative formulation that surplus food support should be used for promotion of healthy foods. We would like to understand what exactly this means and what are the scientific grounds for that statement.

In this respect, I would like to tell you that on the EU school milk scheme, an issue which is currently discussed at the European Parliament and Council level, COPA and COGECA fully supported the declaration of the Agriculture Council which considered that the EU school milk scheme should be maintained and not just abandoned as the Commission initially proposed, arguing that “the consumption of milk is of great importance in view of its high nutritional value, particularly for children and young people”.

This is an essential factor in favour of the continuation of the measure at Community level, and even in favour of its integration in a broader health, food and social policy to be defined at EU level.

In the successive reforms of the CAP we have never had revolutions, rather we have had evolutions. This probably will be the pattern in the future as well. And we know that the CAP will be again adjusted given the WTO negotiations and the eastern enlargement but indeed also the need to consolidate a European model of agriculture responding to the wishes of European consumers and European society as a whole. The role of COPA/COGECA will be to try to secure a future for its farmers, under these tremendous pressures and challenges ahead.

We hope that any proposal issued by the Commission which is relevant to consumers, will be coherent and balanced. European farmers and their co-operatives are willing to contribute to achieve this objective.

References

1. European Commission White Paper on Food Safety. Com (1999) 719 final, 12 January 2000.
2. European Commission. Agriculture in the European Union – Statistical and economic information 1999. http://europa.eu.int/comm/dg06/agrista/table_en/2.htm

Food industry

CIAA views on the formulation of dietary recommendations

Dominique Taeymans *

Director, Scientific & Regulatory Affairs, C.I.A.A., Confédération des Industries Agro-Alimentaires de l'UE, 43 Avenue des Arts, 1040 Brussels, Belgium

Dietary diversity

Patterns of food consumption vary considerably from one country to another, even from one region to another. To this geographical diversity can be added socio-economic and agricultural diversity, strongly influenced by cultural, historic and religious factors.

At the scientific level, it is recognised that nutritional needs differ depending on individual parameters. These needs, both physiological and psychological, are influenced by a variety of factors: genetic characteristics, age, sex, race, size, activity level, heredity, sensorial preferences, etc. Depending on the individual, these needs – which will vary over time – can be met by an infinite number of different food combinations.

Consequently any discussion of nutritional requirements has to take account the dietary diversity of Europe and also recognise certain diet-related issues specific subgroups within a community.

Food choice

All foods have nutritional value and can therefore contribute to a balanced diet: there is no such thing as a 'good' or 'bad' food, there are only good or bad diets. As a varied diet is an essential condition for balanced nutrition, it is important to assess a person's diet in terms of its total nutritional content.

The food and drink industry aims to satisfy consumer needs and expectations by supplying a wide variety of safe, tasty, and nutritious foods at affordable prices throughout the year. The industry recognises that clear and accurate information, provided on the packaging, enables consumers to make an informed choice in selecting products according to their needs.

There are many parameters which guide and affect food choice. Although the nutritional dimension is a critical one, cognitive, symbolic, cultural and social variables also impact on eating behaviour. Such aspects should be taken into account when

development nutrition policies, nutrition information, education programmes and, specifically, dietary recommendations. Furthermore, there is a need for clearer understanding of consumer knowledge, attitudes and expectations regarding foods and diet.

Industrialised Western society can be characterised, more than any other, by the notion of freedom of choice for the consumer, especially in the food that the individual chooses to eat. Product information must be readily available to enable the consumer to have freedom of choice and at the same time, understand and use nutrition information in conjunction with other sources. This information needs to be scientifically sound and easy to understand so that the consumer can quickly assess the role of a specific food product in the context of his/her overall diet. Emphasis should be placed on the importance of 'balance' in the total diet and individual's lifestyle. On the basis of such objective information, it is up to the consumer to decide whether and how to modify his/her diet and lifestyle. But in order to understand and utilise such information, the consumer needs adequate nutrition education. CIAA believes this to be a major issue.

Earlier this century, discussions on diet related problems centred on deficiencies of essential nutrients, particularly proteins, vitamins and minerals. Whilst the significance of nutrient deficiency diseases to the European population as a whole has diminished, in part because the food industry provides an ever-increasing range and availability of foods, they still have an impact on certain groups in the population.

More recently, attention has tended to concentrate on the so-called "diseases of affluence", for example obesity, coronary heart disease and cancer. These medical conditions are generally recognised as having multi-factorial causes and, although diet certainly plays a role, its importance is frequently over-emphasised. For example coronary heart disease is related to such life-style factors as smoking, levels of physical activity, genetic, socio-

*Correspondence: Email d.taeymans@ciaa.be

economic and environmental factors, and raised blood pressure. Any dietary modification that is to be recommended for either individuals or whole communities must be based on an objective evaluation of the available evidence within the context of these other lifestyle factors.

What can be done at EU level?

CIAA believes that any consideration of dietary recommendations at the European level will need to take into account all of the above considerations.

More than any other issue currently on the EU agenda, food and diet are subject to a wide range of cultural traditions. Existing divergences in diet and lifestyle make it extremely difficult to develop anything but the most general advice that is relevant for to all Europeans. It is also essential not to underestimate the importance of individual choice in any attempt to analyse dietary habits.

The recent White Paper on Food Safety covers the relationships between food and health as regards not only food safety but also nutrition. It talks about a comprehensive nutrition policy as well as about European dietary guidelines. The Amsterdam Treaty gives new powers to the Commission to develop actions to promote public health requiring an intersectoral approach linking food, health, and the environment.

What can be achieved in this new framework?

It is a firm belief of the EU food and drink industry that the EU can provide added value to improve consumer health as regards nutrition in the following areas:

The provision of a safe and varied food supply, in sufficient quantity

Provision of information about foods (including labelling, claims, etc)

Efficient monitoring, data collection and surveillance of food intake, particularly by vulnerable groups of the population

Compositional data on the foods available in Europe

The development of a long term research programme that will allow outstanding nutritional questions to be addressed in a collaborative way

The requirement that health professionals should have some nutritional training as part of their professional training programmes

Exchange of best practice for health promotion programmes that take account of nutrition as part of a health lifestyle.

These were already recommendations promoted by the CIAA in the early nineties. Not much has been

done in the meantime. That is, until just over two years ago when the EURODIET project was started.

This conference provides the opportunity to exchange views and opinions on what this project has achieved so far. We look forward to such an open debate. We would like also to emphasise that any nutritional policy should be established in a way that respects:

Free and informed choice for all consumers in Europe

Dietary diversity and cultural identity in the Member States and regions of Europe

The need for a strong scientific basis for all policy development

The need for EU policy to give added value over and above what is developed by the Member States

The principle of proportionality

The need for all policy options to be evaluated to determine whether they are meeting the health goals set out for them.

Promotion of a healthy balanced diet as part of a healthy lifestyle

If nutrition policy is to benefit the whole of the Community's 371 million citizens, and take account of the principles outlined above, any recommendations developed at Community level will necessarily have to be very broad, with guidelines designed to promote a healthy balanced diet and lifestyle rather than the attainment of specific quantitative targets.

Acceptable and appropriate dietary recommendations are to be found in the following simple guidance for the general public advocated by FAO:

enjoy a variety of foods

eat to meet your needs

protect the quality and safety of your food, and

keep active and stay fit

But, as already indicated, such guidelines need to be supplemented by nutrition education programmes if they are to have tangible results. While the responsibility for such educational programmes falls outside the jurisdiction of the food and drink manufacturing industry, the latter can still be a useful partner in the education process - especially, but not exclusively - by providing nutritional information about its products.

CIAA believes that, if these recommendations are followed up, there will be a consensus in support of the following constructive appeals:

eat plenty of fruits and vegetables

aim for a moderate and balanced fat intake

make carbohydrate foods the basis of your diet
 exercise regularly
 maintain a healthy body weight

How can the food industry contribute?

The food industry has the task of providing high quality and safe food. While the initiative for improving nutrition lies elsewhere, the food industry as a partner in nutrition initiatives has an extremely important role to play. As producers, providers and creators of new food, the industry can work together with authorities, scientists, health professionals. These can include:

working to improve consumer understanding, the benefits of healthy diet and resolve misconceptions about food. Communication of nutrition and making use of latest technology available are key considerations.

collaborating in response to the latest developments in nutrition science.

responding to demographic and social changes in a way that ensures new hectic lifestyles are

consistent with a nutritious diet. continuing dialogue with all social partners to ensure that policies in other sectors, such as agriculture, town planning and transport do not inadvertently restrict the access of all Europeans to healthy food choices.

- in partnership with the scientific community, in government and in academia, ensuring that there is a scientific basis for policy development.

Conclusion

Rather than elaborate guidelines that have little relevance or impact, EU consumers need simple targets related to food and health. To focus on quantitative guidelines in Europe would be a missed opportunity. Time and effort needs to be invested not so much in the creation of guidelines themselves, but in ensuring that the context for guidelines, education programmes, communication channels and provision of accurate information are efficient and comprehensive. In this respect, an EU initiative in this area is an opportunity for Member States to pool and co-ordinate their expertise and experience in health promotion to ensure that guidelines have the maximum impact on European health.

Consumers

Looking for consensus, precaution and transparency

Tim Lobstein*

European Co-ordinator, International Association of Consumer Food Organizations, 94 White Lion St., London NI 9PF, UK

Professor, ladies, gentlemen,

I am delighted to be able to join such an eminent and respectable conference, which I trust will be making statements that will have important influences upon consumers in Europe for many decades to come.

May I first make a couple of responses to the previous two speakers? The representative from the farming sector spoke of the friendship he has with the food industry. I would like to suggest that he has friends also among consumers. The farmer's immediate 'consumer' is the food industry, the wholesalers and retailers who all purchase the farmers products. But the farmer's ultimate consumer is all of us, who rely upon the farmer to produce the nourishment we need. May I suggest that the friendship be developed between the farmer and the consumer that eats the food?

And in response to the spokesman for the food industry I would like to warmly support his call for a clear statement of advice on healthy eating, and echo his sentiments that we should eat plenty of fruit and vegetables for example. But I ask if he would go further and help us define what we mean. How much is plenty? For people who are eating no fruit and vegetables, 'plenty' might mean a different amount compared with people who already eat two or three portions a day. Let us find some figures so that we may have clarity.

My own organisation, the International Association of Consumer Food Organisations, has representation here in Europe as well as in the USA and Canada and in Japan, and associates in SE Asia, and with a total of well over a million members. We are recognised observers at international bodies, such as Codex and the OECD.

As a consumer organisation concerned with food and health, we deal every day with *information*. A consumer's choice depends on information. If the market is to work at all, it must work on the basis of choices that are *informed* choices.

This includes the nutritional quality of food; it includes reading labels and understanding claims, as well as information on the safe storage and preparation of food.

At this conference today, I hope we will discuss the sort of information that consumers need in order to make good, informed choices. But we must not be naïve about information. Consumers are increasingly aware that information does not come in the form of solid, reliable facts. We live at a time when information does not mean hard facts: information has become softer. Indeed, consumers do not accept hard facts – such as that famous phrase 'British beef is safe'.

Such absolute, hard facts are usually wrong and, now, distrusted.

We do not live in an era that deals with hard facts; we deal with soft information. By soft, I mean such information as, for example, risk assessment, or cost benefit analysis, and in nutrition we look at epidemiological data and cohort studies.

Soft data does not provide hard facts, it provides probabilities and odds ratios and relative risks, and these need interpretation. They need modelling. They need to be assessed for their assumptions. They need sensitivity analyses to judge the stability of the models and assumptions.

This is the information of the new century: not hard facts but soft evidence and interpretation. Now this matter of interpretation is crucial, because consumers expect scientists, such as many of those present today, to make interpretations. But consumers know that even the best scientists are only as good as their views and their personal backgrounds. Every scientist has views, a moral and ethical view, a view of the political dynamics and commercial dynamics, and these views shape their everyday work.

Consumers know, I assure you, that scientists are not infallible, and that they have their own careers and interests as well as the interests of objectivity. Therefore we need to agree methods by which

Correspondence: Email foodcomm@compuserve.com

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information can be interpreted openly and transparently, so that the views, and opinions, and biases and values of the participants are clear.

Hopefully a consensus can be found. Consumers want consensus. Consumers are not helped when there is open controversy – they say ‘a plague fall upon both your houses’. So, where possible, we must spend this week looking for consensus. And for this, we need to agree how to look for consensus – for example by agreeing that a consensus is based on the balance of evidence available.

Consensus is the ideal; but consensus is not always easy to find. We have heard already today about the potential for controversy in nutritional science. And we can see this easily in the open debates on genetic engineering, especially of our food supply.

So, I urge this conference, where it cannot find consensus, to make its recommendations based on the best available evidence, in the light of two guiding principles: the principle of *precaution* and the principle of the *protection of public health*. These are the principles to be used when consensus is not easily obtained.

Consumers know about precaution. They know about being safe rather than sorry. They also know that the nature of the market is such that consumers can be sold food that will increase their risk of ill health and chronic disease. Foods rich in saturated fat, for example, may well increase the consumer’s risk of ill

health – yet such food will carry no warning. Indeed, such food will be widely advertised and promoted and sold in thousands of shops.

So consumers are cautious and distrustful. The message I want to give you today is this: consumers are more than the receivers of information, or receivers of advice, they are participants. They judge the information, and they judge the sources of information.

Consumers want a consensus and hope that science can provide a consensus. Failing that, consumers hope that science can provide recommendations based on precaution and public protection.

But consumers also want transparency in the process. For example, consumers expect that scientists have interests and views, as I have suggested, and consumers want to know that these views and interests are fully and openly declared.

This is happening with scientific papers and journals. It is starting to happen in scientific advisory committees in member states and even in the Commission. It can also happen in conferences and meetings, such as this.

So in summary, I look forward to a conference based on consensus and on the principles of public health, precaution and transparency. If this can be achieved then the conference should be a big success.

Thank you.

Public health

Food, nutrition and cardiovascular disease prevention

Susanne Løgstrup *

Director European Heart Network, 1, Place du Luxembourg, B – 1050 Brussels, Belgium

European Heart Network (EHN) and nutrition

EHN is a Brussels-based alliance linking 30 national heart foundations and other national non-governmental organisations committed to the prevention of cardiovascular disease (CVD), in particular coronary heart disease and stroke, in 26 countries across Europe.

The mission of the European Heart Network is to play a leading role through networking, collaboration and advocacy in the prevention and reduction of cardiovascular disease so that it will no longer be a major cause of premature death and disability throughout Europe.

CVD is the main cause of death in Europe. It causes 4 million deaths annually in Europe of which more than 1.5 million alone occur in the European Union (EU)¹.

On 14 February this year, the first Saint Valentine's Day in the new millennium, EHN organised a conference: *Winning Hearts – Actions and Policies for a healthier Europe*. The purpose of this conference was to bring together policy makers, health professionals and health organisations and to emphasise that reducing early death and disability from CVD can be done only if all policy makers in the EU accept their role and responsibility. To underpin this message, the EHN formulated a vision, which was also supported by the European Society of Cardiology:

'Every child born in the new millennium has a right to live until the age of at least 65 without suffering from avoidable cardiovascular disease'

Reaching this vision is possible. It is not easy: every year in the EU approx. 180,000 people die before they reach the age of 65². Although CVD is multifactorial, there is no doubt that a dietary pattern leading to raised blood cholesterol levels in

individuals and populations must be regarded as an essential prerequisite for raised CVD risk in populations. It has been estimated that around one third of these early deaths are caused by unhealthy diets. This means that approximately 60,000 deaths before the age of 65 could be avoided annually in the EU alone if diets were improved³.

However, there is scope for improvement. Data available suggest that diets in Europe generally are poor. For example, the European Heart Network (EHN) recommends that population average intake of fruit and vegetables should be more than 400g per day. A WHO dietary survey shows that in as many as 20 countries out of 25, for which the data was available, adult intake of fruit and vegetables is less than 400g per day. Similarly, EHN recommends that the ultimate goal is that total fat intake be less than 30% of total energy (with less than 35% being an intermediate goal for countries with high current intakes, i.e. more than 40% of total energy). The same WHO survey shows that 21 out of 26 countries fail to meet the goal of a total fat intake being less than 30% of total energy¹.

EHN has a very strong and particular interest in improving diets across Europe and, consequently, EHN places great importance on the EURODIET project and the outcome of this conference.

What and whom do we need?

The EURODIET project should, ideally, provide us with an overall public health nutrition strategy. Such a strategy will allow the European Union (EU) to ensure that all its policies are developed in accordance with this strategy.

In its 1998 publication *Food, Nutrition and Cardiovascular Disease Prevention in the European Union*, EHN presents its dietary goals for Europe

* Correspondence: Email slogstrup@compuserve.com

and gives a number of recommendations for policy initiatives which EHN believes are necessary to help achieve these dietary goals.

Proper implementation is essential. It is important to realise that Commission officials working in the Directorate-General responsible for health (DG Directorate-Generals and a methodology to ensure that the adopted public health nutrition strategy is put in place must be established as part of an overall health impact audit mechanism.

References

1. Mike Rayner and Sophie Petersen. British Heart Foundation Health Promotion Research Group. European cardiovascular disease statistics. London, British Heart Foundation, 2000.
2. European Commission. Report from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions on the state of health in the European Community. Brussels, European Commission, 1995, (COM(95) 357 final).
3. European Heart Network. Food, Nutrition and Cardiovascular Disease Prevention in the European Union. Brussels, European Heart Network, 1998.

Health Professionals

Communicating the message

JCFM Aghina

Chairman of the Subcommittee Preventive Medicine of The Standing Committee of European Doctors, Avenue de Cortenbergh, 66 Box 2, B-1000 Brussels

The Standing Committee of European Doctors (CP) represents 1.4 million doctors in the EU. We are very pleased to have been invited to play an active role in the Eurodiet programme both as a participant in Working Party 3 and as an observer of the Steering Committee. This has provided an outstanding opportunity not only to inform nutritionists and other experts about the physicians' views and to relay the views of those involved in the Eurodiet project to European doctors, but also to develop networks and promotion strategies.

In the interests of involving other health professionals (HPs), the CP contacted nurses, dieticians and health promoters. Although Brussels-based networks exist, this concept of a combined HP initiative is rather new (and contacts made here at this conference will be helpful in developing it). Primarily, this network of HP organisations has the task of translating the scientific data and evidence based guidelines coming from the Eurodiet programme into the clear messages needed in daily practice, be it preventive, group related, individual or disease related.

The question now is which is the best channel for communicating food-based dietary guidelines (FBDG)? In prevention it should be the task of health promoters and nutritionists, whereas in curative practice / therapy it should be the doctors and dieticians.

It is evident that both health professionals and the media have a role to play in communicating the message. However, sometimes health professionals are fighting against the influence of media and commercial hypes on nutrition and healthy lifestyle issues. Health professionals should be able to counter such hype and to provide citizens with a more complete balanced overview of the subject.

Whereas the media targets particular groups or the public as a whole, the health professional's contact with similar population groups is incidental. The doctor, the nurse, the health promoter and the dietician relate primarily to individuals. The impact of such contact on individuals is much higher than the diffuse messages obtained from the media, mainly because the content of the messages relates directly to the individual's question or disease.

In short: health professionals and the media have distinct and (potentially) complementary roles to play in promoting healthy nutrition and lifestyles. They are addressing different subgroups, have different messages and work in totally different settings. Health professionals are extremely important for the individual, because they tune the message from the general population to the individual.

This is especially the case for some subgroups that either lack the basic knowledge or are otherwise at risk: younger people, pregnant women, young mothers and elderly people. Particularly vulnerable are the poor and socially deprived, where lack of knowledge and money usually lead to bad health.

Is it possible for health professionals to take up their role in spreading the message of food based dietary guidelines and physical activity standards? For dieticians and health promoters, who each have experience in their own particular realms, the answer is certainly positive. Doctors, however, are lacking the scientific knowledge-base which is needed. In most of the EU member countries, with the exception of only a few medical schools, neither nutrition nor physical activity are included in basic medical training. Nor is it a topic in postgraduate training for nurses and physicians.

This matter has been discussed by the CP's Subcommittee on Preventive Medicine in April 2000, which unanimously passed a resolution for introducing nutrition into the basic medical curriculum as soon as possible, and for the subject to be given a high priority in

*Correspondence: Email aghina@wxs.nl

postgraduate training. Exchanging the experiences and comparing curricula of the few medical schools that do have nutrition courses, such as the University of Crete, was considered as a quick path to play their role, but they are willing to do so. Important first steps have been taken : to improve the knowledge base by introducing nutrition in basic medical training; to form a network for health professionals to know each other better, to define their respective roles, and to co-operate in actively

to improvement. I think that this unexpected development is a very welcome spin off of the Eurodiet programme.

Health professionals are still not fully prepared yet propagating the outcomes of the Eurodiet programme on healthy nutrition and physical activity. Health professionals hope that this conference will be able to come out with clear and simple messages based on the available scientific evidence. That is no small job. I wish you succes.