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## **REPORT**

on the White Paper on nutrition-, overweight- and obesity-related health issues  
(2007/2285(INI))

Committee on the Environment, Public Health and Food Safety

Rapporteur: Alessandro Foglietta

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## MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

### on the White Paper on nutrition-, overweight- and obesity-related health issues (2007/2285(INI))

*The European Parliament,*

- having regard to the Commission's White Paper on a Strategy for Europe on Nutrition, Overweight and Obesity related health issues' (COM(2007)0279),
- having regard to its resolution of 1 February 2007 on promoting healthy diets and physical activities<sup>1</sup>,
- having regard to the Second World Health Organization (WHO) European Action Plan for Food and Nutrition Policy 2007-2012, adopted by the WHO Regional Committee for Europe in Belgrade, 17-20 September 2007, and the European Charter on Counteracting Obesity, adopted by the WHO Regional Office in 2006,
- having regard to the objectives set by the WHO European Ministerial Conference held in Istanbul on 15-17 November 2006, with the European Charter on Counteracting Obesity,
- having regard to the Global Strategy on Diet, Physical Activity and Health, adopted by the 57th World Health Assembly on 22 May 2004,
- having regard to the conclusions of the Employment, Social Policy, Health and Consumer Affairs Council of 2 and 3 June 2005 concerning obesity, nutrition and physical activity,
- having regard to the conclusions of the Employment, Social Policy, Health and Consumer Affairs Council of 5 and 6 December 2007 entitled "Putting an EU strategy on Nutrition, Overweight and Obesity related Health Issues into operation",
- having regard to the conclusions of the WHO Regional Office meeting in Copenhagen 2006 about 'Physical activity and health in Europe: evidence for action',
- having regard to the Commission's White Paper on sport (COM(2007)0391),
- having regard to the Commission's Green Paper entitled "Towards a new culture for urban mobility" (COM(2007)0551),
- having regard to Rule 45 of its Rules of Procedure,
- having regard to the report of the Committee on the Environment, Public Health and Food Safety and the opinions of the Committee on the Internal Market and Consumer Protection, the Committee on Agriculture and Rural Development and the Committee on Women's Rights and Gender Equality (A6-0000/2008),

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<sup>1</sup> OJ C 250 E, 25.10.2007, p.93.

- A. whereas overweight and obesity and diet-related disease are becoming growing epidemics and are major contributors to the leading causes of mortality and morbidity in Europe,
- B. whereas it is scientifically proven that the incidence rate and the gravity of the nutrition-related diseases affect men and women differently,
- C. whereas, according to the WHO, more than 50% of the European adult population are overweight or obese,
- D. whereas more than 5 million children are obese and almost 22 million are overweight and these figures are rising rapidly, so that by 2010 a further 1,3 million children per year are predicted to become overweight or obese,
- E. whereas up to 7% of national health budgets in the EU is spent each year on diseases that can be linked to obesity,
- F. whereas obesity and overweight-related diseases are thought to take up 6% of government health care expenditure throughout Europe; whereas the indirect costs of those conditions, through reduced productivity and sick leave for example, are considerably higher,
- G. whereas abdominal obesity is scientifically recognised as one of the main predictors of several weight-related diseases, such as cardiovascular disease and type 2 diabetes,
- H. whereas eating habits established in childhood often endure into adulthood and research has shown that obese children are more likely to become obese adults,
- I. whereas European citizens are living in an ‘obesogenic’ environment in which sedentary lifestyles have raised the risk of obesity,
- J. whereas poor diet is a major risk factor for other diet-related diseases that are the major killers across the EU including coronary heart-disease, cancers, diabetes and stroke,
- K. whereas the WHO’s 2005 report on health in Europe analytically demonstrates that a large number of deaths and illnesses are caused by seven major risk factors, six of which (hypertension, cholesterol, the body mass index, inadequate fruit and vegetable consumption, lack of physical activity and excessive alcohol consumption) are related to diet and physical exercise, and whereas those health determinants must be acted upon simultaneously with a view to preventing a significant number of deaths and illnesses,
- L. whereas it considers that physical activity, coupled with a healthy balanced diet, is the primary method of prevention against overweight and notes with alarm that one in three Europeans do not exercise at all in their free time, while the average European spends over five hours a day sitting down, and that many Europeans do not consume a balanced diet,
- M. whereas abdominal obesity is now widely recognised by experts as the most prevalent cause of cardiometabolic abnormalities that increase the risk of cardiovascular disease and type 2 diabetes,
- N. whereas the number of lessons devoted to sport has decreased in the past decade, both at

primary and at secondary schools, and there are major disparities among Member States with regard to facilities and equipment,

- O. whereas with the European Charter on Counteracting Obesity the WHO has set the target of achieving visible progress in fighting child obesity in the next four or five years, with the objective of reversing the current trend by 2015 at the latest,
- P. whereas a healthy diet must have certain quantitative and qualitative properties and be geared to individual needs and always in strict adherence to dietetic principles,
- Q. whereas a diet must include the following categories of criteria to be considered as having "health value": (1) nutrient and energy content (nutritional value), (2) health and toxicological criteria (food safety), (3) natural food properties ("aesthetic/gustatory" and "digestive" qualities), (4) ecological nature of food production (sustainable agriculture),
- R. whereas overweight and obesity, should be tackled by means of a holistic approach acting across government policy areas and at different levels of government, especially at national, regional and local level, with all due regard for subsidiarity,
- S. whereas the significance of alcohol, with its high calorie intake, and of smoking, both of which distort the appetite for food and drink and carry many established hazards to health, should not be overlooked,
- T. whereas the social dimension of the problem and in particular that the highest incidence rates of overweight and obesity are registered in lower socio-economic groups; noting with concern that the result might be to deepen health and socio-economic inequalities, particularly for the most vulnerable groups of the population, such as the disabled,
- U. whereas socio-economic inequalities are taking on another dimension with the rise in raw material prices (such as cereals, butter, milk, etc.) which is unprecedented both in terms of the number of products concerned and the extent of the increases,
- V. whereas the conjunction of higher raw material prices and the opacity of the rules governing large-scale distribution in some Member States has led to an escalation in the prices of basic food products, such as fruit and vegetables and sugar-free dairy products, which is eroding the budgets of the majority of households in the EU, and whereas the EU needs to rise to this challenge,
- W. whereas the disabled make up 15% of the active population of the EU; whereas, moreover, studies show that the disabled are at greater risk of obesity owing, inter alia, to pathophysiological changes in the metabolism of energy and the composition of the body, and to muscle atrophy and physical inertia,
- X. whereas all multi-stakeholders' initiatives should be facilitated in order to improve dialogue, the exchange of best practice and self-regulation, for example through the EU Platform for Action on Diet, Physical Activity and Health as well as the Working Group on Sport and Health and the EU network Health-Enhancing Physical Activity (HEPA),
- Y. whereas different traditional cuisines should be promoted as part of our cultural heritage,

but at the same time action should be taken to ensure that consumers are aware of their actual impact on health in order to facilitate informed decisions,

- Z. whereas consumers in Europe should have access to the information necessary to enable them to select the best sources of nutrition for an optimal diet in the light of their individual life-style and state of health,
- AA. whereas recent industry initiatives on advertising self-regulation will address the balance and nature of food and beverage advertising; whereas self-regulatory measures need to cover all forms of marketing on the Internet and other new media ; whereas food advertising accounts for around half of all advertising broadcast during children's TV viewing times and that there is clear evidence that TV advertising influences short-term consumption patterns of children aged between 2 and 11 years; whereas Parliament notes with concern the use of new forms of marketing using all technological means and in particular the so-called 'advergames' involving cell phones, instant messaging, video games and interactive games on the Internet, whereas numerous food producers, advertising and marketing firms and health and consumer protection associations are already displaying considerable commitment in the EU Platform for Action on Diet, Physical Activity and Health and can already point to successful studies and projects,
- AB. whereas malnutrition, which particularly affects older people, costs European healthcare systems similar amounts as obesity and overweight,
1. Welcomes the White Paper on Nutrition as an important step in an overall strategy to stem the rise in obesity and overweight and address diet-related chronic diseases, such as cardiovascular disease including heart disease and stroke, cancer and diabetes, in Europe;
  2. Reiterates its call to Member States to recognise obesity as a chronic disease. Believes that care should be taken to avoid stigmatising individuals or groups of people who are vulnerable to nutritional, overweight and obesity-related health problems due to cultural factors, diseases such as diabetes or pathological consumption such as anorexia or bulimia, and advises Member States to ensure that these people have access to appropriate treatment under their national systems;
  3. Considers a multilevel and comprehensive approach to be the best way to fight obesity among the EU population and points out that there are many European programmes (on research, health, education, life-long learning) that can help us to tackle this real scourge;
  4. Considers that policy geared to food quality can make an important contribution to promoting health and reducing obesity and that comprehensible information on labels is the key to enabling consumers to choose between good, better and less good nutrition;
  5. Approves the setting up of the High-Level Group on Nutrition and Physical Activity and European health survey systems collecting physical and biological measurements like the Health Examination Survey (HES) and the European Health Interview Survey (EHIS) monitoring system, as effective tools for policy-makers and all actors involved in improving knowledge and the exchange of best practice in the fight against obesity;
  6. Calls on the Commission to ensure balanced representation of women and men on the

future High-Level Group on Nutrition and Physical Activity, so as to target the problems more closely and propose the best solutions in keeping with the gender dimension, i.e. for men on the one hand and for women on the other;

7. Recognises the substantial role of self-regulation in fighting obesity, stresses the need for clear and concrete targets for all parties concerned and independent monitoring of these targets; notes that regulation is sometimes necessary to deliver substantive and meaningful change across all sectors of industry, particularly when concerning children, in order to ensure consumer protection and high standards of public health; notes with interest 203 commitments undertaken in the context of the EU Platform for Action on Diet Physical Activity and Health aiming at product reformulation, reduction in advertising to children and labelling for the promotion of a balanced diet; considers that membership of the platform should be extended to include manufacturers of computer games and consoles as well as Internet providers;
8. Calls, however, for more tangible measures especially targeted at children and at-risk groups;
9. Urges the Commission to take a more holistic approach to nutrition and make malnutrition, alongside obesity, a key priority in the fields of nutrition and health, incorporating it wherever possible into EU-funded research initiatives and EU-level partnerships;
10. Considers that European consumers should have access to the information necessary to allow them to choose the best sources of nutrients needed to achieve and maintain the optimal nutrition intake best suited to their individual lifestyle and health; believes that greater attention should be paid to improving the health literacy of citizens to empower them to make effective decisions about their own and their children's diets; considers that informing and educating parents on nutritional issues should be carried out via the relevant professionals (teachers, cultural events organisers and health professionals) at the appropriate locations; is convinced that consumer information, nutritional education and food labelling should be a reflection of the wishes of the consumers themselves;
11. Draws attention, in this context, to the importance of linking a future school fruit programme to a broader educational strategy, for example by means of lessons on diet and health in primary schools;
12. Draws attention to the fundamental role played by women in nutrition education in the family and the decisive contribution they can make to combating obesity, since in very many families they intervene directly in the choice of food;
13. Calls on Member States, regions and local entities to be more proactive in developing 'activity-friendly communities', especially in the context of urban planning to make municipalities conducive to physical exercise as a daily routine and by creating opportunities in the local environment that motivate people to engage in leisure time physical activity; this can be achieved by introducing local measures to reduce reliance on cars and promoting walking and by mixing in a sensible way commercial and residential development, by promoting public means of transport, parks and accessible sports facilities, biking trails, pedestrian crossings; invites municipalities to promote a network

of ‘towns for a healthy lifestyle’ providing common actions to fight obesity;

14. Encourages Member States to adopt the notion of active commuting both by schoolchildren and employees; encourages local authorities to consider this notion as a priority when assessing urban transport and planning;
15. Notes that the provision of areas where children and young people can experience nature gives them an alternative to traditional leisure activities and at the same time enhances the faculties of imagination and creativity and the urge to explore;
16. Calls on sports organisations to bear in mind in particular that girls in their later teenage years often cease to participate actively in sporting activities; considers that sports organisations have a large role to play in maintaining the interest of girls and women in participating in various sports activities;
17. Stresses that the European Union should take a leading role in formulating a common approach and promoting coordination and best practice between Member States; is convinced that an important European added value can be provided in fields such as consumer information, nutritional education, media advertising, agricultural production and food labelling in particular with indication of trans-fat content; calls for the development of European indicators such as waist size and any other risk factor relating to obesity (especially abdominal obesity);
18. Stresses that the private sector has a role to play in reducing obesity by developing new and healthier products; believes however; that that there is a need to step up encouragement of the private sector to develop clear information systems and improve labelling enabling consumers to make an informed choice;

### **Our priority: children**

19. Invites the Commission and all actors to set as a priority the fight against obesity from the early stages of life, bearing in mind that eating habits established in childhood often endure after many years;
20. Calls for information campaigns to raise awareness among pregnant women about the importance of a balanced and healthy diet, with an optimal provision of some nutrients during pregnancy, and for women and their partners to be made aware about the importance of breastfeeding; recalls that breastfeeding, delaying weaning until babies are six months old, introducing children to healthy foods and controlling portion sizes can all help to prevent children becoming overweight or obese; : stresses, nonetheless, that breastfeeding is not the sole means of fighting obesity, and that balanced eating habits are acquired over a long period; emphasises that awareness campaigns should recall that breastfeeding is a private matter and should respect women’s free will and choice;
21. Calls on the Member States to ensure that national health services promote specific nutritional advice for pregnant women and menopausal women, since pregnancy and the menopause are two important stages in women’s lives when there is an increased risk of storing fat;

22. Urges Member States to propose guidelines drawn up by experts on how to improve physical activity as early as the pre-school period and to promote nutritional education already at this early stage;
23. Considers that it is primarily at school level that steps have to be taken to ensure that physical activity and balanced eating become part of the behaviour of a child; calls on the High Level Group on Nutrition and Physical Activity to develop guidelines on nutrition policies at school and for the promotion of nutritional education and for the continuation of such education in the post-school period; calls on the Member States to include the benefits of a balanced diet and physical exercise in school curricula;
24. Further, asks Member States, local entities and school authorities to monitor and to improve the quality and nutritional standards of school and kindergarten meals including by means of specific training and guidelines for catering staff, quality control of caterers and guidelines for healthy food in canteens; underlines the importance of adapting portion sizes to needs and including fruit and vegetables in these meals; asks for more nutrition education on a balanced diet and encourages a move away from the sale of foods and beverages high in fat, salt or sugar and of poor nutritional value in schools; advocates instead making fresh fruit and vegetables more available at points of sale; invites competent authorities to ensure that at least three hours a week of the school curriculum are devoted to physical activities, in accordance with the objectives of the White Paper on sport and asks those authorities to provide plans for the construction of new public sports facilities, accessible to disabled and the safeguarding of existing sports facilities in schools; welcomes a possible "fruit at school" project to be financially supported by the EU similar to the current school milk programme; calls for solutions to be found to continue the free distribution of fruit and vegetables to schools and charitable institutions during 2008 as requested by some Member States, pending the entry into application of the school fruit scheme on 1 January 2009;
25. Calls on Member States' local authorities to promote the availability and affordability of leisure facilities and to promote the creation of opportunities in the local environment that motivate people to engage in leisure time physical activity;
26. Asks Member States, local entities and school authorities to ensure that healthy options are provided in school vending machines; considers that sponsorship and advertising for so-called HSSF products (those high in sugar, salt, fat) of poor nutritional value in school buildings should be subject to the request or with the express permission of school authorities, and should be monitored by pupil-parent associations; considers that sport organisations and teams should set an example with regard to exercise and healthy diet; and asks for a voluntary commitment by all sports organisations and teams in order to promote balanced nutrition and physical activity especially between children; assumes that all sports organisations and teams promote balanced nutrition and physical activity; stresses, moreover, that the European sports movement should not be blamed for overweight and obesity in Europe;
27. Welcomes the reform of the Common Market Organisation of the Common Agricultural Policy (CAP) allowing more fruit and vegetables to be served in schools, provided that the quality and chemical safety of these products is controlled;

28. Urges the EU, and in particular the ECOFIN Council, to be more flexible over Member States' application of lower VAT rates for necessities of a social, economic, environmental or health-oriented nature; in this respect; calls on those Member States which have not yet done so to cut VAT on fruit and vegetables, recalling that Community law authorises them to do so; calls, in addition, for the Community texts in force to be amended to allow fruit and vegetables to benefit from a very low rate of VAT (under 5%);
29. Welcomes EU initiatives such as the setting-up of the 'EU mini-chefs' website and the European Day for Healthy Food and Cooking held on 8 November 2007; recommends the organisation of information campaigns to improve awareness about the relationship between energy-dense products and the equivalent in time of physical activity needed to burn off their calories;

### **Informed choices and availability of healthy products**

30. Believes that product reformulation is a powerful tool for reducing the intake of fat, sugar and salt in our diets and encourages food producers to further engage in reformulation of energy-dense, nutrient-poor foods in order to reduce fat, sugar and salt and enrich their fibre, fruit and vegetable content; welcomes commitments undertaken on a voluntary basis by producers to implement nutrition criteria for the formulation of foods;
31. Stresses that nutrition labelling must be mandatory and clear to help consumers make a healthy choice of food; recommends, therefore, that to enable consumers to compare the nutrient content in different food products, nutrition labelling should be expressed in 100g/100ml;
32. Calls for an EU-wide ban on artificial trans-fatty acids and urges EU Member States to follow good practice in controlling the content of substances (e.g. salt) in food and calls on the Commission to draw up a programme for exchanging best practice across Member States; points out that special exemptions should be provided for PDO (protected designation of origin), PGI (protected geographical indication), TSG (traditional speciality guaranteed) and other types of traditional products in order to preserve original recipes; to this end, has high expectations of the future Green Paper on quality policy in agriculture in terms of better quality and PGI schemes;
33. Calls for an analysis of the role played by flavour enhancers such as glutamates, guanylates and inosinates, massive quantities of which are to be found in many food products, particularly in ready meals and industrially produced foodstuffs, in order to determine their influence on consumption patterns;
34. Stresses that the present state of scientific knowledge shows us that an excessive consumption of trans-fatty acids (over 2% of total energy intake) is linked to significantly higher cardiovascular risks; deeply regrets, therefore, that no European government to date has acted to reduce European consumers' cumulative exposure to the artificial trans-fatty acids and saturated fatty acids that are present in numerous processed products of low nutritional value;
35. Underlines that industrially processed trans-fatty acids pose a serious, well documented and unnecessary threat to the health of Europeans and should be addressed with an

appropriate legislative initiative seeking to eliminate effectively industrially processed trans-fatty acids from food products;

36. Calls on industry to review single-serving portion sizes, providing a broader range of smaller portion options;
37. Welcomes the Commission's new proposal for the revision of Council Directive 90/496/EEC of 24 September 1990 on nutrition labelling of foodstuffs; urges it to ensure that labelling is visible, clear and easily understandable to the consumer including mandatory front-of-pack nutritional labelling using colour coding;
38. Further asks the Commission to undertake a comprehensive review of the health impact of the CAP to assess whether policy changes could be made which would facilitate an improvement in diets across Europe;

### **Media and advertising**

39. Calls on all operators in the media sector, in cooperation with the Member States and sports organisations, to create additional incentives for more physical exercise and taking up a sport in all media;
40. Is aware of the importance of the media in informing, educating and persuading in relation to promoting a healthy and balanced diet as well as their role in the creation of stereotypes and body image; considers the voluntary approach adopted in the Directive on "Audiovisual Media Services without frontiers" on advertising food of poor nutritional value directed to children to be a step in the right direction, to be specifically monitored, and asks the Commission to bring forward stricter proposals if the 2010 review of the Directive declares the voluntary approach to have failed in this field; calls on Member States and the Commission to encourage media service providers to develop codes of conduct regarding inappropriate audiovisual commercial communication relating to food and beverage products and urges operators to come forward with concrete actions at national level to implement or to strengthen this directive;
41. Calls for the industry to exercise particular care when advertising food products specifically targeted at children; asks for protected times and for restrictions on commercials for unhealthy food specifically targeted at children; any such restrictions should also cover new forms of media such as online games, pop-ups and text messaging;

### **Health care and research**

42. Acknowledges that health professionals, especially paediatricians and pharmacists, should be made aware of their essential role in the early identification of patients at risk of overweight and cardiovascular disease and considers that they should be major actors in the fight against the obesity epidemic and non communicable diseases. calls, therefore, on the Commission to develop European anthropometric indicators and guidelines on cardio metabolic risk factors associated with obesity; emphasises the importance of carrying out systematic routine measurements in association with screening for other cardio metabolic risk factors, in order to evaluate overweight/obesity co-morbidities at primary care level;

43. Draws attention to the problem of malnutrition, a state in which a deficiency, excess or imbalance in the diet has a measurable adverse impact on tissue, body shape and body function; notes also that malnutrition is a heavy burden both for individual wellbeing and for society, particularly the health care system, and that it results in increased mortality, longer hospital stays, greater complications and reduced quality of life for patients; recalls that extra days in hospital and treatment of complications due to malnutrition cost billions of euros in public funding every year;
44. Highlights estimates that show that 40% of patients in hospitals and between 40 and 80% of people in elderly care homes are malnourished; calls on Member States to improve the quantity and quality of food in hospitals and elderly care homes which will lead to a reduction in the time spent in hospitals;
45. Is convinced of the need for full recognition of the qualification of medical professionals as 'clinical dieticians' as well as 'nutritionists';
46. Calls on the Commission to promote best medical practices, for example through the EU Health Forum, as well as information campaigns on obesity-related risks and abdominal obesity in particular drawing attention to the cardiovascular risks; urges the Commission to provide information about the dangers of 'home diets', especially if they involve the use of anti-obesity drugs taken without medical prescription; calls on the Commission to devote greater attention to the problems of malnutrition, inadequate nutrition and dehydration;
47. Calls on Member States to implement Directive 2002/46/EC of the European Parliament and of the Council of 10 June 2002 on the approximation of the laws of the Member States relating to food supplements<sup>1</sup>;
48. Calls on the Commission and Member States to fund research into the links between obesity and chronic diseases such as cancer and diabetes as epidemiological research needs to identify the factors which are most associated with the increase in obesity prevalence, such as identification and evaluation of multivariate biomarkers in subgroups of subjects, to elucidate the biological mechanism leading to obesity; also calls for studies comparing and evaluating the effectiveness of different interventions, including psychological research; calls on Member States to set up a system to ensure access to and quality delivery of service for the prevention, screening and managing of overweight, obesity and associated chronic diseases;
49. Welcomes the inclusion of 'diabetes and obesity' as a priority in the context of the theme within the 7th Framework Programme (FP7) dedicated to health;
50. Encourages further scientific research into and monitoring of abdominal obesity in the context of FP7;
51. Calls on the Commission to promote Europe-wide information campaigns aimed at the general public and, in particular, at the medical profession, to raise awareness of the risks of abdominal obesity;

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<sup>1</sup> OJ L 183, 12.7.2002, p. 51.

52. Calls for serious account to be taken of nutrition in all European policies and options.

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53. Instructs its President to forward this resolution to the Council and Commission and to the governments and parliaments of the Member States and candidate countries and to the World Health Organization;

## EXPLANATORY STATEMENT

The worldwide problem of overweight and obesity has assumed nothing short of epidemic proportions, posing serious risks to human health.

That is why we need to take clear-cut measures at every level to tackle the phenomenon. Fighting obesity, especially in children, has to be a priority at international, European, national, and local level and translate into concerted action in municipalities, schools, and families, as well as the involvement of industry and health and welfare professionals.

Obesity is one of the biggest killers and is particularly associated with many chronic diseases, including type 2 diabetes, cardiovascular disorders, high blood pressure, coronary heart disease, and certain forms of tumours.

According to the World Health Organisation, more than 1 000 million people are overweight and over 300 million are obese. In Europe the scale of the phenomenon is even more alarming: more than half of the European population is overweight, and about 6% of health-related expenditure is linked directly to obesity.

Child obesity is soaring (there are 22 million overweight children in Europe); the necessary attention should thus be focused on the WHO goal of halting the rise in obesity rates within the next four or five years so as to reverse the trend in 2015.

I am convinced that Europe could provide added value by coordinating European policies to counteract obesity and that one way to significant progress lies in seeking out and exchanging good practice at European level.

Consequently, I welcome the Commission's intention of embarking on an integrated approach to obesity encompassing all the policies and the different tiers of governance. The involvement of the private sector is likewise essential if the problem is to be tackled effectively.

However, and not least bearing in mind the views expressed by Parliament in the resolution on the Green Paper (P6\_TA (2007)19), I feel that the text of the White Paper should have been more specific, especially in spelling out European legislative measures which, if they were more clear cut, could help to fight obesity.

I share the view that multi-sector cooperation with industry might lead to breakthroughs. The Commission's preferred option, namely the *EU Platform for Action on Diet, Physical Activity and Health*, will undoubtedly help to involve the operators concerned in implementing practices that might enable the calorie content of products to be assessed more searchingly. On the other hand, what is being proposed does not, to my mind, go far enough; the wait and see attitude, whereby the effectiveness of the approach proposed will be reviewed in 2010, does not square with the aim of lowering child obesity rates within the next five years, as proposed by the WHO in its Second European Action Plan for Food and Nutrition Policy 2007-2012.

According to the 2007 annual report of the *EU action platform*, 31 members of the platform have undertaken to implement 203 policy measures. As regards the commitments entered into (34% by producers, 24% by NGOs, and 14% by the distribution sector), the highest proportion relate to ‘promotion of a healthy lifestyle’, ‘education and nutrition’, and ‘physical activity’.

The commitments regarding nutrition labelling (17%) and advertising and marketing (11%) are significant and could, in my opinion, produce interesting suggestions on which to base binding European legislation – impossible to put off any longer – to revise the provisions on nutrition labelling and advertising.

As Commission representatives have themselves pointed out, sports organisations should likewise play their part in the European action platform, perhaps by promising to refuse sponsorship associated with high-calorie products.

Continuing along the lines of the voluntary approach, your rapporteur welcomes the advent of the High-Level Group on Nutrition and Physical Activity, which will enable Member States to exchange experiences and encourage good practice. The utmost should be done to promote policies aimed at reducing the content of dietary substances which, if consumed to excess, could be damaging to health: what I have in mind here is the 2003 Danish law limiting the trans-fat content of food to 2%, which many MEPs have repeatedly identified as a target to be met in every Member State. Another example is the policies to lower salt content, for instance in Ireland, where they have been promoted by the national food safety authority (FSAI), the aim being to achieve a daily intake of 6 grams by 2010. Within the high-level group experiences of this kind can be shared by, and disseminated among, all the Member States.

### **The social aspect**

There are a whole range of factors involved in poor diet, malnutrition, and obesity; and cost, availability, and knowledge are certainly among those which need to be taken into account. One fact to bear in mind is that, in many cases, the price of a food product stands in inverse proportion to its quality.

Especially where women are concerned, it is no coincidence that obesity is about six times more prevalent among the poor than among the more well-to-do.

It is undeniably the case that the liking for foods very high in calories but low in nutrients is often dictated by economic expediency.

I therefore believe that aid should be provided in the form of coupons issued to persons in underprivileged groups. In addition, food markets should be built, especially in poorer districts, for the purpose of selling wholesome natural products (in particular fruit and vegetables) at a ‘social’ price while offering all the necessary guarantees of quality and food safety.

### **Children**

One of the priorities for the White Paper should be to reduce obesity in children. It is important for our generations to be followed by a healthy future.

Breastfeeding, education regarding dietary options, and, above all, physical exercise, starting at pre-school age, are decisive factors for healthy development.

The leading educative role, including where diet is concerned, falls to parents and the family, and they should therefore be supported by wide-ranging specific information campaigns organised by national health authorities, local health services, and the different branches of industry.

However, given that growing children are spending more and more time at school, schools could be made a focal point for integrated action to counteract obesity.

First of all, Member States should make the necessary provision for compulsory physical activity for children, for the 30 minutes a day recommended by the WHO. To that end, sufficient time should be set aside every day for physical education.

Other measures should likewise be taken, namely: reviewing portion sizes and checking the quality and food value of school meals; using school canteens as places for disseminating understanding of proper nutritional education; providing generous facilities to encourage physical exercise at break times (playgrounds and gymnasiums, which should also be accessible outside school hours); drawing up science syllabuses to include the study and understanding of nutrition and the processes involved; banning the sale of excessively fatty, salty, or sugary foods in school snack bars and, above all, vending machines; and organising school walking services to accompany pupils on their way to and from school.

Furthermore, schools as well as workplaces should have a nutritionist or dietitian on the premises.

It is also essential, to my mind, to avoid anything serving to advertise unhealthy food products, including sponsorship of events or the distribution of such products as gifts or free samples outside school buildings.

On the other hand, your rapporteur is worried about the cases, for the most part in non-European countries, in which some schools have gone so far as to include the body mass index (BMI) in their final assessment of a child's performance. I believe that this idea serves unduly to stigmatise obesity and fuels inordinate discrimination against children who may have socialisation problems because they are overweight.

It would be far more useful to induce children to enter a virtuous circle, thus encouraging them to eat sensibly.

In addition, industry should undertake voluntarily to reduce the calorie content or portion size of products aimed primarily at children.

Finally, as regards amendment of the Health Claims Regulation, I should like to take the opportunity in this report to reiterate the need for the EFSA and the Commission, as a matter of absolute priority, to bring scientific assessment to bear on the health claims made for children's foods in order to prevent nutritionally unbalanced products being promoted on the strength of untruthful health claims.

## **The elderly and the disabled**

Your rapporteur firmly believes that specific measures should be taken to cater for vulnerable groups, one example being the elderly, especially those on their own, who suffer from problems linked to malnutrition, dehydration, etc. Campaigns should be conducted specifically to alert menopausal women to the need to control their weight in order to ensure that hormone-related fat deposits do not turn mainly into abdominal fat, as this poses serious health risks.

The differently labelled should have dedicated services, facilities, and programmes to enable them, among other things, to engage in sport and motor activity.

## **Local authorities**

Prevention of obesity at every time of life is not just a health problem: it has major cultural and social implications that are impossible to ignore.

A global approach consequently needs to be applied on many levels, in which the protagonists should be local authorities and policy-makers.

There has to be a rethink in town planning, giving priority to parks, municipal gymnasiums and sports grounds, cycle paths, or active means of transport, thus providing the wherewithal for regular physical activity every day.

It might also be possible to experiment with ways of regulating the concentration of fast-food outlets in a given area while affording the necessary space to small-scale retailers of organic or traditional products.

Local authorities should thus actively champion a healthy lifestyle oriented towards informed consumption. The EU should, in addition, support networks linking towns and cities seeking to persuade their citizens of the benefits of healthy eating and physical activity.

## **Assistance to SMEs**

The needs of SMEs and others operating in the agri-foodstuffs sector should be taken into account.

There can be no real progress, especially in terms of research and the development of wholesome, nutritious new products unless the prime movers in such change are provided with the means – and not least the money – necessary to bring it about.

What I am proposing, therefore, is specific support measures to encourage and help SMEs seeking to improve their products as such or consumer awareness of their food value.

## **Sport**

All European citizens should be enabled to engage in physical activity, in keeping with the WHO recommendation of at least 30 minutes' exercise a day. The initiatives set out in the White Paper on Sport and the collaboration with sports associations should provide an opportunity for the EU to draw up effective guidelines on physical activity and encompass

them within all EU-funded programmes, namely the seventh research framework programme, the 2008-2013 health programme, Youth in Action, Active Citizenship, and also, to encourage physical exercise in the natural environment, LIFE+.

It is also essential, as has been pointed out in several quarters, for sports organisations to be represented more strongly in the EU Platform for Action on Diet, Physical Activity and Health.

### **Research**

Your rapporteur welcomes the fact that ‘diabetes and obesity’ have been included among the priority research areas of the seventh framework programme. The key lies in determining the causes of obesity, the viral and genetic contributory factors supposedly involved, and the role of certain substances (for example monosodium glutamate).

Other avenues to explore are medical treatments and clinical procedures to prevent and cure obesity, which should invariably be predicated on the greatest possible degree of protection for the patient’s health.

### **Advertising**

Many studies have established that one of the contributory causes of obesity, especially in children, is advertising of products high in fat, sugar, or salt. As well as being broadcast on television, advertising aimed at children is carried on mobile phones and the Internet, and can take the form of sponsorship of sports or cultural events. Cartoon characters or celebrities are often used to put the message across. While appreciating the self-regulation efforts of industry and the media, I do not believe that the compromise set out in the ‘Television without Frontiers’ Directive can be considered satisfactory. I would have preferred to see restrictions on the volume of advertising aimed at children and on the time slots in which it may be shown.

I hope that the Commission will be willing to rethink the strategy to fight obesity in order to allow specifically for the implications entailed in advertising and marketing.

### **Protection of traditional products**

On the broad question of protecting traditional products, I feel duty-bound to point out that these products should be protected because they form part of the traditional cultural heritage of the European peoples. That is why I believe that traditional recipes should be preserved even when the intention is to reformulate products with a view to counteracting obesity.

9.4.2008

## **OPINION OF THE COMMITTEE ON THE INTERNAL MARKET AND CONSUMER PROTECTION**

for the Committee on the Environment, Public Health and Food Safety

on White Paper on Nutrition, Overweight and Obesity related health issues  
(2007/2285(INI))

Draftswoman: Małgorzata Handzlik

### **SUGGESTIONS**

The Committee on the Internal Market and Consumer Protection calls on the Committee on the Environment, Public Health and Food Safety, as the committee responsible, to incorporate the following suggestions in its motion for a resolution:

- A. whereas overweight and obesity cause a range of chronic diseases, including cardiovascular disease, hypertension, type 2 diabetes, strokes, certain cancers, etc; whereas chronic diseases are expected to account for almost three-quarters of all deaths worldwide by 2020,
- B. whereas particular attention must be given to obesity among children and adolescents, with a view to providing early treatment, and to those belonging to the least favoured socioeconomic categories, who are in a more vulnerable situation as a result of healthcare and social inequalities which frequently undermine the quality and balance of their diets,
- C. whereas up to 7% of national health budgets in the EU is spent each year on diseases that can be linked to obesity,
  - 1. Welcomes the Commission's approach followed in its White Paper on a strategy for Europe on nutrition, overweight and obesity related health issues (COM(2007)0279), offering industry the possibility, through self-regulatory initiatives, of contributing to reducing ill-health due to overweight and obesity; calls, however, on the Commission to closely monitor and encourage industry initiatives aimed at responsible advertising and at reducing levels of salt, fat and sugar in foodstuffs, with a view to a review of the current situation by 2010;
  - 2. Welcomes the Commission proposal for a regulation of the European Parliament and of the Council on the provision of food information to consumers (COM(2008)0040), since consumers must be given clear nutritional information in the form of simple,

understandable and legible on-pack labelling in order to make healthy and well-informed choices regarding nutrition;

3. Acknowledges that consumers, in particular the most vulnerable, may be confused about what constitutes a healthy diet; calls, therefore, on the Member States, in cooperation with industry and consumer associations, to use innovative information and government-led marketing campaigns in order to motivate consumers to make healthy food choices; in particular, encourages the Member States to draw up food education programmes for nursery and primary schools, taking account of good practices developed within the ENHPS (European Network for Health Promoting Schools);
4. Notes with concern that obesity is a cross-border phenomenon affecting all Member States, with obesity rates increasing rapidly in the new Member States; calls, therefore, on the Commission to consider public health as a priority objective in its various policies, in particular education, youth, culture, sport and agriculture, giving particular attention to the social dimension of the problem; also calls on the Commission to define common projects to promote better nutrition and healthy living, and to establish an EU health monitoring system; calls on the Member States, in cooperation with the Commission, to promote the exchange of best practice and experience, in particular through the development of networks of reference centres and through cooperation between all stakeholders at local, regional and national level to encourage people to lead active social lives and engage in a physical activity;
5. Calls on the Member States to develop formal training or professional qualifications in the care and management of diabetes, including the further education of non-diabetological health professionals regarding this disease;
6. Calls on Member States to properly implement Directive 2002/46/EC of the European Parliament and of the Council of 10 June 2002 on the approximation of the laws of the Member States relating to food supplements<sup>1</sup>;
7. Stresses the problem of child obesity and calls on the Commission to take all necessary measures to prevent it, particularly through the strict control of the advertising of foods with a high fat, salt and sugar content directed at children and adolescents;
8. Calls for serious account to be taken of nutrition in all European policies and options.

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<sup>1</sup> OJ L 183, 12.7.2002, p. 51.

## RESULT OF FINAL VOTE IN COMMITTEE

<b>Date adopted</b>	8.4.2008
<b>Result of final vote</b>	+ : 20 - : 13 0 : 3
<b>Members present for the final vote</b>	Cristian Silviu Buşoi, Charlotte Cederschiöld, Gabriela Creţu, Mia De Vits, Janelly Fourtou, Vicente Miguel Garcés Ramón, Evelyne Gebhardt, Małgorzata Handzlik, Malcolm Harbour, Anna Hedh, Iliana Malinova Iotova, Pierre Jonckheer, Alexander Lambsdorff, Kurt Lechner, Lasse Lehtinen, Toine Manders, Arlene McCarthy, Nickolay Mladenov, Catherine Neris, Bill Newton Dunn, Zita Pleštinská, Zuzana Roithová, Heide Rühle, Leopold Józef Rutowicz, Christel Schaldemose, Andreas Schwab, Marianne Thyssen, Jacques Toubon, Bernadette Vergnaud, Barbara Weiler, Marian Zlotea
<b>Substitute(s) present for the final vote</b>	Emmanouil Angelakas, Colm Burke, Giovanna Corda, Bert Doorn, Brigitte Fouré, Olle Schmidt, Gary Titley, Janusz Wojciechowski

1.4.2008

## **OPINION OF THE COMMITTEE ON AGRICULTURE AND RURAL DEVELOPMENT**

for the Committee on the Environment, Public Health and Food Safety

on the White Paper on Nutrition, Overweight and Obesity related health issues  
(2007/2285(INI))

Draftsman: Czesław Adam Siekierski

### **SUGGESTIONS**

The Committee on Agriculture and Rural Development calls on the Committee on the Environment, Public Health and Food Safety, as the committee responsible, to incorporate the following suggestions in its motion for a resolution:

1. Points to the important role which the CAP plays in producing healthy food, as part of a comprehensive approach to tackling the problems of overweight and obesity; underlines the role of European farmers and producers who, by providing healthy food of a suitable quality and using environmentally-friendly production methods, help to solve these problems and to preserve biodiversity;
2. Considers that, in developing the CAP, particularly common market organisations, greater account should be taken of the impact of the food which is produced on health and that, for example, subsidies for school milk and for the distribution of fruit and vegetables under the CAP should concentrate on products which are as fresh, unprocessed and low in fat and sugar as possible;
3. Calls on the Commission to submit without delay a legislative proposal for the introduction of a scheme for school fruit, as requested by the Council on 20 June 2007 and by the European Parliament on 13 December 2007;
4. Calls for restrictions on the level of saturated and trans fats and salt and sugar in food products, an excess of which leads to cardiovascular disease, cancer, diabetes and obesity; also points out that the pace and extent of the reformulation of products should

take into consideration their quality and the technological and economic capacity of farmers and the food industry;

5. Calls for an analysis of the role played by flavour enhancers such as glutamates, guanylates and inosinates, massive quantities of which are to be found in many food products, particularly in ready meals and industrially produced foodstuffs, in order to determine their influence on consumption patterns;
6. Calls, as a matter of urgency, for further research by the food industry into products to which healthy constituents such as vitamins A and D can be added in order to promote freedom of choice for consumers and not unintentionally promote the consumption of certain foods with a high fat content, such as butter;
7. Stresses the role to be played by public-private partnerships and cooperation between stakeholders at all levels – from Community level to local level – in achieving the objectives set out in the White Paper;
8. Is in favour of wide-scale information programmes for parents to cultivate awareness of their responsibility to offer children a balanced diet, and education of children and young people through programmes promoting a healthy diet and physical activity;
9. Favours the organisation and promotion of information programmes for medical staff in schools, as well as for the persons directly responsible for the nutrition of children and young adults in schools;
10. Calls on the Member States, local authorities and school authorities to bring the quality and nutritional standards of school food into line with present-day nutritional knowledge; calls for a balanced diet, tailored to needs, to be made available in accordance with this knowledge; urges that fresh fruit and vegetables be made available in vending machines and a wide range of dairy products provided; calls on the Member States to ensure that more school lesson slots are devoted to physical exercise;
11. Draws attention, in this context, to the importance of linking a future school fruit programme to a broader educational strategy, for example by means of lessons on diet and health in primary schools;
12. Considers it vital that any form of sponsorship and advertising for products containing excessive quantities of sugar, salt and fat at schools be prohibited;
13. Draws attention to the responsibility of schools, authorities, hospitals, sports clubs and youth centres to discourage the consumption of unhealthy snacks, provide healthy food and encourage healthy eating;
14. Considers it important to make information available about a balanced diet, without too much salt, sugar or fat, and to support initiatives to increase consumption of fruit and vegetables, olive oil and dairy products among young people and low-income population groups, as well as the elderly and women with children; accordingly urges the Commission to speed up the setting-up of a Europe-wide school fruit scheme;

15. Believes it is necessary to promote and support information campaigns and to prevent high-risk nutritional behaviour, such as anorexia and bulimia;
16. Considers that, at Community level too, the Community should take measures to promote consumption of healthy food such as vegetables, fruit and dairy products, inter alia by ensuring that they are affordable, promoting the availability of healthy food in school and works canteens and financing projects to promote healthy diets;
17. Backs the call for product information that is comprehensible to the average consumer, in particular by means of clear indications of the basic ingredients of a product and a uniform and readily recognisable logo indicating to what extent the product complies with healthy diet criteria;
18. Considers that food imported from third countries should meet the same high standards and criteria with regard to quality, traceability standards, animal health, welfare and environmental protection and the preservation of biodiversity as are applied to food produced in the Member States.

## RESULT OF FINAL VOTE IN COMMITTEE

<b>Date adopted</b>	1.4.2008
<b>Result of final vote</b>	+: 38 -: 0 0: 0
<b>Members present for the final vote</b>	Peter Baco, Bernadette Bourzai, Niels Busk, Luis Manuel Capoulas Santos, Giuseppe Castiglione, Joseph Daul, Albert Deß, Michl Ebner, Carmen Fraga Estévez, Ioannis Gklavakis, Lutz Goepel, Friedrich-Wilhelm Graefe zu Baringdorf, Esther Herranz García, Lily Jacobs, Elisabeth Jeggle, Heinz Kindermann, Mairead McGuinness, Véronique Mathieu, Rosa Miguélez Ramos, James Nicholson, Neil Parish, María Isabel Salinas García, Agnes Schierhuber, Willem Schuth, Czesław Adam Siekierski, Alyn Smith, Petya Stavreva, Dimitar Stoyanov, Csaba Sándor Tabajdi, Jeffrey Titford, Donato Tommaso Veraldi, Janusz Wojciechowski
<b>Substitute(s) present for the final vote</b>	Alessandro Battilocchio, Katerina Batzeli, Ilda Figueiredo, Gábor Harangozó, Wiesław Stefan Kuc, Esther De Lange, Brian Simpson, Struan Stevenson
<b>Substitute(s) under Rule 178(2) present for the final vote</b>	

4.3.2008

## **OPINION OF THE COMMITTEE ON WOMEN'S RIGHTS AND GENDER EQUALITY**

for the Committee on the Environment, Public Health and Food Safety

on the White Paper on 'A Strategy for Europe on Nutrition, Overweight and Obesity-related Health Issues'  
(2007/2285(INI))

Draftswoman: Anna Záborská

### **SUGGESTIONS**

The Committee on Women's Rights and Gender Equality calls on the Committee on the Environment, Public Health and Food Safety, as the committee responsible, to incorporate the following suggestions in its motion for a resolution:

- A. whereas it is scientifically proven that the incidence rate and the gravity of the ill-nutrition related diseases affect men and women differently,
1. Regrets the gender-neutral approach of the Commission in the White Paper and calls on the Commission and the platform for action on nutrition, physical activity and health to take account of the differences between men and women, in particular in connection with:
  - the compilation of data and the results of initiatives at all levels, with a view to comparing them at European level;
  - the dissemination of best practices, with a view to taking greater account of people's individuality and to making information and education campaigns more effective and better targeted;
  - the development of information strategies, in particular towards the groups most likely to experience rapid weight gain (former smokers, pregnant or breast-feeding women);
  - the dialogue with all stakeholders (food manufacturers, fast-food operators, school authorities, parents' and children's representatives, etc.);
2. Underlines that, in order to reduce gender disparities in ill-health treatment due to poor nutrition, overweight and obesity, services which take account of gender are essential; believes, therefore, that, in order for women to access treatment at all levels from primary to specialist care, services must be tailored to meet their needs; calls on the

Member States to ensure a safety net of medical treatment for those citizens, in particular women and girls, who are not covered by national insurance schemes;

3. Calls on the Member States to ensure that national health services promote specific nutritional advice for pregnant women and menopausal women, since pregnancy and the menopause are two important stages in women's lives when there is an increased risk of storing fat;
4. Calls on the Commission and the Member States to promote breast-feeding in primary care centres;
5. Notes that child obesity is increasing rapidly in virtually all the Member States of the European Union; calls on the Commission and the Member States, working closely with local authorities and schools, the private sector and the advertising industry, to explore various options with a view to:
  - proposing balanced diets geared to people of all ages in school and local authority canteens;
  - offering parents and children education on and information about health, the benefits of practising sports and responsible family behaviour, in particular for girls, who should be prepared for motherhood;
  - improving access to healthy foods for disadvantaged groups;
6. Calls on the Commission and the Member States to encourage special educational programmes and information campaigns on the dangers to children represented by excessive use of new information and communication technologies, and in particular video games, which may lead to a reduction in their physical and sporting activity and, consequently, contribute to overweight;
7. Encourages the Member States to agree on the standardisation of clothes sizes with businesses and fashion designers and to promote, among the organisers of fashion events, the hiring of models with a body mass index above 18, the figure considered healthy by the World Health Organisation (WHO), in order to avoid conveying standards of beauty which, being associated with extreme thinness, may cause health problems such as anorexia and bulimia;
8. Calls on the Commission to ensure balanced representation of women and men on the future High-Level Group on Nutrition and Physical Activity, so as to target the problems more closely and propose the best solutions in keeping with the gender dimension, i.e. for men on the one hand and for women on the other;
9. Welcomes the Commission's intention to assess, in 2010, the voluntary efforts by the sector to comply with the Code of Conduct on commercial communication concerning foodstuffs and drinks intended for children; invites it to do the same for the Code of Conduct for products intended for pregnant and breast-feeding women;
10. Calls on the Member States, the regional and local authorities and sports associations to take initiatives aimed at creating areas for open-air activities for young people, to make physical and sporting activities available to everyone and encourage participation in

them from a very early age, particularly at school, bearing in mind possible differing preferences of women and men; stresses that professional demands and domestic responsibilities placed on women may make it difficult for them regularly to practise a physical activity;

11. Calls on sports organisations to bear in mind in particular that girls in their later teenage years often cease to participate actively in sporting activities; considers that sports organisations have a large role to play in maintaining the interest of girls and women in participating in various sports activities;
12. Calls on mutual societies and insurers to develop a rating policy which takes account of the differences between women and men as regards health problems linked to nutrition, overweight and obesity;
13. Draws attention to the fundamental role played by women in nutrition education in the family and the decisive contribution they can make to combating obesity, since in very many families they intervene directly in the choice of food;
14. Calls for a large-scale EU campaign to raise awareness of the risks of obesity and provide a central point of information which people, in particular women, can contact or from which they can obtain advice.

## RESULT OF FINAL VOTE IN COMMITTEE

<b>Date adopted</b>	27.2.2008
<b>Result of final vote</b>	+: 31 -: 0 0: 0
<b>Members present for the final vote</b>	Edit Bauer, Emine Bozkurt, Hiltrud Breyer, Edite Estrela, Ilda Figueiredo, Věra Flasarová, Lívia Járóka, Piia-Noora Kauppi, Rodi Kratsa-Tsagaropoulou, Urszula Krupa, Roselyne Lefrançois, Astrid Lulling, Siiri Oviir, Marie Panayotopoulos-Cassiotou, Zita Pleštinská, Anni Podimata, Teresa Riera Madurell, Eva-Britt Svensson, Anne Van Lancker, Anna Záborská
<b>Substitute(s) present for the final vote</b>	Lidia Joanna Geringer de Oedenberg, Ana Maria Gomes, Donata Gottardi, Anna Hedh, Elisabeth Jeggle, Marusya Ivanova Lyubcheva, Maria Petre
<b>Substitute(s) under Rule 178(2) present for the final vote</b>	Kinga Gál, Małgorzata Handzlik, Tunne Kelam, Manolis Mavrommatis

## RESULT OF FINAL VOTE IN COMMITTEE

<b>Date adopted</b>	27.5.2008
<b>Result of final vote</b>	+: 54 -: 0 0: 1
<b>Members present for the final vote</b>	Adamos Adamou, Georgs Andrejevs, Pilar Ayuso, Irena Belohorská, Johannes Blokland, John Bowis, Hiltrud Breyer, Martin Callanan, Chris Davies, Avril Doyle, Mojca Drčar Murko, Edite Estrela, Jill Evans, Anne Ferreira, Alessandro Foglietta, Matthias Grootte, Françoise Grossetête, Cristina Gutiérrez-Cortines, Satu Hassi, Gyula Hegyi, Marie Anne Isler Béguin, Caroline Jackson, Dan Jørgensen, Eija-Riitta Korhola, Holger Krahmer, Urszula Krupa, Jules Maaten, Linda McAvan, Roberto Musacchio, Riitta Myller, Vittorio Prodi, Frédérique Ries, Dagmar Roth-Behrendt, Guido Sacconi, Horst Schnellhardt, Richard Seeber, Kathy Sinnott, Bogusław Sonik, María Sornosa Martínez, Antonios Trakatellis, Evangelia Tzampazi, Thomas Ulmer, Marcello Vernola, Åsa Westlund, Anders Wijkman, Glenis Willmott
<b>Substitute(s) present for the final vote</b>	Kathalijne Maria Buitenweg, Philip Bushill-Matthews, Bairbre de Brún, Umberto Guidoni, Johannes Lebech, Alojz Peterle, Bart Staes, Lambert van Nistelrooij
<b>Substitute(s) under Rule 178(2) present for the final vote</b>	Salvatore Tatarella