

**SIXTH FRAMEWORK PROGRAMME
SSP PRIORITY 2.1
Providing Health, Security and Opportunity to the People of Europe**



Contract for:

COORDINATION ACTION

Annex I – “Description of Work”

Proposal acronym:	Prevention of Obesity in Europe – Consortium of the prevention of obesity through effective nutrition and physical activity actions EURO-PREVOB
Proposal full title:	Tackling the social and economic determinants of nutrition and physical activity for the prevention of obesity across Europe
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1. Project summary

There is much to be gained from investing in better health in an increasingly integrated Europe. Yet the alarming increase in obesity prevalence represents a major threat to the future health of the citizens of Europe, justifying the high priority that obesity and its main determinants – inadequate nutrition and physical activity – have been given in EU health policies and action programmes. There is still much to be done, in terms of co-ordination of scientific, regulatory and policy issues, and in the provision of enhanced information.

This project brings together a multi-disciplinary team spanning a variety of key disciplines including as nutrition and physical activity research, public health, epidemiology, economics, and health policy, and covering all of Europe. Importantly, this team builds on established, successful, collaborative relationships.

The project will work at two levels: 1) overviews of issues across Europe; 2) in-depth examination of sub-regional needs. The overviews will look at: lifestyle and environmental risk factors for obesity; previous, current, and planned policies to address obesity. The project's programme of work integrates a wide range of complementary medium- to long-term activities that include: developing a common information system; establishing expert groups; producing targeted reviews of the literature; carrying out policy analysis including identifying the opportunities and limitations of policy transfer to and among EU countries; sharing and disseminating information and good practice through consultations, conferences and other forms of policy engagement. This project also incorporates a major element of policy engagement and dissemination.

2. Project objectives and state of the art

Scientific and technological objectives of the project

The European Union is committed to achieving the highest level of health for its citizens. This goal has achieved increased political prominence as a consequence of recent work (including research by the applicants¹) that has demonstrated the association between good health and economic growth in the European Union, highlighting the importance of investment in better health as a contribution to achieving the Lisbon Agenda. The alarming increase in the prevalence of obesity among adults and children represents a major threat to the future health of the citizens of Europe, justifying the high priority that obesity and its main proximate determinants – over nutrition and inadequate physical activity – has been given in health policies and action programmes of the EU and Member States.

Although the health of Europe's citizens has improved markedly in recent decades, the gains have not been equally distributed. This is substantially due to an inability by those already disadvantaged to adopt the healthy lifestyles of their more advantaged compatriots. (Obesity – against general health trends – has been increasing rapidly.) This is especially apparent with obesity, as individuals with lower incomes and lower levels of education have a higher risk of being obese and thus of suffering from obesity-related diseases. The reasons why these inequalities have arisen and persist include the constraints imposed by low income and educational achievement on food choices, opportunities for recreational exercise, and differential absorption of health promotion messages. However, it is also apparent that high levels of obesity among the disadvantaged are not inevitable; there are considerable variations in the scale and development over time of inequalities in obesity in Europe.

International organisations including the EU and the WHO, as well as national agencies, have emphasised the need to reduce the health burden attributable to obesity in Europe, with substantial research effort being directed to a better understanding of the determinants of obesity and the effectiveness of interventions to tackle it. However, there is less than optimal learning between Member States, with current scientific knowledge inadequately integrated into health protection policies, so that action on nutrition and physical activity fails to tackle obesity and, especially,

inequalities in obesity.

This coordination project seeks to address this weakness by establishing a European scientific network entitled '*Prevention of Obesity in Europe - Consortium for the prevention of obesity through effective nutrition and physical activity actions EURO-PREVOB*'. Its aim is to integrate, at a European level, resources and expertise within and beyond the area of public health nutrition and physical activity as a means of tackling the high level and variation in rates of obesity. It will promote and support the networking and coordination of research and innovation activities on aspects related to scientific knowledge and policy development in this area, building on existing work carried out in Member States and at the wider European level. EURO-PREVOB will analyse scientific knowledge and developments as well as actions and policies within the Member States, Accessing and Candidate countries and countries in the Balkan Stability pact and Wider European Neighbourhood, develop tools to assist policy analysis, and work in close collaboration with the Commission services, networks and experts in this area, stakeholder groups and various agencies including the European Platform on Diet, Physical Activity and Health, to provide scientific input to support ongoing and planned actions and policies in the EU.

This project spans multiple scientific domains by bringing together 14 (*after contract amendment*) partners from a variety of disciplines such as nutrition and physical activity research, public health, epidemiology, and economics. Partners come from 10 European countries (7 EU Member States, 1 applicant country, 2 other European countries, and 1 international organisation of European interest). This team builds on established, successful, collaborative relationships. The project's programme integrates a whole range of medium- to long-term complementary activities that include: developing a common information system; setting up expert groups; producing reviews of the literature; carrying out policy analysis including identifying the opportunities and limitations of policy transfer to and among EU countries; sharing and disseminating information and good practice by means of consultations, conferences and other forms of policy engagement.

Specific objectives

A set of five complementary objectives have been identified to meet the aims of the project:

1. To improve the understanding direct and indirect determinants of obesity, particularly as regards nutrition and physical activity in different age groups, as well as inequalities in obesity in the EU Member States and the wider European level through a comprehensive review of existing variations and trends in the health and economic burden of obesity; socioeconomic inequalities in obesity; and nutrition and physical activity as determinants of obesity and inequalities in obesity. This will involve an analysis of the policy relevance of current research in this area and recommendations for future research within Europe and elsewhere;
2. To enhance the understanding of the existing public health policy environment with regards to nutrition, physical activity, obesity and inequalities in obesity in the EU and the wider Europe by reviewing and analysing existing 'intentional' and 'unintentional' policy frameworks, actions, initiatives and interventions with a potential impact on nutrition and physical activity (e.g. public health nutrition, agricultural, economic, transport, social and school policies). This will cover both the macro-setting (regional, national and local levels) and micro-setting levels (community, workplace, school, family levels) and actions and interventions targeting specifically groups of low socioeconomic status.
3. To develop and pilot suitable flexible tools that will enable public health researchers and decision-makers to assess the potential impacts of proposed policies on dietary intake, physical activity level and obesity throughout Europe using a common methodology, and to assess the potential effects on the distribution of those impacts within the population (that is, issues of equity and impact on specific vulnerable groups).

4. To formulate a strategy for policy development and assessment relevant to planned and ongoing policies at the EU and the wider European level with regards to nutrition, physical activity, obesity and inequalities in obesity, including the development of a comprehensive, integrated and cooperative set of guidelines and recommendations of best practice for the continuous improvement of the current situation in this area. This will include estimations of the micro-and macro-economic consequences of policy changes that impact on nutrition and physical activities.
5. To promote and support the short- and long-term networking and coordination of research and innovation activities on aspects related to scientific knowledge and policy development in nutrition, physical activity, obesity and inequalities in obesity in the EU and the wider Europe by working, through all phases of the project, in close collaboration with the Commission services, EU and WHO networks (e.g. Expert working group on Social Determinants and Health Inequalities and the Nutrition and Physical Activity Network; Health Promoting Schools and Health Behaviour School Children Survey, HEPA) and scientific experts, stakeholder groups and various agencies and initiatives including the European Platform on Diet, Physical Activity and Health and activities emerging from the consultation on the Green Paper “Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases” .

State-of-the-art in the area

The prevalence of obesity is increasing in all age groups in most countries of the world, reaching epidemic proportions globally, with more than 1 billion adults overweight and at least 300 million of them being clinically obese². With obesity comes the heavy burden of associated conditions, most notably cardiovascular diseases, cancer, and type 2 diabetes (traditionally an adult-onset disease but now increasingly seen in children)^{3 4}. The Global Burden of Disease Study for the year 2000 estimated that 7.8% of the overall burden of disease in the European region could be attributed to high body mass index (BMI), with the European Union’s new Member States and some countries of the former Soviet Union being particularly affected^{5 6}.

Obesity creates a major economic burden⁷. The economic costs of obesity have been assessed in several Western European countries and conservative estimates place them in the range of 2-7% of total health care costs – clearly one of the largest item of expenditure in national health care budgets⁸. Moreover, it is likely that these figures grossly underestimate the real costs of obesity, because the intangible or social costs are difficult to quantify and the estimates do not take into account other significant and costly conditions associated with obesity. In addition to its global health and economic consequences, obesity can have major social impacts that must not be ignored. In many societies obesity is a stigmatised condition that has been associated with underachievement in education, reduced social activity, and discrimination at work^{9 10}.

Recent evidence also suggest that there are growing within-country socioeconomic (SE) inequalities in obesity throughout the world, although the SE gradient in obesity in a given country tends to vary according to the national level of economic development¹¹ as well as within population sub-groups and over time. In general, the tendency in developed countries is for people of lower socioeconomic status (SES) to suffer more from obesity. Up until recently, the reverse situation was observed in developing countries. However, there is now a shift towards a pattern similar to that observed in richer countries as poor countries improve their economic development level. Such trends are particularly relevant for European countries which vary greatly in their stages of economic development.

Recent public health initiatives from the European Commission, WHO and other organisations have confirmed the need to reduce the European burden of obesity^{12 13 14}. Nutrition and physical activity, the two leading proximate causes of obesity, have become major European public health issues during recent decades and have thus become key priorities in the EU public health policy and action

programme. As a result, the ‘Nutrition and Physical Activity Network’ was established in 2003 to provide a forum for discussion and exchange of views on public health nutrition and on the contribution of physical activity to the improvement and maintenance of good health. More recently, the ‘EU Platform on Diet, Physical Activity and Health’ was launched in 2005 to create a platform for concrete actions designed to contain or reverse current trends in obesity and non-communicable diseases. Furthermore, the Commission Green Paper on “Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases”, which was recently sent for consultation, should contribute greatly to knowledge in the area of nutrition, physical activity and obesity in Europe.

The negative health impacts of obesity and the need for responsive public health policies in this area are clearly acknowledged in the EU, and several initiatives and actions have already been taken. Yet, there is a lack of integration across Member States of current scientific knowledge and health protection policy with regard to nutrition and physical activity as key determinants of obesity and of inequalities in obesity. In addition, most available data come from western European countries and it might be misleading and inappropriate to extrapolate observations from these countries to other European countries as the interrelationships between nutrition, physical activity, obesity and health inequalities might vary considerably among countries. One of the main aims of this consortium is to bridge the gap between researchers and experts normally working within specialised areas, making connections between the prevention of obesity and reduction of inequalities in obesity.

3. Participants list

List of participants

Partic. Role	Partic. No.	Participant name	Participant short name	Country	Date enter project	Date exit project
CO	1	London School of Hygiene and Tropical Medicine	LSHTM	UK	1	36
CR	2	Metropolitan University College (formerly SUHR’s Seminarium)	SUHRs	Denmark	1	36
CR	3	World Health Organization Regional Office for Europe	WHO	Denmark	1	36
CR	4	Institut National de la Santé et de la Recherche Médicale	INSERM	France	1	36
CR	5	Hacettepe University Department of Nutrition and Dietetics	HUBDB	Turkey	1	36
CR	6	South East Public Health Observatory	SEPHO	UK	1	36
CR	7	Istituto Nazionale di Ricerca per gli Alimenti e la Nutrizione	INRAN	Italy	1	36
CR	8	The Centre of Health Economics	CHE	Latvia	1	36
CR	9	Mazaryk University	MU	Czech Republic	1	36
CR	10	Institute of Public Health of the Federation of Bosnia and Herzegovina	IPH-FBIH	Bosnia and Herzegovina	1	36
CR	11	National Centre for Preventive Medicine	NCPM	Russia	1	12
CR	12	Institute of Public Health of the Republic of Slovenia	IVZ	Slovenia	1	36
CR	13	Geneva Infant Feeding Association	GIFA	Switzerland	1	36
CR	14	University College London	UCL	UK	1	36
CR	15	University of East Anglia	UEA	UK	28	36

* CO = Coordinator CR = Contractor

4. Relevance to the objectives of the SSP Priority

This coordinated action project has been designed to achieve the objective set out in **Task 2 of the SSP 2.1 priority**, “*Providing Health, Security and Opportunity to the People of Europe – 2.1: Health determinants and the provision of high quality and sustainable health care services and pension systems (in particular in the context of ageing and demographic change)*”, that is, “**To improve the understanding of health determinants**”.

The specific objectives of this project focus on nutrition and physical activity in the EU and the wider European region, seeking to understand the current situation with regard to the main determinants of obesity in the region and the potential for public health action. We believe that the *five objectives* put forward in section 2 respond to the SSP 2.1 Task 2 priority objective by providing: *an improved understanding of (1) the role nutrition and physical activity, taking a life course and settings approach, as determinants of obesity and inequalities in obesity in Europe; (2) the existing public health policy situation with regards to nutrition, physical activity, obesity and inequalities in obesity in Europe; and (3) the role of the main stakeholders involved in this area; as well as (4) integrated timely advice relevant to ongoing and planned policies in nutrition, physical activity and obesity prevention in the Region; and (5) coordinated actions aiming to further, throughout the project, the understanding gained in objectives 1-4.*

The present project responds to the insufficient knowledge base on the determinants of obesity and potential for action between EU Member States, with current scientific knowledge being inadequately integrated into health protection policies, so that action on nutrition and physical activity fails to tackle obesity and, especially, inequalities in obesity. This project aims to deepen understanding of the situation and enhance the scientific base for policy on these health determinants using a more coherent overall policy vision with a clear evidence base and covering a wider field of policies than in the past. The project will also contribute to health protection, prevention and promotion, providing a comparative policy assessment of two major lifestyle-related factors in the EU. It thus meets the **overall objective of the SSP programme** which is ‘... *to support the formulation and implementation of Community policies*’. Further rationale for this project is as follows:

1. It is particularly important to respond to the new challenges of enlargement and to find effective response to the major burden of disease associated with obesity, including the burden of cardiovascular diseases and cancers, the main causes of death in the EU and the wider Europe. The increase in obesity prevalence and the aging of the population also means that the burden of obesity is likely to grow in the future if nothing is done to tackle the problem, with increasing pressure on health care systems and enormous health, social and economic costs for societies.
2. There is a need for best practice for the formulation of effective ‘demand-driven’ policies coherent across the various Community policy areas.
3. It is increasingly recognised that there are many stakeholders and sectors involved and affected by the obesity epidemic. This project can contribute to the challenging task of improving intersectoral collaboration.
4. The scale and nature of challenges associated with nutrition and physical activity and their promotion will increase further in the enlarged EU, requiring close monitoring and systematisation of data and of the constantly evolving nutrition and physical activity policies. Included here is the major challenge of reconciling the existing body of European law e.g. on food and nutrition, physical activity, transport and other policy areas with potentially incompatible national laws.
5. The European policy landscape is characterised by a myriad of national initiatives. There is a clear need to develop analytical tools that can take account of diverse national contexts while analysing the content, implementation processes, and outcomes of these initiatives.

6. At present there is limited exchange of information on what might work between countries, calling for active initiatives in information and skill sharing as well as an analysis of policy transfer across the region and sub-regions. This would contribute to formulating best practice guidelines and the development of pragmatic solutions to practical problems, particularly on legal and organisational issues related to cross-border policies on nutrition (e.g. agriculture) and physical activity (e.g. transport) in Europe.
7. The development of the European Research Area is key, wherein a single ‘playing field’ in relation to policy-related research is encouraged, as is the development of a coherent research base that reflects the increasing integration of Community policies and of the science that underpins them. A broader spin-off would be the systematic improvement in the relationship between research and policy at all levels in the EU and improved information, exploitation and uptake of results, at national and EU level.
8. This project would also contribute to creating a structured approach to demonstrate the broad health agenda to other agencies and policy sectors, leading to increase the transparency of some aspects of decision-making as well as raised community awareness of the problem

This project is planned as a dynamic process, linking in closely with ongoing policy processes, actions launched under the new EC Public Health Programme (2003-2008), and other projects under the SSP. For example at the European level, the Commission’s Green Paper, currently undergoing consultation, will launch a debate about the relevance of nutrition and physical activity for the EU and the need for a strategy at EU-level and its possible priorities.

Thus in order to facilitate this dynamic, inclusive process, an **Advisory Board** will regularly bring together key policy makers at national, regional and European levels, including both officials and representatives of stakeholders. Preliminary contacts have identified a high interest and a potentially very active involvement. This includes representatives from the Commission, in addition to the contracting authority (DG Research), officials from the DG Health & Consumer Protection, Public Health and Risk Assessment section, from the national level (via WHO and EU Networks), and stakeholder organisations (via Platform for Diet and Physical Activity). In addition, representatives of teams working on relevant studies on other SSP tasks and projects within the new European Public Health Programme on related topics, if indicated, will also be invited to join the Board. In particular it is envisaged that the Board will include the team(s) working on projects related to *FP6 SSP 2.1 Task 7* (Enhancing health promotion and prevention through public health intervention research in Europe). Where necessary, additional meetings will be organised on this topic in order to ensure that the evidence obtained under this task is taken into account in the development of this project.

5. Potential impact

5.1 Contributions to standards

Health protection standards are beginning to play a more important role in prevention of obesity and reduction in inequalities. For example every country has a food law, most of which have been concerned mainly with food safety. However new EU directives related to nutrition labelling standards, health and nutrition claims, nutrient profiling, marketing of breast-milk substitutes and fortification of different foods will mean that regulations and standards will be enforced in EU countries in the future. Similarly the European food safety agency is discussing a number of issues related to nutrition such as the development of food based dietary guidelines aimed at different vulnerable groups. Much of this can be based on the EURODIET recommendations funded by DG SANCO. Similarly in the area of physical activity, new norms and standards are needed to ensure safe walking and cycling facilities throughout Europe.

An increased role of standardization, local regulations and national legislation is recognised to correct emerging health issues. Pointing out the needs for better regulatory framework in some areas is going to be a major contribution of this project. An example is the need to provide standards for school meals, as a tool to improve equality to access. Knowledge about the situation of school policies and the way that school services are delivered in practice would lead to a decision about the need to regulate. Similarly, knowledge of the problems of food availability might lead to a reconsideration of trade policies.

5.2 Contribution to policy developments

Potential impact of the proposed Coordination Action in the area concerned

The project is expected to have a considerable impact on information bases, policy making and intersectoral collaboration in relation to nutrition and physical activity in the context of obesity and inequalities in obesity in an expanding Europe.

Strategic impact

The project is strategically important in that the broad perspective on obesity in Europe and related policy directions which will emerge from this exercise will help overcome the vertical nature of individual projects across Europe that address obesity. Furthermore, lessons learned from this process will contribute to other public health related areas, such as DG Regional Policy, Thematic development and impact (http://europa.eu.int/comm/regional_policy) and the use of structural funds to reduce inequalities and obesity. Similarly in DG Agriculture, the Rural Development strategies and programmes such as the LEADER programme also offer scope to reduce inequalities and so prevent obesity and related ill-health. There is clear evidence that poor health behaviours “cluster” around disadvantaged groups and so by tackling obesity gains will also be expected in other areas, for example via changes in the food economy, fitness industry and social norms so that habits such as excessive drinking or smoking are considered increasingly anti-social.

Health impact

It is now well established that obesity carries with it important direct and indirect health risks, most notably that of developing type 2 diabetes at an early age^{15 16}, high blood pressure, coronary heart disease, stroke, and a range of cancers^{17 18}. There are thus enormous opportunities for positively impacting the health of the European population through the coordination of European and national efforts, effectively linking potentially influential individuals and institutions.

Societal impact

Obesity can have major societal impacts. It is clear that individuals, and particularly those living in disadvantaged circumstances, become obese in large part due to their lack of ability to make healthy choices because of the structural, social, organisational, financial and other constraints they face, and that fundamentally, behaviour is directly related and even a result of the conditions in which people live^{19 20}. In particular it is associated with hiring prejudice and bias in the workplace²¹, reduced opportunities for marriage²² and for proper housing²³. In aiming to understand better these links and relationships by examining them in the context of European countries’ realities and of existing structures and policies, this project can have an important impact on highlighting the societal constraints faced by European populations and subgroups and finding solutions to address them through focused involvement of key stakeholders.

Economic impact

Obesity is accompanied by a major economic burden: in Europe, it is estimated that obesity accounts for up to 7% of health care costs²⁴. The indirect health care costs attributable to obesity are also thought to be substantial: 3–4% of total health care costs in Germany, for example²⁵. Several reports suggest that these figures grossly underestimate the real costs of obesity, not least because the indirect and intangible or social costs are difficult to quantify²⁶. There is clearly a need to

highlight the cost of obesity and related illness, across Europe and in countries, in that it helps make the issue more tangible for governments to address, gives the issue added political visibility, and might thus contribute to stemming the increase in the disease prevalence²⁷.

Impact on European cohesiveness and competitiveness

Joint coordination and collaboration between the different partners of this project will help engender a united vision and approach to stemming the growth of obesity in Europe. Furthermore the sharing of capacity between each Member State and other European countries, while fostering the exchange of best practices, will represent a step in the direction of more effective and efficient interventions in the (present and future) Member States, so reducing their burden on the overall economy and society. This, in turn, will increase European competitiveness, something that will be particularly important for the new Member States, many of whom face a large burden of ill health and premature mortality, while at the same very dependent on rapid macro-economic growth.

Innovation related activities

This project can be expected to generate innovative solutions to a problem shared by most countries in the EU and the wider European region. The areas of food and nutrition, as well as physical activity opportunities, are changing, in terms of the challenges faced and the opportunities to intervene. New ways of improving dietary intake and increasing physical activity level in Europe are needed, and while there are many existing examples of innovation, there is still much scope for shared learning. This project will contribute to making this a reality. The aim will be to take a lifecourse and settings (e.g. school, work) approach from pregnancy and breastfeeding through to old age. The regional workshops will use this approach to identify information from different countries to make comparisons and reach recommendations within a systematic logical framework. Special attention will also be focussed on ethnic minority groups living in the different countries e.g. the Roma in Czech Republic. This will build on well established links by some of the partners with representatives of the Roma community²⁸ as well as previous work on the health needs of migrants across Europe²⁹.

There is a need to consolidate and expand the evidence base about the role of policy choices in the genesis of the obesity epidemics and of the differential effects on low socio-economic groups. This project can develop a novel framework of policy analysis that might allow comparisons across Europe and build case studies that can illustrate the coping mechanism of different livelihoods to the environmental dynamics.

Usefulness for policy making and policy relevance

This project is driven by a focus on policy relevance. This has already begun by ensuring consultation with key policy-makers during the development of this proposal via WHO and EU networks, which itself has arisen out of a process of policy engagement involving a major part of the projects partners.

Involving policy makers: In order to assure a high level of policy relevance, policy makers will be involved at all stages of the project. The Advisory Board will be composed of representatives of authorities at the national (from EU and WHO networks), regional (Healthy Cities, Regions for Health, WHO Venice Office) and European levels (DG Sanco and DG Research) as well as stakeholders from key sectors such as nutrition, agriculture, education, physical activity, transport, and finance, as well as from the EU Platform for Action on Diet, Physical Activity and Health. It is planned to allow for a high degree of flexibility in the project, to assure that the coordinated actions retain the agility to ensure a high level of policy relevance, and that new research evidence (under *FP6 SP activities or the new EU Public Health Programme*) will be taken into account as they emerge. Thus the results developed under this project will continuously maintain their policy relevance.

European policy level: The topic of the project is, intrinsically, relevant to European policy. It is

designed to assess and illustrate policy options for addressing obesity in Europe, and will explore a variety of options ranging from enhanced use of the Open Method of Co-ordination through new secondary legislation (Directives etc.) to Treaty changes, DG Regional Policy, Thematic development and impact (http://europa.eu.int/comm/regional_policy) and how structural funds can be invested to better reduce inequalities and so prevent obesity. Similarly in DG Agriculture, the Rural Development strategies and programmes such as the LEADER programme can also be better invested so as to reduce inequalities and so prevent obesity and related ill-health. OECD and EUROSTAT are developing additional information related to inequalities and this information will be invaluable for making cross country comparisons and measuring trends in the future to identify if policy recommendations are effective.

Sub-regional policy level: Workshops at the sub-regional level will provide important new insights in relation to the particular settings involved. These will be important opportunities for information sharing in terms of strategic and practical policy issues such as capacity planning, quality assurance and other developments.

National policy level: The insights gained by the analysis will provide options for change at national level, whether this be greater alignment of national legislation with European legal provisions; enhanced bilateral agreements between some Member States; or greater use by Member States of existing European legislation. Dissemination via existing EU and WHO networks will form an essential link to ensuring effective sharing of information and expertise.

Added-value in carrying out the work at a European level

There is enough evidence now to ascertain that obesity in all age groups is a global phenomenon. Thus for Europe, addressing the issue country by country is of limited value in light of: the increased travel and immigration between countries (in part due to EU enlargement); the common EU policy frameworks to which all EU Member States have to adhere; the WHO-EURO food and nutrition action plan which was unanimously endorsed by all 52 WHO European Member States; The Global Strategy for Diet and Physical Activity was endorsed at the World Health Assembly in 2004; and the potential emergence of internationally binding public health legislation (such as for tobacco) on food and nutrition. Also collaboration between European and national efforts and effective involvement of influential individuals and institutions will increase the opportunities to positively influence the health of the European population, in terms of reducing obesity and its associated conditions, such as cardiovascular diseases and cancers which are independently the two leading causes of mortality in the Region.

The project will draw on key national and international publications and conference proceedings to highlight the important findings of existing studies, actions, activities, FP6 projects, and existing networks throughout Europe and learn from other international research/policy activities. The project will take a European perspective on issues related to nutritional and physical activity determinants of obesity. It will offer policy options that will address challenges created by regional, agricultural, economic development and related policies within Europe and recommend solutions feasible in and appropriate to the European context.

In bringing together different experiences and evidence from all over Europe, in terms of both scientific evidence and policy arena, the proposed project will contribute to moving the topic to a centre-stage position, where effective public health policy is a goal in its own right, and clarify what is necessary at the regional, national and European policy level, by identifying the necessary options for change and the challenges to be overcome.

The evidence emerging from the project activities will enable the partners to produce scenarios for future policy decisions where European initiatives can really contribute to the improvement of the health of EU citizens.

The need for an increasing European role in public health policy has been identified in the recently published report of the Convention working Group XI, Social Europe, proposing the addition of

solidarity as a basic value in the Future Constitutional Treaty. The horizontal clause aims at safeguarding the social objectives of the Union, including a high level of public health, efficient and high quality social services and services of general interest as equivalent, and not subordinate, to economic objectives. It states that specific extensions of the existing competences in the area of public health should be envisaged. Clearly the final results of the project will be too late for this process but the emphasis on ongoing policy engagement as findings emerge will partially redress this problem.

5.3 Risk assessment and related communication strategy

Project risk analysis and risk management

Significant efforts have been done in the preparation of this project proposal to already take into account the most important risk elements. It has been ensured that the core members of each participating institution will be fully available to provide the required inputs to the project, and no expected commitments are foreseen that could hinder this availability for the duration of the project.

Risks should, however, be also considered in the positive sense, as unexpected opportunities may arise in the development of the project. The Advisory Board will be able to provide new inputs into the project, inputs which can be conveniently incorporated and exploited, if considered of significant importance. The communication strategy (both within the project core members and between these and the members of the Advisory Board and other stakeholders) has been considered to be able to take advantage of the arising opportunities and to minimize the impact of the threads which will undoubtedly appear.

Project communications

Communication between the different project partners will be an integral part of the project management, ensuring sharing of information about the evolution of the different tasks (allowing the different teams to better allocate resources), and to deposit the project-generated documents. In order to ensure a structured and effective communication a quarterly electronic newsletter will be published aimed at project partners and selected stakeholders, presenting the evolution and results obtained in the different tasks. This will be done in collaboration with the Scientific Direction.

The partners leading on both administrative and scientific management are responsible for ensuring effective communication between the project partners. A Project intranet system (with restricted access for partners and the Commission) will assure the communication between the partners and will serve as the deposit site of the project reports and relevant documents and information and will be regularly updated. It will be closely coordinated with the establishment and running of an external public web page. The staff employed on this project has considerable experience of doing this within the framework of other collaborative projects, including its hosting of the intranet of the European Observatory on Health Systems and Policies, which enables partners from across Europe to share documents and engage in online discussions and facilitates the management of complex tasks across the Observatory's hubs.

6. Project management and exploitation/dissemination plans

6.1 Project management

Management Structure and Project Co-ordination

The resources allocated and committed to this project by the different partners seem appropriate to the desired results. The core members of each participating institution will be fully available to provide the required inputs to the project, and no expected commitments are foreseen that could hinder this availability for the duration of the project.

The project will be led by the *Project Leader* assuring the overall coordination and direction of the project. He will be assisted by an *Administrative Coordinator* assuring project administration and a *Scientific Coordinator* assuring the coordination and direction of the research activities and the Scientific Committee. The *Scientific Committee* will assure the active involvement of all partners and be responsible of all research-related decisions. An *Advisory Board* involving policy makers from different levels and representatives from stakeholders will assure a continuous high level of policy relevance. The Project Management Structure is shown in the Figure 1 below.

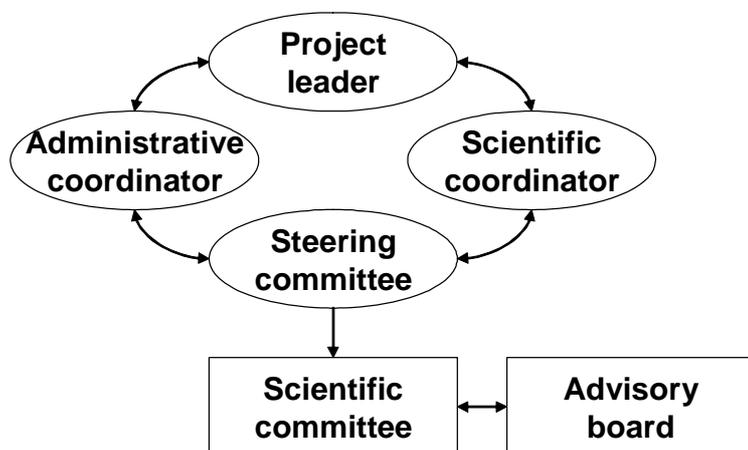


Figure 1. EURO-PREVOB: Project management structure

Administrative coordination

The LSHTM has been assigned with the responsibility of the project administration. The Project Leader *Professor Martin McKee*, the Administrative Coordinator (who will be hired for the project), and the team from LSHTM have the main responsibility of overall coordination of the project activities, i.e.: 1) the project management/administrative tasks; 2) the administration of common project funds assuring compliance with the contract and the rules of FP6; and 3) the gathering, processing and reporting on the advances in project progress for the Midterm and Final Report.

Scientific coordination

The overall scientific coordination of the project has been assigned to *Dr Joceline Pomerleau*, at the LSHTM, working closely with the Scientific Committee consisting of representatives from all partners. Jointly with the team from LSHTM she will:

- assure the agreement of the content of each work package;
- supervise the work and ensure a high scientific standard;
- receive the reports from the work package leaders and approve them before they are assembled by project management for regular reporting;
- write the scientific component of the regular required reports to the contracting authority (the European Commission);
- coordinate the Scientific Committee and ensure effective collaboration and communication on scientific matters between work package leaders;
- prepare the agenda for the meetings of the Scientific Committee and the Advisory Board;
- assure that all project partners have timely information and assure the maintaining of the project's internal website – in collaboration with the dissemination activities;
- maintain and assure regular communication and update with the Advisory Board and organising punctual at distance (email) consultations between the meetings, when indicated;
- work closely with project management, including regular meetings.

Scientific Committee

The Scientific Committee will assure the scientific coordination of the project. It includes all main researchers from the project partners, many of them leading one or more work packages. This Committee will be the final decision maker on all scientific relevant questions, and allow for the exchange of results and experiences all along the project life cycle. The Scientific Director will coordinate the Committee and keep a regular contact with its members.

Steering Committee

The Steering Committee will be made of three partners P1 (LSHTM), P2 (SUHRS) and P3 (WHO). It will meet when a rapid decision needs to be made, with regards to the work involved in the project, between the Scientific Committee meetings.

Advisory Board

An Advisory Board will bring together relevant policy makers, having an interest in and the potential to contribute to the outcome of the project, with the aim to ensure closeness to the policy making level. It will ensure that the project proceeds in a way that responds to the needs of policy makers and stakeholder groups, taking account of emerging policy developments and new evidence in related fields as the project develops.

The Advisory Board is expected to meet *three* times during the project cycle, in the middle of the 1st, 2nd and 3rd year together with the respective Scientific Committee meeting. This will allow guidance and direction on each phase of the project. Additionally to these organised consultations, a regular contact will be held with the Advisory Board by email: regular information updates and soliciting advice on *ongoing basis*, whenever indicated. The Scientific Coordinator will be responsible for the relations with the Advisory Board.

Preliminary work on formation of the **Advisory Board** has been very positive. The Board will include a representative from civil society (consumers' organisations, community action groups), three policy advisors to governments and international organisations (FAO, OECD). Additionally, the Board hopes to count on the active participation of the contracting officer from DG Research and a delegate from the Public Health and Risk Assessment section at DG Sanco.

Preliminary contacts with all these potential Advisory Board members have shown a high interest in the project and its development, as well as a commitment to take a more active role by serving on the Advisory Board of the project. This will ensure that the project proceeds in a way that responds to the needs of policy makers and stakeholder groups, taking account of emerging policy developments and new evidence in related fields as the project develops.

Mechanisms will be developed within the work package on Dissemination to ensure the additional involvement of all those stakeholders who would have an interest in and the likelihood of taking forward results developed under this project at a later stage. The access to wider groups of stakeholders is facilitated by the direct involvement of the WHO Regional office for Europe (Copenhagen and Venice offices). Based on the dissemination activities, the project will tend to build up a network around the topic of nutrition, physical activity and obesity in Europe.

Project Definition and Planning

At this point in the project life cycle, we are able to present, in different sections of this document, a proposal for the project charter, including the project mission, the project objectives, a description of the main stakeholders, and a decomposition of the project into work packages. If, as expected, the project is approved, the recommendations of the supervisory (contracting) body will be considered and incorporated into the project, and we may then have to go through a series of

adjustments in the scope, emphasis, or depth of the project in specific areas. This has been planned as part of the preparation and execution of the launch meeting, where the project charter will be confirmed or redefined and the corresponding impact on the planning activities taken into account. These updated charter and project plan will then be perused and approved by the Scientific Committee.

Organisation of Project Activities

The Project includes an inception phase, implementation phase and closing phase. The Project is divided in sub-projects, each containing a series of working packages.

Within the Project will be organised meetings, workshops and conferences to allow for the analysis of scientific knowledge and developments as well as actions and policies within the Member States and the wider European Region, and identify best practice. The Project direction will coordinate these project meetings together with the Scientific Coordinator. The latter will ensure with the Scientific Committee the alignment and coherence of the accomplishment of project activities and tasks.

Project Monitoring

The project incorporates two levels of direct monitoring: execution monitoring and administrative control of the activities.

The first one, **focuses on the scientific contents** of the activities and the relationship among them, ensuring that the work results (deliverables) are created and that the necessary changes to the project which are likely to occur, are assessed, and, if adequate, approved and incorporated into the project plan. As has been noted earlier, it will be ensured that there is effective coordination and communication between this project and other ones under this call, with which it may have fruitful interactions. This also involves the management of relations with the likely project clients, that is, EU policy makers.

The second one focuses on the **project management/administrative tasks** (including execution of meetings, elaboration of reporting procedures and monitoring of progress, resources and budget utilization procedures and control, organization and control of dissemination and promotion activities).

In addition to the direct monitoring, the Advisory Board, composed by related policy makers will assure a high level of policy relevance. The **monitoring** will be executed according to the **criteria** of **relevance, efficiency, policy impact** and **scientific quality** of the project.

The **relevance** of the project activities will be assessed against the project scientific objectives (section 2), subject to emerging policy developments as identified by the participants and the Advisory Board. **Efficiency** will be assessed with reference to the project proposal, as finally agreed with the contracting authority, the European Commission's DG Research. Policy impact will be assessed with reference to the network of policy makers and stakeholders.

Scientific management will, in the first instance, be assured by a process of internal review, with additional input from the Advisory Board.

Project Closing

In addition to the dissemination activities already considered in the planned work packages, the project will incorporate a formal process to close each one of the main phases and the overall project. The final project report will incorporate an analysis of the project evolution, of the achieved deliverables, and a listing of the main lessons learnt, which may be of interest to the managers, participants and stakeholders of other similar projects.

6.2 Plan for using and disseminating knowledge

The project emphasises active dissemination, or what is more appropriately termed as policy engagement, to ensure that the project's outputs reach its intended audience and stakeholders, a process to be facilitated with the Advisory Board. Through the dissemination activities, the project results will provide active outreach to policy makers at the cutting edge of public health nutrition, physical activity and obesity research to promote evidence-based policy making in Europe. This will build on the lessons learned within the European Observatory on Health Systems and Policies (www.observatory.dk), in which several of the partners participate, and which is recognised as an example of effective policy engagement.

The three planned dissemination methods are as follows:

- *Publications.* The outputs of the project will be disseminated in print in a variety of ways, each targeted at different audiences. This will include for example publications of papers in academic journals in the public health and nutrition fields. Policy overviews and policy-relevant summaries will also be prepared; these are short publications aimed at busy policy makers. These will be distributed in print and electronically and will draw on the experience of some of the partners in working with the European Observatory on Health Systems and Policies, which has much experience in this area.
- *Face to face dissemination* – WP13 will enable interaction with a wide group of key policy-makers to test the emerging findings. In addition, throughout the three year period, findings will be presented at the many conferences and workshops in which the scientific team routinely participate, such as the European Health Policy Forum at Gastein.
- *Electronic dissemination* – Printed material will be disseminated through the project website.

The Scientific Coordinator will closely collaborate with other partners on issues such as identification of information to be disseminated at the end of every work package, and dissemination level; and schedules listing when this information will be produced.

6.3 Raising public participation and awareness

As already proposed in the project description, the project will include a dissemination initiative on different core stakeholder groups who are seen to influence public health decision-making in Europe. These will include *national policy makers* (civil servants and regional/health care managers), *politicians at national level*, *international agencies and NGOs* and networks, and *academia* (as a dissemination channel). The project's Advisory Board will assure that a wide audience of stakeholders are reached.

7. Detailed Implementation plan – for the whole duration of the project

7.1 Introduction – general description and milestones

Introduction and overview

The core activities of this project can be grouped in two complementary blocks: coordination activities and management activities. In this section we will provide a concise overview of these activities and the rationale behind them, as well as the different phases of the project and the work packages. In the project responsibility matrix, we have assigned each work package to a specific partner, ensuring responsibility ownership for each of them. The different work packages will be coordinated among the partners, taking special care of the interrelationships between them, and will all be aligned and supported by the scientific coordination, assigned to partner P1, as described in the previous section on project management. It is important to note here that in a complex and interconnected project like this one, it is necessary that all scientific partners be continuously informed of the advancement and results achieved as the project evolves, be this in directly related or in apparently unrelated tasks. The project communications structure has been designed with this purpose in mind.

Coordination activities

Once the project is launched, coordination activities will include the establishment of a database of experts, policy makers and stakeholders in this area.

The aim of the database is not only to provide a list of experts and stakeholders to the EC but to bring together in one place contact information and information on competencies of key actors in one physical space so as to help all those interested in the area of obesity in Europe to rapidly map a network of researchers/decision-makers in a particular sub-area. The database will be placed on the project's website and made available not only to the EC but to all those interested (as mentioned in the proposal, the permission of the experts and stakeholders included in the database will be obtained first). The database will be designed to include web links to relevant sites and partner organisations. It is hoped that the database will become an interactive reference of key players across the region and be sustained after this Project comes to a close.

WP2 will provide the partners and the Commission with a database of European experts of the relationship between nutrition, physical activity, obesity and health inequalities, and of stakeholders that may be affected by or that can influence policies related to nutrition, physical activity, and obesity in Europe.

The other activities can be divided into **three main phases**, as outlined in the Work Planning (Gantt), namely:

1. **Review of current evidence and development of tools for policy analysis** (spanning over Months 1 to 14);
2. **Sub-regional analysis** (spanning over Months 10 to 27); and
3. **Development of a strategy coherent across the EU and Europe** (spanning over Months 23 to 36).

In the following subsections we will briefly describe each phase and subproject. A more complete description of each work package can be found in the following detailed work package description forms.

Phase 1: Review and current evidence and development of tools for policy analysis

The first phase is expected to last approximately 13 months. It concerns WP3 and WP4 and has two main aims. The first aim is to provide a comprehensive background review of the scientific and policy evidence required for the development of the next phases. This will entail the preparation of two literature reviews at the European level. The second aim is to develop tools to assist policy analysis at the European level.

WP3 entails the development of two reviews of the literatures with the aims of:

- 1) providing a comprehensive understanding of scientific knowledge on: variations and trends in obesity prevalence, in the health and economic burden of obesity, and in socioeconomic inequalities in obesity in Europe; and on nutrition and physical activity as determinants of obesity and inequalities in obesity in Europe;
- 2) enhancing the understanding of the existing public health policy situation with regards to nutrition, physical activity as determinants of obesity and inequalities in obesity in the EU and the wider European level.

The above reviews of the literature are necessary in order to adequately respond to the multifaceted nature of obesity and its multiple, complex, and often inter-related risk factors. Existing recent reviews of the literature on all of the subjects covered (e.g. Cochrane reviews) will be collated and updated with the latest key scientific articles. The Consortium has access to these reviews and has gained a detailed knowledge of their findings, in part as a consequence of recent participation in the background preparation of the WHO ministerial conference on obesity (to be held in November 2006). During this process, in-depth reviews were carried out on all determinants of obesity with a focus on the WHO European Region.

WP4 covers the development of tools to assist public health researchers and decision-makers assess the potential impacts of suggested policies on dietary intake, physical activity level and obesity in Europe, and on the distribution of those impacts within the population (that is, issues of equity and impact on specific vulnerable groups). It also concerns the organisation of a meeting with all project participants and the Advisory Board 1) to discuss the evidence gathered and the policy relevance of current research in this area; 2) to discuss the developed policy analysis tools; 3) to provide recommendations for research. This will feed into the next two phases.

Phase 2: Sub-regional analysis and working groups

Phase 2 includes 7 work packages and is expected to last approximately 18 months. The two aims of Phase 2 are to assess the applicability of the policy analysis tools developed in Phase 1 using pilot testing in five sub-regions of Europe, and to discuss the relevance of the outputs of the pilot tests for policy development at the regional and sub-regional levels. The five selected sub-regions include Central and Eastern Europe, Nordic-Baltic Region, Southern Europe, South Eastern Europe, and Western Europe.

WP5 will develop the methodology to organise and carry out the pilot tests and conduct working groups in a uniform manner across the six sub-regions, and to ensure the overall coherence of the process.

WP6 and WP8-WP11 concern the establishment of sub-regional working groups for the policy analysis, including experts from different disciplines, representatives from various sectors, local government representatives, and other stakeholders. Within each sub-region these activities will be co-ordinated by one of the partners in this Consortium, helped by the other partners from the same sub-regions (if any) and by the work package leader. The working groups will discuss existing data about different sectoral policies and their implementation at the national and local level as well as the data on the economic implications of the different policies. Key informants will be invited to participate to the working group meetings. The working groups will discuss the relevance and

applicability of the policy analysis tools within the sub-region.

WP12 concerns the organisation of a workshop to discuss the outputs of the sub-regional meetings to feed into Phase 3.

Phase 3: Development of policy strategy coherent across the EU and the wider European region

The last phase has two aims: first to develop a tool for the economic analysis of policy options that will be used to assess priorities and second to develop a policy strategy responding to the needs of the sub-regions, EU and wide European region.

WP13 will use the outcome of sub-regional workshops to formulate policy development and assessment strategy relevant to planned and ongoing policies at the EU and the wider European level with regards to nutrition, physical activity, obesity and inequalities in obesity. This policy document will also include (a) a comprehensive, integrated and cooperative set of guidelines and recommendations of best practice for the implementation of obesity prevention and control actions applicable across the socio-economic range will be developed; (b) a monitoring and evaluation tool, including a methodology to assess the economic impact of policy options.

A final meeting will then be organised to discuss the policy recommendations and its attached instruments.

Project administration

Project administration consists of three work packages, **WP1** (project launch), **WP14** (project management) and **WP15** (monitoring and quality assurance).

The project will start with **WP1**, the launching of the project when adjustment will be made, specific requests of the contracting agency will be taken into account, coordinating with all partners in the project.

WP14 will assure the administration of the project and the scientific direction, assuring a high level of coordination between the two. It will ensure planning, timing, coordination of activities, meetings of the scientific committee and the timely delivery of project progress reports.

WP15, the monitoring of the project will ensure the relevance, efficiency, scientific quality and high potential impact of the project.

7.2 Work planning (Gantt Diagram) and timetable

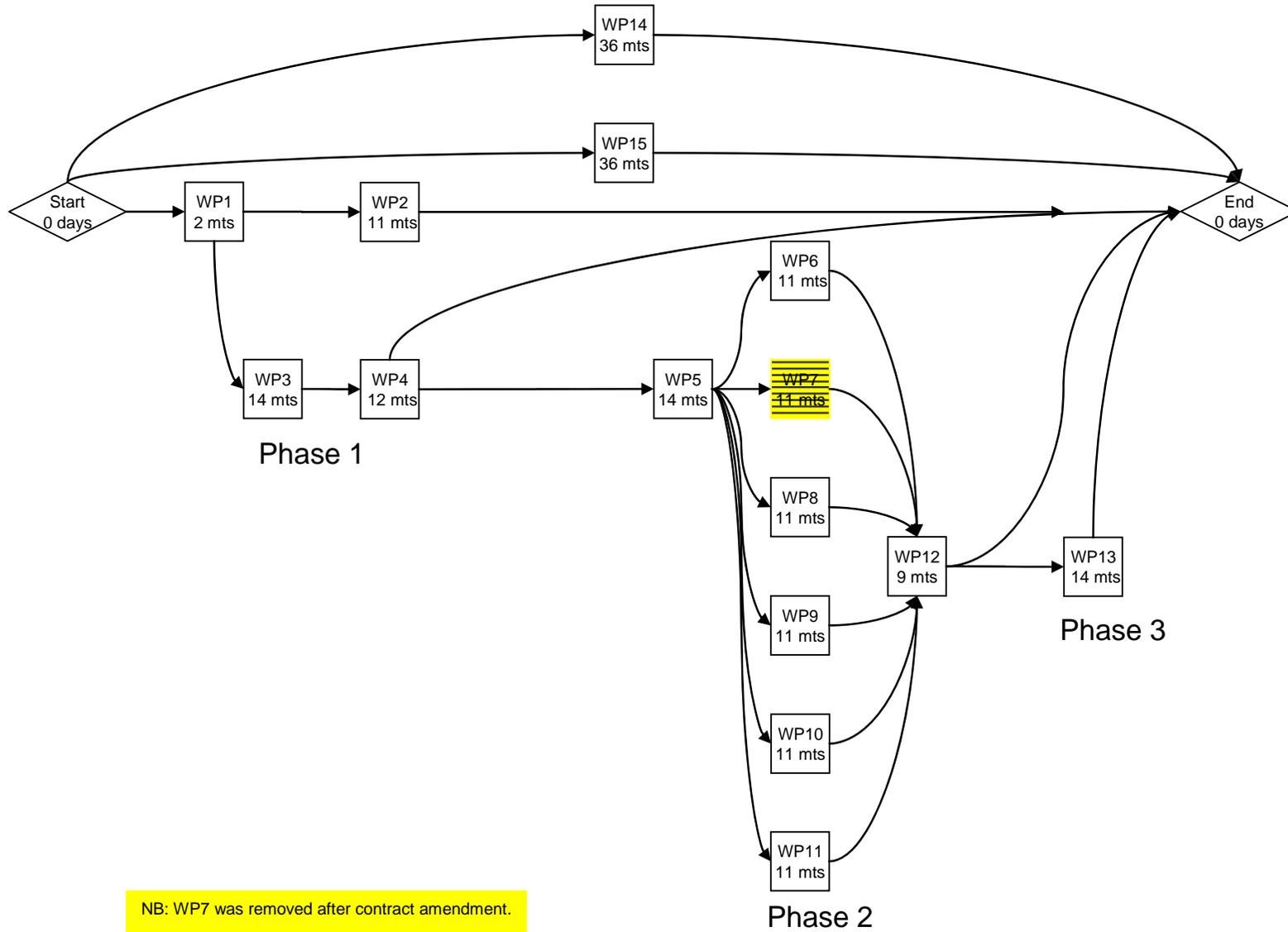
Task name	Year 1												Year 2												Year 3																													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36																		
Start of the project	★																																																					
WP1 - Project launch	█																																																					
COORDINATION ACTIVITIES																																																						
WP2 - Set-up of database of European experts and stakeholders	█																																																					
Phase 1: Review of current evidence and policy analysis tool development																																																						
WP3 - Reviews of literature	█																																																					
WP4 - Development of policy analysis tools and meetings to discuss them	█												█												█																													
Phase 2: Sub-regional analysis																																																						
WP5 - Development and coordination of sub-regional analyses	█												█												█																													
WP6 - Pilot test and working group in Central and Eastern Europe	█												█												█																													
WP7 - Pilot test and working group in the CIS *	█																																																					
WP8 - Pilot test and working group in Nordic-Baltic Countries	█												█												█																													
WP9 - Pilot test and working group in Southern Europe	█												█												█																													
WP10 - Pilot test and working group in South Eastern Europe	█												█												█																													
WP11 - Pilot test and working group in Western Europe	█												█												█																													
WP12 - Comparative analysis of regional consultations	█																								█												█																	
Phase 3: Development of policy strategy coherent across the EU and Europe																																																						
WP13 - Adaptation of European policy recommendations on nutrition and physical activity	█																								█												█																	
PROJECT ADMINISTRATION																																																						
WP14 - Project management	█																																																					
WP15 - Monitoring and quality assurance	█																																																					
SC - Scientific committee meetings	1			2			3			4			5			6																																						
AB - Advisory Board meetings	1						2						3																																									
R - Reporting	Midterm report ▲												Final report ▲																																									
End of the project	★																																																					

⊗ Meeting or working group (approximate timing)

⊗ Plenary meeting

* WP7 was removed after contract amendment.

7.3 Graphical presentation of work packages



7.4 Work package list

Work package No ¹	Work package title	Lead contractor No ²	Person-months ³	Start month ⁴	End month ⁵	Deliverable No ⁶
WP1	Project Launch	P1	3.5	M1	M2	D1
WP2	Set-up of database of European experts and stakeholders	P3	5.75	M2	M12	D2
WP3	Reviews of literature	P14	5.0	M1	M14	D3.1- D3.2
WP4	Development of policy analysis tools and meetings to discuss them	P3	17.5	M3	M14	D4.1- D4.2
WP5	Development and coordination of sub-regional analyses	P1	6.0	M10	M23	D5
WP6	Pilot test and working group in Central and Eastern Europe	P9	20.25	M13	M23	D6
WP7	Pilot test and working group in the CIS*					
WP8	Pilot test and working group in Nordic-Baltic Countries	P8	20.25	M13	M23	D8
WP9	Pilot test and working group in Southern Europe	P5	21.25	M13	M23	D9
WP10	Pilot test and working group in South Eastern Europe	P10	21.25	M13	M23	D10
WP11	Pilot test and working group in Western Europe	P4	18.75	M13	M23	D11
WP12	Comparative analysis of regional consultations	P2	15.5	M19	M27	D12
WP13	Adaptation of European policy recommendations on nutrition and physical activity	P15	28.75	M23	M36	D13.1- D13.2
WP14	Project management	P1	25	M1	M36	D14.1- D14.3
WP15	Monitoring and quality assurance	P1	8	M1	M36	D15.1- D15.2- D15.3
	TOTAL		216.75			

* WP7 was removed after contract amendment.

7.5 Deliverables list

Each work package has a series of deliveries, as specified in the detailed description of the work packages. The list of deliverables is given in the following table. Regarding the dissemination level most of them have been assigned here the level **RE (PU)**, i.e., restricted to a group specified by the Consortium always including the Commission Services, but probably adequate for public distribution.

¹ Workpackage number: WP 1 – WP 15.

² Number of the contractor leading the work in this workpackage.

³ The total number of person-months allocated to each workpackage.

⁴ Relative start date for the work in the specific workpackages, month 0 marking the start of the project, and all other start dates being relative to this start date.

⁵ Relative end date, month 0 marking the start of the project, and all ends dates being relative to this start date.

⁶ Deliverable number: Number for the deliverable(s)/result(s) mentioned in the workpackage: D1 – D15.

Deliverables list (full duration of CA)

Del. No	Deliverable name	WP no	Lead partn	Est. person months	Nature ⁷	Dissemination level ⁸	Delivery date
D1	Report on the project launch	WP1	P1	3.5	R	RE	M5
D2	Database of experts/stakeholders	WP2	P3	5.75	O	RE	M15
D3	D3.1 Review of the literature of obesity (and inequalities in obesity) in Europe and of its main determinants: nutrition and physical activity	WP3	P14	2.00	R	RE (PU)	M17
	D3.2 Review of previous and existing actions, initiatives, policies on nutrition and physical activity	WP3	P14	3.00	R	RE (PU)	M17
D4	D4.1 Report on the development of policy analysis tools	WP4	P3	13.50	R	RE (PU)	M17
	D4.2 Report on the organisation of a meeting to discuss current evidence and policy analysis tools	WP4	P3	4.00	R	RE (PU)	M17
D5	Report on the development and coordination of sub-regional working groups	WP5	P2	6.00	R	RE (PU)	M26
D6	Report on the working group in Central and Eastern European countries	WP6	P9	20.25	R	RE (PU)	M26
D7	Report on the working group in the CIS *						
D8	Report on the working group in Nordic-Baltic countries	WP8	P8	20.25	R	RE (PU)	M26
D9	Report on the working group in Southern European countries	WP9	P5	21.25	R	RE (PU)	M26
D10	Report from the working group in SE European countries	WP10	P10	21.25	R	RE (PU)	M26
D11	Report on the working group in Western European countries	WP11	P4	18.75	R	RE (PU)	M26
D12	Report on the comparative analysis from sub-regional working groups	WP12	P2	15.50	R	RE (PU)	M26
D13	D13.1 Document on policy recommendations to create supportive environments for healthier diet and physical activity	WP13	P15	19.50	R	RE (PU)	M37
	D13.2 Report of the meeting to revise European policy on nutrition and physical activity to take into account socio-economic inequalities	WP13	P15	9.25	R	RE (PU)	M37
D14	D14.1 Project documentation	WP14	P1	4.00	O	CO	(ongoing)
	D14.2 Mid-Term Reporting Package	WP14	P1	2.00	R	RE	M21
	D14.3 Final Reporting Package	WP14	P1	2.00	R	RE	M39
D15	Report on the monitoring and quality assurance of the project	WP15	P1	25.00	R	RE	(ongoing)

* D7 was removed after contract amendment

7.6 Work package descriptions

The following pages present a detailed description of all work packages on the provided forms.

⁷ Please indicate the nature of the deliverable using one of the following codes:

R = Report **P** = Prototype **D** = Demonstrator **O** = Other

⁸ Please indicate the dissemination level using one of the following codes:

PU = Public

PP = Restricted to other programme participants (including the Commission Services).

RE = Restricted to a group specified by the consortium (including the Commission Services).

CO = Confidential, only for members of the consortium (including the Commission Services).

Description WP 1**Project launch**

Workpackage number	1	Start date or starting event:	M1				
Workpackage title	Project launch						
Participant id	LSHTM	SUHRS	WHO				
Person-months per participant:	3	0,25	0,25				

Objectives

- Launch the project to present and discuss the project structure, responsibilities, reporting lines, and time table.

Description of work

- Organise the project launch meeting of all partners and their main researchers in the project. A draft proposal taking account of all aspects of project scientific organisation will be presented and decided upon. The main tasks will be the following:
 - Agreeing the composition of the Scientific Committee – one person from each partner, and agreeing the schedule of meetings
 - Identifying members of the Advisory Board and agreeing the schedule of meetings and other details.
 - Taking into account adjustments asked for by the contracting authority.
 - Defining reporting lines and responsibilities for fulfilling commitments with contracting authorities.
 - Confirm a shared understanding of quality standards and procedures.

Deliverables

- D1: Report (in Month 2) of the project launch which will describe the project structure, responsibilities, and timelines.

Milestones and expected result

Milestones: Meeting at the end of Month 1.

Expected results: Detailed description of project structure, reporting lines, responsibilities and adjusted timetables.

Description WP2

Database of European experts and stakeholders

Workpackage number	2	Start date or starting event:	M2
Workpackage title	Set-up of database of European experts and stakeholders		

Participant id	WHO	SUHRS	LSHTM	INSERM	HUBDB	SEPHO	INRAN	CHE	MU	IPH-FBIH		IVZ	GIFA	UCL
Person-months participant:	2	0,25	1	0,25	0,25	0,25	0,25	0	0,25	0,25		0,25	0,25	0,25

Objectives

- Develop a database of European experts of the relationship between nutrition, physical activity, obesity and health inequalities, and of stakeholders that may be affected by or that can influence policies related to nutrition, physical activity, and obesity in Europe.

Description of work

- Prepare a list of procedures for the development and regular update of a database which will include: contact details and areas of expertise of European researchers and experts in the relationship between public health nutrition, physical activity, obesity and health inequalities; and contact details and activities of stakeholders that can be affected by or that can influence policies related to nutrition, physical activity and obesity in Europe
- Set-up the database.
- Develop an initial list of experts and stakeholders using Partners' contact lists, searches in published papers and reports, Commission documents, and searches on the internet.
- Work in collaboration with those preparing the literature reviews (WP6-7) to obtain further names of experts and stakeholders identified during the literature reviews.
- Contact the identified experts and stakeholders to obtain their agreement to be included in the database; include their details in the database.
- Regularly update the database.

Deliverables

- D2: Database of experts and stakeholders as described above.

Milestones and expected result

Milestones: Development of the procedures for the development and update of the database in Month 2. Initial set-up of the databases in Month 3. Finalisation of the database in Month 12. Regular update of the database in Months 13-36.

Expected results: Database of experts and stakeholders that can provide expertise in this area and/or that can influence policy making.

Description WP3

Reviews of the literature

Workpackage number	3	Start date or starting event:	M2				
Workpackage title	Reviews of the literature						
Participant id	UCL	LSHTM	SUHRS	WHO	SEPHO		
Person-months per participant:	1	1	1	1,5	0,5		

Objectives

- Taking a lifecourse approach, to provide a comprehensive understanding of scientific knowledge on:
 - a. variations and trends in obesity prevalence and in its health and economic burden, and on socioeconomic inequalities in obesity in Europe.
 - b. nutrition and physical activity as determinants of obesity and inequalities in Europe.
- To enhance the understanding of the existing public health policy situation with regards to nutrition, physical activity as determinants of obesity and inequalities in obesity in the EU and the wider European level

Description of work

- Develop a common methodology for the reviews of the literature (review of reviews and inclusion of the latest literature).
- Assure ongoing coordination and exchange of information, resources and references between those conducting the reviews to increase quality of results.
- Identify, gather and summarise the relevant literature on obesity, inequalities in obesity, nutrition and physical activity determinants of obesity in the EU and the wider European level. The core of this work is to collate and summarise existing systematic and other reviews as well as to update with the latest key articles.
- Identify, gather and summarise all previous, existing and planned ‘intentional’ and ‘unintentional’ policy frameworks, actions, initiatives and interventions that may have a potential impact on nutrition and physical activity (e.g. public health nutrition, agricultural, economic, transport, social and school policies). This will cover both the macro-setting (regional, national and local levels) and micro-setting levels (community, workplace, school, family levels) and actions and interventions targeting specifically groups of low socioeconomic status.

Deliverables

- D3: D3.1 Review of the literature of obesity (and inequalities in obesity) in Europe and of its main determinants: nutrition and physical activity
D3.2 Review of previous/existing actions, initiatives, policies on nutrition and physical activity

Milestones and expected result

Milestones: Development of a draft common methodology for the literature reviews in Month 1 to be discussed at the Scientific committee meeting. Revision of the methodology in Month 2. Ongoing coordination and preparation of the reviews in Months 3-14. Preliminary report on the work performed to be prepared for discussion at the 2nd Scientific Committee Meeting in Month 7. Full draft report to be prepared by the end of Month 12, and discussed at the 3rd Scientific Meeting in

Month 13. Final editing of the report in Month 14.

Expected results: The reviews of the literature, available to all stakeholders, relevant to the association of nutrition and physical activity with obesity and inequalities in obesity, will contribute to improving the understanding of the European situation with regards to obesity, inequalities in obesity and nutrition/physical activity determinants of obesity, and provide a basis for the development of the sub-regional analyses.

Description WP4

Development of policy analysis tools

Workpackage number	4	Start date or starting event:	M3
Workpackage title	Development of policy analysis tools		

Participant id	WHO	SUHRS	LSHTM	SEPHO	INRAN	CHE	UCL
Person-months per participant:	6	2	6	0.5	1	1	1

Objectives

- To develop tools to assist public health researchers and decision-makers assess the potential impacts of suggested policies on dietary intake, physical activity level and obesity in Europe, and on the distribution of those impacts within the population (that is, taking into account age groups and issues of equity and impact on specific vulnerable groups).
- To bring researchers, policy makers and stakeholders to discuss jointly the research and policy evidence gathered and agree on the areas where further research and policy development are needed at the EU and European levels.
- To obtain feedback from a wide variety of sources on the policy analysis tools.

Description of work

- Drawing on the outcome of WP3, a policy analysis tool that can be used in all sub-regions of Europe will be developed. The tool will consider the policies intentionally addressing diet and physical activity (health policy, educational policy) and on the policies that are unintentionally addressing them. Examples at the national level are the regulations about taxation policies on food, or food outlet authorisation policies. Examples at a local level are the actual distribution of food outlet and the commercial reasons for the distribution.
- A meeting of the Consortium Partners, researchers, policy makers and the private sectors will be organised to enable interaction between different stakeholders, to discuss the general implications of the evidence and provide feedback on the policy analysis tools developed.

Deliverables

- D4: D4.1 Report on the development of policy analysis tools
D4.2 Meeting report the discussion of current evidence and policy analysis tools

Milestones and expected result

Milestones: Preliminary discussion of the tools to be developed (aims, content, format) at the 2nd Scientific Committee Meeting in Month 7. Development of the tools for the 3rd Scientific Meeting and plenary meeting in Month 13 when they will be discussed. Final editing of the tools in Month 14. The work plan for the plenary meeting will be discussed at the 2nd Scientific Committee meeting in Month 7. The practical organisation of the meeting will span over Months 8-12. The conference should take place in Month 13. The reviews of the literature will be edited if required during Month 14 and the conference report will be prepared during Month 14.

Expected results: This will offer a platform for networking and for the sharing of potentially diverging views on the key priorities for future research and policy development, as well as feedback on the policy tools that will be piloted in the next work packages.

WP 5 Development and coordination of the sub-regional analyses

Workpackage number	5	Start date or starting event:	M10				
Workpackage title	Development and coordination of sub-regional analyses						
Participant id	SUHRS	LSHTM	WHO				
Person-months per participant:	3	2	1				

Objectives

- To define the detailed methodology to be used in the development and organisation of the six sub-regional policy analysis tool pilots and working groups.
- To test whether the policy analysis tool developed in WP4 is easy to use and adaptable to different settings and European contexts.

Description of work

- Drawing on the work performed in WP 2-4, this will:
 - Develop a common methodology and work plan for the sub-regional working groups meetings;
 - Assure ongoing coordination and links between the different sub-regional activities;
 - Identify the composition of the working groups;
 - Facilitate continuous exchange of information, best practices and mutual learning between the pilots and meetings to increase understanding and quality of outputs.

The “process” of using the tool (e.g. easiness of use, problems encountered, etc) as well as the observations made during the pilots will be gathered using a standardised method, examined and summarised.

Deliverables

D5: Report on the development and coordination of sub-regional working groups

Milestones and expected result

Milestones: Draft of a common methodology to be discussed and agreed at the Scientific Committee in Month 13. M14-M22 follow-up of pilot work and working group meetings. Report on the development of the methods and follow-up when all meetings have taken place (approximately in Month 24).

Expected result: Congruent pilots and working group meetings. Appropriate results to be fed into the ongoing project and lessons learnt for future related meetings.

WP 6 Pilot and working group in Central and Eastern Europe

Workpackage number	6	Start date or starting event:			M13		
Workpackage title	Pilot and working group in Central and Eastern Europe						
Participant id	MU	LSHTM	SUHRS	WHO			
Person-months per participant:	18	1	1	0,25			

Objectives

- To organise a sub-regional working group to test the policy analysis tool;
- To organise a meeting to discuss the relevance and applicability of the policy analysis tool for the sub-region.

Description of work

The work envisaged includes four main steps:

- Step 1 Identification of experts from different disciplines, representatives from various sectors, local government representatives and other stakeholders.
- Step 2 Development of a work plan for the sub-regional pilot and working group according to the recommendations set up in WP5
- Step 3 Conducting the policy analysis tool pilot by interviews with key informants
- Step 4 Summarising the findings of the pilot work (in terms of applicability, relevance, usefulness of the tools, and in terms of policy analysis) in a report format
- Step 5 Based on the findings from the pilot work, organising a working group meeting of experts from different disciplines, representatives from various sectors, local government representatives and other stakeholders to discuss the relevance and applicability of the policy analysis tools for the sub-region, as well as the policy analysis observations made during the pilots, and make recommendations for future work. Summarise the discussion and recommendations in a report format.

Deliverables

D6: Report on the working group in Central and Eastern European countries.

Milestones and expected result

Milestones: M14-M23 pilot work and working group meetings. In Month 19, discussion of the progress to date at the Scientific Committee meeting. Report to be prepared by Month 23.

Expected results: Document summarising: 1) the applicability, relevance and usefulness of the policy development tools for the sub-region and recommendations for changes to the tools; and 2) results of the pilot in terms of policy analysis.

WP7 Pilot and working group in the Commonwealth of Independent States

Workpackage has been deleted after contract amendment

WP 8 Pilot and working group in Nordic and Baltic countries

Workpackage number	8	Start date or starting event:	M13				
Workpackage title	Pilot and working group in Nordic and Baltic countries						
Participant id	CHE	LSHTM	SUHRS	WHO			
Person-months per participant:	18	1	1	0,25			

Objectives

- To organise a sub-regional pilot test for the policy analysis tools and a working group meeting to discuss the relevance and applicability of the policy analysis tools for the sub-region. Because of the relatively limited budget of this project not all countries in the sub-region will be represented at the meeting but all efforts will be made to gather a representative selection of meeting participants, including experts from different disciplines, representatives from various sectors, local government representatives, and other stakeholders.

Description of work

The work envisaged includes four main steps:

- Step 1 Identification of experts from different disciplines, representatives from various sectors, local government representatives and other stakeholders.
- Step 2 Development of a work plan for the sub-regional pilot and working group according to the recommendations set up in WP5
- Step 3 Conducting the policy analysis tool pilot by interviews with key informants
- Step 4 Summarising the findings of the pilot work (in terms of applicability, relevance, usefulness of the tools, and in terms of policy analysis) in a report format
- Step 5 Based on the findings from the pilot work, organising a working group meeting of experts from different disciplines, representatives from various sectors, local government representatives and other stakeholders to discuss the relevance and applicability of the policy analysis tools for the sub-region, as well as the policy analysis observations made during the pilots, and make recommendations for future work. Summarise the discussion and recommendations in a report format.

Deliverables

D8: Report on the working group in the Nordic and Baltic Countries.

Milestones and expected result

Milestones: M14-M23 pilot work and working group meetings. In Month 19, discussion of the progress to date at the Scientific Committee meeting. Report to be prepared by Month 23.

Expected results: Document summarising: 1) the applicability, relevance and usefulness of the policy development tools for the sub-region and recommendations for changes to the tools; and 2) results of the pilot in terms of policy analysis.

WP 9 Pilot and working group in Southern European countries

Workpackage number	9	Start date or starting event:	M13				
Workpackage title	Pilot test and working group in Southern European countries						
Participant id	HUBDB	INRAN	LSHTM	SUHRS	WHO		
Person-months per participant:	18	1	1	1	0,25		

Objectives

- To organise a sub-regional pilot test for the policy analysis tools and a working group meeting to discuss the relevance and applicability of the policy analysis tools for the sub-region. Because of the relatively limited budget of this project not all countries in the sub-region will be represented at the meeting but all efforts will be made to gather a representative selection of meeting participants, including experts from different disciplines, representatives from various sectors, local government representatives, and other stakeholders.

Description of work

The work envisaged includes four main steps:

- Step 1 Identification of experts from different disciplines, representatives from various sectors, local government representatives and other stakeholders.
- Step 2 Development of a work plan for the sub-regional pilot and working group according to the recommendations set up in WP5
- Step 3 Conducting the policy analysis tool pilot by interviews with key informants
- Step 4 Summarising the findings of the pilot work (in terms of applicability, relevance, usefulness of the tools, and in terms of policy analysis) in a report format
- Step 5 Based on the findings from the pilot work, organising a working group meeting of experts from different disciplines, representatives from various sectors, local government representatives and other stakeholders to discuss the relevance and applicability of the policy analysis tools for the sub-region, as well as the policy analysis observations made during the pilots, and make recommendations for future work. Summarise the discussion and recommendations in a report format.

Deliverables

D9: Report on the working group in the Southern European countries.

Milestones and expected result

Milestones: M14-M23 pilot work and working group meetings. In Month 19, discussion of the progress to date at the Scientific Committee meeting. Report to be prepared by Month 23.

Expected results: Document summarising: 1) the applicability, relevance and usefulness of the policy development tools for the sub-region and recommendations for changes to the tools; and 2) results of the pilot in terms of policy analysis.

WP 10 Pilot and working group in South Eastern Europe

Workpackage number	10	Start date or starting event:				M13		
Workpackage title	Pilot and working group in South Eastern Europe							
Participant id	IPH-FBIH	IVZ	LSHTM	SUHRS	WHO			
Person-months per participant:	18	1	1	1	0,25			

Objectives

- To organise a sub-regional pilot test for the policy analysis tools and a working group meeting to discuss the relevance and applicability of the policy analysis tools for the sub-region. Because of the relatively limited budget of this project not all countries in the sub-region will be represented at the meeting but all efforts will be made to gather a representative selection of meeting participants, including experts from different disciplines, representatives from various sectors, local government representatives, and other stakeholders.

Description of work

The work envisaged includes four main steps:

- Step 1 Identification of experts from different disciplines, representatives from various sectors, local government representatives and other stakeholders.
- Step 2 Development of a work plan for the sub-regional pilot and working group according to the recommendations set up in WP5
- Step 3 Conducting the policy analysis tool pilot by interviews with key informants
- Step 4 Summarising the findings of the pilot work (in terms of applicability, relevance, usefulness of the tools, and in terms of policy analysis) in a report format
- Step 5 Based on the findings from the pilot work, organising a working group meeting of experts from different disciplines, representatives from various sectors, local government representatives and other stakeholders to discuss the relevance and applicability of the policy analysis tools for the sub-region, as well as the policy analysis observations made during the pilots, and make recommendations for future work. Summarise the discussion and recommendations in a report format.

Deliverables

D10: Report on the working group in the South Eastern European countries.

Milestones and expected result

Milestones: M14-M23 pilot work and working group meetings. In Month 19, discussion of the progress to date at the Scientific Committee meeting. Report to be prepared by Month 23.

Expected results: Document summarising: 1) the applicability, relevance and usefulness of the policy development tools for the sub-region and recommendations for changes to the tools; and 2) results of the pilot in terms of policy analysis.

WP 11 Pilot and working group in Western Europe

Workpackage number	11	Start date or starting event:					M13	
Workpackage title	Pilot and working group in Western Europe							
Participant id	INSERM	LSHTM	SUHRS	WHO	SEPHO	UCL	GIFA	
Person-months per participant:	15	1	1	0,25	0,5	0,5	0,5	

Objectives

- To organise a sub-regional pilot test for the policy analysis tools and a working group meeting to discuss the relevance and applicability of the policy analysis tools for the sub-region. Because of the relatively limited budget of this project not all countries in the sub-region will be represented at the meeting but all efforts will be made to gather a representative selection of meeting participants, including experts from different disciplines, representatives from various sectors, local government representatives, and other stakeholders.

Description of work

The work envisaged includes four main steps:

- Step 1 Identification of experts from different disciplines, representatives from various sectors, local government representatives and other stakeholders.
- Step 2 Development of a work plan for the sub-regional pilot and working group according to the recommendations set up in WP5
- Step 3 Conducting the policy analysis tool pilot by interviews with key informants
- Step 4 Summarising the findings of the pilot work (in terms of applicability, relevance, usefulness of the tools, and in terms of policy analysis) in a report format
- Step 5 Based on the findings from the pilot work, organising a working group meeting of experts from different disciplines, representatives from various sectors, local government representatives and other stakeholders to discuss the relevance and applicability of the policy analysis tools for the sub-region, as well as the policy analysis observations made during the pilots, and make recommendations for future work. Summarise the discussion and recommendations in a report format.

Deliverables

D11: Report on the working group in the Western European countries.

Milestones and expected result

Milestones: M14-M23 pilot work and working group meetings. In Month 19, discussion of the progress to date at the Scientific Committee meeting. Report to be prepared by Month 23.

Expected results: Document summarising: 1) the applicability, relevance and usefulness of the policy development tools for the sub-region and recommendations for changes to the tools; and 2) results of the pilot in terms of policy analysis.

WP 12 Comparative analysis from regional consultations

Workpackage number	12	Start date or starting event:					M19
Workpackage title	Comparative analysis from regional consultations						
Participant id	SUHRS	LSHTM	WHO	HUBDB	SEPHO	UCL	
Person-months per participant:	6	6	2	1	0,25	0,25	

Objectives

- To collate outputs from working groups, provide comparative analysis across sub-regions and discuss the relevance and applicability of the policy analysis tools to the European region.
- To formulate recommendations as to how these tools can be used for policy analysis.

Description of work

The sub-regional workshops will provide an overview of the existing policies and practices and their differential impact on the risk factor for obesity in different socio-economic groups. A comparative analysis will be performed by collating and summarising the outputs from the working groups and by identifying the critical policy areas, e.g. education, transport, food retail system, etc. As well as the potentials for policy improvement. Stakeholder analysis will be conducted to evaluate the beneficiaries of existing policies and the possible supporters of new policy options..

A consultation will be organised to discuss (a) the relevance and applicability of the methodology used to carry out the policy analysis; (b) the outcome of the policy analysis; (c) the recommendations for new policy options.

Deliverables

D12: Report on the comparative analysis from sub-regional working groups

Milestones and expected result

Milestones: Collect and summarise information between Months 18 and 24. Meeting in Month 25. Prepare meeting report in Months 26-27.

Expected result: Recommendations on the potential use of the policy analysis tools in Europe, sub-regions and countries.

WP 13 Adaptation of European policy recommendations on nutrition and physical activity to take into account socio-economic inequalities

Workpackage number	13			Start date or starting event:	M23		
Workpackage title	Adaptation of European policy recommendations on nutrition and physical activity						
Participant id	WHO	UEA	LSHTM	INRAN	SUHRS	INSERM	UCL
Person-months per participant:	4	6	8	6,25	3	0,5	1

Objectives

- To revise policy recommendations on nutrition, physical activity, obesity at the EU and the wider European level to take into account socio-economic inequalities.

Description of work

Following the recommendations of the consultation held in WP12 a policy document will be developed by a working party. The document will reconsider the current global and regional strategies addressing diet and physical activity (WHO Diet and Physical Activity Strategy, EU Green Paper on Diet and Physical Activity, WHO EURO 2nd Food and Nutrition Action Plan) and assess the feasibility in the different sub-regions of the policy options proposed to affect critical environmental factors at the national and local level. The document will also provide alternative or additional policy options based on the analysis conducted at the local level. The document will also include (a) a comprehensive, integrated and cooperative set of guidelines and recommendations of best practice for the implementation of obesity prevention and control actions applicable across the socio-economic range will be developed; (b) a monitoring and evaluation tool, including a methodology to assess the economic impact of policy options. This document will feed into the process of development of Food and Nutrition Action Plans for countries in the European Region.

A final meeting will then be organised to discuss the policy recommendations and its attached instruments.

Deliverables

- D13
 - D13.1 Document on policy recommendations to create supportive environments for healthier diet and physical activity take into account socio-economic inequalities
 - D13.2 Report of the meeting to revise European policy on nutrition and physical activity to take into account socio-economic inequalities

Milestones and expected result

Milestones: Meetings of the working party (Month 25, Month 31). Draft of the policy adaptation document (Month 29) Meeting to revise policies (Month 31).

Expected results: Recommendations on how to revise current national and international policies in order to create supportive environments for healthier diet and physical activity taking into account socio-economic inequalities

WP14 Project management

Workpackage number	15	Start date or starting event:	M1				
Workpackage title	Project management						
Participant id	LSHTM						
Person-months per participant:	25						

Objectives

- The objective of this work package is the overall project administration and scientific direction in order to ensure the exact planning of the activities, relevance and timing of the task's progress, the alignment and coherence of their accomplishment, the effective communication between the project partners and linking with dissemination and communication with other possible stakeholders.

Description of work

Project administration activities include:

- the project management/administrative tasks
- the *administration* of common project funds assuring compliance with the contract and the rules of FP6 and regular reporting (MidTerm and Final Report)
- organise the obtaining of the *audit certificate(s)*, as required by the contracting authority.
- development reporting templates and guidance to the partners on periodical reporting
- the gathering, processing and reporting on project progress for MidTerm and the Final Report obtained from and in collaboration with the Scientific Direction
- assure arrangements for the meetings for the Scientific Committee and the Advisory Board.
- linking with the dissemination activities.

The Scientific Direction will ensure:

- the coordination of the Scientific Committee, Steering Committee and the Advisory Board, agenda preparation.
- the scientific excellence of the work;
- the coherence between the different tasks related to the studies.
- the coordination between project partners and research teams working on other tasks under this call (particularly Task 7)
- the robustness and relevance of policy recommendations.

Together they will

- *launch* the project
- get the adoption of the *Consortium agreement* by all partners
- adjust the planning of the activities during the project launching, if indicated.
- elaborate plan and procedures for *internal communication* between the project partners;
- Ensure the deliverables are finalised on time
- Compile and submit the required reporting package: MidTerm Report and Final Report, consisting of three parts: Financial report, progress report and deliverables.

Deliverables

D14.1: Project documentation including the Consortium Agreement; the adjusted work plan; the internal communication plan, the minutes of the meetings (Scientific Committee, Advisory Board), report templates, project guidelines.

D14.2: Mid Term Reporting Package containing the Financial report, the progress report and the Deliverables relative to the reporting period.

D14.3: Final Report, containing the Financial report, the progress report and the project Deliverables

Milestones and expected result

Milestones: (1) Launch Meeting and adjusted work plan in Month 1, (2) Mid-term meeting to discuss work progress; (3) Final Meeting to present the results and dissemination activities.

Expected result: Successful and smooth implementation of the project and the timely delivery of all deliverables.

WP15 Monitoring and quality assurance

Workpackage number	15	Start date or starting event:	M1
Workpackage title	Monitoring and quality assurance		
Participant id	LSHTM		
Person-months per participant:	8		

Objectives

- Monitoring will be executed in order to ensure the relevance, efficiency, policy impact and scientific quality of the project.

Description of work

Two levels of direct monitoring will be performed:

Level 1: Administrative control of the activities will control:

- the accomplishment of the reporting procedures
- the accomplishment of resources and budget utilisation procedures
- the observance of communication rules – internal within the project team
- the observance of the dissemination activities.

Level 2: Monitoring of task accomplishment will control:

- the **scientific contents** of the activities
- the logic relationship and **coherence among the activities**
- the due **performance of the deliverables**
- the **necessary changes** to the project
- the value added and **synergies between this project and other relevant projects**
- the effects of cooperation with the likely project clients, i.e. EU policy makers.

Deliverables

D15: Evaluation documents: monitoring criteria, timeline, performance sheets and final report.

Milestones and expected result

Milestones: Monitoring criteria, indicators, assignment of monitoring tasks to different persons will be defined in Month 1 and discussed at the first Scientific Committee Meeting. Carrying out monitoring procedures will be an ongoing process from Months 2-36. Presentation of final evaluation report will be done in Month 36.

Expected result: Project carried out in an approach and using methods that will ensure relevance, efficiency, policy impact and scientific quality.

8 Project resources and budget overview

8.1 Efforts for the project (Coordination Action Effort Form)

The Coordination Action Effort Form is included below.

CA Project Effort Form - Full duration of project – EURO-PREVOB

	P1 LSHTM	P2 SUHRS	P3 WHO	P4 INSER M	P5 HUBD B	P6 SEPHO	P7 INRAN	P8 CHE	P9 MU	P10 IPH- FBIH	P11 NCPM *	P12 IVZ	P13 GIFA	P14 UCL	P15 UEA	TOTAL PARTNERS
Coordination activities																
WP1 - Project launch	3.00	0.25	0.25													3.50
WP2 - Set-up of a database of European experts and stakeholders	1.00	0.25	2.00	0.25	0.25	0.25	0.25	0.25	0.25	0.25		0.25	0.25	0.25		5.75
WP3 - Reviews of the literature	1.00	1.00	1.50			0.50								1.00		5.00
WP4 - Development of policy analysis tools & meeting to discuss them	6.00	2.00	6.00			0.50	1.00	1.00						1.00		17.50
WP5 - Development and coordination of sub-regional analyses	2.00	3.00	1.00													6.00
WP6 - Working groups in Central and Eastern Europe	1.00	1.00	0.25						18.00							20.25
WP7 - Working groups in the CIS **																
WP8 - Working groups in Nordic and Baltic countries	1.00	1.00	0.25					18.00								20.25
WP9 - Working groups in Southern European countries	1.00	1.00	0.25		18.00		1.00									21.25
WP10 - Working groups in South Eastern Europe	1.00	1.00	0.25							18.00		1.00				21.25
WP11 - Working groups in Western Europe	1.00	1.00	0.25	15.00		0.50							0.50	0.50		18.75
WP12 - Comparative analysis from regional consultations	6.00	6.00	2.00		1.00	0.25								0.25		15.50
WP13 - Modelling tool development & organ. of meeting to develop a policy strategy coherent across Europe	8.00	3.00	4.00	0.5			6.25							1.00	6.00	28.75
Total Coordination	32	20.50	18.00	15.75	19.25	2.00	8.50	19.25	18.25	18.25		1.25	0.75	4.00	6.00	183.75
Consortium management activities																
WP14 - Project management	25.00															25.00
WP15 - Monitoring and quality assurance	8.00															8.00
Total consortium management activities	33															33.00
TOTAL per PARTICIPANT	65.00	20.50	18.00	15.75	19.25	2.00	8.50	19.25	18.25	18.25		1.25	0.75	4.00	6.00	
Overall TOTAL EFFORTS																216.75

* P11's participation in the contract was terminated, after contract amendment. ** WP7 was removed after contract amendment..

8.2 Overall budget for the project (Forms A3.1 & A3.2 from CPFs)

CPF Forms A3.1 and A3.2 are included on the following pages.

Form A3.1

Financial information - whole duration of project									
Partici pant no	Organisation Short name	Cost model used	Estimated eligible costs and requested EC contribution (Whole duration of project)		Coordination activities (1)	Training activities (2)	Consortium management activities (3)	Total (4)=(1)+(2)+ (3)	Total receipts
1	LSHTM	AC	Eligible costs	<i>Direct Costs (a)</i>	512,194	0	56,275	568,469	0
				<i>of which subcontracting</i>	0	0	12,000	12,000	
				<i>Indirect Costs (b)</i>	102,438	0	8,855	111,293	
				<i>Total eligible costs</i>	614,632	0	65,130	679,762	
			<i>Requested EC contribution</i>	614,632	0	65,130	679,762		
2	SUHRS	FCF	Eligible costs	<i>Direct Costs (a)</i>	133,636	0	4,000	137,636	0
				<i>of which subcontracting</i>	0	0	4,000	4,000	
				<i>Indirect Costs (b)</i>	13,363	0	0	13,363	
				<i>Total eligible costs</i>	146,999	0	4,000	150,999	
			<i>Requested EC contribution</i>	146,999	0	4,000	150,999		
3	WHO	AC	Eligible costs	<i>Direct Costs (a)</i>	109,943	0	2,000	111,943	0
				<i>of which subcontracting</i>	0	0	2,000	2,000	
				<i>Indirect Costs (b)</i>	14,292	0	0	14,292	
				<i>Total eligible costs</i>	124,235	0	2,000	126,235	
			<i>Requested EC contribution</i>	124,235	0	2,000	126,235		
4	INSERM	FCF	Eligible costs	<i>Direct Costs (a)</i>	89,005	0	3,500	92,505	0
				<i>of which subcontracting</i>	0	0	3,500	3,500	
				<i>Indirect Costs (b)</i>	17,801	0	0	17,801	
				<i>Total eligible costs</i>	106,806	0	3,500	110,306	
			<i>Requested EC contribution</i>	106,806	0	3,500	110,306		
5	HUBDB	AC	Eligible costs	<i>Direct Costs (a)</i>	69,199	0	3,500	72,699	0
				<i>of which subcontracting</i>	0	0	3,500	3,500	
				<i>Indirect Costs (b)</i>	13,839	0	0	13,839	
				<i>Total eligible costs</i>	83,038	0	3,500	86,538	
			<i>Requested EC contribution</i>	83,038	0	3,500	86,538		
6	SPH	AC	Eligible costs	<i>Direct Costs (a)</i>	30,686	0	3,500	34,186	0
				<i>of which subcontracting</i>	0	0	3,500	3,500	
				<i>Indirect Costs (b)</i>	6,137	0	0	6,137	
				<i>Total eligible costs</i>	36,823	0	3,500	40,323	
			<i>Requested EC contribution</i>	36,823	0	3,500	40,323		

Form A3.1 (continued)

Financial information - whole duration of project									
Partici part no	Organisation Short name	Cost model used	Estimated eligible costs and requested EC contribution (Whole duration of project)		Coordination activities (1)	Training activities (2)	Consortium management activities (3)	Total (4)=(1)+(2)+ (3)	Total receipts
7	INRAN	AC	Eligible costs	<i>Direct Costs (a)</i>	72,303	0	4,000	76,303	0
				<i>of which subcontracting</i>	0	0	4,000	4,000	
				<i>Indirect Costs (b)</i>	14,460	0	0	14,460	
				<i>Total eligible costs</i>	86,763	0	4,000	90,763	
				<i>Requested EC contribution</i>	86,763	0	4,000	90,763	
8	PHA	FCF	Eligible costs	<i>Direct Costs (a)</i>	69,199	0	3,500	72,699	0
				<i>of which subcontracting</i>	20,000	0	3,500	23,500	
				<i>Indirect Costs (b)</i>	9,840	0	0	9,840	
				<i>Total eligible costs</i>	79,039	0	3,500	82,539	
				<i>Requested EC contribution</i>	79,039	0	3,500	82,539	
9	MU	AC	Eligible costs	<i>Direct Costs (a)</i>	62,198	0	3,500	65,698	0
				<i>of which subcontracting</i>	0	0	3,500	3,500	
				<i>Indirect Costs (b)</i>	12,439	0	0	12,439	
				<i>Total eligible costs</i>	74,637	0	3,500	78,137	
				<i>Requested EC contribution</i>	74,637	0	3,500	78,137	
10	IPH-FBIH	AC	Eligible costs	<i>Direct Costs (a)</i>	65,198	0	3,500	68,698	0
				<i>of which subcontracting</i>	0	0	3,500	3,500	
				<i>Indirect Costs (b)</i>	13,039	0	0	13,039	
				<i>Total eligible costs</i>	78,237	0	3,500	81,737	
				<i>Requested EC contribution</i>	78,237	0	3,500	81,737	
44	NGPM	FC	Eligible costs	<i>Direct Costs (a)</i>	0	0	0	0	0
				<i>of which subcontracting</i>	0	0	0	0	
				<i>Indirect Costs (b)</i>	0	0	0	0	
				<i>Total eligible costs</i>	0	0	0	0	
				<i>Requested EC contribution</i>	0	0	0	0	

Form A3.1 (continued)

Financial information - whole duration of project									
Participant no	Organisation Short name	Cost model used	Estimated eligible costs and requested EC contribution (Whole duration of project)		Coordination activities (1)	Training activities (2)	Consortium management activities (3)	Total (4)=(1)+(2)+(3)	Total receipts
12	IVZ	AC	Eligible costs	<i>Direct Costs (a)</i>	12,681	0	3,500	16,181	0
				<i>of which subcontracting</i>	0	0	3,500	3,500	
				<i>Indirect Costs (b)</i>	2,536	0	0	2,536	
				<i>Total eligible costs</i>	15,217	0	3,500	18,717	
				<i>Requested EC contribution</i>	15,217	0	3,500	18,717	
13	GIFA	AC	Eligible costs	<i>Direct Costs (a)</i>	10,681	0	3,500	14,181	0
				<i>of which subcontracting</i>	0	0	3,500	3,500	
				<i>Indirect Costs (b)</i>	1,602	0	0	1,602	
				<i>Total eligible costs</i>	12,283	0	3,500	15,783	
				<i>Requested EC contribution</i>	12,283	0	3,500	15,783	
14	UCL	AC	Eligible costs	<i>Direct Costs (a)</i>	54,692	0	4,000	58,692	0
				<i>of which subcontracting</i>	0	0	4,000	4,000	
				<i>Indirect Costs (b)</i>	10,938	0	0	10,938	
				<i>Total eligible costs</i>	65,630	0	4,000	69,630	
				<i>Requested EC contribution</i>	65,630	0	4,000	69,630	
15	UEA	AC	Eligible costs	<i>Direct Costs (a)</i>	25,576	0	2,000	27,576	0
				<i>of which subcontracting</i>	0	0	2,000	2,000	
				<i>Indirect Costs (b)</i>	5,115	0	0	5,115	
				<i>Total eligible costs</i>	30,691	0	2,000	32,691	
				<i>Requested EC contribution</i>	30,691	0	2,000	32,691	
TOTAL			Eligible costs	1,555,030	0	109,130	1,664,160	0	
			Requested EC contribution	1,555,030	0	109,130	1,664,160		

Form A3.2

Estimated breakdown of the EC contribution per reporting period				
Reporting Periods	Start month	End month	Estimated Grant to the budget	
			Total	In which first six months
Reporting Period 1		18	786,345	
Reporting Period 2	19	36	877,815	348,725
Reporting Period 3				
Reporting Period 4				
Reporting Period 5				
Reporting Period 6				
Reporting Period 7				

8.3 Management level description of resources and budget

Personnel Costs

The project involves **216.75 person-months**, allocated in the light of the needs of the work packages and partners. The resulting distribution can be seen in the **CA PROJECT EFFORT FORM**.

Travel Costs

The coordination of the project will be given a high priority, working formally through the Scientific Committee, the Advisory Board, as well as a steering committee used when rapid decisions need to be made during the project (see section 6.1, Figure 1).

The Scientific Committee will decide on any necessary adjustments to the project scope and nature at project launching and on a continuous basis, and it will monitor the sound use of the consultations and travel budget.

The estimation of the unit cost for one person attending a meeting is based on an average European airfare of €60, and 2 per diems of an average of €160, resulting in a **unit cost of €1,280**.

- ***Six meetings of the Scientific Committee (SC)***

All partners will be represented on the Scientific Committee. It will meet 6 times for the whole duration of the project: a launching meeting (SC1) and then every 6 months (SC2 – 6). It will ensure scientific coordination, discuss the organisation of regional consultations, and assure the coherence and planning of subsequent project steps. It is planned that the meetings will take place at the different partner locations: London, Copenhagen, Riga, Sarajevo, Ankara, and Rome. Six travel units have been allocated to each partner except for P1 who is allocated a total of 12 units.

- ***Travel costs for the Advisory Board members (AB)***

The Advisory Board will meet 3 times for the whole duration of the project together: with SC2, SC4, and SC6. At least five members are foreseen to be part of the Advisory Board. Some funds, allocated for them to attend the AB meetings, will be managed by the Coordinator P1 (LSHTM).

- ***Travel costs for stakeholders participating in the plenary meetings***

Three plenary meetings will take place in relation to work packages 4, 12, and 13. At each occasion, approximately 20 stakeholders will be invited. These funds will be administered by the Partners responsible for the work packages (respectively WHO, SUHRS, INRAN).

- ***Additional Coordination travel for meetings of main researchers, Steering Committee meetings and links with other research projects under 2.1.***

In order to assure the flexibility of the project, additional travel is foreseen for the main researchers to assure a high level of coordination between the different work packages and meetings between the coordinator and the EC officer. It will be used for bilateral or multilateral meetings as needs arise (including Steering Committee Meetings); and allow the respective researchers to assist at the scientific coordination activities of projects undertaken under related tasks of the *FP6 2.1*, particularly *Task 7* (Enhancing health promotion and prevention through public health intervention research in Europe).The Scientific Committee

will monitor that these funds are wisely used. Consequently 6 travel units are allocated to P1, 3 to P2 and 3 to P3.

Managerial support and other costs

Provision of **managerial support** and other resources envisage a sum which includes dissemination budget allocated to P1 for the management of the project web site, the organisation of the dissemination activities judged appropriate by the Scientific Committee. P1, as project manager, requires an additional management funding for all expenses related to management of the project.

The management cost will ensure an appropriate management framework linking together all the project components and maintaining communication within the consortium.

The coordinator will also manage the travel budget for the Advisory Board members to attend the AB meetings.

Funds for auditing are allocated to each partner within the Management Activities costs. The Special Clause 39 (adopted on 28 April 2005 by EC) will be included in Article 7 of the project to exempts the contractors from the requirement to provide periodic audit certificates at the end of each reporting period. This decision takes into account the fact that most partners have a budget under 150.000 euros. For most of them the audit certificate will be required only at the end of the project duration. Then we estimated a high cost for auditing only for the coordinator which is supposed to submit more that one audit certificate. If additional auditing would be necessary for each institution, some reallocation of funding might be necessary. For this the advice of the contracting authority will be closely followed.

9 Other issues

Ethical issues

This programme should not raise any particular ethical issues as no research is planned on human participants. However, if in the course of the programme, any work with ethical implications does arise, appropriate proposals will be submitted to the ethics committee and LSHTM and to those of relevant partners. In most cases, survey data to be analysed will be anonymised and held and studied under existing ethical approval. The related data security and privacy issues have to be seriously dealt with. In the elaboration of this study great care will be taken to assure that sufficient attention is put on these potential risks.

Ethical issues checklist

Table A. Proposers are requested to fill in the following table

Does your proposed research raise sensitive ethical questions related to:	YES	NO
Human beings		X
Human biological samples		X
Personal data (whether identified by name or not)		X
Genetic information		X
Animals		X

Table B. Proposers are requested to confirm that the proposed research does not involve:

Research activity aimed at human cloning for reproductive purposes,
Research activity intended to modify the genetic heritage of human beings which could make such changes heritable
Research activity intended to create human embryos solely for the purpose of research or for the purpose of stem cell procurement, including by means of somatic cell nuclear transfer.

	YES	NO
Confirmation : the proposed research involves none of the issues listed in Table B	X	

Gender issues

The project is not expected to encounter important gender issues. It addresses the health needs of both men and women and will contribute to an enhanced understanding, for both genders, of obesity and its determinants and of policy issues for tackling obesity in Europe.

Policy issues

This project is designed to examine EU policy related to obesity and its determinants (including inequalities) and to propose new tools to assess them. The European policy level being part of the object of this study will surely be adequately taken into account.

Appendix A - Consortium description

A.1 Participants and consortium

This project brings together a team of high level experts with very extensive experience in the fields of public health nutrition, physical activity, public health policy, and economics. The consortium combines geographical and disciplinary diversity with academic rigour and policy relevance. All partners have previous collaboration experience with the main partners of the consortium.

Geographical diversity is assured by the spread of partners, who come from six EU Member States (UK, Denmark, Italy, France, Latvia, Czech Republic, Slovenia), one candidate country (Turkey) and one country from the Balkan Stability Pact suffering from major health inequalities (Bosnia and Herzegovina). The WHO offices in Europe (Copenhagen and Venice) will also participate in the project, as well as the British Heart Foundation Health Promotion Research Group. The teams of researchers and the countries involved will ensure that the whole of Europe is covered: from the North (Denmark and Latvia) to the South (France, Italy, Turkey, Bosnia & Herzegovina), from the Central and the Eastern part (Czech Republic and Slovenia) to the West (UK), while not forgetting the centre, Switzerland. All partners have expertise and experience of issues regarding health inequalities in addition to public health nutrition and physical activity in relation to the prevention of obesity.

Disciplinary diversity is assured by the combination of academics in the fields of public health nutrition and physical activity, public health researchers, epidemiologists, health and social policy analysts, economists, and public health professionals. The partners bring a wide range of expertise in public health research and European policy analysis (e.g. P1-LHSTM), public health nutrition and physical activity policy analysis (e.g. P2-SUHRS, P3-WHO, P6-SEPHO, P7-INRAN, P13-GIFA), health inequalities (P14-UCL), particular knowledge of regional policies in nutrition, physical activity and obesity (e.g. P8-PHA, P9-MU, P10-IPH-FBIH, P12-IVZ), health economy (e.g. P15-UEA). The expertise and experiences of each partner is described in details below.

Academic rigour is assured by the strong track record of the researchers involved in carrying out technical and scientific public health and policy analyses in the field of nutrition and physical activity in Europe, in preparing scientific research report, in undertaking a wide-range of evidence gathering, analysis and interpretation, and in organising high-level networking activities. The partners have already published extensively on issues related to European health policy in high impact journals in the fields of nutrition, physical activity, and obesity. They bring to the project an unparalleled knowledge of EU health policy and its political context, historical development, and areas for potential policy and legislative developments in the field of public health nutrition and physical activity.

The project combines **Europe-wide analysis** and complex **networking activities**. In any project of this complexity, there is of course the risk of fragmentation and poor co-ordination. However this project builds on **strong, existing collaborations** between the partners in various activities (for example in conducting high quality scientific evidence reviews; undertaking evidence gathering, synthesis and interpretation of data in countries across Europe; policy analysis; preparing reports of current practice and policies and providing advice on possible actions; employing a wide range of media such as academic papers/policy reports/policy briefs; engaging with policy makers and stakeholders; organising conferences and facilitating meetings). Furthermore, all partners have been actively involved in the preparation of the proposal, by creatively contributing to the projects rational and scope. Each partner prepared the work package(s) for which they are responsible, and contributed to the

development of the research objectives. All partners participated in a revision of the finished text. This joint effort has provided a flavour of the success to be expected from this collaboration.

Coordination of the research is of utmost importance for the success of the project, assured by a scientific coordination function and an adequate part of the budget allocated to coordination meetings. The partners have a strong track record in delivering high quality, timely products for the Commission, such as the recent report on the contribution of health to the European economy. The following sections illustrate the different resources to be used, before going on to examine the institutions and individual researchers in turn.

Short Description of the Partners in the Project

On the following pages are short descriptions of each partner and the main researcher to be involved in the proposed research.

P1 London School of Hygiene and Tropical Medicine – LSHTM

Professor Martin McKee

The LSHTM will act as the overall Project coordinator and manage the relations with the European Commission's Task Manager. It will be responsible for WP1 (Project Launch), WP14 (Project management) and WP15 (Monitoring and quality assurance).

LSHTM – London School of Hygiene and Tropical Medicine

The LSHTM is Britain's national school of public health and a leading postgraduate institution in Europe undertaking research and teaching in international health. Part of the University of London, the London School is an internationally recognized centre of excellence and is among the highest-rated research institutions in the UK Higher Education Funding Council review system.

The mission of the London School of Hygiene & Tropical Medicine is to contribute to the improvement of health worldwide through the pursuit of excellence in research, postgraduate teaching, advanced training and consultancy in international public health and tropical medicine. It is one of the highest-rated research institutions in the UK. Its environment is a rich multicultural one: every year over 800 students come to the School from 95 countries. Staff are drawn from 35 nationalities. The School collaborates in research with over 100 countries throughout the world, utilizing our critical mass of multidisciplinary expertise, which includes clinicians, public health practitioners, molecular biologists, anthropologists and social scientists.

Martin McKee

Martin McKee is Professor of European Public Health at LSHTM, London School of Hygiene and Tropical Medicine. He qualified in medicine in Northern Ireland and subsequently trained in public health in London. Since 1990 he has been involved extensively in research on health and health policy in Europe. He co-directs the School's European Centre on Health of Societies in Transition (ECOHST), a WHO Collaborating Centre. He is also a research director in the European Observatory on Health Care Systems and an editor of the European Journal of Public Health. He has published 370 papers in peer-reviewed journals and he is author or editor of 21 books. He is familiar with contemporary issues in European health policy, having published two books on EU law and health and another on the health impact of EU accession. He has written several other influential reports for the European Commission, including ones on the systems for managing outbreaks of infectious disease that cross borders

and the contribution of health to economic growth. His research is financed by the European Commission, UK Department for International Development, Department of Health, National Health Service, and Medical Research Council, Canadian Health Services Research Foundation, Wellcome Trust, Nuffield Trust, Soros Foundation and US National Institutes of Health. He is a member of many high-level advisory boards in Europe and North America. Honours include the award of a Commander of the Order of the British Empire, the 2003 Andrija Stampar medal for contributions to European public health, honorary doctorates from the Universities of Debrecen, in Hungary, and Maastricht, in The Netherlands, honorary membership of the Romanian Academy of Medical Sciences, and Fellowship of the UK Academy of Medical Sciences.

P2 Metropolitan University College (formerly SUHR's Seminarium), Copenhagen, Denmark - SUHRS

Dr Aileen Robertson

SUHRS will be responsible for WP5 (Development and Coordination of sub-regional analyses) and WP 12 (Comparative analysis of regional consultations). It will also host the 2nd Scientific Committee meeting.

Metropolitan University College (formerly SUHR's Seminarium), Copenhagen

The European Commission has accepted SUHR's application of an ERASMUS University Charter (EUC) until 2006/2007. The ambition of SUHR's Seminarium, situated in Copenhagen, is to establish an international centre of higher education in nutrition and health. To fulfil this ambition, SUHR's engages with international institutions working in the fields of nutrition, food, and public health. Internationally Suhr's is a member of the European Association of Institutions in Higher Education (EURASHE) (in 2002 the rector of SUHR's became president for the Danish section organising around 70 institutions representing app. 30.000 students) and has participated in the European Association of International Education (EAIE). SUHR's has successfully participated in the following projects: SOCRATES: Euromodule in Consumer Education with participants from nine countries, disseminated in 2001 ; GRUNDTVIG 1: Consumer Education for Adults (CEA) with participants from six countries, 2001-2003 ; GRUNDTVIG 4: Consumer Education for Adults Project Network (CEAN), an application with partners from approximately 15 countries to run 2003-2005 ; ERASMUS 3: Consumer Citizenship Network (CCN), an application with partners from several countries to run 2003-2005 ; EuroFIR: Traditional Foods, a project integrated in a substantial EU project on European Food Information Resource, EuroFIR, under the EU programme Food Quality and Safety. The project has more than 70 partners from other countries. The overall objectives of EuroFIR is to build and disseminate a comprehensive and coherent set of validated databases providing a single, authoritative source of food composition data in Europe for nutrients, newly emerging bioactive compounds with putative biological activity and selected contaminants. SUHR's has institutional contracts with institutions from 6 countries: Great Britain, Netherlands, Finland, Spain, Germany and Slovenia.

SUHR's is establishing an international centre of higher education in nutrition and health and the board of governors has approved the international strategy, including: Further integration of the international perspective into all the modules of the new Danish education in nutrition and health started in 2002, and working towards a new international education, Global Bachelor of Public Health Nutrition and Food Policy ; Seek to initiate and/or participate in international projects in the fields of nutrition, food, and public health.

Dr Aileen Robertson

Aileen Robertson now works at SUHR's Seminarium in Copenhagen as a public health nutritionist, both lecturing and carrying out research into public health nutrition. She carried out her undergraduate and post-graduate studies (Master Degree and PhD Degree in nutrition) in Scotland under Professor Philip James (now chairman of IOTF) at the Rowett Research Institute. From 1992 until September 2004, she worked with WHO for 12 years, where she was Regional Adviser for Nutrition Policy and Food Security (1995-2004), advising 52 countries in the European Region on public health and food and nutrition policy. Together with Professor Philip James, she wrote the chapter "War in Former Yugoslavia: Coping with Nutritional Issues" published in "Essentials of Human Nutrition" by Mann & Truswell concerning her public health work in Bosnia during the war from 1992-95. She also wrote the chapters "Food is a political issue" published in 1st & 2nd editions of "Social Determinants of Health" by Professors Marmot & Wilkinson. During her time at WHO Aileen edited 2 books: "Feeding & Nutrition of Infants and Young Children" together with Professor Kim Fleischer Michaelsen at Institute of Human Nutrition, Copenhagen and Professor Lawrence Weaver in Glasgow; and "Food & Health in Europe: a new basis for action" which addresses issues such as public health, nutrition and physical activity. In addition she produced an extensive number of documents, reports and scientific papers. Currently she is a member of the newly established Food & Health Council in Scotland and as part of the review of the implementation of the Scottish Diet Action Plan, she was commissioned to carry out an international comparison between Scotland and 12 other countries. Aileen has published extensively regarding public health and agriculture policies, including a paper with Professor John Bryden on Rural Development and Food Policy in Europe. She was instrumental in the endorsement of the First Action Plan for Food and Nutrition Policy in Europe. More Recently she is an member of several DG SANCO funded projects including EMOB (Mapping of obesity intervention projects in Europe) and EUNUTNET (public health nutrition and physical activity initiative) and along with the coordinators (LSHTM) of this consortium have successful bid for a restricted tender for a report to DG SANCO on "Obesity and Inequalities".

P3 World Health Organization Regional Office for Europe – Nutrition and Food Security, Copenhagen, Denmark

Dr Francesco Branca, Dr Trudy Wijnhoven

The WHO Regional office for Europe will be responsible for WP4 (Development of policy analysis tools and the meeting to discuss them) and for WP13 (Adaptation of European policy recommendations on nutrition and physical activity to take into account socio-economic inequalities).

The WHO Regional Office will be involved with two of its programmes in the Division of Technical Support, the **Nutrition and Food Security Programme (NFS)** and the **WHO European Office for Investment for Health and Development, Venice**.

Nutrition and Food Security Programme (NFS)

The Nutrition and Food Security Programme (NFS) encourages the development of food and nutrition action plans, including the development of food-based dietary guidelines and infant/young child feeding strategies, as an integral part of national health policies. NFS supports the development of nutrition information systems which highlight the relationship between food, nutrition and health, such as micronutrient deficiencies (iodine and iron deficiency) and non-communicable diseases. Food and nutrition policies should be based on

scientific evidence. WHO provides tools for health professionals and policy-makers to carry out nutrition surveys, advise on diet and develop food and nutrition policies.

In 2000, the WHO Regional Committee for Europe endorsed the First Action Plan for Food and Nutrition Policy in the WHO European Region 2000-2005. The development of a WHO Food and Nutrition Action Plan is the first step towards intersectoral action which combines both public health and sustainable development. To assist Member States in developing and implementing National Food and Nutrition Action Plans, WHO has developed a 3 day training module on Intersectoral Food and Nutrition Policy Development for Decision Makers. As at January 2006, 47 WHO Member States in the European Region indicated they had initiated or were developing a nutrition policy

WHO has developed a dietary guide in collaboration with the WHO Countrywide Integrated Noncommunicable Diseases Intervention (CINDI) Programme. The guide aims to help health professionals develop local recommendations that help people enjoy their food and at the same time help protect public health and the environment. A healthy lifestyle encompasses a healthy attitude towards eating, exercise, alcohol and smoking. Member States are encouraged to mount campaigns promoting healthy lifestyles. <http://www.euro.who.int/Nutrition>

WHO European Office for Investment for Health and Development, Venice

The mission of the WHO European Office for Investment for Health and Development is to provide an evidence-based, systematic and accountable approach to the full integration of the socioeconomic determinants of health into development strategies of countries in the WHO European Region. The Office formally opened in December 2003.

Operationally, the Office fulfils two interrelated functions:

- Country services: To provide a portfolio of services to Member States to increase capacity to invest for the promotion of health by addressing, and integrating into development agendas, the policy implications of the social and economic determinants of health.
- Research and development: To monitor, review and systematize the policy implications of emerging research findings on the social and economic determinants of health;

Essential to the execution of both functions are activities to develop skills and know-how. Designed for policy-makers, practitioners and representatives from nongovernmental organizations, academia, and other programs of WHO and other United Nations agencies. The Office applies the results in carrying out its two main functions. <http://www.euro.who.int/socialdeterminants>

From start of project to August 2008

Dr Francesco Branca

Francesco Branca was the Regional Advisor for Nutrition and Food Security from 2005 until August 2008. He holds a PhD in Nutrition from the University of Aberdeen and has been working as a nutrition scientist in Italy since 1988, dealing with nutrition assessment and the development of country nutrition profiles, the design of nutrition intervention trials and of recommendations for nutrition policy and programmes. In this function he has coordinated three EC funded projects (the Concerted Action VENUS, the RTD project PHYTOS and the Thematic Network PHYTOHEALTH) dealing with bioactive dietary compounds.

From August 2008 to end of project

Trudy Wijnhoven

Trudy Wijnhoven has been working since 1996 for the World Health Organization (WHO) at various duty stations and is currently the technical officer nutrition surveillance at the WHO Regional Office for Europe. Among other tasks, her main responsibilities are: Monitoring progress in Member States on improving nutrition and physical activity and preventing obesity in the WHO European Region; development and coordination of the WHO European Childhood Obesity Surveillance Initiative; review the data on the nutritional status of children, adolescents and adults in the WHO European Region. She has a Master's Degree in Human Nutrition (Wageningen University, Netherlands), a Master's degree in Epidemiology (London School of Hygiene and Tropical Medicine, UK) and a Bachelor's Degree in Dietetics (Arnhem-Nijmegen University of Professional Education, Netherlands).

P4 Institut National de la Santé et de la Recherche Médicale, INSERM – UMR 476 Human Nutrition and Lipids, Faculté de Médecine Timone, Marseille, France – INSERM

Dr Nicole Darmon

The INSERM will be responsible for WP11 (Working groups in western Europe).

INSERM – Unité Mixte de Recherche 476 INSERM and Unit 1260 INRA, Marseille, France

The INSERM UMR Unit 476 is dedicated to research in human nutrition. Its projects combine descriptive and mechanistic approaches, using various methodologies, from molecular biology, cell culture, genetic and nutritional animal models, to nutritional epidemiology. Obesity, cardiovascular diseases, the metabolic syndrome, the metabolic complications of diabetes, malabsorption and malnutrition are studied, as well as the potential preventive effect of the Mediterranean diet. The research is primarily focused on the mechanisms regulating the digestion and bioavailability of lipids and phyto-micronutrients and the interactions between diet, gene polymorphisms and risks for cardiovascular disease. Intervention studies are undertaken in healthy volunteers or patients suffering from the metabolic syndrome, and deregulation of lipids and cholesterol metabolism. The preventive effect of the diet on cardiovascular risk is also examined. The INSERM is a partner in various international projects and networks, including NUGO (European Network of Excellence on Nutrigenomics) and Lipgene (European project on Diet, genomics and the metabolic syndrome).

Dr Nicole Darmon

Nicole Darmon, PhD, is a research associate at the INSERM since 1990. She has been actively involved in public health nutrition research, with a special focus on the relationship between nutrition and poverty in industrialized countries. She has developed diet optimization by linear programming to explore the impact of economic constraints on diet quality and to estimate the minimal cost of a healthy diet. She has conducted the first nutritional study of homeless persons in France (1998-2000), an intervention study with a fortified "street food" for the homeless (2001-2002), and nutritional and economic analysis of food aid in France (2003-2004), with grants from the National Nutrition and Health Programme, the "PNNS" (French Ministry of Health). She pursues the study of the relationships between dietary quality and diet cost, using data from the most recent French nutritional surveys (Suvimax, Inca). She is a partner in an ongoing project involving nutritional epidemiologists and economists aimed at performing an economic analysing of food and nutrition policies in France (grant from the National Research Agency, Research Program on Human Nutrition) and she is the principal investigator of a project aimed at analysing the cost and nutritional implications of French food-based dietary guidelines (grant from the National Institute for the

Prevention of Health). She has published 35 publications in peer-reviewed journals. She is a lecturer in schools of agriculture and food industry. She is a scientific expert in several French institutional and NGO committees. She has been actively involved in the development of national public health programmes such as the PNNS (2001) and the Food Security Education Programme (PAI, 2003), and in the definition of official recommendations, such as the French nutritional recommendations (revised 2001), the food-based recommendations for food aid (2005). She is a member of the "Nutritional Profiling" team of the AFSSA (French Safety Food Agency) and of the team currently revising the recommendations for school meals in France (Ministry of Economy). In 2005, she has been invited to participate (as a linear programming expert) in the WHO/UNICEF/SCN informal consultation on Community based management of severe malnutrition in children (Geneva) and in the WHO Regional Office for Europe and the Department of Health of the United Kingdom consultation on inequalities and obesity (London).

P5 Hacettepe University Department of Nutrition and Dietetics (School of Health Technology), Ankara, Turkey – HUBDB

Professor Gülden Pekcan, PhD

HUBDB will be responsible for WP9 (Working groups in Southern Europe). It will also host the 5th Scientific Committee meeting and plenary meeting associated with WP12.

HUDND – Hacettepe University Department of Nutrition and Dietetics

HUDND is the first educational institution that provides a professional training programme at university level of this field in Turkey on Nutrition and Dietetics. The graduate programme is four years. Graduates can find a post as a dietician in managerial, therapeutic and consulting positions, or work in a variety of public and private health institutions. The Department has three divisions: Nutritional Sciences, Dietetics, and Community Nutrition and Institutional Food Services Divisions. Through the integrated sequential courses of study, the students develop an understanding of the principles, concepts and skills necessary for their profession as a nutritionist and dietician. Post graduate programmes (MSc and PhD) have been running since 1966. The Department has had many experiences of holding nationwide dietary surveys, collaborating in national and international projects on nutrition and dietetics, organizing international meetings, acting as advisory body to ministries and other institutions, and doing laboratory investigations, among others.

Gülden Pekcan

Gülden Pekcan is a Professor of Nutrition and Dietetics. She is the Head of the Community Nutrition Division in the Department of Nutrition and Dietetics at HUDND. She has a PhD (1977) in Nutrition and Food Sciences. She has participated in and coordinated a number of national and international collaborative nutritional studies. She acted as an expert consultant in the development of the Turkish National Food and Nutrition Action Plan and has also been a member of several advisory and scientific committees and councils on public health nutrition topics for national programmes, for different ministries, UNICEF and the FAO in Turkey. Dr Pekcan is a member of several committees including the Advisory Committee of the Turkish Ministry of Health on Iodine Deficiency Disorders, on the Prevention of Iron deficiency Anaemia, on the Prevention of Bone Health and Vitamin D Deficiency, on the National Codex Committee on Nutrition and Foods for Special Dietary Uses, Advisory Board of the Foundation for the Advancement of the Mediterranean Diet (Spain). She has recently been designated as the President of the Nutrigenetics Association. She has attended numerous workshops organized mainly by the WHO and the FAO. She has published more than 80

papers and chapters in several books. Her research interests include nutritional assessment, nutritional anthropometry, nutritional problems, and food and nutrition policies.

P6 South East Public Health Observatory, Oxford, UK – SEPHO

Dr Harry Rutter

SEPHO will not lead a specific work package but will be involved in several work packages.

The South East Public Health Observatory (SEPHO) is one of nine regional Observatories throughout England and Wales and is a member of the Association of Public Health Observatories.

SEPHO's aim is to improve health and reduce inequalities in the South East region by providing information and support to local organisations, partners and stakeholders. We do this by:

- providing authoritative and appropriate public health information knowledge and skills;
- producing interpretive reports and briefings on topical issues;
- developing the technical systems to enable users to access and share resources and;
- supporting networks of public health organisations, professionals and practitioners.

SEPHO incorporates the [Drug Treatment Monitoring Unit of the South East](#) and works in close collaboration with the University of Oxford.

SEPHO is one of three teams which make up the umbrella organisation 'Supporting Public Health'. The other two teams are the Oxford Cancer Intelligence Unit and the Public Health Resource Unit.

SEPHO is the lead observatory for work related to Coronary Heart Disease, Physical Activity, Stroke, Obesity, and Transport.

Further information on the work of SEPHO can be found on: www.sepho.org.uk.

Dr Harry Rutter

Harry Rutter is a public health physician; he is head of health impact assessment in the South East Public Health Group, deputy director of SEPHO, and an honorary senior clinical lecturer at the University of Oxford where he is an associate of the British Heart Foundation Health Promotion Research group.

Harry has extensive expertise in the field of transport, built environment and health. He is currently working with the World Health Organisation on the Transport Health and Environment Pan-European Programme; he sits on a European Commission task force on physical activity; and he is a member of the steering committee of the European Health Enhancing Physical Activity network. He sits on the board of the Milton Keynes South Midlands Architecture and Built Environment Centre. He has a broad interest in the relationship between all aspects of the built environment and health, in particular the health benefits of walking and cycling, and he is currently developing work around economic evaluation of these benefits. He is a member of the English Department of Health National Expert Advisory Group on Childhood Obesity, and of the Department of Health 'Healthy living' social marketing expert review group. He works closely with the Department for Transport nationally and is a member of both the Faculty of Public Health and the Urban Design Group in the UK.

P7 Istituto Nazionale di Ricerca per gli Alimenti e la Nutrizione, Rome, Italy - INRAN

Dr Giuseppe Maiani

INRAN will be involved in WP13 (Adaptation of European policy recommendations on nutrition and physical activity), and within this WP will be responsible for organising the final plenary meeting to discuss the policy recommendations and its attached instruments and host the 6th Scientific Committee meeting.

INRAN – National Research Institute for Food and Nutrition

INRAN is a public research organisation within the Ministry of Agricultural Policy and Forestry. INRAN performs research activity, information and promotion in the food and nutrition field and it has a long-lasting experience in conducting nationwide nutritional and food consumption surveys and data processing and management. INRAN collaborates with universities and other scientific organisations at national and international level in order to reach the above illustrated aims.

INRAN is at present involved in the Specific Targeted Research HELENA on “Healthy Lifestyle in Europe by Nutrition in Adolescence”, which includes an analysis on obesity in adolescence in Europe. It is also involved in several other projects as DAFNE III, EFCOSUM, MONTECARLO, SENIOR-QOL, Flair-Eurofoods-Enfant, COST99, VENUS, PHYTOS, ISOHEART, HECTOR, EuroFIR, SAFEFOODS, CASCADE, NOFORISK, PHYTOHEALTH.

The team involved in the implementation of the proposed project include:

- Dr Giuseppe Maiani (senior researcher, Director of Human Nutrition Unit): Expertise in the assessment of biochemical nutritional status, bioavailability of activity compound after food intake in human.
- Dr Lorenza Mistura (Researcher): Expertise in statistics, nutrition and anthropometric data analysis, sampling methodology.
- Dr Marika Ferrari (Researcher): Expertise in biology, body composition and biochemical assessment.
- Dr Paola D’Acapito (Researcher): Expertise in nutrition, nutritional status and risk evaluation.
- Dr Angela Polito (Researcher): Expertise in the evaluation of body composition and energy metabolism.

Dr Giuseppe Maiani

His research activity operates in the field of nutritional epidemiology and investigates the mechanisms of intestinal absorption and the bioavailability of natural compounds that can act as antioxidants (carotenoids and flavonoids). His research interest includes the analyses of the relationship that occurs between dietary habits and antioxidant status in humans and its subsequent impact on human health.

P8 The Centre of Health Economics (formerly Public Health Agency, formerly Health Promotion state Agency), Ministry of Health, Riga, Latvia - CHE

Dr Iveta Pudule

CHE will be responsible for WP8 (Working group in Nordic and Baltic countries).

CHE – The Centre of Health Economics, Latvia, Riga

The Centre of Health Economics (CHE) (formerly known as “Health Promotion State Agency” (HPSDA), then the “Public Health Agency” (PHA)) was established in 2009 by the

Ministry of Health. The main goal of CHE is health promotion in Latvia. Since its establishment according to the delegated functions, CHE has been gathered experience in:

- public health policy development;
- health promotion and public health legislation initiatives;
- health education among different target groups;
- health promotion research.

Some of CHE employees are actively involved in the teaching process. Lectures and practical lessons are conducted for university students studying public health and family medicine. The main activity of CHE is research development and implementation. The key research areas are: health behaviour among school-aged children and Latvian adult population, nutrition, breastfeeding and use of tobacco. The main studies that were implemented by CHE are:

- Health behaviour in school-aged children, WHO supported international study 200/2001 and 2005/2006;
- Health behaviour among Latvian adult population 1998, 2000, 2002, 20004, 2006;
- Global Youth Tobacco Survey 2002,
- Nutrition and Lifestyle study in the Baltic Republics, 1997.

The issues raised in the surveys are relevant to national interests and are important within the international scope as the most of research are implemented in collaboration with other countries.

Dr Iveta Pudule

Dr Pudule (MSc in Health Promotion) has worked since 1997 in the Health Promotion Department of the Public Health Agency (formerly, Health Promotion State Agency), then from 1 October 2009 for The Centre of Health Economics. She graduated from the St Petersburg Medical Institute of Sanitation and Hygiene in 1982 and finished her PhD in Public Health (Riga Stradin's University) in 2001.

She has been involved in several research projects as principal investigator, including: the WHO Nutrition Survey in Latvia in 1997, the Health Behaviour Monitoring Surveys of the Latvian Adult Population since 1998, the Health Behaviour Study of School-aged Children (HBSC) - a cross-national research study conducted in collaboration with the WHO Regional Office for Europe since 2002, the WHO EUROHIS survey in Latvia in 2001/2002, the WHO Global Youth Tobacco survey in Latvia in 2001, the WHO World Health Survey in Latvia in 2002, NORBAGREEN 2002 study of consumption of vegetables, potatoes, fruit, bread and fish in the Nordic and Baltic countries. She has published more than 20 papers in peer-reviewed journals. She is currently a member of the Nutrition Council in Latvia. She participated in the development of the first Food and Nutrition Action Plan in Latvia. She is the chairperson of the Latvian National Coalition on Tobacco Control and the chairperson of the Public Health Association of Latvia.

P9 Masaryk University, Department of Preventive Medicine, Czech Republic – MU

Professor Zuzana Brazdova

MU will be responsible for WP6 (Working groups in Central and Eastern Europe).

MU – Department of Preventive Medicine, Masaryk University, Brno, Czech Republic

The Department of Preventive Medicine, Masaryk University, is an institution with expertise in formulating nutrition policy and its instruments, e.g. designing food based dietary guidelines for the Czech Republic, implementation and evaluation, community interventions focused on healthy life style in different population groups. It is known in the Czech Republic as the leading centre with high credit in the field of public health. Among research activities,

there are studies focused on environmental risk assessment, dietary studies. Among educational activities new methods of population interventions have been developed since 1992. As consultant, the department carried out several projects in Central Asia (together with WHO, ZdravPlus, AKF etc.) and countries of the former Soviet Union.

Professor Zuzana Brazdova

Zuzana Brazdova is a Professor and head of the Department of Preventive Medicine, Masaryk University in Brno. She graduated in general medicine from the School of Medicine at the University of J.E.Purkyne in Czechoslovakia and followed in Charles University in Prague, where she defended her PhD thesis in 1985. Since then, she did a number of projects focusing on community nutrition. Since 1998, she was responsible for several WHO educational programs designed for countries of the former Soviet Union, in 2005 she worked (as a WHO consultant) in Uzbekistan and Georgia, consulting on the process of national food and nutrition policy formulation and implementation. Her expertise includes, among others, the design of interventions in community nutrition, methods of dietary intake assessment, nutrition policy evaluation, and community nutrition work with minorities.

P10 Institute of Public Health of the Federation of Bosnia and Herzegovina, Sarajevo, Bosnia & Herzegovina – IPH-FBIH

Dr Aida Filipovic-Hadziomeragic

IPH-FBIH will be responsible for WP10 (Working groups in South-Eastern Europe). It will also host the 3rd Scientific Committee meeting.

IPH-FBIH - Institute of Public Health, Sarajevo, Bosnia & Herzegovina

The Institute of Public Health is responsible for improving public health in Bosnia via public health policy implementation and monitoring. In 2003, the population of Bosnia and Herzegovina was approximately 4.1 millions. The Institute has to deal with the issues of inequalities and obesity, where these concerns are amongst the greatest in Europe. In 2003, WHO estimated that for every 1000 live births in Bosnia and Herzegovina, there was a probability that 18 children, compared with only 8 in comparable countries, would die before age five. The Millennium Development Goal (MDG) for the under-5 mortality rate for Europe is 15 deaths per 1000 live births by 2015. Antenatal care is one of the most important services in health care to prevent obesity and reduce the burden of inequalities. Nevertheless, antenatal care can be expensive, and interventions may be excessive, unneeded and unproven. A simplified model of antenatal care, based on evidence of benefit, is needed.

A person born in Bosnia and Herzegovina in 2003 can expect to live 73.0 years on average: 76.0 years if female and 69.0 years if male and there has been no notable improvement since 1990. It is well known that people can respond with lifestyle changes that can increase healthy years of life, but this is not apparent in Bosnia, despite efforts of the Institute of Public Health. Correspondingly, health care systems in Bosnia need to shift towards more prevention and management of chronic diseases related to inequalities and obesity. These measures, to improve health and prevent disease, need to focus on a life-cycle approach, starting with antenatal care through to people of working age and also the elderly.

Health outcomes are influenced by various factors that operate at individual, household and community levels. Obvious factors are diet, health behaviour, and increased physical activity. However, underlying health determinants of a socioeconomic nature also play a role. In Bosnia and Herzegovina, per capita gross national income was US\$ 6250 PPP in 2003, below the average of \$6842 in other comparable countries. In 2002, almost one fifth or 20% of

people in Bosnia and Herzegovina were living in relative poverty. Similarly in 2001, the GINI index for Bosnia and Herzegovina was 26.1, the lowest among comparable countries.

The burden of disease in a population can be viewed as the gap between current health status and an ideal. Causing the gap in Bosnia are premature mortality and certain risk factors that contribute to illness. The top cause of ill health, cardiovascular diseases, accounts for approximately 30% of the burden of disease among males and females in Bosnia and Herzegovina. High blood pressure, obesity, high serum cholesterol, lack of fruit and vegetables and physical inactivity account for around one third of the burden of disease in women and over 40% in men.

Dr Aida Filipovic-Hadziomeragic

Dr Aida Filipovic-Hadziomeragic is a medical public health doctor who has also trained in public health nutrition. In Bosnia, she is the responsible for implementing and monitoring the impact of public health policies related to food and nutrition and physical activity. She is employed at the Institute of Public Health in Sarajevo. Dr Aida Filipovic-Hadziomeragic has published studies and reports relating to the impact of the war on the food and nutrition situation in Bosnia and has been monitoring the change in eating patterns and obesity rates following the war. Dr Aida Filipovic-Hadziomeragic spent some time in the US and since returning has been working on developing and implementing interventions to prevent the development of chronic diseases due to increasing rates of obesity especially among the poorest groups in society.

P11 National Centre for Preventive Medicine, Moscow, Russia – NCPM

Participation in the contract of Partner 11 was terminated after contract amendment.

P12 Institute of Public Health of the Republic of Slovenia, Ljubljana, Slovenia – IVZ

Dr Mojca Gabrijelcic Blenkus

The IVZ will not lead a specific work package but will be involved in several work packages.

Institute of Public Health - IVZ

The Institute of Public Health of the Republic of Slovenia, as it is known today, was established by the government in 1992. It is located in Ljubljana and is a governmental institution whose mission it is to contribute to the overall population health through health care promotion, extensive research and public awareness, as well as many other services. The Institute is currently headed by Dr. Andrej Marusic who has been the director since 2002. There are over 260 employees with diverse backgrounds, many holding masters, Ph.D and MD degrees from fields such as genetics, communications, psychology, psychiatry, general medicine, biology, social sciences, IT etc.

The Institute is divided into five centres. The Health and Health Research Centre collects, organizes and analyzes health related statistical data in the fields of diagnosis. It also collects data and makes them available to users at home and abroad. The Centre for Healthcare Organization, Economics and Informatics prepares the information for legislation in the field of health care. There are also the centres for Environmental Health and Communicable Diseases. The Centre for Health Promotion develops and implements many preventive programmes and projects. Finally, the Outpatient facility provides outpatient services like vaccinations for persons travelling abroad.

Dr Mojca Gabrijelcic Blenkus

Mojca Gabrijelcic Blenkus is a medical doctor specialized in public health. Her special interest is in nutrition and health promotion where she has mostly been involved in research and program development, especially for children and adolescent. She was intensively involved in preparation of the Slovene Food and Nutrition Action Plan and as a part of this in HIA on food and nutrition policies in Slovenia. At the moment she is the head of the Health promotion center at the Institute of public health of the Republic of Slovenia. She is the national coordinator of DG SANCO funded projects "The effectiveness of Health Impact assessment", "Health in all policies" and "Capacity Building in health promotion" and a member of national team in "DAFNE V". She is also involved in several national projects and programmes concerning nutrition, physical activity and obesity. She is the WHO national counterpart for nutrition and a member of Nutrition and Physical Activity network of the EC.

P13 Geneva Infant Feeding Association, Geneva, Switzerland – GIFA

Dr Lida Lhotska

GIFA will not lead a specific work package but will be involved in several work packages.

Geneva Infant Feeding Association

The Geneva Infant Feeding Association (GIFA) was founded in 1979 to work in Geneva, Switzerland and all over the world to protect, promote and support breastfeeding against the harmful marketing practices of the baby food industry. It is one of the member groups of the International Baby Food Action Network. In 1998, IBFAN was one of the four recipients of the Right Livelihood Award, often referred to as the “Alternative Nobel Prize”. IBFAN was honoured for its “committed and effective campaigning over nearly 20 years for the right of mothers to choose to breastfeed their babies free from the commercial pressure and misinformation with which companies promote breastmilk substitutes”.

GIFA hosts the European Regional Coordinating Office of IBFAN and within the network serves as an international liaison office with the UN and other partners. The IBFAN network has now grown to almost 200 member groups in over 90 countries. In Europe, the network comprises of 50 groups of which 34 are based in 13 of the EU member countries. We also have members in Bosnia & Herzegovina, Bulgaria, Croatia, Macedonia, Serbia & Montenegro and the UN province of Kosovo, and most recently in Turkey. Among the many activities undertaken by GIFA in collaboration with intergovernmental organisations (e.g. WHO and UNICEF) and NGO partners are:

- A member of the project team which developed the EU Blueprint on Protection, Promotion and Support of Breastfeeding.
- Active involvement in the campaign for implementation of the upcoming new Growth Standards for infants and young children, with focus on Europe.
- Advocacy for implementation of UN Conventions, including the Convention on the Rights of the Child (CRC), the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) and the Conventions of the International Labour Organisation (ILO) as they relate to the rights of women and children to optimal health.
- Advocacy for full implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions at regional and local levels coupled with monitoring of company compliance with the Code and relevant WHA resolutions.
- Representation at the Codex Alimentarius Commission (which sets worldwide standards for foods and drinks including breastmilk substitutes and complementary foods).

- Campaigning for greater transparency and independence from commercial interest of public policy setting bodies.

Dr Lida Lhotska

Dr Lhotska is a Czech national with wide international experience. She carried out her undergraduate and postgraduate studies (Ph.D. in applied anthropology) in Czech Republic, Charles University. After her studies she worked in the National Institute of Public Health, responsible for nation-wide anthropological surveys of children and adolescents. In 1991-1994 she was a team leader for the community-based component of a USAID-supported Multifactor Cardiovascular Risk reduction Program in the Czech Republic. She also lectured at the 3rd Medical School of Charles University on infant and young child feeding and applied physical anthropology. She is an author of a monograph on growth of Czech child population and a co-author of articles on growth of infants, assessment of infant growth and breastfeeding and care practices and on effect of breastfeeding on reduction of obesity.

Since 2001, Dr. Lida Lhotska is the Regional Coordinator for IBFAN Europe, with overall responsibility for IBFAN European Network coordination, incl. facilitation of development and support of groups and networks in the European region, especially CEE/CIS, the Baltics and Central Asian Republics. Since 2001 she represents the IBFAN Coordinating Council as a liaison for international organisations, working for the development of policies infant feeding in emergencies and HIV and infant feeding. In 2002-2004, in her capacity as Regional Coordinator, she was a member of the EU project team which developed the Blueprint for Action on Protection, Promotion and Support of Breastfeeding in Europe, currently piloted in 8 EU countries.

In the period 1994 to 2001 she worked as a Senior Advisor, Infant Feeding and Care, Nutrition Section, UNICEF, New York. She had overall responsibility for coordination and support to UNICEF Regional and Country Offices and National Committees in all issues related to infant feeding and care: responsibility for the Baby-Friendly Hospital Initiative (BFHI); for UNICEF's only global programme to improve support and care women receive in MCH facilities; for UNICEF's input into development of the Global Strategy on Infant and Young Child Feeding and for UNICEF's support to implementation of the International Code of Marketing of Breastmilk Substitutes (the Code) and work related to breastfeeding support for working mothers. She coordinated policy discussions and planning as well as programmatic responses in the area of HIV and infant feeding, representing UNICEF on the Inter-agency Technical Team (UNICEF/WHO/UNAIDS and UNFPA). She was also responsible for provision of programme support through training activities in the area of Care for Nutrition, an integrated approach to programming for children 0-8 years of age with emphasis on the 0-3 and prenatal period.

P14 University College London, UK – UCL

Dr Eric Brunner

UCL will be responsible for WP3 (Reviews of the literature and set-up of a reference database).

University College London – UCL

The Department of Epidemiology and Public Health at UCL is a friendly, thriving multi-disciplinary department headed by Professor Sir Michael Marmot. The Department has approximately 165 staff divided into 12 main research groups, namely the Whitehall II Study; Eurodiab; Dental Public Health; MRC National Survey of Health and Development; the Cancer Research UK-funded Health Behaviour Unit; the Psychobiology Group; Public Health Research Group; Central and Eastern Europe Research Group; Health and Social Surveys Research Group,

Life Course Social Science and Health Research Group, Prognostic Epidemiology Group and Health Care Evaluation Group. The research income for the department exceeds £5 million per year. Since October 2005 the Department plays a leading role in the development of the UCL International Institute of Society and Health.

The department contributes to obesity research at the population level in several important ways. It houses the UCL arm of the annual Health Survey for England, the Scottish Health Survey, and the UK-wide Low Income Nutrition and Diet Survey. The Central and Eastern Europe Research Group has longitudinal studies in several EU member states including the Czech Republic and Poland. The Whitehall II study makes 5-yearly assessments of obesity and associated coronary risk factors in the cohort, conducting research on how these measures relate to (a) risk of type 2 diabetes and coronary disease, and (b) social inequality in disease. The department houses studies with an obesity component at all stages of the life course, including birth cohorts born in the present decade (Millennium Cohort), 1946 (National Survey of Health and Development), and 1920-50 (English Longitudinal Study of Ageing). ELSA provides data on ethnic differences in obesity and health. The Health Behaviours Unit investigates behavioural aspects of obesity, especially among girls and women.

Dr Eric Brunner

Eric Brunner is reader in epidemiology and public health in the UCL Department of Epidemiology and Public Health. He obtained his PhD in epidemiology on the Whitehall II study, a large cardiovascular cohort study (now in its 20th year of follow-up) that focuses on the analysis of social inequalities in cardiovascular disease. He is a senior investigator, and heads the nutrition component of the study. He has published over 100 papers and contributed as author or editor to 10 books, and is co-director of a Masters course in Health and Society: Social Epidemiology. He is an editor of the Cochrane Heart Group, and has recently completed two systematic reviews, one on the effectiveness of individual dietary advice and another on population/community approaches to dietary change. A further recent paper demonstrates the importance of adequate physical activity as early as the fifth and sixth decades for maintaining physical functioning in retirement. He has contributed to several high-level policy processes including the EU-sponsored EURODIET project and the Royal Society's review of the safety of genetically modified plants. His research is funded by the Department of Health, Medical Research Council, British Heart Foundation and World Cancer Research Fund. He is an honorary Fellow of the Faculty of Public Health.

P15 University of East Anglia, Norwich, UK (UEA)

Professor Marc Suhrcke

UEA will be responsible for Workpackage 13 (Adaptation of European policy recommendations on nutrition and physical activity).

The University of East Anglia will be involved through its Health Economics Unit at the School of Medicine, Health Policy and Practice.

School of Medicine, Health Policy and Practice at the University of East Anglia

The University of East Anglia (UEA) was established in 1963. About 15,000 undergraduate and postgraduate students are currently studying at UEA. Of these, over 2,500 are non-UK students from more than 100 countries in the world. The University offers a choice of more than 300 courses through 23 Schools of Study. Prof Marc Suhrcke, who would be leading the work from UEA side, is based in the School of Medicine, Health Policy and Practice (MED), which is one of three Schools of the Faculty of Health. (The other two Schools are the School of Allied Health Professions and the School of Nursing and Midwifery.)

Within MED, Prof Marc Suhrcke is part of the Health Economics Group (HEG). HEG has had a significant impact since the first health economics appointments were made at the UEA in 1995.

Staff in health economics have an international presence through networks including the Cochrane and Campbell Collaborations. Members of health economics staff have led international health economics research projects, been called on to contribute to thinking about major international policy issues, co-edited journal special issues, been invited to address international bodies and have run and taken part in workshops for those trying to include an economics perspective when reviewing effectiveness and advising on health resource allocation decisions.

Through major recent funding from the Strategic Health Authority for the East of England it has been possible to establish the position of Chair in Public Health Economics in 2008, a post filled by Prof Marc Suhrcke.

The traditional focus of the research strategy of the Health Economics Group encompasses five conceptual, methodological and empirical streams clustered around the central theme of decision-making in health and health care: 1. Resource use measurement and cost valuation, 2. Benefit valuation in health and health care, 3. Models of risk and decision applied to health care, 4. Research synthesis and critical appraisal methodology, 5. The political economy of health and health care.

Professor Marc Suhrcke

Professor Marc Suhrcke holds the newly established Chair in Public Health Economics in the School of Medicine, Health Policy and Practice of UEA. He is also a member of the new Centre of Diet and Physical Activity Research (CEDAR), an inter-disciplinary collaboration between the University of Cambridge and UEA. CEDAR is one of five Centres of Public Health Excellence funded by the UK Clinical Research Collaboration. His research comprises a wide range of economic aspects of public health, the evaluation of (preventive) interventions, as well as work on the measurement of socioeconomic inequalities in health and the quantitative assessment of the social determinants of health. Among other initiatives he is part of the team working on the Strategic Review of Health Inequalities in England post-2010 (“Marmot Review”). Before joining UEA in October 2008, he worked as a scientist with the World Health Organization for more than five years. He had been involved in the preparation of the EURO-PREVOB proposal as well as in the first phase of the project during his time at the WHO office in Venice, Italy.

A.2 Sub-contracting

Due to specific local circumstances related to procurement rules, during the course of the project, a need has been identified for Contractor No. 8, the Latvian Centre for Health Economics (formerly the Public Health Agency), to outsource the recruitment of four fieldworkers to carry out data collection related to Workpackage 8 “Pilot test and working group in Nordic-Baltic Countries”. In pursuant of Annex II.6 of the contract, the subcontract will be awarded to the bid offering best value for money under conditions of transparency and equal treatment. Intellectual property rights will be protected and retained by the Contractor.

A.3 Third parties

None envisaged.

A.4 Funding of third country participants

None envisaged.

References

- ¹ Suhrcke M, McKee M, Sauto Arce R, Tsoлова S, Mortensen J. The contribution of health to the economy in the European Union. Brussels: European Commission, 2005.
- ² IOTF. EU Platform Briefing Paper. EU Platform on Diet, Physical Activity and Health. London: International Obesity Task Force; 2005
- ³ Srinivasan S, Bao W, Wattigney W, Berenson G. Adolescent overweight is associated with adult overweight and related multiple cardiovascular risk factors: the Bogalusa Heart Study. *Metabolism*. 1996;45(2):235-40.
- ⁴ Astrup A. Healthy lifestyles in Europe; prevention of obesity and type II diabetes by diet and physical activity. *Public Health Nutrition*. 2001;4(2B):499-515
- ⁵ World Health Organization Regional Office for Europe. The European health report 2005. Public health action for healthier children and populations. Copenhagen: World Health Organization Regional Office for Europe; 2005
- ⁶ World Health Organization. World health report 2002: Reducing risks, promoting healthy life. Geneva: World Health Organization; 2002
- ⁷ World Health Organization. World health report 2002: Reducing risks, promoting healthy life. Geneva: World Health Organization; 2002
- ⁸ Robertson A, Tirado C, Lobstein T, Jermini M, Knai C, Jensen JH, et al. Food and health in Europe: a new basis for action. Copenhagen: World Health Organization; 2004
- ⁹ House of Commons Health Committee. Obesity. Third report of session 2003-2004. Volume 1: Report, together with formal minutes (Document HC 23-1). London: The Stationery Office Limited; 2004
- ¹⁰ Gostein J, Grosse R. The indirect costs of obesity to society. *Pharmacoeconomics*. 1994;5(Suppl. 1):58-61
- ¹¹ Adler NE, Newman K. Socioeconomic disparities in health: pathways and policies. *Health Affairs*. 2002;21(2):60-76
- ¹² World Health Organization. World Health Assembly Resolution WHA57.17: Global strategy on diet, physical activity and health. Geneva: World Health Organization; 2004
- ¹³ World Bank. Repositioning nutrition as central to development. A strategy for large-scale action. New York: The World Bank; 2006
- ¹⁴ Ezzati M, Vander Hoorn S, Lawes CM, Leach R, James WP, Lopez AD, et al. Rethinking the "diseases of affluence" paradigm: global patterns of nutritional risks in relation to economic development. *PLoS Med*. 2005 May;2(5):e133
- ¹⁵ Srinivasan S, Bao W, Wattigney W, Berenson G. Adolescent overweight is associated with adult overweight and related multiple cardiovascular risk factors: the Bogalusa Heart Study. *Metabolism*. 1996;45(2):235-40
- ¹⁶ Astrup A. Healthy lifestyles in Europe; prevention of obesity and type II diabetes by diet and physical activity. *Public Health Nutrition*. 2001;4(2B):499-515
- ¹⁷ World Cancer Research Fund, American Institute for Cancer Research. Food, nutrition and the prevention of cancer: a global perspective. Washington: World Cancer Research Fund and American Institute for Cancer Research; 1997
- ¹⁸ Lobstein T, Baur L, Uauy R. Obesity in children and young people: a crisis in public health. *Obes Rev*. 2004 May;5 Suppl 1:4-104.

-
- ¹⁹ Dowler E. Inequalities in diet and physical activity in Europe. *Public Health Nutr.* 2001 Apr;4(2B):701-9
- ²⁰ Pomerleau, J, Knai, C, Suhrcke, M. Socioeconomic inequalities in obesity in Europe: issues and policy implications. WHO Technical Review Paper, Final Draft March 2006
- ²¹ Sargent JD, Blanchflower DG. Obesity and stature in adolescence and earnings in young adulthood. Analysis of a British birth cohort. *Arch Pediatr Adolesc Med.* 1994 Jul;148(7):681-7
- ²² Gortmaker SL, Must A, Perrin JM, Sobol AM, Dietz WH. Social and Economic Consequences of Overweight in Adolescence and Young Adulthood. *N Engl J Med.* 1993 Sept 30;329(14):1008-12.
- ²³ Chen EY, Brown M. Obesity stigma in sexual relationships. *Obes Res.* 2005 Aug;13(8):1393-7
- ²⁴ Robertson A, Tirado C, Lobstein T, Jermini M, Knai C, Jensen JH, et al. Food and health in Europe: a new basis for action. Copenhagen: World Health Organization; 2004
- ²⁵ Kurscheid T, Lauterbach K. The cost implications of obesity for health care and society. *International journal of obesity and related metabolic disorders.* 1998;22(Suppl. 1):S3-S5.
- ²⁶ House of Commons Health Committee. Obesity. Third report of session 2003-2004. Volume 1: Report, together with formal minutes (Document HC 23-1). London: The Stationery Office Limited; 2004
- ²⁷ Roux, L, Donaldson, C. Economics and obesity: costing the problem or evaluating solutions? *Obes Res* 2004 Feb;12(2):173-9.
- ²⁸ Kósa Z, Széles G, Kardos L, Kósa K, Németh R, Országh S, Fésüs G, McKee M, Ádány R, Vokó Z. Health of the inhabitants of Roma settlements in Hungary – a comparative health survey. *Am J Publ Health* (in press)
- ²⁹ Healy J, McKee M. Accessing health care: responding to diversity. Oxford: Oxford University Press, 2004