

Health, food and prevention of diet related diseases

Leave medicines in the chemist's pot if you can cure your patients with food.

- Hippocrates –

This JPI- proposal on Health, food and prevention of diet related diseases is a framework to discuss with member states who want to participate in further elaborating this challenge. This proposal is based on earlier proposals from different countries within the health challenge: health and food, chronic diseases, nutrigenomics, food quality and health inequalities. At a workshop on October 5th 2009, organised by the Netherlands, countries agreed upon a challenge centred around health, food and prevention of diet related diseases which has been further elaborated by written consultations.

1. Theme for the Joint Programming Initiative

Diet is a major factor influencing the health of the European population and to prevent chronic diseases. An increasing number of people are experiencing health problems due to their overall lifestyle which has been gradually changing in time. In particular, evidence that nutrition can strongly contribute to the prevention of chronic diseases is accumulating.

Industrialisation, urbanisation, globalisation and economic and social developments have led to rapid changes in diets and lifestyles. As a consequence, millions of people suffer from poor health, reflected by the incidence of diseases (e.g. obesity, diabetes, cardiovascular disease, stroke, hypertension, and some types of cancer) arising from inappropriate diet, poor quality of nutrition, lack of physical activity and other behaviour that we know are detrimental to health.

The prevalence of diet related chronic diseases, like obesity, metabolic syndrome and allergies is currently on the rise in almost all industrialized countries and has become a prominent problem on the political agenda of many countries.

The most worrying statistic is that childhood obesity has reached epidemic proportions in Europe. It is now the most prevalent childhood disease. Most obese adolescents will remain obese throughout their life. Because obesity is associated with premature death, excessive morbidity and serious psychosocial problems the damage it causes to the welfare of citizens is serious. For this reason a concerted

intervention is necessary and warranted.

In addition to the costs to the health sector, diet related diseases result in many indirect costs such as days lost to the workplace due to illness and output foregone as a result of premature death.

Prevention of these diseases will not only result in improving the quality of life of our citizens, in significant lowering of costs of our healthcare systems but will also increase participation and productivity of Europe's work force.

Today, health systems and R&D funding spend most of their resources on treating ill-health. **The grand challenge for Europe is to reverse this situation; to shift from a defensive policy combating illness to an offensive and preventive approach promoting health.** Improving the quality of our diet and promoting better nutrition is a major factor to achieve this. The key should be research dedicated to elucidate the relevant influence of factors such as healthy nutrition, genetic make-up, sociological background, environment, socioeconomic status and level of knowledge that influence 'the consumer'. Also, our understanding of the complex relationship between these factors is still in its infancy. Moreover, we should ensure that all future health-policies reduce, rather than increase, the existing and growing health inequalities.

Research in this area requires a coherent and structured approach. Individual European countries cannot do this individually considering the scale of the problem. Particularly for research on the relationship between health and diet, large population studies are needed to have sufficient statistic power to demonstrate the influence of factors such as individual differences in genetic makeup and very variable dietary patterns. Large scale studies with several participant countries are also needed to get more insight on health policies and their effects.

Joint Programming of this kind of research by the member states has a high potential to deliver results that significantly improve public health and quality of life and eventually to increase innovation and competitiveness of the European Union.

Societal challenge

For an ageing European population health is an increasingly important issue. A longer and more active participation in society not only depends on a longer lifespan but also on higher levels of well-being and lower levels of ill-health. Great challenges remain to delineate the relationships between diet and health particularly as they affect susceptibility to the major illnesses associated with ageing and chronic

diseases in later life. In addition, there is mounting evidence that early nutrition greatly affects later outcomes in terms of susceptibility to disease.

Although instrumental research, focused on influencing unhealthy eating patterns, is already taking place, it is alarming that this is not based on any underlying knowledge of the determinants of food choice behaviour. This entails a risk that the instrumental research will not ultimately result in better, healthier eating patterns.

Medical Challenge

Currently, the biggest challenge is to prevent chronic diseases. Risk factors such as obesity and type II diabetes are increasing sharply, also among young people. In Europe 86% of deaths and 77% of the disease burden are caused by non-communicable chronic diseases. Nutrition, together with physical activity, is coming to the fore as a major modifiable determinant of chronic disease, with scientific evidence increasingly supporting the view that alterations in diet can have strong effects, both positive and negative, on health throughout life. Most importantly, dietary adjustments may not only influence present health, but may determine whether or not an individual will develop such diseases as cancer, cardiovascular disease and diabetes much later in life.

A shift of focus from cure to novel strategies for prevention can stop and reverse the increase of incidence of chronic diseases where diet plays a major role. An improved diet can contribute to less metabolic stress for the cardiovascular system, improvement of the gastrointestinal system, optimal development of bone and brain function, etc. In order to achieve the best results in preventing chronic diseases, novel strategies and policies that are applied must fully recognize the essential role of diet, nutrition and physical activity - together with the other principal risk factors for chronic diseases.

Economic Challenge

The epidemic proportion of obesity and other diet-related chronic diseases are the single largest costs to European public health systems. Prevention of these diseases will significantly lower European health expenses.

By increasing levels of health and well-being amongst the European population the overall human capital in Europe can be increased significantly. By decreasing the incidence of diet-related chronic diseases the participation to society, and ultimately, the productivity of the European work force will increase.

An increase of research and development in the field of diet related diseases and within the food sector will enable the food sector to introduce healthy products and processes, that promote healthy dietary patterns and this will increase the European competitiveness, in particular the competitiveness of the European food industry. Joint Programming will, through cooperation with the relevant ETPs, increase the research capacity of the European food industry.

2. *Proposing GPC member/members*

Renée Bergkamp and Jos Engelen, GPC delegates to the Netherlands, supported by the following countries: Austria, Czech Republic, Denmark, Estonia, France, Ireland, Italy, Finland, Germany, Lithuania, Norway, Sweden, UK, Turkey, Slovakia (to be confirmed), Spain (to be confirmed).

3. *Objectives*

The area of research in health, food and diet related diseases is rather complex and fragmented. At the same time, there are a number of pressing challenges on a European-scale that can only be met in a concerted effort of public policy, academia and industry in European Member States and Associated Countries.

- 1) The prevention of chronic diseases through promoting collaborative research, sharing data and results on health impacts of nutrition, lifestyle and effective interventions, setting up large scale nutritional trials, epidemiologic studies and monitoring dietary patterns at European scale.
- 2) The creation of a coherent long term, public health research programme on diet related diseases from molecular mechanism till population level by integrating systems biology, genetics, nutrition, epidemiology and social sciences.
- 3) Enhancement of the competitiveness of the European food industry (producers, retail, catering) by stimulating R&D for sustainable, innovative, high quality food products and processes that contribute to a healthy population.

4. *Research questions being addressed*

Three integrated programme lines, Lifestyle and social determinants, Prevention of chronic diseases and

health maintenance and Diet and food production, will bring new knowledge needed for prevention of diet-related chronic diseases (see fig. 1).

Lifestyle and social determinants

A healthy lifestyle supports longevity and a better health status. The key area should be research into the consumer and behaviour (e.g. eating habits and lifestyle). The specific aim is to go beyond descriptive studies in an effort to apply the insights from previous research in the field. We need to better understand the determinants of food choice and other life style related and social and economic effects of public health interventions, integrated programmes and interdisciplinary policies. One of the scientific challenges within the food and health area is getting a better understanding of the brain function in relation to diet. Although the relationship between brain function and nutrition is relatively poorly understood, it is generally accepted that it does impact significantly on overall health and well-being. Besides consumers other main players should be studied, like food producers, retail industry, school and care catering. New and innovative intervention strategies should be developed, like for example promoting the development of taste at an early age. The total program should lead to a valid, scientific fundament for future evidence based policies and practice.

Prevention of chronic diseases and health maintenance

Both obesity and diabetes are related to nutrition, and it is likely that other chronic conditions – to a certain extent -are too. More clarity is needed on this and on other chronic conditions such as allergies, intestinal problems and cancer. Improved detection of common and distinct pathways will build on capacity in basic research on common mechanisms of inflammation, genetics of disease susceptibility, biomarkers by monitoring of chronic, diet related diseases at population level as well as at individual level. Databases and registers that hold important information about disease determinants and that monitor in cohorts the occurrence of diseases and loss of capabilities is a major resource for new knowledge - in particular if further coordination across countries is established.

The primary focus of biomedical research has always been to identify the best strategies to cure a disease, but this approach was not paralleled by increasing knowledge on biomarkers of health, which would represent a pre-requisite for successful strategies towards the maintenance of a healthy phenotype. Ultimately, the premise is that many of these diseases are preventable, with changes to lifestyles and improved understanding of risk factors making a significant difference.

Diet and food production

One significant barrier to innovative products based on information from the diet, nutrition and health science is the lack of understanding of the mechanisms underlying the effects of diet on health. Dietary intervention to prevent the onset of chronic diseases is a complex and ambitious goal that requires not only knowledge of how a single nutrient may affect a biological system, but also how the complex mixture of nutrients and bioactive molecules within the food matrix will modulate biological functions. Recent research suggests that influence of factors at a very young age determine a person's future eating pattern. These factors might be physiological – such as metabolic imprinting in the womb – but they might also include learned behaviour patterns acquired during childhood. In either case, parents have an important role to play. Awareness-raising, across all socioeconomic groups, can help people make good food choices.

New and advanced technologies, like nutrigenomics, nutrigenetics, with a systems biology approach, will provide more complete and comprehensive explanations of the effects of diet on an individual level. The discovery and validation of biomarkers based on epidemiological studies and large scale trials, development of European biobanks on nutrition, long term cohort studies, monitoring studies, etc. will be a key element of this substantiation process.

Public health can be improved through the targeted development of products and processes that can contribute to healthy nutrition. The reformulation of foods, such as including more vegetables in ready-to-eat products, adding less salt and sugar and more healthy lipids can contribute significantly to health gains.

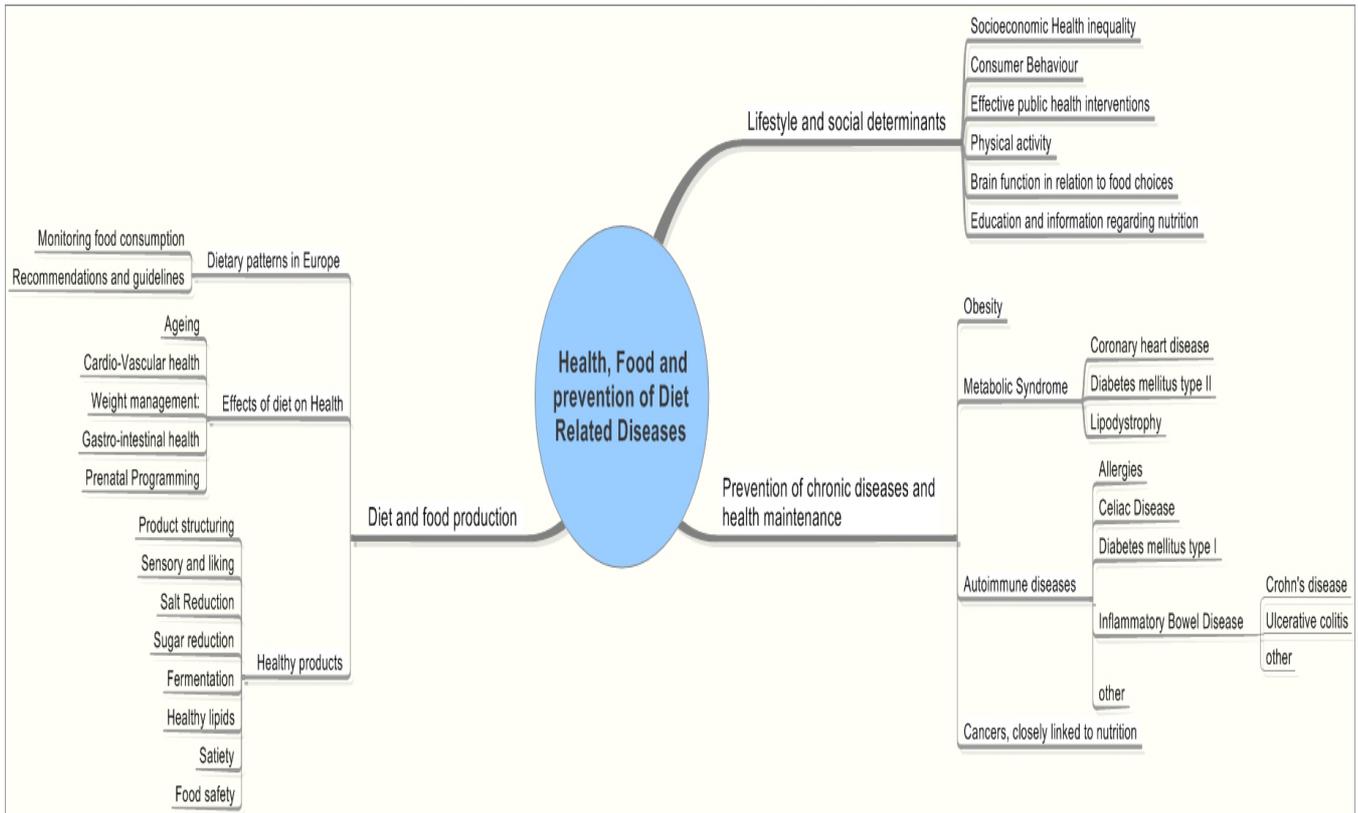


Figure 1: Main programme lines and research areas of Health and diet related diseases.

5. Added-value, benefits and impact

European countries generally recognize that research on health and diet related diseases has a high potential to significantly improve public health and quality of life of their citizens, to lower health system costs and to increase innovation and competitiveness of their country and of the EU as a whole.

Joint Programming will place the societal challenge of Health, food and prevention of diet related diseases central in the heart of the knowledge triangle (see figure 2). Coordination of national/regional funding programs among Member States, with other European activities as well as with the efforts of the food industry and the public health sector is necessary to gain synergy through optimal allocation of financial, technical and personnel resources. In this complex field of food and health, only a coherent and comprehensive joint approach will deliver promising results. Joint Programming offers this frame by harmonizing all different fields and actors involved.

Joint Programming will underpin the three corners of the knowledge triangle:

- Research: scope and impact will widen by increasing synergy between research groups and by

efficient use of results among research groups.

- Education and Information: exchange of best practices and demonstration activities at European level will stimulate more effective education and intervention programmes;
- Industry, Health Care sector, NGO's (e.g. patient and consumer organisations) and political decision makers: better use of available knowledge will result in evidence based guidelines, processes and products for healthier diet and public health interventions.

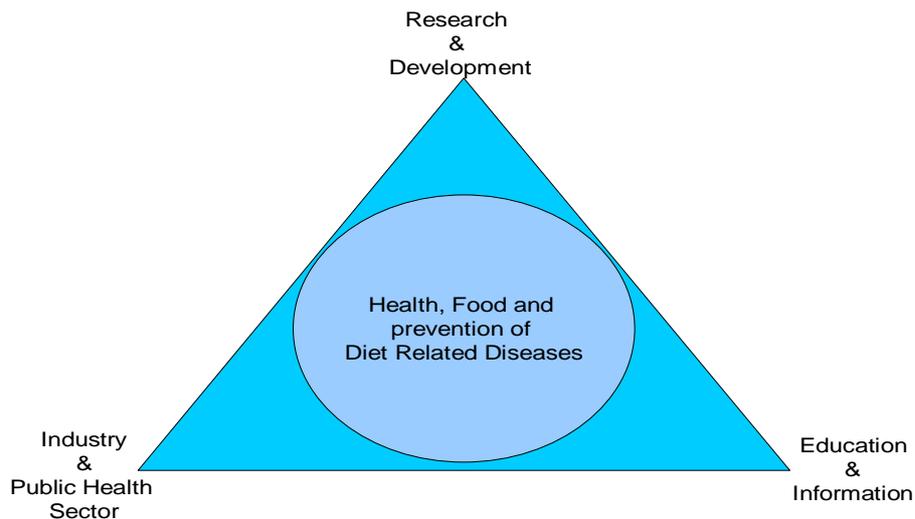


Figure 2: Knowledge triangle Health, Food and diet related diseases

Research and Development

Research in individual countries can not make sufficient impact to meet the challenge. Research on health and diet tends to be fragmented and frequently duplicative. Moreover, research data cannot be compared and research results are often ambivalent due to differences in scientific methodologies.

At the European level there are at the moment no means to stimulate long term research needed for clear answers to major research questions in this field.

Joint Programming in diet and health will focus on long term research and reinforce new and existing research infrastructures. Innovative R&D strategies and scientific methodologies will be shared and harmonised in Europe via this Joint Programming Initiative. High throughput technologies employed in systems biology approaches require multidisciplinary and supra-national efforts towards extensive networking and data sharing among laboratories pursuing similar scientific objectives; large cohort studies based on biomarkers and hard end-point monitoring will give input for evidence based nutritional guidelines; and integrating social sciences with life sciences will give better insights and

means for intervention on how consumers make decisions regarding their diet.

In this way, Joint Programming will have a clear added value in sustainable European cooperation through investing in continuation and enlargement of research networks, compatible long term cohort studies, public health registers/databases, use of biobanks etc.

Education and Information

By underpinning education and new ways of transferring information Joint Programming will stimulate a societal environment for a healthy lifestyle of people, in which there is a sound awareness about the relationship between nutrition and disease.

Joint Programming will support a paradigm shift away from curing diseases towards a health, evidence-based public health policy with a stronger emphasis on prevention of chronic diseases. There will be added value to understanding how policies, social and socio-economic factors in different European settings contribute to the effectiveness of interventions.

Development of adequate measures of education and counselling is needed in order to reach target groups effectively. The most effective way to achieve this scale of work is by sharing methodological information and best practices and through joint demonstration activities at European level.

Industry and Public Health Sector

The main challenge is to transfer existing and new knowledge to the end-user in order to gain maximum value from the investments to date.

Prevention of diet related diseases is not feasible without cooperation with the agrofood industry, providing healthy products that fulfil consumer expectations and public health professionals stimulating and promoting healthy eating patterns by using more knowledge of consumer behaviour. Joint Programming will provide networks, platforms, leads and technologies for the agro and food industry (including SMEs) in order to improve their competitive position worldwide.

Joint Programming will also provide health care professionals with evidence based guidelines to make the shift to a preventive public health strategy. Finally, health policies are also related to decisions and interventions by NGO's (e.g. patient and consumer organisations) and policy makers. The results of this JP should reach e.g. MEP's and national and local policy makers.

6. *Preliminary suggestions concerning the governance and implementation of JPI*

Joint Programming on "Health, food and prevention of diet related diseases" will focus on an integrative research strategy that combines three relevant and now often separately treated chains:

- the knowledge chain ;
- the health care chain;
- the agrofood production chain.

Effective coordination of research related to “Health, food and prevention of diet related diseases” holds great potential provided that all aspects of these chains are considered and integrated.

A European strategy on research programming on “Health, food and prevention of diet related diseases” will have to take stakeholders from all three chains into account: science, health care and industry. Stakeholders need to be involved at different levels in order to reach a full scope of local, national, regional and European level possibilities in funding programmes.

Implementation shall encompass five components:

1. Developing a European-wide network of research funders and policy makers that are involved in national, multi-national and EU programmes on “Health, food and prevention of diet related diseases” as a good base for cooperation;
2. Establishing a good basis for support of the diverse group of stakeholders in the field of “Health, food and the prevention of diet related diseases”;
3. Elaboration of a Strategic Research Agenda for “Health, food and prevention of diet related diseases” based on research priorities in member states (see Annex 1);
4. Developing a toolkit for improved international coordination of public and public-private funding of research based on existing and new research programmes in the member states (see Annex 2);
5. Developing a knowledge-transfer strategy across public health organisations, science, industry, consumers and other stakeholders.

The governance of this Joint Programming Initiative will ensure efficient implementation of the initiative. The organisation structure will be lean and based on existing European bodies (see fig. 3)

Steering Committee:

The steering committee will survey the evolution of the context and circumstances in which the JPI is being developed (scientific novelties, environmental aspect, legal, social, and economic issues, etc.) in order to reorient the objectives of the JPI if necessary. The steering committee will coordinate all activities of the JPI. The steering committee will take care of the administrative and political issues as

well as of the strategic research agenda of the JPI.

The steering committee will consist of high-level delegates from participating countries.

Working groups

The working groups are the operational units. Working groups will consist of national and/or regional funding bodies contributing to Joint Programming on Health, food and prevention of diet related diseases.

There will be four working groups:

- Horizontal Issues
- Lifestyle and social determinants
- Prevention of chronic diseases and health maintenance
- Diet and food production

The Working Group on Horizontal issues is responsible for implementing the general aspects of the Joint Programming Initiative. The Horizontal Activities Working Group will coordinate the activities of the other administrative and governing bodies of the JPI, the foresight activities, the programme research activities (calls for proposals), the assessment of JPI impact, the training activities, the dissemination of results, etc.

The horizontal working group will support the Steering Committee in all aspects concerning the preparation and implementation of decisions. The horizontal working group will coordinate the activities of the three thematic working groups be in charge of collecting and integrating recommendations from the Advisory Board.

A secretariat will support the Horizontal working group and will provide professional administrative and organisational support.

The three working groups will develop specific research agenda for “Lifestyle and societal determinants”, “Diet and food production” and “Prevention of chronic diseases and health mainenance” and develop a toolkit for international coordination of activities within the national and/or regional research programmes and cross border activities. The working group will be composed of delegates of funding bodies from contributing member states. The working groups will have assistance from scientific experts in the most relevant research areas.

Advisory Board

The advisory board will give advice to the working group for Horizontal Issues. Advice will be on scientific, societal and industrial priorities.

The EU Platform for Action on Diet, Physical Activity and Health could act as advisory board for the Joint Programming Initiative on Health, food and prevention of diet related diseases. The diversity of actors called upon, from primary school teachers to the global food industry, recognises that the factors influencing these lifestyle issues are complex, and span across all levels of society. In 2005 the European Commission set up the EU Platform for Action on Diet, Physical Activity and Health. Membership of this group comprises representatives from across industry (including the food and leisure sectors) as well as organisations representing civil society (see annex 3).

The advisory board will be the linking pin between the JPI and the High Level Group on Nutrition and Physical activity issues. The role of this High Level Group is to ensure that the exchange of policy ideas and practice between Member States takes place, with an overview of all government policies.

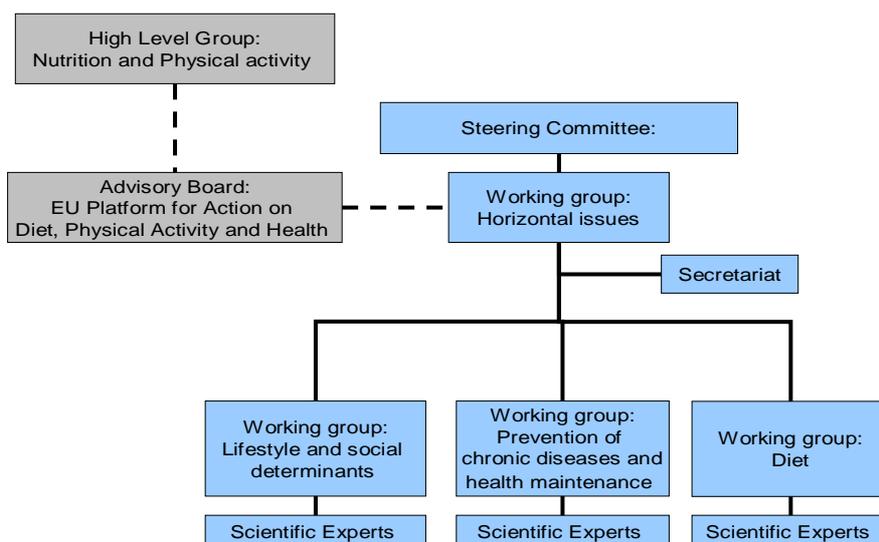


Figure 3: Governance of Joint Programming

Annex 1: Preliminary inventory of research

Table A: Preliminary research priorities in Health, Food and the prevention of diet related diseases

Priority	Finland	Norway	Sweden	Iceland	Denmark	UK	Ireland	Netherlands	Belgium	Luxembourg	France	Germany	Poland	Estonia	Lithuania	Latvia	Czech Rep.	Slovakia	Hungary	Austria	Switzerland	Slovenia	Italy	Spain	Portugal	Roumania	Bulgaria	Greece	Turkey	Croatia	Serbia	FYROM	Albania		
Effects of Diet on Health							X					X		X									X												
Chronic diseases							X														X		X												
Healthy Products			X																				X												
SES inequality			X			X								X																					
Effective public health interventions							X							X							X								X						
Other behaviour (Excercise,Smoking, alcohol, drugs)																																			
Determinantes of food/choice eating behaviour						X		X				X																							
Brain function and nutrition												X																							
Obesity	X	X			X	X									X						X									X					
Type 2 Diabetes	X				X										X																				
Age-related diseases	X																																		
Cancer					X										X																				
Diagnostics							X																												

Table B: Preliminary research non- priorities in Health, Food ad the prevention of diet related diseases

Non-Priority	Finland	Norway	Sweden	Iceland	Denmark	UK	Ireland	Netherlands	Belgium	Luxembourg	France	Germany	Poland	Estonia	Lithuania	Latvia	Czech Rep.	Slovakia	Hungary	Austria	Slovenia	Italy	Spain	Portugal	Roumania	Bulgaria	Greece	Turkey	Croatia	Serbia	FYROM	Albania				
Eating Disorders	X	X				X		X				X			X					X	X															
Satiety						X																X														
Autoimmune diseases	X					X									X							X														
Dietary patterns												X																								
Lifestyle												X																								
Education regarding food	X																																			
Physical Activity		X																																		
Brain function in relation to food choice															X																					
Food Safety																					X															
Product Structuring																					X															

Annex 2: Preliminary inventory of research programmes

Country	Programme	Annual budget (in M Euro)	Focus	Link with Joint Programming
Austria	Medical Universities Vienna, Graz, Innsbruck, University of Applied Life Sciences (BOKU), University of Veterinary Medicine, Austrian Agency for Health and Food Safety (AGES), Austrian Institute of Technology (AIT), European Center for Welfare Policy and Research, Institute of Advanced Studies (IHS)	-	These national research institutions perform research within medical, biomedical and biotechnological sciences and social sciences. They do research mainly in a bottom-up like manner.	These initiatives can take part as scientific advisors to the Joint Programming initiative and participate within joint projects
Denmark	Universities and Research Programmes	-	Obesity, diabetes, Cancer, chronic diseases	Yes –the strategic research programmes are build up to fit JP
Estonia	National Institute for Health Development	-	Topics covered in JP proposal	Yes
Estonia	University of Life Sciences	-	Topics covered in JP proposal	Yes
Finland	Academy of Finland Research Programmes	6,5	Nutrition, Food and Health; Responding to Public Health Challenges; Health and Welfare of Children and Young People	In principle yes, if suitable mechanisms will be available. However, this has to be considered case by case whether it is relevant enough.
Finland	Tekes Programmes	-	Building a competitive edge; innovations on Social and Healthcare services. Added value for international food markets. Industrial Biotechnology. Innovative Business competence and management. Safety and security. Pioneers of Service business	In principle yes, if suitable mechanisms will be available. However, this has to be considered case by case whether it is relevant enough.
Finland	Academy of Finland CoEs	-	Cancer Biology; Complex Disease Genetics; Cardiovascular disease and Type II diabetes; Molecular imaging; Food Safety.	In principle yes, if suitable mechanisms will be available. However, this has to be considered case by case whether it is relevant enough.
Germany	Competence Networks in Agro and Nutrition Research	40	To enhance public health in DE; development of a international competitive community for research on nutrition; develop innovative food that is beneficial for public health and that enhances innovation capabilities of industry.	A full integration of programmes or parts of it should be selected on a case by case base, based on the strategic aims of the respective programmes.
Germany	Nutrition Research for Healthy Life	12,3	To enhance public health in DE; development of a international competitive community for research on nutrition; develop innovative food that is beneficial for public health and that enhances innovation capabilities of industry.	A full integration of programmes or parts of it should be selected on a case by case base, based on the strategic aims of the respective programmes.
Germany	Functional Nutrition Research	24,9	To enhance public health in DE; development of a international competitive community for research on nutrition; develop innovative food that is beneficial for public health and that enhances innovation capabilities of industry.	A full integration of programmes or parts of it should be selected on a case by case base, based on the strategic aims of the respective programmes.
Germany	Junior Research groups in Nutrition	11,8	To enhance public health in DE; development of a international competitive community for research on nutrition; develop innovative food that is beneficial for public health and that enhances innovation capabilities of industry.	A full integration of programmes or parts of it should be selected on a case by case base, based on the strategic aims of the respective programmes.
Germany	Action Plan healthy diet and physical activity	-	To enhance public health in DE; development of a international competitive community for research on nutrition; develop innovative food that is beneficial for public health and that enhances innovation capabilities of industry.	A full integration of programmes or parts of it should be selected on a case by case base, based on the strategic aims of the respective programmes.
Ireland	Teagasc	-	Support science-based innovation in the agri-food sector and the broader bioeconomy that will underpin profitability, competitiveness and sustainability	Very well positioned to align with the joint Programming initiative
Ireland	Alimentary Pharmabiotic Centre	-	Investigate the means by which intestinal bacteria influence health and disease and develop new therapies for lifelong debilitating gastrointestinal diseases such as gastroenteritis, ulcerative colitis, and Crohn's disease.	Very well positioned to align with the joint Programming initiative
Ireland	Alimentary Glycoscience Research Cluster	-	Study the glycomic responses of gut cells to pathogenic and probiotic microorganisms and milk oligosaccharides using existing tools for glycoanalysis, lectin analysis, and transcriptomics, develop innovative, high throughput analytical platforms, and develop analogues and mimics of host glycans involved in these interactions	Very well positioned to align with the joint Programming initiative
Ireland	The Biomedical Diagnostics	-	Multidisciplinary research institute focused on the development of next generation point-of-care biomedical diagnostic devices for monitoring indicators of chronic diseases, including self-test, home use.	Very well positioned to align with the joint Programming initiative

Italy	Ministry of Education, University and Research (No specific programme)	35	nutrient-genes interactions, genetics and epidemiology, functional genomics, identification of genetic risk factors in human chronic diseases, effects of diet on chronic diseases	Yes, if common research strategies and aims will be identified in the JPI
Italy	Ministry of Agriculture, Food and Forestry (No specific programme)	10	Effects of agrofood products on life quality and human disease prevention; control in food quality and safety	Yes, if common research strategies and aims will be identified in the JPI
Italy	Ministry of Labour, Health and Social Policies (No specific programme)	10	Food Safety	Yes, if common research strategies and aims will be identified in the JPI
Lithuania	National Research Programme "Non-Communicable Diseases"	1,5	focused on "health, food and diet related diseases". Main objective of the programme is to decrease morbidity and mortality due to cardiovascular diseases, neoplasia, and diabetes mellitus.	Part of National Research Programme "Non-Communicable Diseases" can be integrated in Joint Programming.
Lithuania	Food and Nutrition Strategy and Action Plan	-	Protect health of the people and to reduce the prevalence of diseases related to unhealthy nutrition, while contributing to social and economic development of the country and sustainability of the environment.	The State Food and Nutrition Strategy and Action Plan covers period 2003-2010. So it will end in 2010.
Netherlands	Food Nutrition Delta	30	The FND PPP builds on three key thrusts: food for health, wellbeing and longevity, foods you can trust, and sustainable & ethical food production and chain management. They address a.o. areas of the cardiovascular health, gastro-intestinal health and weight management that are key to consumer's health & wellbeing.	Yes, relevant themes will be linked through joined programming
Netherlands	Zon-MW	1	Better understanding of how healthy food patterns (with and without functional foodstuffs) can contribute to the prevention of diet related chronic diseases.	Yes, can contribute to Diet – Effects of diets on health ; Healthy products
Netherlands	TNO	14	To maintain foodsafety at present high level by development of new detection technology and improved (re)emerging risk identification. Foodquality in terms of taste, texture and convenience in order to improve the use of safe en healthy food. Obesity and weight control ; intestinal health and enforcing the immune system	Yes, can contribute to the Diet research line as well as the chronic disease .
Netherlands	DLO	13	Better understanding of how to reinforce agriculture and foodproduction in order to contribute to health and well-being. To stimulate consumer confidence and to facilitate a well-motivated purchase of products including the field of risk management.	Yes, but some parts of the programme are within the European legal obligations to safeguard food safety. These are less suitable for incorporation in Joint Programming.
Norway	Food Research Programme	15	Increased competitiveness, wealth creation and market orientation for Norwegian food production. High standards for health, quality, ethical values, sustainability and the environment.	Parts of these programmes may be integrated in a potential JPI on Health, food and diet related diseases.
Norway	Public Health Research Programme	2,5	Expand the knowledge base for designing and implementing measures to promote health and prevent disease. Structured around key social and health policy target areas, such as physical activity, diet, mental health and social inequalities.	Parts of these programmes may be integrated in a potential JPI on Health, food and diet related diseases.
Turkey	The Scientific and Technological Research Council of Turkey	-	Non-focussed calls and programmes are opened 3 times a year. (Many topics are being funded such as obesity, diabetes, Cancer, chronic diseases, public health, food safety, ...)	In principle YES. HOWEVER: Partnership in Joint Programming Initiatives are supported by the Management Board and the cases relevant to JP funding will be rediscussed in TUBITAK.
UK	National Prevention Research Initiative	2,4	Health behaviours associated with significant risks to health – such as poor diet, physical inactivity, smoking and alcohol consumption – and on the environmental factors that influence those behaviours. Research aims to improve health and prevent chronic, non-communicable diseases or conditions such as certain cancers, heart and circulatory diseases, diabetes, obesity, stroke and dementia.	UK has not discussed the Joint Programming plans with these groups yet, but should the Joint Programming progress, UK would wish to involve these national initiatives.
UK	Public Health Research Centres	5,6	Strengthen research into complex issues like obesity, smoking and health inequality.	UK has not discussed the Joint Programming plans with these groups yet, but should the Joint Programming progress, UK would wish to involve these national initiatives.
UK	Scottish Collaboration for Public Health Research Policy	2	"Incubator" to develop and submit applications to national and international funding agencies for large scale public health interventions.	UK has not discussed the Joint Programming plans with these groups yet, but should the Joint Programming progress, UK would wish to involve these national initiatives.
UK	International Centre for Lifecourse in Society and Health	4,2	Investigate the relationship between social structure and social processes on the one hand and people's health and well-being on the other. The four main themes of the Centre's programme of research are: (i) Education, health and social participation. (ii) Health and labour force participation. (iii) Social integration and well-being. (iv) Ageing and retirement.	UK has not discussed the Joint Programming plans with these groups yet, but should the Joint Programming progress, UK would wish to involve these national initiatives.

Annex 3: Advisory board

The EU Platform for Action on Diet, Physical Activity and Health could act as advisory board for the Joint Programming Initiative on Health, food and prevention of diet related diseases. The EU Platform started in March 2005 with the purpose to create a forum for actors at European level who can commit their membership to engage in concrete actions designed to contain or reverse current trends.

Table C: List of members EU Platform for Action on Diet, Physical Activity and Health

ACT – Association of Commercial Television	EPHA – European Public Health Alliance
AREFHL – Fruit Vegetable and Horticulture European Region	ESPGHAN – European Society of Pediatric Gastroenterology, Hepatology and Nutrition
BEUC – The European Consumers Organisation	Eurocommerce
CESS European Confederation Sport and Health	Euro Coop
CIAA – Confederation of Food and Drink Industries of the EU	EuroHealthNet
COFACE – Family Associations	EUROPREV – European Network for Prevention and Health Promotion
COPA – COGECA – Agricultural Organisations and Cooperatives	EUFIC – European Food Information Council
CPME – Standing Committee of European Doctors	EVA – European Vending Association
EACA – European Association of Communication Agencies	FEPI – Federation of the European Play Industry
EASO – European Association for the Study of Obesity	FERCO – European Federation of Contracting Catering Organisation
ECF – European Cyclists Federation	Freshfel Europe
EFAD – European Federation of the Association of Dieticians	IBFAN – International Baby Food Action Network
EGTA – European Group of Television Advertising	IDF – International Diabetes Federation
EHFA – European Health and Fitness Association	IOTF – International Obesity Task Force
EHN – European Heart Network	ISCA – International Sport and Culture Association
EMRA – European Modern Restaurants Association	WFA – World Federation of Advertisers
ENGOSO – European Non-Governmental Sports Organisation	

WHO, EU Presidencies, some Member States, EFSA as well as EP are represented at the Platform as observers.