

NOURISHING policy index

Nutrition policy status in 30 European countries



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Executive summary

Government action to create environments where people find it easy to eat a healthy diet and be physically active is essential for the prevention of overweight and obesity among adolescents. This brief presents an overview of nutrition policy status at European level, based on benchmarking national government policies against the **NOURISHING benchmarking tool**.

The brief shows indexed results of 30 European countries, produced by rating countries based on the quality of their policy design across each policy area of the **NOURISHING framework**. It is accompanied by a complementary policy brief, focusing on physical activity policy (see **MOVING brief**).

Main findings

The majority of countries analysed do not take a comprehensive approach to nutrition policy by implementing policies in all ten areas of the **NOURISHING framework** (see more details on page 5).

Countries are showing most action in:

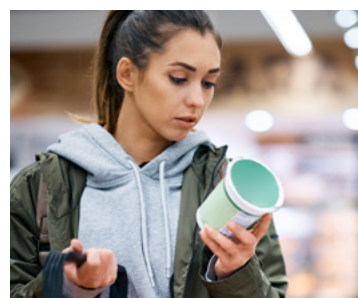
nutrition labelling (N), standards for healthy foods in public bodies and other settings (O), setting nutrient limits or targets for the improvement of the food products (I), and public awareness about food and nutrition (I).

Countries are taking insufficient action in:

using economic tools to address food affordability and purchase incentives (U), ensuring coherence between food supply chains and health (H), and setting incentives and rules to create a healthy retail and food service environment (S).

Countries are implementing poorly designed policies in:

restricting food advertising and other forms of commercial promotion (R), nutrition advice and counselling in healthcare settings (N), and giving nutrition education and skills (G).



The brief can be used by a range of stakeholders to advance national nutrition policies.

Policymakers can utilise the policy design criteria in the benchmarking tool to improve current policies (in particular structural policies), to identify gaps at national levels, and identify opportunities for action at local and regional level.

Civil society, including **youth groups**, can identify weaknesses in the policy status. These weaknesses can inform advocacy efforts to improve policy action by national governments and to lower the current and future rates of overweight and obesity.

Researchers can compare higher-scoring and lower-scoring countries to identify how existing policies can be improved to meet aspirational design standards (see details on page 12). They can also identify where results could be supplemented by additional analyses at local level and in specific settings.

Background

In Europe, overweight and obesity affects one in five adolescents. Fewer than one in five meet the WHO daily physical activity recommendations, and almost half (48%) eat no fruits or vegetables daily [1]. Nutrition [2] and physical activity [3] habits developed in adolescence continue into adulthood, making it vital that non-communicable disease (NCD) prevention starts with tackling unhealthy diets and promoting physical activity – two key factors for health – during early years, childhood, adolescence, and later in life.

Prevention is key: otherwise overweight and obesity is set to become the leading risk factor for cancer (surpassing smoking), while also being linked as a risk for other NCDs [4].

Government action to create enabling environments where people find it easy to eat a healthy diet and be physically active is essential for obesity prevention. To achieve this, more action and advocacy are needed to drive policy development and implementation.



Research conducted as part of the **CO-CREATE project** found that most obesity prevention strategies targeting adolescents focused on individual behaviour change and targeted

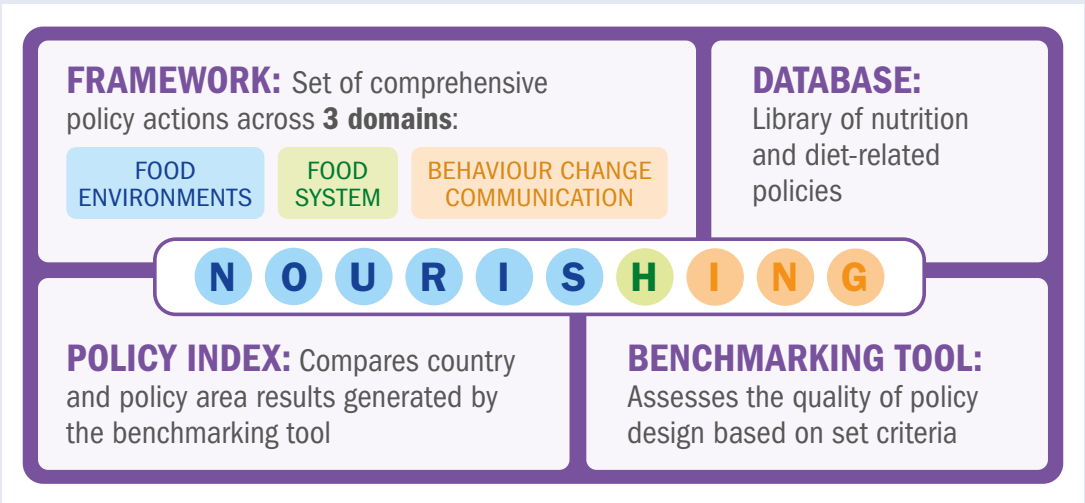
school settings [5]. This means we know little about structural policy measures that could change environments, and their impact on adolescent diet and physical activity [6]. Even when policies do not target adolescents directly, they are likely to have an impact on their health by shaping the environments where they live.

This policy brief focuses on nutrition policy and presents an overview of the status of national government policy actions in 30 European countries. It is produced by benchmarking policy actions from the **NOURISHING database** and accompanied by a complementary **MOVING policy brief** focusing on physical activity policy in the same countries.

Methods

The NOURISHING policy index is structured around the NOURISHING framework [7] and developed by applying the NOURISHING benchmarking tool. The policy index is one of a set of policy tools developed as part of the CO-CREATE project to monitor, benchmark and compare national government nutrition policies (see Figure 1).

Figure 1.
Policy tools for monitoring, benchmarking and comparing national government nutrition policies



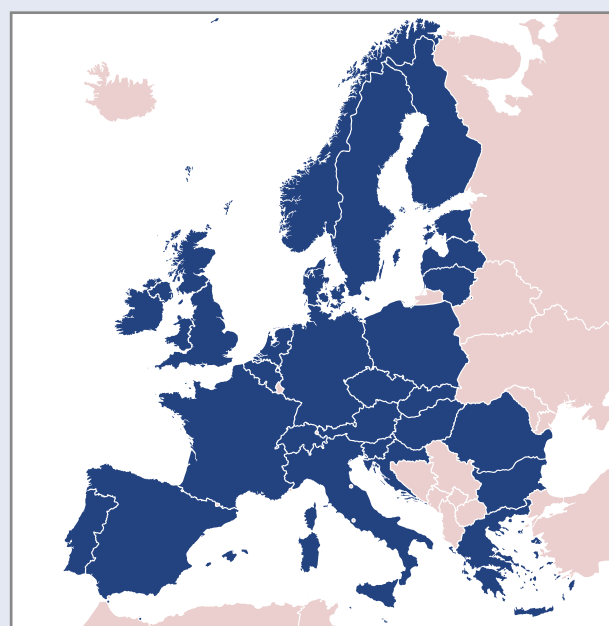
The NOURISHING benchmarking tool [8] was developed as part of the CO-CREATE project to assess national government policy actions with reference to aspirational standards. As current government action is insufficient, the benchmarking tool holds governments accountable to a higher, aspirational, standard rather than comparisons to current best practice. The tool includes 41 benchmarks (and associated indicators) across the ten policy areas of the NOURISHING framework.

The indicators are measured by two types of attributes: a) **one attribute for the existence of a policy action**, and b) **an associated set of policy attributes to assess the quality of design** of the policy actions.

The benchmarking tools were applied to national government policy actions collected via a comprehensive scan conducted for 30 European countries (see Figure 2). The inclusion criteria for countries chosen and the methods for the comprehensive scan are publicly available [9, 10] and briefly explained below. Policies from the 30 countries included were sourced through this comprehensive scan, and are publicly available in the **NOURISHING database**. These policies were used to generate the index results.

The comprehensive scan was carried out from 2019–2022 by World Cancer Research Fund International researchers. If the policy action identified met the inclusion criteria (see Box 1), its description was sent to country experts for verification. These experts were civil servants or researchers at national research institutes or universities, identified with support from the WHO Regional Office for Europe (WHO EURO). The results of the comprehensive scan are included in the NOURISHING database and can be downloaded and analysed freely.

Figure 2. Overview of the 30 European countries included in the NOURISHING policy index



Box 1. Inclusion criteria of policy actions in the NOURISHING database



→ 1. National level policy actions

- European Union (EU) legislation and initiatives were also included where applicable, either as automatically applied (eg, EC regulation 1924/2006, on nutritional information) or after implementation by national governments (eg, the EU Fruit and Vegetables Scheme).



→ 2. Government policy actions

- Implemented in partnership, supported, sponsored, or endorsed by the government.
- Programmes run by non-governmental actors were also included if endorsed by national governments. Voluntary schemes run by industry or non-governmental actors without government endorsement were not eligible.



→ 3. Implemented policy actions

- In effect or enforced at the time of the scan (2019–2022).



→ 4. Sufficient information available

- Information required: name of the policy action, implementation and/or publication date, and enough information to draft a policy description.

Benchmarking policies and producing index scores

The index results were produced in two stages:

- **Benchmark scores (0–100)** = Policy action presence (“no” = 0, “yes” = 50) + Average of design attributes scores (0–50)
- **Policy area scores (0–100)** = Calculated average (mean) of benchmark scores for each policy area

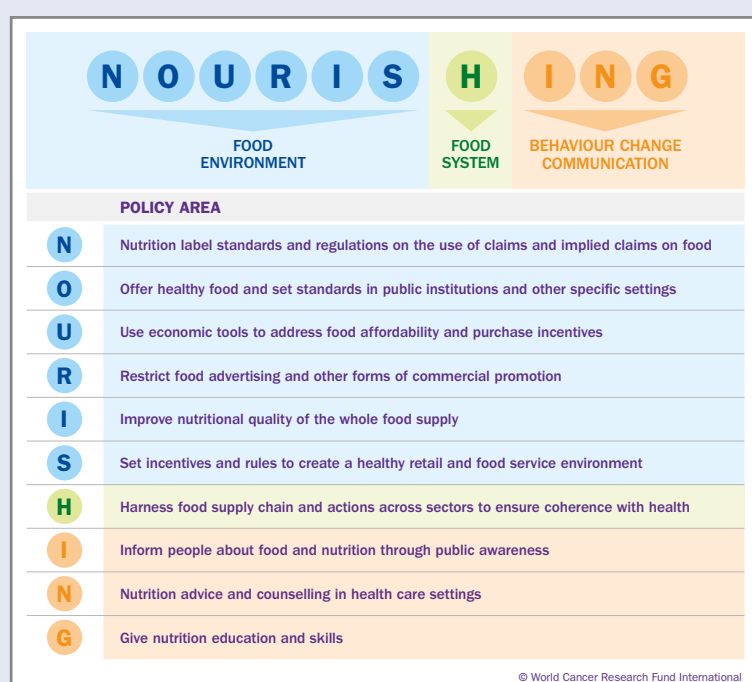
Detailed explanations on the development and application of the benchmarking tools are available [8]. An overall index score was not calculated because the number of benchmarks is not distributed equally across the policy areas.

Further, each benchmark is associated with a variable number of quality attributes. However, the distribution of benchmarks and design attributes is in line with existing evidence and was developed via extensive expert consultation [8].

The final policy area scores were grouped into five categories (see Box 2). A score of 0 indicates no policy actions are in place within the respective policy area, and a score of 100 indicates all aspirational attributes have been met.

Box 2. Categorisation of policy area scores for the NOURISHING policy index

No policy	NO POLICIES IDENTIFIED
1–24	POOR
25–49	FAIR
50–74	MODERATE
75–99	GOOD
100	EXCELLENT



The NOURISHING framework consists of ten key policy areas within three domains: **food environment**, **food system**, and **behaviour change communication** – which make up a comprehensive approach to nutrition policy.

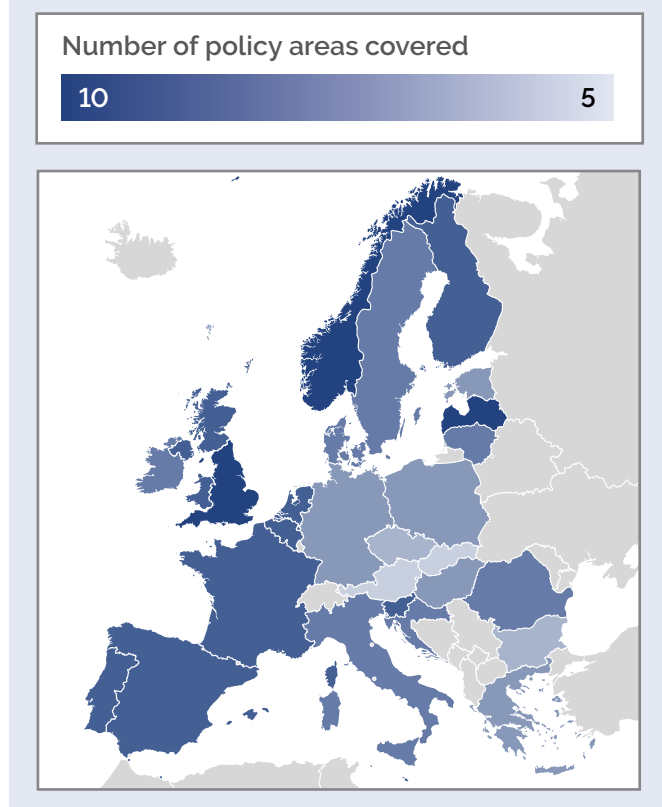
The NOURISHING policy index

The policy index results for the 30 countries are presented comparatively in Figure 3 and discussed below. In addition, 30 country snapshots were produced that supplement the policy index results with an in-depth look at the quality of policy design in each country. To consult the country snapshots, please visit our [website](#).

Figure 3. National government policy design in 30 European countries

COUNTRY	N	O	U	R	I	S	H	I	N	G
Austria										
Belgium										
Bulgaria										
Croatia										
Czech Republic										
Denmark										
England										
Estonia										
Finland										
France										
Germany										
Greece										
Hungary										
Ireland										
Italy										
Latvia										
Lithuania										
Malta										
Netherlands										
Northern Ireland										
Norway										
Poland										
Portugal										
Romania										
Scotland										
Slovakia										
Slovenia										
Spain										
Sweden										
Wales										

Figure 4. Overview of policy areas covered by national government policy action in the 30 European countries



This index assesses policies based on the quality of their design, not only on whether national governments have taken action across all the policy areas assessed. For example, looking at the three countries who have implemented policies across all ten policy areas of NOURISHING, we see they score fair or poor across 4/10 criteria (England and Norway) and 5/10 criteria (Latvia).

However, an overwhelming majority (n=27) of the countries analysed have not implemented policy actions across the ten policy areas of NOURISHING, and are therefore not taking a comprehensive approach to nutrition policy.

Eleven countries have implemented policies across nine of the NOURISHING policy areas, specifically Belgium, Finland, France, Malta, the Netherlands, Northern Ireland, Portugal, Scotland, Slovenia, Spain and Wales (see Figure 4).

Four countries, Austria, Bulgaria, Czech Republic and Slovakia, take the least comprehensive approach, having implemented policy actions across a maximum of six policy areas only.

Where was national government action concentrated?

Four policy areas were assessed as having moderate or good policy design across most of the 30 countries: **nutrition labelling** **N**, **standards for healthy foods in public bodies and other settings** **O**, **nutrient limits or targets for the improvement of food products** **I**, and **public awareness about food and nutrition** **A**.

Three of those policy areas – nutrition labelling **N**, school food programmes **O**, and nutrient limits **I** – are subject to EU regulations. For example, three out of the five benchmarks under nutrition labelling **N** assessed EU regulations which, while not meeting all aspirational standards due to not utilising a nutrient profile model, give countries at least a moderate assessment for the policy area.

Similarly, for **nutrient limits or targets for the improvement of food products** **I**, Commission Regulation (EU) 2019/649, which came into force in 2021, sets a limit of 2 grams per 100 grams of industrially produced trans fats in food products placed on the EU market.

Furthermore, many countries use legislation to limit certain ingredients, such as salt, in specific food categories (eg, legislation in Portugal limiting salt content in bread). However, most policies implemented in this area constitute voluntary agreements with industry.



As the NOURISHING benchmarking tool assesses all such policies under the same benchmark, the scores in this policy area may be an overestimate. This is a limitation of the method, as a moderate or good assessment

does not constitute a guarantee that the entire food supply is uniformly covered by existing policy actions on all relevant ingredients or food categories.

All 30 countries have implemented **standards for healthy foods in public bodies and other settings**  and receive either a fair or moderate assessment for this policy area. The high assessments for this policy area are largely due to overall strong standards for food in schools and the effect of the EU Fruit and Vegetable Scheme, which many countries have implemented.



However, only one country implemented national standards on food in the immediate vicinity of school (Romania, in 2020) and only 12 countries implemented actions limiting sugar-sweetened beverage provision in schools. These are

important policy actions where countries should direct their focus. Where such policies may be considered the remit of regional, provincial or local government, national level guidelines can provide a unifying framework.

Finally, almost all countries (n=29) have implemented policy actions to **inform people about food and nutrition through public awareness** . Moreover, half of the countries received a good assessment for this policy area. Denmark was the only country to receive an excellent assessment, for dissemination of food-based dietary guidelines accompanied by explicit visual guidelines and other campaigns for healthy eating that were informed by a nutrient profile model, used social marketing principles, and were targeted at youth.

As shown by the concentrated action and good assessments, public awareness campaigns are a go-to for national government action. However, they are likely to have little impact on changing environments in the absence of structural policies.

Recommendations



Action in the immediate vicinity of schools and better coordination between national and local policies would enhance efforts to improve the food environments experienced by children and adolescents in schools.

Actions to date show the preference given by national governments to reformulation policies, but these should be expanded to a wider range of nutrients and food categories.

Further, in developing a proposal for an EU wide front-of-pack labelling system, the European Commission should look to adopt a mandatory, interpretive system that offers both positive and negative nutritional assessments.



Where was there least action from national governments?

Across the board, countries receive a consistent poor or fair assessment and major gaps in three out of the ten NOURISHING policy areas.

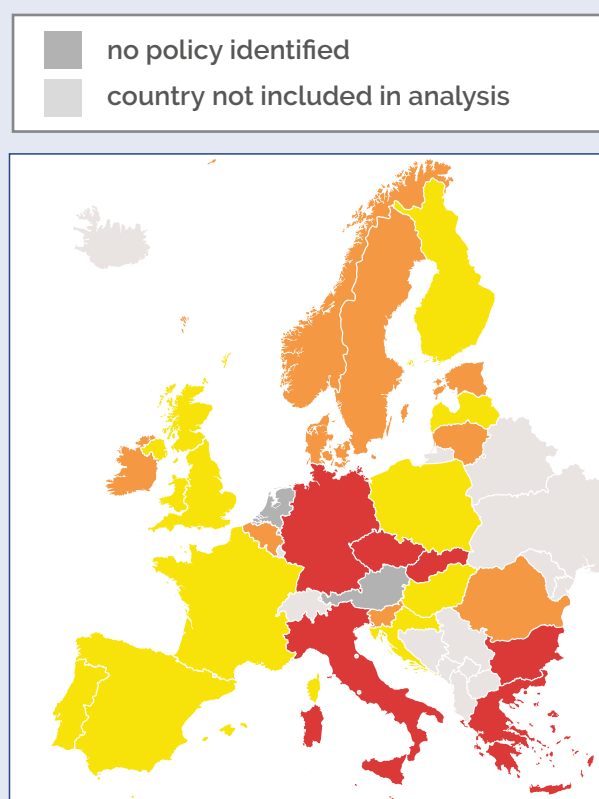
These are: **using economic tools to address food affordability and purchase incentives** **U**, **setting incentives and rules to create a healthy retail and food service environment** **S**, and **ensuring coherence between food supply chains and health** **H**. Notably, these are all policy areas that have a key role in changing environments by working at a systems level. The poor assessments received across these three policy areas highlight how policy actions (or lack thereof) can have an important, cumulative effect—as each of these three policy areas contain several recommended policy actions within them.

First, policy area **U** on using economic tools includes three types of economic policy actions: 1) health-related food taxes or tariffs; 2) income related subsidies or initiatives to increase affordability and accessibility of healthy food; and 3) targeted subsidies or initiatives to increase affordability and accessibility of healthy food.



The Soft Drinks Industry Levy implemented by the UK government in England, Northern Ireland, Scotland and Wales, is recognised as a model among health-related food taxes. However, the Levy is not accompanied by well-designed income-related or targeted subsidies to increase affordability and accessibility of healthy food. It is not sufficient to take well-designed policy action across one of the three benchmarks in the policy area. Thus, because well-designed action was not taken across all three benchmarks within the policy area, England, Northern Ireland, Scotland and Wales receive only a moderate assessment for the entire policy area.

Figure 5. Overview of the status of government action on economic tools to address healthy food accessibility and purchase incentives **U**



Similarly, countries where health-related taxes are more poorly designed compared to the UK (for example, by including unjustified exemptions to the tax) receive a poor assessment for the same policy area (see Figure 5). Importantly, only 17 countries included in this analysis utilise health-related food taxes, which are powerful in shaping environments. In contrast, 24 countries have implemented targeted subsidies or initiatives to increase the accessibility of healthy foods, mostly through school meal programmes that offer free or subsidised meals.

Second, **policies on healthy retail and food service environments** **S** were not implemented in the majority of countries analysed. Only a third of countries had implemented policies in this area. Only England and Scotland implemented policies across all the three types of policy actions included in this policy area: planning restrictions regarding food service outlets in general, around schools, and initiatives to increase the availability of healthier food in food service outlets.

Third, policies that aim to ensure **coherence between food systems and health by targeting food supply chains** **H** have received the least attention from national governments. Among the policy actions within this policy area, 13 countries have implemented policies on procurement standards for public institutions, such as for schools or as part of social protection programmes (England, Finland, Germany, Hungary, Latvia, Lithuania, Northern Ireland, Norway, the Netherlands, Portugal, Spain, Sweden, and Slovenia). Eleven countries implemented policy actions on governance structures for multi-sectoral/stakeholder engagement (including Netherlands, Belgium, Malta, Finland, Latvia and Denmark).



Five countries implemented measures to support food producers to increase healthy food and decrease unhealthy food in the supply chain (Latvia, Northern Ireland, Slovenia, Hungary and Denmark). Only one country (Northern Ireland) implemented measures to support food retailers to increase healthy food and decrease unhealthy food in the supply chain. No country implemented policy actions supporting urban agriculture in health and planning policies and encouraging community food production.

Recommendations



To further advance action in these policy areas, governments should implement a wide range of economic incentives to increase affordability and accessibility of healthy food. In addition, more attention to using supply chain actions to ensure coherence between food systems and health could be advantageous.

Improving the healthiness of retail environments provides an opportunity for national governments to work in collaboration with local governments.



Where was there most need for design improvement among implemented policies?

Three policy areas showed good overall action by national governments, but policies implemented received a poor or fair assessment: **restrict food advertising and other forms of commercial promotion** **R**, **nutrition advice and counselling in healthcare settings** **N** and **give nutrition education and skills** **G**. These are all important policy areas that target adolescents.

Food advertising policies (policy area **R**) were implemented in 27 out of the 30 countries included, and **nutrition education and skills** policies (policy area **G**) were implemented in 25 out of the 30 countries included. Lastly, policies on **nutrition advice and counselling in healthcare** **N** were implemented in 18 out of 30 countries. However, these policy areas received assessments that placed them mostly in the 'poor' or 'fair' category, meaning more action across constituent benchmarks and better policy design is needed.



Strengthening existing policies to **restrict food advertising and other forms of commercial promotion** **R** is necessary. Only one country (Norway) reaches a moderate

assessment for this policy area. Norway implements policies across five out of seven benchmarks within this area, including online and broadcast advertising, direct marketing, product placement, sponsorship and marketing in/around schools. However, existing policies should target children older than 13 to cover adolescents, which is a weakness of the policy. Further, gaps are identified in marketing to young people at point-of-sale and product packaging.

Nine countries receive a fair assessment for marketing and advertising to young people: England, Estonia, Ireland, Latvia, the Netherlands, Northern Ireland, Scotland, Spain and Wales. However, overall, almost two thirds of the countries analysed receive a poor assessment for the current status of policies to restrict marketing of unhealthy foods to young people.



Two examples of good policy design for **nutrition advice and counselling in healthcare settings** **N** could be found in the Netherlands and Norway. This is because these countries have implemented generally well-designed policies for nutrition advice and counselling in both primary care and in school healthcare. Most other countries that have implemented actions on this policy area received a fair assessment. The remaining 12 countries have not implemented policy action in this area, which shows an important gap.

Finally, for policies to **give nutrition education and skills** **G**. Only one good assessment was achieved, by Northern Ireland, followed by a moderate assessment to the Netherlands and Latvia. The good assessment is received for implementing policies not only on offering nutrition education on curricula, but also offering training for educators and caterers, and training on cooking skills and growing food.

Recommendations



Across Europe, urgent action is required to strengthen policies that restrict marketing and advertising of unhealthy foods to young people.

Working with the education and health sectors to ensure nutrition advice and counselling is offered in primary care and schools is also an area where more action is needed.

How can countries improve current policies?

Policy area	Countries scoring NO POLICY IDENTIFIED, POOR or FAIR	Policy design improvements* <small>* For full recommendations, consult aspirational standards table wcrf.org/benchmarking-nutrition-policy</small>
N Nutrition label standards and regulations on the use of claims and implied claims on food	15/30	<ol style="list-style-type: none"> 1. Strengthen regulations on back-of-pack labelling by targeting more relevant nutrients, and mandating use of a more informative reference (per 100gm and per serving). 2. Strengthen regulations on nutrient and health claims with a standard nutrient profile model. 3. Strengthen front of pack labelling with mandatory adoption of interpretative labelling, covering at least five factors.
O Offer healthy food and set standards in public institutions and other specific settings	9/30	<ol style="list-style-type: none"> 1. Ensure that school-based nutrition standards cover all food available on school premises, including beyond school hours, and target both primary and secondary schools. Include food within the immediate vicinity of schools (beyond 100 meters) in food standards. 2. Limit sugar-sweetened beverage provision in schools.
U Use economic tools to address food affordability and purchase incentives	18/30	<ol style="list-style-type: none"> 1. Expand coverage of health-related food taxes beyond sugar or sugary drinks. 2. Implement subsidies to increase accessibility and affordability of healthy foods that are based on nutrition standards.
R Restrict food advertising and other forms of commercial promotion	29/30	<ol style="list-style-type: none"> 1. Ensure mandatory marketing regulations are in place, covering online and in/around schools, point of sale, sponsorship, product placement and product design and packaging. 2. The recommended age limit to effectively target adolescents is < less than 19 years old.
I Improve nutritional quality of the whole food supply	3/30	<ol style="list-style-type: none"> 1. Introduce nutrient limits or targets for the improvement of the food products, covering at least four nutrients and food categories, and link these to intake targets.
S Set incentives and rules to create a healthy retail and food service environment	27/30	<ol style="list-style-type: none"> 1. Introduce planning restrictions for food outlets, particularly around schools. 2. Enhance initiatives to increase availability of healthier food in stores and food service outlets.
H Harness supply chain and actions across sectors to ensure coherence with health	29/30	<ol style="list-style-type: none"> 1. Introduce measures based on nutrition standards to support producers, manufacturers and retailers to increase healthy food and decrease unhealthy foods in the supply chain. 2. Introduce governance structures to facilitate policy coherence that include several government ministries, local and regional governments, and civil society. 3. Promote and support urban agriculture and community food production.
I Inform people about food and nutrition through public awareness	7/30	<ol style="list-style-type: none"> 1. Improve public awareness campaigns with the use of a nutrient profile model and social marketing principles in developing the campaigns, targeting specific groups such as adolescents in these.
N Nutrition advice and counselling in healthcare settings	27/30	<ol style="list-style-type: none"> 1. Enhance nutrition advice and counselling in both primary care and in school healthcare with regulations, and appropriate targeting of specific groups (including children and adolescents with obesity-related issues).
G Give nutrition education and skills	28/30	<ol style="list-style-type: none"> 1. Strengthen nutrition education in schools and for specific professions by including nutrition education in the curricula which covers cooking skills and growing food. 2. Support nutrition education in schools with national regulations that target both primary and secondary schools for more than 5 hrs/week. 3. Introduce training of educators, health professionals and caterers in schools and other public settings.

Contextualising the policy index findings

This brief presents the status of national government policy action in nutrition across 30 European countries. It shows which countries have implemented well-designed policy actions for each of the ten policy areas of the NOURISHING framework, while also highlighting where there are gaps in action, and how to improve poorly designed policies according to the aspirational standards used in our assessment.

These results present a quality assessment of current action at national government level. As such, they cannot draw a causal link between the quality of policy design and any changes in the prevalence of overweight and obesity in the absence of repeat benchmarking. Further, they do not consider extent of implementation, or any action taken by regional, provincial or local governments.

When used in context, these findings need to be judged carefully against a situational assessment in each country. Some suggested questions to contextualise findings:

- **Are countries that have taken action across all areas of the NOURISHING framework doing so in response to a lack of enabling conditions for healthy behaviours?**
- **Conversely, will countries with an existing enabling environment for healthy behaviours be likely to take less action?**
 - Anecdotally, in Sweden, government contacts have indicated the national government has not taken action to limit sugar-sweetened beverage provision in schools because the practice of providing such beverages in schools is not widespread.
- **Do findings focused on national level actions miss current action at provincial, regional or local levels?**
 - Findings for countries with a federal governance arrangement (eg, Germany, Austria, Belgium) or with decentralised governance (eg, Spain, Italy) should be contextualised by considering provincial or regional action.
- **Among policies that are missing, which policies are likely to have most impact on preventing overweight and obesity?**
 - We know that structural, regulatory policies should be prioritised, as they are the most likely to impact environments, and reach people that need them most. These are least actioned by governments.
 - However, no single policy action is sufficient to effectively curb the rise in adolescent obesity, and action is necessary across multiple policy areas [4, 5].

Other questions to contextualise the findings are [available here](#).

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About Co-Create

Funded by the European Union's Horizon 2020 research and innovation programme, CO-CREATE brought together 14 international research and advocacy organisations to work with young people to create, inform and promote policies for obesity prevention.
co-create.eu

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For enquiries related to this policy brief, please contact Ioana Vlad at policy@wcrf.org



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