

## Excess weight poses hefty public health concerns

Excessive body weight ('overweight') and excessive body fat ('obesity') affect more than one in two adults in the EU and the rates have been rising steadily. The causes are genetic, behavioural, cultural and socioeconomic and are mainly driven by an unbalanced diet and physical inactivity. Furthermore, these conditions are major risk factors for serious chronic illnesses, and account for roughly 7% of EU Member States' healthcare expenditure. EU prevention initiatives broadly target nutrition and physical activity.

### Defining and measuring overweight and obesity

'Overweight' and 'obesity' can be [defined](#) as excessive weight presenting health risks due to a high proportion of body fat. In adults (20 years and older), the most common method for determining overweight and obesity is the body mass index (BMI): a person's weight in kilogrammes divided by the square of their height in metres (see also the online [Adult BMI Calculator](#) provided by the US Centers for Disease Control (CDC)). BMI does not directly measure the amount of body fat, but [correlates](#) with it. Based on the internationally recognised World Health Organization (WHO) [classification](#), adults with a BMI of 25 to 29.9 are considered overweight, and with one of 30 or higher, as obese. As a general rule, it can be said that the greater the BMI, the greater the health risk. BMI thresholds for adults may not be suitable for children and adolescents (0 to 19 years), whose amount of body fat changes during growth. WHO has developed specific standards and references depending on age ([0-5](#) and [5-19](#) years) for determining healthy body weight (see also the CDC's online [Child and Teen BMI Calculator](#)).

### Who is affected?

More than half (52%) of the adult population in the EU is overweight or obese (2012 [data](#)). Depending on the country, the proportion of overweight and obese persons [varies](#) between 30 and 70%, and 10 and 30%, respectively, their [share](#) increasing with age. While there is a clear gender difference with regard to overweight (the [proportion](#) is higher in men), the obesity rates in both sexes are nearly the same. Obesity has doubled over the past 20 years in many Member States, with big variations between countries. People in lower socioeconomic groups are more likely to be obese. Overweight and obesity in children and adolescents are of particular concern. The rates have risen steadily and are now up to [ten times higher](#) than they were in 1970. [Currently](#), one in three 11-year olds in the WHO European region is overweight or obese.

### Causes and consequences

Unhealthy ranges of weight are the result of a [positive energy balance](#), i.e. too many calories consumed versus too few calories expended. While a number of interacting genetic, behavioural, cultural and socioeconomic factors contribute to their emergence, they are mainly driven by [lifestyle](#): an unbalanced diet (low consumption of fruit and vegetables, a high intake of fat – especially [saturated fat](#) and [trans fat](#) – as well as a high intake of salt and sugar) paired with physical inactivity. Obesity is a major [risk factor](#) for numerous health problems and chronic illnesses, including high blood pressure, high cholesterol, diabetes, cardiovascular diseases, asthma, arthritis, some cancers ([endometrial](#), breast and colon) and depression. It affects adversely the quality of life and shortens life expectancy. Childhood obesity is linked with underachievement in school, low self-esteem and psychological distress. Obese children and adolescents are more likely to have high blood pressure, high cholesterol and [impaired glucose tolerance](#) (or pre-diabetes), which are risk factors for developing cardiovascular diseases later in life. They also have a higher chance of being obese as adults.

## Economic burden

Adult obesity takes up roughly [7%](#) of national healthcare expenditure in the EU. Added to this are the wider economic costs, such as productivity losses due to sickness and premature death. In the WHO European region, more than a million people annually lose their lives to obesity-related diseases (2006 [estimate](#)).

## EU initiatives, strategy and actions

Obesity is largely preventable. It is, however, a complex issue, and [effective](#) prevention requires changes in behaviour and lifestyle that are typically [difficult](#) to implement. EU initiatives for tackling obesity broadly target the key modifiable [contributory factors](#) – nutrition and physical activity.

The European Food Safety Authority (EFSA) has issued scientific recommendations for nutrient intake in the form of [dietary reference values](#). They serve as a basis for EU regulatory initiatives in the area of food labelling and nutrition information, such as [Regulation \(EC\) No 1924/2006](#), which lays down harmonised rules for the use of nutrition claims, such as 'low fat' and 'high fibre', or health claims, such as 'reducing blood cholesterol', and [Regulation \(EU\) No 1169/2011](#) on the provision of food information to consumers, which entered into force on 14 December 2014, with the obligation to provide nutrition information applying from 13 December 2016.

### European Commission

- In its 2007 White Paper [A strategy on nutrition, overweight, and obesity-related health issues](#), the European Commission sets out actions that can be taken at the local, regional, national and European levels to reduce the risks linked with poor nutrition and limited physical activity. Under the strategy, the Commission coordinates the [High Level Group on Nutrition and Physical Activity](#) of European government representatives, which aims to share best practice and discuss solutions for addressing challenges such as childhood obesity. The group's [EU Action Plan on Childhood Obesity](#) 2014-20 defines priority areas for voluntary action to halt the rise in overweight and obesity in children and young people by 2020.
- The Commission's [Health Programmes](#) have co-financed a number of projects on nutrition and physical activity in general and childhood obesity in particular (the Commission's website provides a list of [examples](#)).
- The [EU platform for action on diet, physical activity and health](#) brings together stakeholders – from food-industry organisations to consumer-protection NGOs – that have made voluntary [commitments](#) for shared actions to tackle obesity (over 300 since its start in 2005).
- A [Joint Action](#) (i.e. an action with clear EU added value co-financed with Member State authorities) on preventing childhood obesity is scheduled to start in mid-2015, as foreseen in the third Health Programme's annual [work programme](#) for 2014.
- The [School Milk Scheme](#) and the [School Fruit Scheme](#) are EU-wide programmes aimed at boosting the consumption of milk and fruit among young people. The Commission [proposed](#) in 2014 to merge these programmes, but [withdrew](#) its proposal in February 2015, in order to evaluate its subsidiarity, proportionality and better regulation aspects.
- The Commission-supported 'Together Let's Prevent Childhood Obesity' ([EPODE](#)) network is designed to implement community-based projects bringing together schools, families and public authorities in an integrated approach.

### European Council

The [Council conclusions](#) on physical activity and nutrition of 20 June 2014 underline the 'epidemic proportions' of obesity and its health consequences. They invite the Member States to keep healthy diet and regular physical activity a top priority, and to work in partnership with all stakeholders in inter-sectoral and cross-policy actions, inter alia, on the reformulation of food and the adaptation of portion sizes.

### Pilot projects funded by the European Parliament

Parliament has funded various [pilot projects](#) to improve future policy action in the area of nutrition and physical activity. An example is the '[We love eating](#)' initiative to promote a healthier and more active lifestyle. It was [launched](#) on 17 September 2014 simultaneously in seven cities across Europe: Banská Bystrica (Slovakia), Bradford (UK), Cluj Napoca (Romania), Deventer (Netherlands), Granollers (Spain), Poznań (Poland) and Roncq (France).