Foreword

We have great pleasure in welcoming you to the 5th Unilever Health Institute Symposium: The healthy choice an easy choice - from nutrition science to consumer action. We are particularly proud to welcome representatives from both UNICEF and WHO. This symposium series has the objective to discuss health-related scientific and communication issues with experts in the field. Previous topics were Cardiovascular Health, Child Health and Nutrition, Weight Management and Wellbeing and Performance.

Not only scientists, but many other experts and interest groups have a stake in people's health, such as (non)governmental organisations, health care professionals, professional and mass media and regulators. Strategies aimed at improving people's diet and lifestyle will be more effective if all stakeholders could agree with each other, and if they would contribute to a coherent communication cascade of scientific findings translated into simplified messages. Unilever is committed to play a positive role in this and wants to contribute to making the healthy choice an easy choice.

Raising awareness and interest in the health benefits of foods and drinks requires great tasting products, convincing evidence and effective communication. Consumer communication requires simplified messages. However, the relation of a simplified consumer message to the scientific basis should remain clear to the scientific world. It is the task of the industry to provide answers to scientists with critical questions about the composition or the claims of our products. In this process, there should be room for endorsement of messages based on available data by the scientific community.

Unilever, as one of the largest global food companies with experts on food technology, consumer understanding and marketing is obviously one key player in influencing people's health and vitality. Unilever has an R&D community of 200 'nutrition, health and vitality' experts, working in the Unilever Health Institute in Vlaardingen, its regional centres in Africa, Asia or Latin America, or as company nutritionists in Unilever's operating companies. The Unilever Vitality Mission and Nutrition Policy show our commitment to work together with other stakeholders in improving people's health and vitality.

The 5th Unilever Health Institute symposium brings together experts, health organisations and interest groups with Unilever management, scientists, technologists and consumer experts to discuss how the healthy choice can be turned into an easy choice for consumers. We hope you will find this event professionally and socially rewarding and wish you a very enjoyable symposium.

Jan Weststrate
Director Unilever R&D Laboratory Vlaardingen
# The healthy choice an easy choice

From nutrition science to consumer action

## Session 1 - Global Health Challenges
Chairman: Dr. Jan Weststrate, Unilever R&D Vlaardingen

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<td>10:15</td>
<td>Lifestyle and Noncommunicable Diseases</td>
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<td></td>
<td><em>Dr. Derek Yach, WHO</em></td>
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<tr>
<td>10:50</td>
<td>Coffee break</td>
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<tr>
<td>11:15</td>
<td>Children's Health and Nutrition - a Global Overview</td>
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<td><em>Prof. Mehari Gebre-Medhin, University of Uppsala, Sweden</em></td>
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<tr>
<td>11:50</td>
<td>Dietary Advice and Practice</td>
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<td><em>Prof. Penny Kris-Etherton, Pennsylvania State University, USA</em></td>
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<td>12:30</td>
<td>Lunch</td>
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## Session 2 - Developing Science & Technology
Chairman: Prof. Ian Norton, Unilever R&D Colworth

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<td>14:00</td>
<td>Chairman's Introduction</td>
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<td>14:05</td>
<td>Milestones in Nutrition Science</td>
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<td></td>
<td><em>Prof. Ibrahim Elmadfa, University of Vienna, Austria</em></td>
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<tr>
<td>14:40</td>
<td>Consensus and Controversies in Developing Science</td>
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<td></td>
<td><em>Prof. Martijn Katan, Wageningen University, The Netherlands</em></td>
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<tr>
<td>15:15</td>
<td>Tea break</td>
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<tr>
<td>15:40</td>
<td>From Breakthrough Science to Health Claims</td>
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<td></td>
<td><em>Dr. Gert Meijer, Unilever Health Institute</em></td>
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## Session 3 - Consumer Taste for Health
Chairman: Anthony Simon, Unilever Bestfoods

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<td>Chairman's Introduction</td>
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<tr>
<td>16:20</td>
<td>Consumer Needs and Wants</td>
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<td><em>Prof. Hans van Trijp, Wageningen University, The Netherlands</em></td>
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<tr>
<td>16:40</td>
<td>Consumer Influences</td>
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<td><em>Linda Gilbert, Health Focus International, USA</em></td>
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<td>17:15</td>
<td>Changing Consumer Behaviour - Barriers and Triggers</td>
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<td><em>Prof. Hans Brug, Erasmus University Rotterdam, The Netherlands</em></td>
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<tr>
<td>17:50</td>
<td>Closure of Day 1</td>
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<td>18:00</td>
<td>Social Event</td>
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### Session 4 - From Public Health to Consumer Action
**Chairman: Thomas Derville, Unilever Bestfoods**

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<tr>
<td>09:00</td>
<td>Chairman’s Introduction</td>
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<tr>
<td>09:05</td>
<td>Experience from the Public Health Level - Finland</td>
<td>Prof. Erkki Vartiainen, National Public Health Institute, Helsinki, Finland</td>
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<td>09:40</td>
<td>Experience with the Food Pyramid</td>
<td>Prof. Johanna Dwyer, National Institutes of Health, Washington, USA</td>
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<td>Introduction to Unilever Examples</td>
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<td>10:20</td>
<td>The Annapurna Example</td>
<td>Raphael da Silva, Unilever Bestfoods</td>
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<td>10:45</td>
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<tr>
<td>11:15</td>
<td>Weight Control in the Real World - the Slim-Fast Example</td>
<td>Emma Woods, Unilever Bestfoods</td>
</tr>
<tr>
<td>11:40</td>
<td>From Public Health to Consumer Action: the Becel/Flora pro·activ Example</td>
<td>Matt Hill, Unilever Bestfoods</td>
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<tr>
<td>12:15</td>
<td>Lunch</td>
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### Session 5 - Shared Goals & Complementary Strategies
**Chairman: Patrick Cescau, Unilever Bestfoods**

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<tr>
<th>Time</th>
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<tr>
<td>13:45</td>
<td>Chairman’s Introduction</td>
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<tr>
<td>13:50</td>
<td>Noncommunicable Diseases: the WHO Response to a Global Epidemic</td>
<td>Dr. Colin Tukuitonga, WHO</td>
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<td>14:15</td>
<td>How to Utilize Partnerships in Advancing the Health Status of Children</td>
<td>Rudolf Deutekom, UNICEF</td>
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<tr>
<td>14:40</td>
<td>Tea break</td>
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<tr>
<td>15:10</td>
<td>Regulatory Challenges in the EU</td>
<td>Jean Martin, Confederation of the Food and Drink Industries in the EU (CIAA)</td>
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<td>15:35</td>
<td>Public Health &amp; Food Industry: a Balanced Approach</td>
<td>Paulus Verschuren, Unilever Health Institute</td>
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<td>16:00</td>
<td>Round table discussion</td>
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<tr>
<td>16:45</td>
<td>Wrap-up / Formal Closure</td>
<td>Dr. Jan Weststrate, Unilever R&amp;D Vlaardingen</td>
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</table>
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Dr. Jan Weststrate is Director of Unilever Research and Development Laboratory in Vlaardingen, leading central food and nutrition research in Unilever.

Thomas Derville is Senior Vice President Global Project Vitality. He has been in charge of the Vitality Vision for the Foods Division of Unilever, and he is responsible for the Path to Vitality strategy.

Prof. Ian Norton is Chief Scientist for Unilever Bestfoods. He has led and currently leads research projects involving academia and other companies funded by the government and the EU.

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Symposium Chairmen

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Unilever's Mission - Vitality

Antony Burgmans
Chairman Unilever N.V. and vice chairman Unilever PLC

Unilever aims to add Vitality to life – for our consumers, our employees, and for the communities and the environment in which we operate. Unilever’s mission is to meet everyday needs for nutrition, hygiene and personal care with brands that help people feel good, look good and get more out of life. Our focus will be on prevention, via lifestyle-related solutions.

In the last five years, we have become more focussed, concentrating on 400 leading brands. The time is now right to restate our mission. We believe many of the common issues around the world – ageing populations, urbanisation and nutrition and health – offer new opportunities for our brands to meet consumer needs in creative and useful ways.

Unilever is in a unique position to understand the relationships between nutrition, hygiene and personal care and turn this into meaningful Vitality innovations. We can do this thanks to our strong scientific and technological capabilities, our locally rooted consumer insight, our track record of coherent and responsible communication and our trusted brands. But, we cannot do this alone. Many organisations have a stake in people’s health and wellbeing. Only by mutual understanding and agreeing common approaches can lasting changes be achieved.

Unilever has been concerned with nutrition and health issues for many decades. Our Flora/Becel was a pioneer in the area of heart health. Our Annapurna brand in Africa and India has been directly serving consumers’ needs for health and nutrition. Our soap and toothpaste brands have contributed to hygiene and oral health since the company started. We could not have done this without learning from and co-operating with external partners.

Vitality will be key to how we shape our portfolio and set priorities for the business as we move forward. It will also be the basis on which we look for new opportunities for consumers. This is a long-term journey, and we look forward to making many Vitality driven announcements over the coming years.
Lifestyle and Noncommunicable Diseases

Dr. Derek Yach
Representative of the Director General
World Health Organisation (WHO)

The presentation will demonstrate that the health and economic impact of key noncommunicable diseases (NCDs) - cardiovascular disease, cancers, diabetes and chronic respiratory diseases - are growing in developing countries. Three major sets of causes drive the epidemics: tobacco, unhealthy diets and insufficient physical activity. They assert their impact from early in life and after decades of cumulative exposure to adverse risks, lead to premature death and to disease and disability. Broader societal forces related to demographic change influence these causes: globalisation, and the way in which health polices have developed over the last decades. Impediments to changes required to address NCDs globally will be summarised. New studies indicate that NCDs are preventable and controllable, and that they not impose increased morbidity in people as they grow older. Possible roles of industry in addressing NCDs are proposed.

Dr. Derek Yach has initiated, managed and implemented several epidemiological and policy related research programs in priority public health areas at the national and international level. In South Africa in the late 1980s, whilst at the Medical Research Council, he established and directed the country’s first national epidemiological centre. He joined WHO in 1995. His work involved conducting an assessment of the successes and failures of the Health for All (HFA) strategy, and execution of an extensive global consultative process to develop a “renewed” HFA policy. The World Health Assembly adopted this policy in May 1998. He then started work on WHO’s first international treaty, the Framework Convention on Tobacco Control (FCTC), which was adopted in May 2003 by all WHO’s 192 member states. Its implementation is underway. Over the last 3 years, he directed development of a Global Strategy for diet, physical activity and health, and managed the development and dissemination of WHO global reports on mental health, violence and chronic care. Currently, as Representative of the Director General, he has responsibility for developing a new NCD strategy for WHO.
**Economic costs of diet-related NCDs in China & India**

<table>
<thead>
<tr>
<th></th>
<th>China</th>
<th>India</th>
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<tbody>
<tr>
<td>Hospital costs</td>
<td>US$11.74 billion</td>
<td>US$1.10 billion</td>
</tr>
<tr>
<td>(1.6% GDP; 22.6% of all hospital expenditures)</td>
<td>(0.3% GDP; 13.9% of all hospital expenditures)</td>
<td></td>
</tr>
<tr>
<td>Productivity losses from premature death</td>
<td>US$4.41 billion (0.5% GDP)</td>
<td>US$2.25 billion (0.7% GDP)</td>
</tr>
<tr>
<td>Total</td>
<td>$15.1 billion (2.1% GDP)</td>
<td>$3.4 billion (1.1% GDP)</td>
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</table>

**Eight myths dominate policy development**

- We can wait till infectious diseases are controlled
- Global economic development will improve all health conditions
- Chronic diseases result from freely adopted risks
- Chronic diseases are diseases of the elderly
- Chronic diseases are diseases of affluence
- Benefits of chronic disease control accrue only to the individual
- Infectious disease models are applicable to chronic diseases
- Treating individuals is the only appropriate chronic disease prevention strategy
Children’s Health and Nutrition – A Global Overview

Prof. dr. Mehari Gebre-Medhin
Professor and Head Research Group on Paediatric Nutrition
University Hospital
Uppsala, Sweden

The health problems of children and their circumstances continue to dominate the global disease and nutrition panorama in the world today. Events in the newborn period, respiratory infections and diarrhoeal diseases constitute leading causes of years lost because of premature deaths in young children. In spite of the considerable achievements made in recent years, additional infections such as malaria and measles and a set of specific nutritional deficiency states continue to aggravate the scope and severity of the physical and mental disability seen among the survivors. The world community is still faced with the challenge that in every other death below the age of five years malnutrition is a causative or contributory factor. Some regions face both a rising prevalence of overweight and substantial stunting among their children and adolescents. All these events occur against the background of powerful factors that are operative in the society, both traditional and affluent, calling for some form of “nutrition throughout the life cycle” approach in setting priorities for future action.

Prof. dr. Mehari Gebre-Medhin is a specialist in paediatrics. After his medical studies at Lund University, Sweden, he had appointments at the Ethiopian-Swedish Paediatric Clinic and the Ethiopian Nutrition Institute, Addis Abeba in the early 1970s. He completed studies in epidemiology and nutrition at Harvard University in 1971-72. In 1977 he received his degree of Doctor of Medical Science, and he became Associate Professor of Human Nutrition in 1978, then Consultant Paediatrician and Associate Professor of Paediatrics from 1983 to 1993, and eventually Professor of International Child Health from 1994 to 2003, all at Uppsala University, Sweden. Currently he is Professor and Head of the Research Group on Paediatric Nutrition at Uppsala University Children’s Hospital.
Dietary Advice and Practice

Prof. dr. Penny M. Kris-Etherton
Department of Nutritional Sciences
The Pennsylvania State University
Pennsylvania, United States of America

Diet is a key to the prevention of many chronic diseases. Consequently, dietary recommendations are made and continuously updated to promote health and reduce risk of chronic diseases. Recently, many government agencies and scientific societies have released dietary guidance that is both nutrient- and food-based. Food-based dietary guidance has been developed to facilitate public adoption of dietary guidelines. The recommendations made worldwide share many similarities, including reducing saturated fatty acids (SFA), trans fatty acids and dietary cholesterol within the context of a nutritionally adequate diet. Recommendations for polyunsaturated fatty acids (PUFA) vary more with North American groups recommending 5-10% of calories; European groups recommending 4-8% of calories (European Commission); and 6-10% of calories by WHO. In contrast, Japan advises PUFA intake be 3-4% of calories. N-3 fatty acid recommendations are approximately 1-2% of calories among most of the groups, whereas Japan recommends 50% of n-3 PUFA come from EPA and DHA. New recommendations for sodium are lower than previous recommendations. The new trend is to increase fibre intake to greater than 25 g/day. Specific recommendations for fatty fish (2 servings per week) have been made by the American Heart Association and the European Society for Cardiology. In addition, a high intake of fruits and vegetables is recommended. Educational programs that promote adoption of dietary guidance are central to reducing chronic disease risk.
### Key slides

#### Acceptable Macronutrient Distribution Ranges

<table>
<thead>
<tr>
<th>Macronutrient</th>
<th>1-3 yrs</th>
<th>4-18 yrs</th>
<th>Adults</th>
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<tr>
<td>Fat</td>
<td>30-40%</td>
<td>20-35%</td>
<td>20-35%</td>
</tr>
<tr>
<td>n-6 linoleic acid</td>
<td>5-10%</td>
<td>5-10%</td>
<td>5-10%</td>
</tr>
<tr>
<td>n-3 eicosapentaenoic acid</td>
<td>0.6-1.2%</td>
<td>0.6-1.2%</td>
<td>0.6-1.2%</td>
</tr>
<tr>
<td>Carbohydrate</td>
<td>45-55%</td>
<td>45-55%</td>
<td>45-55%</td>
</tr>
<tr>
<td>Protein</td>
<td>5-20%</td>
<td>10-30%</td>
<td>10-30%</td>
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*Approximately 10% of the total can come from longer-chain n-3 or n-6 fatty acids.

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#### Ranges of Population Dietary Intake Goals

<table>
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<tr>
<th>Dietary Factor</th>
<th>Goals</th>
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<tr>
<td>Total Fat</td>
<td>13-18 % energy</td>
</tr>
<tr>
<td>Saturated Fatty Acids</td>
<td>&lt;10 % energy</td>
</tr>
<tr>
<td>Polyunsaturated Fatty Acids (PUFAs)</td>
<td>= 10 % energy</td>
</tr>
<tr>
<td>n-6 PUFAs</td>
<td>= 4 % energy</td>
</tr>
<tr>
<td>n-3 PUFAs</td>
<td>= 1-2 % energy</td>
</tr>
<tr>
<td>Total Carbohydrate</td>
<td>By difference</td>
</tr>
<tr>
<td>Fresh Fruits</td>
<td>&lt;30% energy</td>
</tr>
<tr>
<td>Energy</td>
<td>18-22 % energy</td>
</tr>
<tr>
<td>Protein</td>
<td>0.8-1.2 g/day</td>
</tr>
<tr>
<td>Sodium</td>
<td>2,400 mg/day</td>
</tr>
<tr>
<td>Fruits and Vegetables</td>
<td>From foods recommended &lt;25 g/day</td>
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#### Population goals for nutrients and features of lifestyle consistent with the prevention of major public health problems in Europe

<table>
<thead>
<tr>
<th>Component</th>
<th>Population Goal</th>
<th>Level of Evidence</th>
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<tr>
<td>Physical Activity (rad/yr)</td>
<td>BMI 21-22</td>
<td>++</td>
</tr>
<tr>
<td>Ad lib. Body Weight (BMI)</td>
<td>30</td>
<td>++</td>
</tr>
<tr>
<td>Dietary Fats E</td>
<td>20-35%</td>
<td>++</td>
</tr>
<tr>
<td>Physical Activity Levels</td>
<td>&lt;30</td>
<td>+++</td>
</tr>
<tr>
<td>Fruits &amp; Vegetables (g/day)</td>
<td>&lt;250</td>
<td>++</td>
</tr>
<tr>
<td>Carbohydrate Total %</td>
<td>&lt;35</td>
<td>+++</td>
</tr>
<tr>
<td>Sugar Sweeteners (g/day)</td>
<td>&lt;25</td>
<td>++</td>
</tr>
<tr>
<td>Fish and Fruits (g/day)</td>
<td>200</td>
<td>++</td>
</tr>
<tr>
<td>Other Fruits &amp; Vegetables (g/day)</td>
<td>200</td>
<td>++</td>
</tr>
<tr>
<td>Dairy (g/day)</td>
<td>&lt;252</td>
<td>++</td>
</tr>
<tr>
<td>Alcohol (g/day)</td>
<td>10</td>
<td>+++</td>
</tr>
<tr>
<td>Tobacco (cigarettes/day)</td>
<td>10</td>
<td>+++</td>
</tr>
<tr>
<td>Life expectancy (years)</td>
<td>&gt;75</td>
<td>+++</td>
</tr>
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**Source:** National Academies, 2012
Milestones in Nutrition Science

Prof. dr. Ibrahim Elmadfa
Institute of Nutritional Sciences
University of Vienna, Austria

Early discoveries and developments in nutrition sciences helped to understand the essentiality of micronutrients and their mode of action. They lead to establishing nutrient based recommendations for an adequate nutrition. Major emphases of nutrition research in the last few decades were on a search for the molecular basis of the function of nutrients and the biologically active secondary plant-food components. The rapidly expanding understanding of the human genome is providing unexpected insight into biological mechanisms operating in health and disease. Research on the immunomodulating effect and therapeutic use of nutritional factors drew more attention to the health-promoting potential of the diet and single food components. The concept of traditional nutrition changed significantly from hunger satisfaction and survival to optimal nutrition enabling health promotion and reducing risk of chronic noncommunicable diseases. Adding nutrients to foods at physiological doses or at higher concentrations enabled the production of extrinsic functional foods and foods for particular nutritional use. Major innovations in this field are still to be expected through biofortification and modern biotechnology. With improved analytical methods the risk evaluation and nutritional assessment within the food sector was further developed. Modern and successful food safety policy should be based on this expertise, recognizing the linkages between nutrition of plants and animals and their impact on environment, quality of produced foods and consumer health.

Prof. dr. Ibrahim Elmadfa is Director and Professor of the Institute of Nutritional Sciences at the University of Vienna, Austria and member of several international organisations /expert committees. He graduated in Nutritional Sciences and Food Technology, received his PhD in Human Nutrition in 1970, and is Professor of Human Nutrition since 1980 in Giessen and Vienna. He is author/co-author of several books in human nutrition, antioxidants, vitamin E, frying of foods, food composition and food fortification, of the Austrian Nutrition Report 1998 and 2003, and of more than 300 publications in international scientific journals and as submissions to scientific conferences. His main research focuses on nutrient requirements in health and disease, food safety and quality, bioavailability of nutrients (tocopherols, carotenoids, quinones), monitoring of nutritional and health status in Austria. He was vice-president of the Scientific Committee on Food of the European Commission from 1995 to 2000, member of the coordinating group for nutrient-based guidelines for the German speaking countries, and of Networks Nutrition Information and European Master Public Health Nutrition.
Key slides

From traditional to new concepts in nutrition
A new frontier in nutrition science:
Concepts are changing significantly

- Adequate nutrition → Optimal nutrition
  - survival → hunger satisfaction → food safety

Potential for foods to promote health: improving well being, reducing the risk of chronic diseases

Notes

Immunonutrition

- lipids
  - n-3 PUFAs
    - immunomodulation
    - natural immunosuppression

Risk assessment: Nutrients

- Assessment of:
  - Hazard identification
  - Dose-response
  - Intake
  - Risk characterisation

- RDA: Recommended Daily Allowance
- UPPL: Upper Safe Level of Intake
- NOAEL: No Observed Adverse Effect Level
Worldwide, different groups of independent experts usually come up with similar recommendations for a healthy diet: do not eat more calories than you use up, eat unsaturated instead of saturated and trans fats, avoid frequent intake of sugars, eat foods high in potassium such as fruits and vegetables, cut sodium intake, and get plenty of fibre. There is consensus on these and other items; the problem is to get them implemented. Controversies may be genuine but may also stem from commercial interests or attempts to exploit food safety scares for social causes. Genuine controversies arise when hard data are lacking. Large clinical trials provide hard data but they are expensive and therefore rare in nutrition. Test tube studies, epidemiology, and trials with surrogate end points each have their proponents but often provide conflicting evidence. Therefore, progress is slow.

The following controversies will be discussed:
- Can we prevent obesity? Can we treat it?
- Do extra B-vitamins protect the heart, the brain and the large gut?
- Do fish fatty acids prevent cardiac death?
- Sterols reduce cholesterol, but do they reduce heart disease?
- Where do antioxidants stand after their failure in clinical trials?
- Should we add vitamin D to foods? Or vitamin B-12? Potassium? Selenium?
**Key slides**

**Body weight changes on a conventional low-fat diet versus an Atkins low-carbohydrate diet**

![Graph showing weight changes over time](image1)

*Like most diets, the Atkins diet caused weight loss during the first 3-6 months, followed by weight regain.*

*Foster et al. NEJM 2003*

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**DASH-sodium: effect of fruits, vegetables, low-fat dairy and salt on blood pressure**

![Graph showing blood pressure changes](image2)

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**Typical intakes and sources of phenols**

![Graph showing phenol intake](image3)

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**Notes**

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Possible "breakthroughs" in Nutrition Science typically deal with the discovery of new components in the diet and/or their (new) benefits. Breakthrough science may also be required to provide excellent taste to products with nutritional benefits. The new benefits need to be communicated to consumers, which is typically done using claims. Claims should be clear to consumers to enable them to make informed food choices and achieve their dietary goals. Consequently, claims require strong scientific substantiation and should only be made for (nutritionally) appropriate products. External experts need to endorse the underpinning evidence for claims, and health care professionals need to be convinced of the relevance of proven claims. Currently, the claim approval processes are highly variable across the world, causing long "lag times" between nutritional breakthroughs and approved (health) claims. Nutrition is at the forefront of the fight against noncommunicable diseases. We need a transparent and efficient claim approval system to encourage investment in research into nutrition and health benefits.
Key slides

Effect on dose-dependency of plant sterols

Claims for Nutritional Breakthroughs

In Summary

- Expect more breakthroughs!
- Important to communicate the new nutritional advances to consumers
- Claims approval process needs to become more efficient
- Combined efforts needed to shorten lag time between breakthrough science and claims
Consumer Needs and Wants

There is consensus that health is a key driver for consumer behaviour for foods, among other important drivers such as convenience and taste / pleasure. However, health as a consumer need and want holds a special position as consumers usually cannot personally verify the health benefit of food products. Consumers have a need for information on the health qualities of the food. Nutrition and health claims are an important tool in the communication of health qualities of food products. To be an effective tool in the long term in food marketing and public health policy, health claims need to meet three important criteria: (1) they should be trustworthy and not misleading, (2) they should be motivating to the consumer, and (3) they should conform to legal requirements. The topic of most of the available scientific consumer research on health claims has been on the extent to which health claims may mislead consumers. Focus has been on inappropriate product inferences (e.g. healthiness), incorrect disease state inferences (e.g. reduce risk for osteoporosis) and biased information search behaviour (e.g. ignore Nutrition Facts Panel). During the presentation, a concise overview will be presented of the scientific consumer research on health claim perceptions. Also, results from a recent multi-country consumer study on health claim perception will be discussed.

Hans van Trijp is Professor of Marketing and Consumer Behaviour at Wageningen University in the Netherlands. In addition he holds a part-time affiliation with the Unilever Health Institute in Vlaardingen, The Netherlands as Senior Scientist in consumer behaviour. He holds a degree in Human Nutrition with a specialisation in Marketing and Psychophysics. The academic interests of Hans van Trijp focus around marketing strategy and consumer behaviour in relation to the food and agribusiness. Some of the recently initiated research projects focus on interactive consumer interfaces for personalised food advise, consumer perception of trust and confidence in food safety and innovative market- and consumer research methods to assess future demand of nutrigenomics-based products and services. The work of Professor Van Trijp appeared in scientific journals both in the food and marketing areas.
Key slides

The no-compromise consumer

Always usually give up good taste for health benefits
EU: 14% (2000)
LA: 41% (2002)

Always usually give up convenience for health benefits
EU: 42% (2000)
LA: 49% (2002)

Pleasure
Convenience

Notes

Consumer aspects of NHR-claims

Disease risk reduction

NO
CVD < Cholesterol
blood pressure: 1/3 salt

Product healthiness

YES
Non-claimed nutrients
Cholesterol = fat
1/3 salt = sodium content

Claimed nutrient

Nutrition Facts Panel

Main conclusions from claims study

- Claim strength hardly affects perceived health impact
- Considerable country differences in perception
  - Ger & Italy: high versus US & UK: low on appeal
  - UK & US higher on new & difficult to understand
- Substantial differences between claimed benefits
  - Positive: hard claim (infections, cvd)
  - Negative: soft claims (stress, concentration)
Consumer Influences

Linda C. Gilbert
President of HealthFocus®, Inc.,
United States of America

Cross-cultural marketing poses many challenges and many opportunities. HealthFocus® International has created the first ever multi-country quantitative survey that answers many of the questions functional food companies need to know in order to market successfully in diverse countries across the globe. Based on the HealthFocus International Trend Survey learnings, it is important to remember the following when marketing functional foods and beverages:

- Taste is King;
- Know Your Target. The HealthFocus segmentation identifies 6 primary consumer target segments for health and nutrition products: Disciples, Managers, Investors, Healers, Strugglers, and Unmotivateds;
- Remove the Barriers to Desirable Behaviour;
- Give Them Useful Information. Shoppers want to learn more about foods that enhance health, reduce the risk of disease, boost the immune system, and about cancer preventing chemicals in fruits, vegetables and grains;
- Speak to Benefits. Shoppers find positive communications more compelling than negative communications;
- Look for Value;
- Beware of ‘One-Size Fits All’ Nutritional Recommendations;
- Give Them Credit and Reinforcement;
- Develop Knowledge Based Marketing Solutions. Surround your target with a simple, consistent message coming from their entire portfolio of information sources;
- Be a Solution Developer, Not a Product Developer. Consumers are looking for meaningful solutions to help them to improve the healthfulness of their (family’s) diet.

Ms. Linda C. Gilbert is President of HealthFocus®, Inc., a marketing research and consulting firm specializing in trends and opportunities for healthy food, beverage and supplement products. With twenty years of experience, Ms. Gilbert is an authoritative resource for companies who need to understand consumer attitudes and behavior toward health and nutrition choices. Ms. Gilbert developed and manages the syndicated national consumer survey HealthFocus National Study of Public Attitudes and Actions Toward Shopping and Eating. This biennial survey is the longest running study of consumer attitudes and actions toward health and nutrition choices in the USA. It is now being conducted internationally.
Key slides

The HealthFocus Segments

Shoppers differ greatly in their motivations and sense of control over their health. On the proactive side, the segments are Disciples, Managers and Investors. Healers and Strugglers are reactive, and Unmotivateds are passive about making healthy choices.

Consider how your communications will differ dependent upon the motivations of your consumer target.

Notes

Use knowledge based marketing strategies to surround your target with information. Keep it simple and present new information in a framework of familiar or known information.

Be a solution developer, not a product developer.
Changing Consumer Behaviour: Barriers and Triggers

Prof. dr. Hans Brug
Professor of Determinants of Public Health
Erasmus University Medical Centre
Rotterdam, The Netherlands

Dietary habits are associated with the most important burdens of disease worldwide, and dietary change may help to reduce the risk for obesity, heart disease, different cancers and diabetes. Therefore, effective healthy diet promotion interventions are needed and it is especially since the publication of the Precede-Proceed model of Green & Kreuter that nutrition educators have recognized the importance of careful theory-based planning for such intervention development.

The present presentation uses the model of planned health education to:
1. Briefly discuss the most eminent dietary change goals in present day ‘Western’ societies: overweight and obesity, high saturated fat intakes and lack of fruit and vegetable consumption;
2. Describe and discuss the most important biological, ecological and cognitive determinants of dietary behaviour such as taste preferences, social learning, availability of health dietary choices and motivational stages of change;
3. Describe promising nutrition education techniques that are tailored to the most important and changeable determinants, including (computer-) tailored nutrition education and interventions that aim to improve the availability and accessibility of healthy nutrition;
4. Discuss the most prominent actors in healthy diet promotion such as parents, schools, health authorities as well as the food industry.
Key slides

Distribution (%) over stages of change for increasing vegetable intakes with a traditional stages of change algorithm and one taking lack of awareness of personal intake levels into account

Notes

Computer-tailoring process

Data file → Tailoring program → Computer-tailored diet feedback → Feedback library → Screening Instrument → Theoretical framework

Fat intake at baseline (T1) and follow-up (T2, T3) in respondents who received individually computer-tailored diet advice twice (Tail 2X), once (Tail 1X) or generic advice between baseline and follow-up.
Experience from the Public Health Level - Finland

Prof. dr. Erkki Vartiainen
National Public Health Institute
Helsinki, Finland

Ischemic heart disease (IHD) mortality in Finland in the 1960’s was extremely high in young men and in the eastern part of the country, North Karelia. The North Karelia project was started in 1972 to test whether risk factor reduction would reduce cardiovascular mortality. Population surveys were conducted in five-year intervals, from 1982 to 1992 in connection with the WHO MONICA project, and from 1997 to 2002 as the National FINRISK Study. National antismoking legislation was launched in 1977. Nutrition guidelines and recommendations for the general population were implemented in the 1980’s. Serum cholesterol levels have decreased significantly from 1972 to 1997 both among men and women. From 1997 to 2002, the decrease has levelled off. Blood pressure levels have decreased significantly both among men and women from 1972 to 2002. Smoking rates have decreased significantly among Finnish men from 1972 to 1997. Between 1997 and 2002, smoking rate increased again, among both men and women. IHD mortality has reduced with 80%. The entire decline in the 1970’s could be explained by a reduction in serum cholesterol, smoking and blood pressure. In the 1980’s and 1990’s, about 50% of the mortality decline was explained by risk factors and 25% by new treatment.

Prof. dr. Erkki Vartiainen is Professor and Director of the Department of Epidemiology and Health Promotion, National Public Health Institute, Helsinki, Finland. He became Doctor of Medicine at the University of Kuopio in 1981, received his PhD in Public Health at this University in 1983, and became Docent in Public Health in 1985. From 1981 to 1993, he was a Senior Researcher at the Department of Epidemiology of the National Public Health Institute in Helsinki. In that period, he left the country for a year for a Visiting Scientist position at the Centers for Disease Control in Atlanta, USA. In 1992, he was appointed Acting Senior Medical Officer at the Ministry of Social Affairs and Health. From 1993 to 2000, he was Head of Laboratory, Department of Epidemiology, National Public Health Institute, Helsinki. He was Visiting Professor at the Department of Community Health Sciences, University of Edinburgh from 2000 to 2003. Prof. Vartiainen’s main research interests are epidemiology of cardiovascular disease, risk factors and their prevention in children and adults. He has been a consultant for the World Bank, WHO and the European Union in cardiovascular and other chronic diseases prevention and health promotion in several developed and developing countries.
**Key slides**

Serum cholesterol in men aged 30-59 years

Type of Fat Consumed on Bread in North Karelia, 1972-2000 (25-59-year-old)
- No fat at all
- Low fat spread
- Plant stanol margarine
- Soft margarine
- Mixture of butter and oil
- Butter

Observed and estimated decline in ischaemic heart disease mortality in Finland, men aged 35-64

**Notes**

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Experience with the Food Pyramid

Prof. dr. Johanna T. Dwyer
Office of Dietary Supplements, National Institutes of Health
Bethesda, MD, United States of America

The food group Pyramid, developed in 1992 by the US Department of Agriculture (USDA), provides a graphic to assist Americans select an adequate, varied, balanced and moderate total food based eating pattern meeting their health needs. It is widely used in nutrition education, universally recognized, and one of the Dietary Guidelines for Americans. Although 33% of Americans eat from each of the Pyramid food groups each day, only 1-3% achieve the recommended number of servings. Yet, dietary excess is common; 65% of adult Americans are overweight or obese. Other diet quality measures that score in the 60's (perfect score 100) also suggest much room for improvement. The 2004 Pyramid update reflects the nutrient and food goals of the new Dietary Reference Intakes and the Dietary Guidelines. Energy levels are addressed. High nutrient density choices are emphasized. For the sedentary, nutrient-dense choices within each food group are vital. More food and a wider choice of foods are possible for the physically active. Pyramid food groups have been being updated to reflect recent changes in food consumption, and nutrient goals are being translated into realistic food selection recommendations. The Pyramid is also being revised to make it more understandable, useful, realistic, practical, flexible and acceptable to consumers. Many alternative pyramids exist, but all of the pyramids differ markedly from present eating patterns, and so consumers need encouragement to adopt them.
Introduction to Unilever Examples: the Annapurna Example

Raphael da Silva
Africa Regional Group Brand Director Annapurna
Unilever Bestfoods

In 1999, the Unilever Africa Regional Group created a separate business unit, called Popular Foods Africa. Popular Foods targets the mass-market consumer with nutritious and popular "Centre of Plate" foods and snacks at affordable prices. In September 2000, Unilever launched its first product in Ghana, Annapurna Refined Iodised Salt. Four key success factors (Appealing Product, Awareness, Availability and Affordability) have contributed to Annapurna’s success. In particular, Popular Foods’ partnership with local entrepreneurs to manufacture the product and with the public sector (Unicef and government) to raise awareness about iodine deficiency have contributed to Annapurna’s success. In particular, Popular Foods’ partnership with local entrepreneurs to manufacture the product and with the public sector (Unicef and government) to raise awareness about iodine deficiency have contributed to Annapurna’s success. Currently, Unilever is the market leader in salt in Ghana and in-home-penetration of iodised salt has increased from 28% in 1998 to over 50% in 2002. Following the success of Annapurna iodised salt, Unilever used the same business model to launch Annapurna Krrunchy, biscuits fortified with vitamin A and zinc to boost children’s immune system.

Raphael da Silva is the Africa Regional Group Brand Director for Annapurna, a brand, which is part of Unilever’s Kids and Family Nutrition business. He has been leading the Popular Foods business unit since 1999. In September 2000, Raphael and his team launched Popular Foods’ first product, refined iodised salt, in Ghana. In 2004, the Popular Foods business will be present in five countries in Africa and competing in four different product categories – salt, biscuits, rice and porridges. A fourth generation Ugandan, Raphael has worked and travelled extensively across Africa. He joined Unilever in 1992 and has studied journalism, political science and international relations in both Canada and South Africa.
Key slides

Consumer insights
- perception:
  Salt = Salt
- Iodine associated with goitre, not mental development.

⇒
No functional nor an emotional reason to use iodised salt

Notes

Annuparna Business Model

Consumer driven innovation

% household consumption

1998 2002

Annapurna Iodised Salt introduced 2000
Weight Control in the Real World - the Slim-Fast Example

Emma Woods  
European Marketing Director Slim-Fast  
Unilever Bestfoods

Since snake oil was invented, the diet industry has been a metaphor for exaggeration, delusion and dishonesty, promising enormous weight loss and impossible glamour for no effort. Slimming marketing is defined by the cult of thinness. Women (mostly) are fooled into believing counter-intuitive claims and are set up to fail again and again. Legitimate weight management programmes face a communications dilemma – sell the story like it is and the consumer may look away, join the fraudsters and consumers will be disappointed. So how can we offer healthy, easy choices to the too heavy, which they will listen to? There is a need for a radically different conversation with the consumer about weight loss and subsequent management. We will discuss our thoughts on the role Slim-Fast can play in a different conversation - the need for us to offer more than tested product solutions and product claims, and to face up to the inherent difficulties in weight loss and keeping it off with advice, support and education. But challenging the communication codes of an industry is not something any one brand can do alone. We will raise the need for partnership between regulators, industry, consumers and health experts to set the parameters for communication that informs the consumer without alarming them, and motivates realistically without making false promises.

Emma Woods has been the European Marketing Director for Slim-Fast since Unilever acquired the business. She has been interested in the psychology of weight and body image since working on a dissertation in eating disorders, as part of an Experimental Psychology degree (Oxford University). Emma has worked for Unilever across a variety of foods brands since 1990. She is passionate about health choices not being boring or worthy choices. “We mustn’t forget that consumers buy products they enjoy, not that they feel they should”. Emma has two young girls. Her big hope is the diet and exercise approach that she is instilling as a parent will mean they will not end up struggling with their weight in the future.
From Public Health to Consumer Action: the Becel/Flora pro-activ Example

Matt Hill  
Vice President Marketing Unilever Bestfoods

The launch of Flora/Becel pro-activ™ was a major development in the dietary management of cholesterol for health conscious consumers and for health professionals. Pro-activ™ is a low fat spread with an added cholesterol-lowering ingredient - natural plant sterols. Consumption of 2-3g of plant sterols per day is clinically proven to lower LDL cholesterol levels by around 10%. A spread provided a simple dietary mechanism to deliver daily consumption of plant sterols. Consumers are sceptical about health claims – establishing the credibility of our message was vital to the success of the launch. Two broad groups are key for building consumers trust: Key Opinion Formers and Consumer Influencers. To create a ‘climate of support’ in advance of the launch a programme of briefings, conferences, and clinical trial publication ensured a rich dialogue with these experts. The feedback received helped shape the marketing mix. By taking a responsible approach in marketing pro-activ™, Unilever won the support of many influential groups and word of mouth drove brand credibility. The Becel Institute funds Heart Health awareness and risk factor education activity in partnership with National Heart Associations and the World Heart Federation. Such partnerships potentially offer the ‘win:win’ of corporate funding for public health education, with business benefit through building brand credibility. Brands that consumers trust to provide heart healthy foods are an important part of making the heart healthy choice the easy choice.

Matt Hill is Vice President Marketing at Unilever Bestfoods. Matt studied Economics at Warwick University, graduating in 1992. After spending a year in sports marketing, he joined Unilever in 1993. From 1995 to 1998, Matt was part of a business unit which turned around the Batchelors brand in the UK from decline to strong growth through consumer insight based innovation, and award winning advertising. From 1998 to 2003, he led the marketing mix development and global roll out of Flora/Becel pro-activ. A project he describes as “a once in a decade innovation, and a great example of teamwork”. In April 2003, Matt took over his present role leading the Global Brand Team for Heart Health. Matt lives with his wife in the UK, commutes weekly to the Netherlands, and travels widely to support Unilever’s heart health activities. Outside work, Matt is a keen golfer and cook.
Key slides

Consumer insight:

"I want to be able to lower my cholesterol myself – to regain control of my health, so I am free to concentrate on enjoying life!"

"I’m cynical of marketing claims for health products, and confused by contradictory messages on health in the media"

“IT’s hard to find simple advice on cholesterol. I get information from... friends, family, newspapers, magazines, radio, TV, books, internet, and if I’m really worried I’ll talk to my doctor”

pro.activ Trialist: “I couldn’t believe the effect, and it worked so quickly!”

Notes

Communication Strategy

• Objectives:
  • Drive Awareness
  • Differentiate as a radical functional food
  • Achieve Credibility to consumers and influencers

• Strategy:
  • Create a climate of support for the science amongst KOFs and Consumer Influencers pre-launch.
  • Leverage this support through expert endorsement in launch PR and HCP channels to establish credibility.
  • Use traditional marketing mix elements to drive awareness and differentiation

Direct and Indirect Communication Channels

Men & Women 45+, cholesterol concerned

Hotel

Media

Retail

KOF

Unlever (pro.activ)

Traditional Marketing Mix: Advertising, packaging, etc.
Noncommunicable Diseases: the WHO Response to a Global Epidemic

Dr. Colin Tukuitonga
Programme Advisor of the Assistant Director General
Noncommunicable Diseases and Mental Health
World Health Organisation (WHO)

Noncommunicable diseases (NCDs) are the leading causes of disability, disease and death in all WHO regions except Africa. Approximately, 60% of deaths and 50% of the global disease burden are attributable to NCDs. This is projected to increase to 75% of deaths and 60% of the disease burden in the 2020. Already, 80% of deaths due to NCDs are in the developing countries where resources for health are limited. Furthermore, risk factors for NCDs are continuing to rise rapidly in developing countries whereas there has been a sustained decline in selected NCD incidence and risk factor prevalence in many developed countries. WHO has adopted several resolutions in support of the global response to prevent, manage and control NCDs globally. However, in recognition of the escalation of global health problems caused by these diseases, member states requested WHO in 2002 to develop a Global Strategy on Diet, Physical Activity and Health. Over the last two years, WHO has consulted widely with member states, private sector, civil society, UN and Intergovernmental Agencies, and convened an expert Reference Group to assist itself to develop this strategy. The strategy will be presented for discussion and, if accepted, adopted at the World Health Assembly in May 2004. This presentation will discuss the overall WHO response to NCD prevention, management and control including the rationale and process for the development of the Global Strategy on Diet, Physical Activity and Health.

Dr. Colin Tukuitonga is a medical graduate with a background in general practice and public health. Prior to joining the WHO, he was the Director of Public Health for the New Zealand Government where he was responsible for the full range of public health services. He was influential in the development of several national policies including a national cancer control strategy and Healthy Eating: Healthy Action and revision of the national Public Health Legislation relevant to public health risks. Before joining the New Zealand Ministry of Health, he was a Senior Lecturer in the University of Auckland and Director of the Pacific Health Research Centre in the University. In 2000/2001, dr. Tukuitonga was a Harkness Fellow in Health Care Policy in the United States. He is currently Policy/Programme Advisor to the Assistant Director General (ADG) - Noncommunicable Diseases and Mental Health, dr. Catherine Le Galès-Camus, and a member of the Global Strategy on Diet, Physical Activity and Health team.
Key slides

Deaths, by broad cause group estimates for 2002
Total deaths: 57,027,000

Communicable diseases, maternal and perinatal conditions and nutritional deficiencies (32.3%)

Noncommunicable conditions (58.6%) of which 50% are due to CVD

Injuries (9.1%)

Notes

Foundation of the Strategy

- Prevention of noncommunicable diseases (NCDs)
  - addressing risk factors, impacting multiple NCDs rather than single diseases
- Multisectoral action
  - expanding impact and sustainability by coordinating efforts of ministries, experts, and researchers in health, nutrition, education, physical activity, urban planning, economics, trade & transport
How to Utilize Partnerships in Advancing the Health Status of Children

Rudolf Deutekom
Director of UNICEF’s Private Sector Division
Geneva, Switzerland

Obesity and malnutrition are related as a public health, socio-economic and ethical dilemma while both prove extremely hard to overcome. With the former on the incline, progress is not sufficient in containing the latter. Addressing obesity, however, while turning a blind eye on malnutrition, could come to haunt the food industry. Why is that? With Official Development Assistance (ODA) stagnating and social development agencies crunching for resources, the call for action to the world’s leading multinational corporations (mnc’s) is compelling. Stakeholders, ethical investors, NGOs – Human Rights watchdogs, all appeal for more responsible corporate behaviour. With 6 out of 8 UN Millennium goals related to children, UNICEF is keen to foster resource mobilization efforts directly benefiting children. E.g. stimulating, facilitating and leveraging partnerships that aim for improvements in the food supply chain in D&E countries, jointly with industry, governments and other (UN) partners. Long-term partnerships around the development and marketing of fortified staple foods (at affordable prices) could provide powerful new inroads in reducing the vicious circle of poverty – malnutrition. Cause-related marketing programmes linking consumers and stakeholders “North-South” could help overcome traditional hurdles of high upfront investments/low returns of investment applied by conventional marketeers. Successful corporate social responsibility (csr)-driven corporate strategies offer unique industry leadership for the most courageous, determined and resourceful of mnc – players.
U.N. millennium development goals expressed in UNICEF’s 4 yr plan around 4 themes

- give children best start in life
- help children survive and thrive
- get kids in school
- create a protective environment, especially in emergencies

Why partner with private sector?

- UN global compact – call for action by UN secretary general (1999)
- neither governments nor social development agencies can muster enough resources, outreach, energies, etc.
- Official Development Assistance (ODA) by donor countries “stagnates” around $ 57 billion and only $ 18 billion end up in local programmes (UNDG 2002).
- ODA tends to benefit a smaller group of “interesting” countries.
- human, financial and other resources

Reasons for structural engagement by private sector

- new, longer term market development
- corporate social responsibility (csr)
- counter anti-globalization “pressures”
- unique cause-related marketing (crm) opportunities
- establish industry leadership and brand differentiation
- increase capacity to recruit – motivate – retain key staff
- with multiple partner/un agencies: transparency, validation and leverage.
Regulatory Challenges in the EU

Jean C. A. Martin  
President of the Confederation of the Food and Drink Industries in the European Union (CIAA)  
Brussels, Belgium

The CIAA has redefined its mission and has developed a Roadmap with five Key areas for action. One of them is the promotion of a competitive regulatory framework leaving more space for Industry’s self-responsibility, soundly based on science, stimulating R&D investment, supportive of Innovation and capable of delivering a well functioning (enlarged) internal market. This is essential if the R&D Industry (the largest manufacturing industry of the EU) is to play its full role in the delivery of the Lisbon and Barcelona targets. Guiding principles for a competitive EU regulatory framework should be:
- less regulation in general;
- more self-regulation;
- early consultation with the Industry;
- objective impact assessment;
- science base;
- proportionality;
- subsidiarity;
- clarity;
- simplicity;
- EU centralised decision-making;
- effective and uniform implementation in the (enlarged) single market;
- streamlined, speedy, transparent, predictable processes.
A good example of how not to do it: the proposed regulation on “Nutrition and Health claims”. Is Europe in danger of becoming “irrelevant” on the global stage?
Key slides

**KEY PRINCIPLES FOR DEVELOPING NEW REGULATIONS**

- Involvement of industry at the earliest possible stage
- Objective impact assessment in consultation with industry (cost, innovation and competitiveness)
- Science-based
- Proportionality

**KEY PRINCIPLES FOR DEVELOPING NEW REGULATIONS (2)**

- Subsidiarity
- Clarity - simplicity
- Centralized EU decision making
- No room for local interpretation
- Effective and uniform enforcement in the (enlarged) single market

**KEY PRINCIPLES FOR DEVELOPING NEW REGULATIONS (3)**

- Streamlined, transparent, clear, predictable processes (e.g., novel foods)
- Elimination of «old regulations»
The WHO through their global strategy on Diet, Physical Activity and Health has issued a “wake-up call” that has motivated the food sector to steer towards strategies compatible with public health needs. Unilever regards health and vitality a growth driver for its business. As a leader in the global food market, Unilever is committed to helping consumers to achieve nutritional balance leading to a vital and healthy life through the marketing of great tasting foods that will make the healthy choice an easy choice. The Unilever operations supported by the Unilever Health Institute are responsible for implementing a Nutrition Policy and for strengthening our continuing efforts to:

- Develop a deep understanding of consumers’ nutrition and health needs and wants;
- Know the dietary role of our products and optimise the nutritional composition;
- Undertake scientific research to provide evidence for benefit claims to support new healthier options;
- Label our products in a consumer-friendly and meaningful way and ensure responsible communication to health care professionals and consumers;
- Seek external partnerships to develop mutual understanding and agree common approaches in nutrition and health programmes.

The strategic options to combat the public health issues require genuine commitment of all stakeholders involved. Unilever in its long term strategic planning is responding to this challenge by combining health, convenience and pleasure into healthier options that are attractive for the consumer.
**Malnutrition**

Over-nutrition

\[ \downarrow \]

**BALANCED NUTRITION**

\[ \uparrow \]

Under-nutrition

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**Unilever R&D focus**

- Overweight/Obesity
- Cardiovascular Health
- Growth and Mental Performance of children
- Resistance to Disease

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**The Unilever Commitment**

- Optimised nutrition compositions
- New science-based healthier options
- Clear and understandable labelling
- Responsible communication and marketing practices